

**IN-HOME SUPPORTIVE
SERVICES
SPECIAL NOTICE
ARCHIVES
2009**



IHSS SPECIAL NOTICES 2009

YEAR	NUMBER	SUBJECT (ABBREVIATED)	REMARKS
2009	SN 09-01	Subfiles	Issued 1/28/09
	SN 09-02	SSI/SSP Reduction	Issued 4/27/09
	SN 09-03	CMIPS Data Readiness Instructions	Issued 5/22/09
	SN 09-04	SSI/SSP Adjustment	Issued 6/3/09
	SN 09-05	Individual Provider Forms and Procedures	Issued 6/15/09
	SN 09-06	Elimination of the Medi-Cal Buyout	Issued 6/17/09
	SN 08-07 ADD A	Training Questions & Answers	Issued 7/1/09
	SN 09-07	Provider Rate Increase	Issued 7/22/09
	SN 09-06 ADD A	SOC Buyout	Issued 7/25/09
	SN 09-06 ADD B	SOC Buyout	Issued 7/31/09
	SN 09-06 ADD C	SOC Buyout	Issued 9/22/09
	SN 09-08	IP Enrollment Forms on the AIS Website	Issued 8/13/09
	SN 09-09	Processing IHSS Subpoenas	Issued 8/20/09
	SN 08-09 ADD A	IHSS QC Reports-Social Worker Response Clarification	Issued 8/26/09
	SN 09-10	Placing a Provider on the S&I Provider List	Issued 9/15/09
	SN 09-11	IHSS Service Reductions	Issued 10/9/09
	SN 09-12	CMIPS Online Reports – Desk Aid	Issued 11/1/09
	SN 09-13	Court Injunction Stopping Service Reductions	Issued 11/1/09
	SN 09-13 ADD A	CMIPS Instructions	Issued 11/1/09
	SN 09-14	Revised SOC 295 IHSS Recipient Application Form	Issued 11/1/09
	SN 09-15	New IP Enrollment Procedure	Issued 12/10/09
	SN 09-16	January 2010 SSI SSP Payment Update	Issued 1/1/10

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-16**

December 18, 2009

SUBJECT: JANUARY 2010 SOCIAL SECURITY TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT [SSI/SSP] PROGRAM) PAYMENT UPDATE

EFFECTIVE DATE: JANUARY 1, 2010

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: EBB 09021 – NOVEMBER 1, 2009 SSI/SSP PAYMENT STANDARD UPDATE

I. PURPOSE

This Special Notice is to update IHSS staff of the decrease in the SSI/SSP payment for 2010 and the changes to IHSS share-of-cost (SOC) cases resulting from the COLA conversion.

II. BACKGROUND

Under the provisions of Senate Bill X3 6 (Chapter 13, Statutes of 2009), the state of California SSP COLA is suspended for 2010. Under this law, the SSI/SSP payment standards were reduced to the December 2008 levels, effective May 1, 2009. Subsequently, there was an additional 2.3% reduction which became effective July 1, 2009.

On July 28, 2009, Assembly Bill X4 4 (Chapter 4, Statutes of 2009) was signed into law by the Governor of California. This law further reduced the SSI/SSP individual rate by 0.6%. The couple rate was reduced to the minimum amount allowed under the federal law. The new reduction was effective November 1, 2009.

The Department of Social Services (DSS) has been informed by the Social Security Administration (SSA) that the federal SSI COLA will not be granted in 2010 due to a decrease in the consumer price index. As a consequence, the 2010 SSI/SSP payments remain as those of the reduced rates that took effect on November 1, 2009.

III. SOC UPDATES TO CMIPS

The SSI/SSP payment standards decrease will apply to all SOC cases with an income source code of 1 on Line I field 4, Line J fields 1 and 2, and Line K fields 1 on the RELB screen (SOC 293).

The following fields on the SOC 293 were updated:

- Line I Field 1, SOC Begin Date 01/01/2010

**SPECIAL NOTICE 09-16
SSI/SSP PROGRAM JANUARY 2010 SUPPLEMENTAL SECURITY TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT [SSI/SSP] PROGRAM)
PAYMENT UPDATE**

- Line J Field 3, Benefit Level to the new values.
- Line K Field 3, Share-of-Cost recomputed based on the new benefit level.
- Line M Fields 2, 3, and 6, Beginning Date, Ending Date, and Share-of-Cost will show the new eligibility and SOC segment.

The new Benefit Level/Payment is as follows:

Benefit Code – 01	Level	\$845.00
02		908.00
03		737.40
04		639.66
05		718.32
06		517.30
07		929.00
08		1407.20
09		1554.20
10		1498.20
11		1075.33
12		1222.33
13		1166.33
14		1575.20
15		703.60
16		777.10
17		719.10
18		787.60
19		537.67
20		611.17
21		583.17

SOC cases with providers coded 1 on line E field 3 on the SOC 311, and in E status at the time of the conversion will show a new eligibility and SOC segment (line F fields 2, 3, and 5).

IV. EXCEPTION AND WARNING REPORTS

An “Exception Report” will list any SOC cases that do not update automatically in CMIPS. The Social Workers must review and update these cases manually. The exception report was available on Monday afternoon, December 14, 2009 at the IHSS-CMIPS Online Reports website at: <https://cmips-reports.documentportal.com>

V. IHSS STAFF PROCEDURES

Clerical Staff

- Print the following documents in the order of priority as follows:
 - Notice of Action (NOAs)
 - SOC 293’s
 - SOC 311’s
- Mail the NOAs to the IHSS recipients no later than Friday, December 18, 2009.

**SPECIAL NOTICE 09-16
SSI/SSP PROGRAM JANUARY 2010 SUPPLEMENTAL SECURITY TITLE XVI (SUPPLEMENTAL
SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT [SSI/SSP] PROGRAM)
PAYMENT UPDATE**

IHSS Social Workers

- Log onto the IHSS-CMIPS Online Reports website.
- Click on “Annual Reports,” then, click on “SOC COLA Exceptions Non-FPL” to access reports for individual Social Workers.
- Enter On or after 12/14/2009 for Cycle Date.
- The Exception Reason states why the case did not update automatically. You may refer to the online CMIPS User’s Manual for additional information at: http://hhsa_intranet/ais/ihss/CMIPS2000UsersManual.pdf
- Enter the necessary updates (SOC Begin Date, Benefit Level, eligibility and SOC segments as needed) that should have been changed automatically on the SOC 293 and/or SOC 311.
- Submit the updated SOC 293 and/or SOC 311 to the designated clerical staff for data entry.
- The Notice of Action must be in the mail no later than Friday, December 18, 2009 to allow for the 10-day notice for the decrease.

Note: The SOC COLA turnaround documents must be filed in the case folder to document the payment history for the recipient.

VI. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

VII. FILING STATEMENT

IHSS Special Notices, Bulletins, and Memos are being archived at the following link
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:

<http://hhsa-pg.sdcounty.ca.gov/Aislhss/default.asp?Guide= AISIHS S>

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

File this Special Notice in the Special Notice section of the IHSS Program Guide.



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

**SPECIAL NOTICE 09-16
SSI/SSP PROGRAM JANUARY 2010 SUPPLEMENTAL SECURITY TITLE XVI (SUPPLEMENTAL
SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT [SSI/SSP] PROGRAM)
PAYMENT UPDATE**

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

CAPM PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2010
BASED ON JANUARY 2010 SSI/SSP STANDARDS

ESTIMATES BRANCH
NOVEMBER 2009

	INDEPENDENT LIVING		REDUCED NEEDS		NON-MEDICAL OUT-OF-HOME CARE (NMOHC)	
	RESIDING IN OWN HOUSEHOLD	HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD	HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD	HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC	IN LICENSURE FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD	IN LICENSURE FACILITY OR HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD
	TOTAL CAPM	TOTAL SSI/SSP	TOTAL CAPM	TOTAL SSI/SSP	TOTAL CAPM	TOTAL SSI/SSP
INDIVIDUAL:						
AGED OR DISABLED - without cooking facilities (RMA) 1/	835.00	845.00	629.66	639.66	846.34	856.34
BLIND	919.00	929.00	708.32	718.32	846.34	856.34
DISABLED MINOR - living with parent(s) - living with non-parent relative - or non-relative guardian	727.40	737.40	507.30	517.30	846.34	856.34
COUPLE						
AGED OR DISABLED - per couple	1,387.20	1,397.20	1,055.33	1,065.33	1,699.66	1,709.66
- without cooking facilities (RMA) 1/	1,555.20	1,565.20	1,202.33	1,212.33	1,699.66	1,709.66
BLIND - per couple	1,534.20	1,544.20	1,202.33	1,212.33	1,699.66	1,709.66
BLIND/AGED OR DISABLED - per couple	1,478.20	1,488.20	1,146.33	1,156.33	1,699.66	1,709.66

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPM	\$40	\$80
SSI/SSP	50	100

1/ RMA - Restaurant Meals Allowance - \$84 Individual, \$168 Couple

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-15**

December 10, 2009

SUBJECT: New Individual Provider Enrollment Procedures

EFFECTIVE DATE: November 1, 2009

EXPIRATION DATE: When Incorporated Into the IHSS Program Guide

SOURCE: All County Letter (ACL) 09-52, 09-54, 09-66, 09-68 09-69, 09-70, 09-78
All County Information Notice (ACIN) I-69-09
EBB 09010, 09015, 09016

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with information on changes to the Individual Provider (IP) enrollment process and the resulting updates to the Case Management Information and Payrolling System (CMIPS). Additional information will be issued as it becomes available and as procedures are finalized.

II. BACKGROUND

Assembly Bill, Fourth Extraordinary Legislative Session (ABX4) 19 (Chapter 17, Statutes of 2009), added various sections to Welfare and Institutions Code (W&IC) to establish additional enrollment requirements for all IHSS providers. Information on new provider enrollment requirements and a blank, revised *SOC 426 – Provider Enrollment Form* (Attachment C) was mailed by the State to all current IHSS recipients and current IHSS providers starting October 5, 2009.

III. POLICY

The revised SOC 426 must be submitted for all *new* providers effective November 1, 2009. New providers must complete all enrollment requirements in order to receive payment from the IHSS program. *Current* providers (providers already entered into CMIPS) must submit a SOC 426 and complete the new enrollment requirements by June 30, 2010, or they will no longer be eligible to receive payment from the IHSS program. The new requirements include the following:

- All providers must submit fingerprints and undergo a criminal background check by the California Department of Justice (DOJ)

- All providers must sign a provider agreement stating that they understand and agree to the rules of the program and the responsibilities of being a provider (SOC 846 – *Provider Enrollment Agreement Attachment F*)
- A new provider must attend a provider enrollment session and receive information about the rules, regulations and requirements for being an IHSS provider
- A current provider must receive and review enrollment session material
- An original Social Security card and an acceptable photo ID must be presented in person by every provider

IV. PROCEDURES

The new enrollment procedures will be completed primarily by IHSS Public Authority (PA) staff; some procedures will be retained by IHSS staff (*Provider Enrollment Procedures Attachment A*).

PUBLIC AUTHORITY STAFF

Public Authority staff will be responsible for the completion of the provider requirements listed below.

NOTE:

As a result of a pending lawsuit, the California Department of Social Services (CDSS) has instructed that the use of the following forms be discontinued until the forms have been revised:

- SOC 426 - *Provider Enrollment Form* (Attachment C)
- SOC 426B - English & Spanish - *Frequently Asked Questions* (Attachment E)
- SOC 847 - English & Spanish - *Important Information for Prospective Providers about the In-Home Supportive Services (IHSS) Program Provider Enrollment Process* (Attachment G)

The previous version of the Provider Enrollment Form SOC 426 (9/02) (Attachment Q) will be used until the above forms have been revised and re-issued by CDSS.

Enrollment Sessions, Forms and Materials

- Provide form SOC 426 (9/02), 426A to all new and current providers for the enrollment process
 - For new providers – Provide enrollment sessions, and information on the times and locations of enrollment sessions
 - New providers will be mailed information upon request by contacting the Public Authority toll free at (877) 351-7744 or locally at (619) 476-6375 *PA Provider Enrollment Letter* (Attachment R)
 - For current providers - Provide enrollment session materials and the locations/times where paperwork can be submitted to Public Authority staff
 - Current providers will be notified and enrolled by geographic region *PA Provider Enrollment Letter* (Attachment S)

- Provide county and state mandated provider information at each enrollment session
- Review the signed SOC 426 (9/02) *Provider Enrollment Form* for completeness
- Retain completed SOC 426 (9/02) for the provider file
- Forward a copy of the SOC 426 and SOC 426A to the Social Worker for the recipient's case file
- Review the signed SOC 846 *In-Home Supportive Services Provider Enrollment Agreement* for completeness
- Retain completed SOC 846 for the provider file
 - Provide copy of the completed SOC 846 to provider
 - A copy of the completed SOC 846 ***will not be forwarded automatically*** to the assigned Social Worker
 - If a fraud referral is made, the Social Worker will request a copy of the SOC 846 from Public Authority staff to submit with the fraud referral
- View and photocopy Social Security cards and IDs
- Retain provider information files (electronically or in hard copy) with all required forms and document copies

Criminal Background Checks

- Facilitate criminal background checks and updates
- Clear the *Suspended and Ineligible Provider* list for all new providers
- Notify the provider, the recipient, and the assigned Social Worker of provider enrollment status when results are received
- Provide state appeal information and forms when requested to any provider that has been determined ineligible as a result of the background check

Appeal requests must be submitted in writing and mailed to:

California Department of Social Services
 Adult Programs Branch
 IHSS Provider Enrollment Appeals Unit, MS 19-04
 P.O. Box 944243
 Sacramento, CA 94244-2430

CMIPS Data Entry

- Enter new providers into the “ENRL” and the “PELG” screens in “P” pending status
 - The resulting turn-around document (TAD) notifies IHSS staff that the enrollment process has started
 - Completing the PELG screen starts the Social Security number verification process in CMIPS
- Contact a provider and clarify Social Security numbers that are “not verified” by CMIPS
- Update CMIPS to reflect the status of enrollment for each provider when each requirement has been completed
- Update the “ENRL” and the “PELG” screens when a provider is ***ineligible*** to provide services
 - Update the “County use” line (Field E, 1) to read “***Ineligible Provider***”

- The resulting TAD notifies IHSS staff that the provider is *not eligible* to provide services
- Notify the provider, the recipient, and the Social Worker when a provider has been determined to be *ineligible*
- Enter appeal requests into CMIPS to enable tracking
- Update the “ENRL” and the “PELG” screens when a provider has completed the enrollment process and *is eligible* to provide services
 - Update the “County use” line (Field E, 1) to read “*Eligible Provider*”
 - The resulting TAD notifies IHSS staff that the provider is *eligible* to provide services
 - Notify the provider, the recipient, and the Social Worker when a provider has been determined to be *eligible* to provide services

Definition

New provider – A provider that was not entered into CMIPS prior to November 1, 2009.

Current provider – A provider that was entered into the system (for any recipient) prior to November 1, 2009.

IHSS STAFF

IHSS staff will be responsible for the completion of the new requirements listed below.

Social Worker

The IHSS Social Worker will:

- Provide the *SOC 426A – In-Home Supportive Services (IHSS) Program Recipient Designation Of Provider* to the recipient at intake and renewal and:
 - Review and explain the SOC 426A to the recipient at intake and renewal
 - Inform the recipient that Public Authority staff will also provide the SOC 426A to their provider
 - The provider will need the completed and signed SOC 426A in order to be enrolled as their provider
 - Providers without the completed and signed SOC 426A will not be admitted to the enrollment session and will be referred to the assigned Social Worker
- Instruct the recipient to give the completed and signed SOC 426A to their designated provider to submit to Public Authority staff at enrollment
- Retain the SOC 426A in the recipient case file under the PCSP tab
- Verify with the IHSS recipient the number of assigned hours for each provider
- Activate the provider and ensure that the assigned hours are entered into CMIPS for each eligible provider, after receiving notification from Public Authority (311 TAD) that the provider has completed all enrollment requirements

Clerical

- Clerical staff will separate the SOC 311 turn-around document(s) (TAD) by:
 - “Status” (line B, field 4)
 - “Eligible” or “ineligible” for enrollment, (*County Use* field, line E, field 1)

before distributing to the assigned Social Worker for follow up.

- When a provider is terminated, the designated office assistant will notify Public Authority by sending a photocopy of the “T” status SOC 311 (TAD) to the Provider Enrollment Manager.
- The initial timesheet packet for current providers will now include a letter from Public Authority indicating the provider enrollment requirements must be completed by June 30, 2010.

NEW PROCEDURE/FORM

Social Worker

The IHSS Social Worker will:

- Review and explain the *SOC 332 Recipient/Employer Responsibility Checklist* at intake and renewal
- Provide a copy of the SOC 332 to the recipient at intake and renewal
- Retain the completed SOC 332 in the recipient case file in place of County form HHSA 12-58 *Client/Employer Responsibilities*
- Continue to use form 12-58A until the form expires 6/30/2010

Note:

- The SOC 332 replaces County form HHSA 12-58 *Client/Employer Responsibilities*
- County form HHSA 12-58A *Provider Responsibilities* will expire 6/30/2010

TEMPORARY PROCEDURES – Expiration date 6/30/2010

When a recipient indicates that they have a new provider, the Social Worker will determine if the provider is currently entered into the CMIPS system by clearing the provider’s Social Security number with the SSNP screen. Providers not currently in the system are to be referred to the Public Authority toll free at (877) 351-7744 or locally at (619) 476-6375.

- Before adding a “current” provider for a “new” recipient, the Social Worker will send the *IHSS Recipient Letter* (Attachment T) and the following forms to be completed and returned by the recipient:
 - *SOC 426A – In-Home Supportive Services (IHSS) Program Recipient Designation Of Provider*
 - *12-58A – Provider Responsibilities*
- The Social Worker must have all of the required documents completed, signed and returned before submitting the SOC 311 for data entry into the system.
- The Social Worker will send a copy of the SOC 426A to the Public Authority at:
MS W-256
Attention: Juan Ramirez
(Public Authority Provider Enrollment Team Lead)

V. CHANGES TO CMIPS

Provider Enrollment

Effective November 1st, CMIPS has been modified to track the provider enrollment process by creating a new provider “Enrollment” screen. New providers must be entered into the system in pending “P” status until each requirement has been met, and a yes “Y” indicated for each of the following fields:

- 426 Enrollment Form (Y or N)
- Fingerprints/BI (Y or N)
- Enrollment session (Y or N)
- 846 Provider Agreement (Y or N)

Current Providers (providers already in the system) can be entered for an additional or new recipient without completing the new requirements until July 1, 2010. CMIPS will verify the provider’s Social Security number and allow entry in “E” status. Public Authority staff will be responsible for entering and tracking the enrollment process in CMIPS for all new providers, and for all current providers once a current provider starts the enrollment and background check process.

Post Office (PO) Boxes

CMIPS has been modified to prevent the use of PO Boxes by IHSS providers.

Note:

Procedures to address requests for use of an address other than the provider’s actual address can be found in the IHSS Program guide, chapter 5 sections B, page 4 at the following location on the intra-net:

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

VI. FORMS AND NOTICES

The following forms and notices are now available electronically. **FORMS WITH * HAVE BEEN DISCONTINUED:**

USED BY:	FORM
SW	<u>SOC 332</u> English & Spanish – <i>Recipient/Employer Responsibility Checklist</i> (Attachment B)
PA*	<u>DISCONTINUED SOC 426 – Provider Enrollment Form (Attachment C)</u> All current and prospective IHSS providers must sign this form, under penalty of perjury.
PA/SW	<u>SOC 426A</u> – <i>In-Home Supportive Services (IHSS) Recipient Designation of Provider (Attachment D)</i> The Applicant/recipient must complete one for each provider
PA*	<u>DISCONTINUED SOC 426B English & Spanish – Frequently Asked Questions (Attachment E)</u>

PA	<u>SOC 846</u> English & Spanish – <i>In-Home Supportive Services Provider Enrollment Agreement</i> (Attachment F)
PA*	<u>DISCONTINUED SOC 847</u> English & Spanish – <i>Important Information for Prospective Providers about the In-Home Supportive Services (IHSS) Program Provider Enrollment Process</i> (Attachment G)
PA	<u>SOC 848</u> English & Spanish – <i>Notice of Provider Eligibility (to provider)</i> (Attachment H)
PA	<u>SOC 849</u> English & Spanish – <i>Notice of Incomplete Provider Enrollment (to provider)</i> (Attachment I)
PA	<u>SOC 850</u> English & Spanish – <i>Notice of Provider Ineligibility (to provider)</i> (Attachment J)
PA	<u>SOC 851</u> English & Spanish – <i>Notice of Provider Ineligibility (to provider – checklist)</i> (Attachment K)
PA	<u>SOC 852</u> English & Spanish – <i>Notice of Provider Ineligibility (to provider – failed background)</i> (Attachment L)
PA	<u>SOC 853</u> English & Spanish – <i>Notice of Provider Ineligibility (to provider – provider history)</i> (Attachment M)
PA	<u>SOC 854</u> English & Spanish – <i>Notice to Recipient of Provider Eligibility</i> (Attachment N)
PA	<u>SOC 855</u> English & Spanish – <i>Notice to Recipient of Provider Ineligibility (Incomplete process)</i> (Attachment O)
PA	<u>SOC 856</u> English & Spanish – <i>Request for Appeal (failed background)</i> (Attachment P)
PA	<u>SOC 426</u> (9/02) – <i>Provider Enrollment Form</i> (Attachment Q)
PA	Public Authority Letter - New Providers (Attachment R)
PA	Public Authority Letter - Current Providers (Attachment S)
SW	IHSS Recipient Letter - (Attachment T)

VII. REVIEW STATEMENT

This notice was reviewed by a standard Organizational Review Committee (ORC).

VIII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

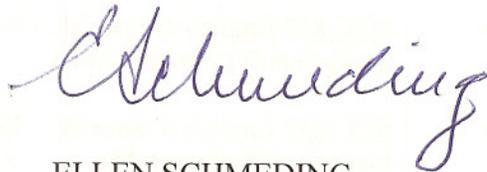
And at the county intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505-6592

PROVIDER ENROLLMENT FORM (SOC 426)

PROVIDER ENROLLMENT & ENROLLMENT AGREEMENT (SOC 846)

CRIMINAL BACKGROUND CHECK

RECIPIENT DESIGNATION OF PROVIDER (SOC 426A)

CMIPS ENTRIES

- PUBLIC AUTHORITY STAFF:**
- Provides Blank enrollment form SOC 426
 - Reviews SOC 426 for completeness
 - Views and Photocopies ID
 - Views and Copies SS Card
 - Retains original SOC 426 & copy of ID & SS Card
 - Provides copy of SOC 426 to IP & SW
 - Updates IP Enrollment Screen (ENRL) in CMIPS

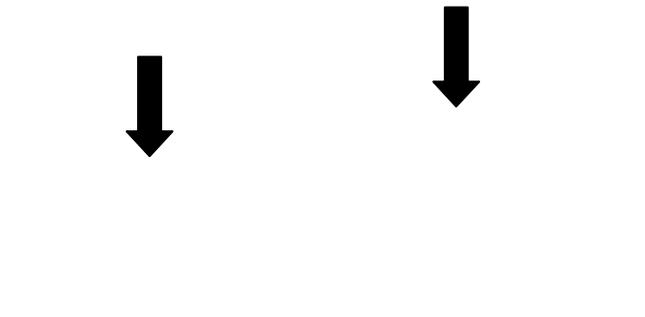
- PUBLIC AUTHORITY STAFF:**
- | <u>New Providers</u> | <u>Current Providers</u> |
|---|---|
| <ul style="list-style-type: none"> • Provides information on enrollment location/times • Conducts enrollment • Provides blank paperwork/handouts • Has IP sign SOC 846 • Collects & retains signed SOC 846 • Provides copy of SOC 846 to IP • Updates IP Enrollment Screen (ENRL) in CMIPS | <ul style="list-style-type: none"> • Provides enrollment material • Provides informational handouts • Has IP sign SOC 846 • Collects & retains signed SOC 846 • Provides copy of SOC 846 to IP • Updates IP Enrollment Screen (ENRL) in CMIPS |

- PUBLIC AUTHORITY STAFF:**
- | <u>New Providers</u> | <u>Current Providers</u> |
|---|--|
| <ul style="list-style-type: none"> • Clears Suspended and Ineligible IP list • Receives results of background checks • Reviews information to determine if IP is eligible/ineligible • Notifies IP of Results • Notifies Recipient & SW of Results • Provides information on appeals & form • Updates IP Enrollment Screen (ENRL) in CMIPS | <ul style="list-style-type: none"> • Provides "Request for Live Scan" service (BC 8016) with return information completed • Provides list of nearby Public Live Scan locations • Receives results of background checks from DOJ • Reviews information to determine if IP is ineligible • Notifies IP of Results • Notifies Recipient & SW of Results • Provides information on appeals & form • Updates IP Enrollment Screen (ENRL) in CMIPS |

- PUBLIC AUTHORITY STAFF:**
- Provides IP's with blank SOC 426A
 - Reviews SOC 426A form(s) for completeness
 - Retains photocopy for IP file
 - Returns original to Social Worker for recipient case file
 - Updates CMIPS to show recipient/IP relationship(s)

- PUBLIC AUTHORITY STAFF:**
- Enters IP information into the ENRL and the PELG screens in CMIPS ("P" status, generates SOC 311 to SW and starts process to verify SS number)
 - Contact IP if SS number is "not verified" in CMIPS
 - Updates the following fields as each process is completed:
 - Enrollment Status: Pending or Eligible
 - Enrollment Status date: 8 digit date
 - Termination Reason: codes 01-10
 - 426 Enrollment Form: Y or N
 - Fingerprint/background: Y or N
 - Orientation: Y or N
 - 846 Provider Agreement: Y or N

- IHSS STAFF:**
- SW provides recipient and/or IP PA phone number to request enrollment materials
 - Include toll free number in outgoing voice mail message
 - Toll free number: **877 351 7744**



- ALL PROVIDERS:**
- Complete & signs SOC 426
 - Return all IP enrollment forms to PA in person at designated times/locations
 - Provide original ID and SS card for viewing by PA staff

- | <u>NEW PROVIDERS:</u> | <u>CURRENT PROVIDERS:</u> |
|--|---|
| <ul style="list-style-type: none"> • Complete IP enrollment session • Sign SOC 846 | <ul style="list-style-type: none"> • Receive enrollment material • Sign SOC 846 • Present BC 8016 at chosen Live Scan location |

- Livescan Vendor:**
- Livescan vendor receives fee for background check
 - Livescan vendor rolls prints

- ALL PROVIDERS:**
- Pays fees for fingerprinting and background check
 - Provides fingerprints
 - Can appeal ineligibility decision by mail to state after requesting form from PA
 - Complete applicant information section of BC 8016

- IHSS STAFF:**
- SW provides & explains SOC 426A to recipient at intake and renewal (2 copies)
 - SW instructs recipient to give SOC 426A to provider for enrollment
 - SW retains original SOC 426 and SOC 426A in file when received from PA
 - SW confirms authorized rep

- RECIPIENT OR AUTHORIZED REPRESENTATIVE**
- Completes an SOC 426A for each IP
 - Returns SOC 426A to Public Authority via the IP

- ALL PROVIDERS:**
- Bring SOC 426 to enrollment session with other documentation

- IHSS STAFF:**
- Clerical staff sorts 311 TAD by status and enrollment status (eligible/ineligible)
 - SW verifies assigned hours with recipient
 - SW activates IP to E status and enters the assigned hours on the SOC 311, submits for data entry when notified by IP enrollment is complete
 - Clerical will send a copy of "T" status 311 to PA when an IP is terminated

IN-HOME SUPPORTIVE SERVICES Recipient/Employer Responsibility Checklist

I, _____, HAVE BEEN INFORMED BY MY SOCIAL WORKER THAT AS A RECIPIENT/EMPLOYER, I AM RESPONSIBLE FOR THE ACTIVITIES LISTED BELOW.

- 1) Provide required documentation to my Social Worker to determine continued eligibility and need for services. Information to report includes, but is not limited to, changes to my income, household composition, marital status, property ownership, phone number, and time I am away from my home.
- 2) Find, hire, train, supervise, and fire the provider I employ.
- 3) Comply with laws and regulations relating to wages/hours/working conditions and hiring of persons under age 18.

NOTE: Refer to Industrial Welfare Commission (IWC) Order Number 15 regarding wages/hours/working conditions obtainable from the State Department of Industrial Relations, Division of Labor Standards and Enforcement listed in the telephone book. Additional information regarding the hiring of minors may be obtained by contacting your local school district.

- 4) Verify that my provider legally resides in the United States. My provider and I will complete Form I-9. I will retain the I-9 for at least three (3) years or one (1) year after employment ends, whichever is longer. I will protect the provider's confidential information, such as his/her social security number, address, and phone number.
- 5) Ensure standards of compensation, work scheduling and working conditions for my provider.
- 6) Inform my Social Worker of any future change in my provider(s), including:
 - ___ Name
 - ___ Address
 - ___ Telephone Number
 - ___ Relationship to me, if any
 - ___ Hours to be worked and services to be performed by each provider

- 7) Inform my provider that the gross hourly rate of pay is \$ _____, and that Social Security and State Disability Insurance taxes are deducted from the provider's wages.
- 8) Inform my provider that he/she may request that Federal and/or State income taxes be deducted from his/her wages. Instruct the provider to submit Form W-4 (for federal income tax withholding) and/or Form DE 4 (for state income tax withholding).
- 9) Inform my provider that he/she is covered by Workers' Compensation, State Unemployment Insurance benefits, and State Disability Insurance benefits.
- 10) Inform my provider that he/she will receive an information sheet that will state my authorized services and the authorized time given to perform those services. Inform the provider that he/she is not paid to perform work when I am away from my home (for example, when in a hospital or away on vacation).
- 11) Pay my share of cost, if any.
- 12) Verify and sign my provider's timesheet for each pay period, showing the correct day(s) and the total number of hours worked. I understand I can be prosecuted under Federal and State laws for reporting false information or concealing information. I understand that when required, it will be necessary for me to place my fingerprint on my provider's timesheet to verify the correct day(s) and hours worked. This will be necessary, so my provider can be paid.
- 13) Ensure my provider signed his/her timesheet.
- 14) Advise my provider to mail his/her signed timesheet to the appropriate address at the end of each pay period.

Recipient' Signature

Date

Printed Name

INSTRUCTIONS FOR USE OF THE RECIPIENT/EMPLOYER RESPONSIBILITY CHECKLIST

1. This form is used for review with recipients receiving service from Individual Providers **only**.
2. Counties shall use this form to assure that recipients have been advised of and understand their basic responsibilities as employers of IHSS providers.
3. Review each item with the recipient and explain how the recipient can comply with each requirement.
4. Leave a copy of the form with the recipient.

SERVICIOS DE APOYO EN EL HOGAR

Lista de control de las responsabilidades del beneficiario/empleador

YO, _____, HE SIDO INFORMADO POR MI TRABAJADOR SOCIAL QUE COMO BENEFICIARIO/EMPLEADOR SOY RESPONSABLE DE LAS ACTIVIDADES QUE SE ENUMERAN A CONTINUACIÓN.

- 1) Proporcionar la documentación requerida a los trabajadores sociales para determinar la continuidad de la elegibilidad y la necesidad de servicios. La información a presentar incluye, entre otras cosas, modificaciones en los ingresos, la composición del hogar, el estado civil, la posesión de propiedades, el número de teléfono y el tiempo que me encuentro fuera del hogar.
- 2) Encontrar, contratar, capacitar, supervisar y despedir al proveedor que contrato.
- 3) Cumplir las leyes y las reglas relacionadas con los salarios, las horas, las condiciones de trabajo y la contratación de personas menores de 18 años.

NOTA: Consulte la Orden N.º 15 de la Comisión de Bienestar Industrial (*Industrial Welfare Commission, IWC*) relacionada con los salarios, las horas y las condiciones de trabajo que se puede obtener en el Departamento de Relaciones Industriales (*Department of Industrial Relations*) del estado, División de Cumplimiento de Normas de Trabajo (*Division of Labor Standards and Enforcement*) que figura en el directorio telefónico. Comuníquese con el distrito escolar local para obtener información adicional sobre la contratación de menores.

- 4) Verificar que el proveedor reside legalmente en los Estados Unidos. El proveedor y yo completamos el Formulario I-9. Conservaré este formulario durante el menos tres (3) años o durante un (1) año después de finalizado el empleo, el período que sea más extenso. Protegeré la información confidencial del proveedor, como el número de seguro social, la dirección y el número de teléfono.
- 5) Garantizar las normas de compensación, la planificación del trabajo y las condiciones de trabajo para el proveedor.
- 6) Informar al trabajador social cualquier modificación futura de los proveedores, incluido lo siguiente:
 - ___ nombre;
 - ___ dirección;
 - ___ número de teléfono;
 - ___ parentesco, si lo hay;
 - ___ horas que debe trabajar y servicios que debe prestar cada proveedor.
- 7) Informar al proveedor que el salario bruto por hora es \$ _____, y que los impuestos del Seguro de discapacidad del seguro social y del estado se deducen de los salarios del proveedor.
- 8) Informar al proveedor que puede solicitar que los impuestos federales o estatales sobre la renta se deduzcan de sus salarios. Ordenar al proveedor que presente el Formulario W-4 (para la retención de impuestos federales sobre los ingresos) o el Formulario DE 4 (para la retención de impuestos estatales sobre los ingresos).
- 9) Informar al proveedor que tiene beneficios de compensación por lesiones de trabajo, beneficios del Seguro de desempleo del estado y beneficios del Seguro de discapacidad del estado.
- 10) Informar al proveedor que recibirá una hoja informativa donde se indicarán los servicios autorizados y el tiempo autorizado que se determinan para prestar esos servicios. Informar al proveedor que no se le paga por el trabajo que realiza cuando me encuentro fuera del hogar (por ejemplo, en un hospital o de vacaciones).
- 11) Pagar mi parte del costo, si corresponde.
- 12) Verificar y firmar la planilla de control de horas del proveedor por cada período de pago, donde se indiquen correctamente los días y la cantidad total de horas trabajadas. Comprendo que se me pueden iniciar acciones penales según las leyes federales y estatales por dar información falsa o por ocultar información. Comprendo que, cuando se solicite, deberé colocar mi huella dactilar en la planilla de control de horas del proveedor para ratificar los días y las horas trabajadas. Esto será necesario para que el proveedor pueda recibir el pago.
- 13) Asegurarme de que el proveedor firme la planilla de control de horas.
- 14) Informar al proveedor que envíe por correo la planilla de control de horas a la dirección que corresponda al final de cada período de pago.

Firma del beneficiario

Fecha

Nombre en letra de imprenta

INSTRUCCIONES PARA EL USO DE LA LISTA DE CONTROL DE LAS RESPONSABILIDADES DEL BENEFICIARIO/EMPLEADOR

1. Este formulario se utiliza sólo para revisión con los beneficiarios que reciben servicios de proveedores individuales.
2. Los condados deben utilizar este formulario para asegurarse de que se hayan informado a los beneficiarios sus responsabilidades básicas como empleadores de proveedores de IHSS y que las hayan comprendido.
3. Revise cada punto con el beneficiario y explíquelo cómo puede cumplir cada requisito.
4. Deje una copia del formulario al beneficiario.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM PROVIDER ENROLLMENT FORM

INSTRUCTIONS:

- Use pen to fill out. Print information clearly.
- You must fill out, sign and return this form to the county IN PERSON as part of the provider enrollment process before you can be enrolled as an IHSS provider or get paid from the IHSS program for providing services for an IHSS recipient.
- You must complete all items in PART A and you must answer Question #9 in PART B on Page 2. If you answer "YES" to any part of Question #9 (either a., b., or c.), you must also answer the other questions in PART B. You must sign the declaration in PART C on Page 3.
- The county will review the form to make sure it is complete and will need to see and make photocopies of your original identification. The county will provide you a copy of the completed form for your records.
- You MUST let the county know if anything you report on this form changes in the future. You must tell the county what has changed WITHIN 10 CALENDAR DAYS of the change.

****IMPORTANT INFORMATION – PLEASE READ CAREFULLY****

It is important that all of your responses on this form be complete and truthful. The information you provide will be verified through a criminal background check that you must go through as part of the provider enrollment process. You have to pay for the costs of fingerprinting and the criminal background check with your own money. If the criminal background check shows any disqualifying convictions, you will NOT be eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services.

If you have been convicted of OR in prison for one of the following crimes WITHIN THE PAST 10 YEARS, you are NOT eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services:

- ✓ Fraud against a government health care or supportive services program; or
- ✓ Abuse of a child, elder or dependent adult, either in California or another state.

If you have EVER been convicted of a felony crime OR certain serious misdemeanor crimes, you are NOT eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services.

PART A: PROVIDER INFORMATION

1. Full Name (First Name, Middle Initial, Last Name):	2. Date of Birth: <small>If you are under 18 years of age, you must submit a valid Work Permit with this form.</small>	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
4. Home Address (May not be a Post Office box):	City:	State:	ZIP:
5. Telephone Number (with Area Code):	6. Social Security Number:		
7. a. Driver's License # or Government Issued ID #:	b. Expiration Date:		
8. Primary Language - a. Spoken:	c. Issuing State: Written:		

GO ON TO THE NEXT PAGE  PAGE 1 OF 3

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT FORM**

NAME: _____

PART B: PROVIDER DISCLOSURE STATEMENT

9. Are you currently OR have you EVER been a -
- a. Provider of In-Home Supportive Services (IHSS)? YES NO
- b. Provider in the Medi-Cal program or in another state's Medicaid program? YES NO
- c. Licensed or certified health care provider? YES NO

Note: You are NOT required to have a professional health care license or certificate to be an IHSS provider.

STOP – PLEASE READ THE FOLLOWING:

YOU ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ANSWERED "YES" TO ANY PART (a., b., OR c.) OF QUESTION #9 ABOVE.

IF YOU ANSWERED "NO" TO ALL PARTS OF QUESTION #9, GO ON TO PART C.

10. a. State(s) in which You Worked as a Provider: _____
- b. Name(s) (both Legal and Doing Business As): _____
- c. National Provider Identifier and/or Provider Number(s): _____

Answering "YES" to any of the following questions may affect your eligibility to be an IHSS provider.

11. Either as a licensed health care provider OR as a provider of IHSS, have you EVER been suspended from the Medicare, Medicaid or Medi-Cal programs? YES* NO
- *IF YES, have you been reinstated? YES* NO
- *IF YES, attach verification of reinstatement.

12. Have you EVER lost or surrendered your professional license (to provide health care), certificate (to provide health care), or other authorization to provide health care while a disciplinary hearing was pending? YES* NO
- *IF YES, has your license/certificate been restored? YES* NO
- *IF YES, attach a copy of the written confirmation from the licensing authority that your professional privileges have been restored.

13. Has your professional license (to provide health care), certificate (to provide health care), or other authorization to provide health care EVER been disciplined by any licensing authority? YES* NO
- *IF YES, attach a copy of the licensing authority's decision(s), including any terms and conditions for each decision.

GO ON TO THE NEXT PAGE →

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT FORM**

PART C: PROVIDER DECLARATION

READ CAREFULLY: YOU ARE MAKING THE FOLLOWING DECLARATIONS UNDER PENALTY OF PERJURY.

I DECLARE, UNDER PENALTY OF PERJURY, THAT –

- WITHIN THE PAST 10 YEARS, I HAVE NOT been convicted of OR in prison for a crime involving fraud against a government health care or supportive services program.
- WITHIN THE PAST 10 YEARS, I HAVE NOT been found liable for fraud or abuse involving a government program in any civil proceeding.
- WITHIN THE PAST 10 YEARS, I HAVE NOT entered into a legal settlement in place of a conviction for fraud or abuse involving a government program.
- WITHIN THE PAST 10 YEARS, I HAVE NOT been convicted of OR in prison for a crime involving abuse of a child, elder, or dependent adult, either in California or another state.
- I HAVE NEVER been convicted of any felony crime.
- I HAVE NEVER been convicted of a serious misdemeanor crime.

I UNDERSTAND AND AGREE THAT –

- I CANNOT RECEIVE federal and/or state IHSS funds as payment for services I provide to any recipient of IHSS until I have completed the entire provider enrollment process and been officially enrolled as a provider by the county.
- As a part of the provider enrollment process, I MUST PROVIDE fingerprints and undergo a criminal background check. I will have to pay for the costs of fingerprinting and the background check from my own money. If it is found that I have been convicted of certain serious crimes, I will be ineligible to be an IHSS provider.

IF I AM ENROLLED BY THE COUNTY AS AN IHSS PROVIDER, I UNDERSTAND AND AGREE THAT –

- I WILL BE considered to be a Medi-Cal provider of personal care services.
- Payment for the authorized services I provide to an IHSS recipient will be from federal and/or state IHSS funds and that ANY FALSE STATEMENT I PROVIDE, including false entries on the timesheet, or withholding of information may be prosecuted under federal and/or state laws.
- I WILL REIMBURSE the state for any overpayments paid to me and I understand that any overpayment, individually or collectively, may be deducted from a future warrant for services I provide to any recipient of IHSS.
- I WILL PROVIDE all services without discrimination based on race, religion, color, national or ethnic origin, sex, age, sexual orientation, or physical or mental disability.

I DECLARE, UNDER PENALTY OF PERJURY, that all of the information I have provided on this form is true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS) FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES

INSTRUCCIONES:

- Use una pluma para llenar este formulario. Escriba la información claramente usando letra de molde.
- Usted tiene que llenar y firmar este formulario y llevarlo EN PERSONA al condado como parte del proceso de inscripción para proveedores antes de que se pueda inscribir como un proveedor de IHSS o pueda recibir pagos del Programa de IHSS por proporcionar servicios a un beneficiario de IHSS.
- Tiene que completar todo en la PARTE A y tiene que contestar la pregunta #9 en la PARTE B de la página 2. Si contesta "SI" en alguna parte de la pregunta #9 (ya sea a., b., o c.), también tiene que contestar las otras preguntas en la PARTE B. Tiene que firmar la declaración en la PARTE C de la página 3.
- El condado revisará el formulario para asegurarse que esté completo y necesitará ver y hacer fotocopias de los originales de su identificación. El condado le dará una copia del formulario completado para que lo tenga en los expedientes de usted.
- Usted TIENE que avisarle al condado si algo que reporta en este formulario cambia en el futuro. Tiene que avisarle al condado lo que ha cambiado ANTES DE QUE PASEN 10 DÍAS CONSECUTIVOS del cambio.

****INFORMACIÓN IMPORTANTE – POR FAVOR LEA CUIDADOSAMENTE****

Es importante que todas sus respuestas en este formulario sean completas y verdaderas. La información que usted proporcione se verificará a través de una revisión de antecedentes penales a la cual se tiene que someter como parte del proceso de inscripción para proveedores. Usted tiene que pagar con su propio dinero el costo de las huellas dactilares y la revisión de antecedentes penales. Si la revisión de antecedentes penales indica alguna condena que lo descalifique, usted NO será elegible para inscribirse como proveedor ni podrá recibir pagos del Programa IHSS por proporcionar servicios de apoyo.

Si EN LOS ÚLTIMOS 10 AÑOS, ha sido declarado culpable o ha estado en prisión por alguno de los siguientes delitos, usted NO es elegible para inscribirse como proveedor ni recibir pagos del Programa IHSS por proporcionar servicios de apoyo:

- ✓ Fraude en contra de un programa del gobierno para el cuidado de la salud o servicios de apoyo; o
- ✓ Abuso de un niño, adulto dependiente o de edad avanzada, ya sea en California o en otro estado.

Si ALGUNA VEZ ha sido declarado culpable de un delito mayor (*felony*) o ciertos delitos menores (*misdemeanors*) graves, usted NO es elegible para ser inscrito como proveedor ni puede recibir pagos del Programa de IHSS por proporcionar servicios de apoyo.

PARTE A: INFORMACIÓN DEL PROVEEDOR

1. Nombre completo (Nombre, nombre que usa en medio, apellido)	2. Fecha de nacimiento: <small>Si tiene menos de 18 años de edad, tiene que presentar con este formulario un permiso válido de trabajo.</small>	3. Sexo: <input type="checkbox"/> M <input type="checkbox"/> F
4. Dirección del hogar (No puede ser un apartado postal):	Ciudad:	Estado: Código postal:
5. Número de teléfono (con el código de área):	6. Número de Seguro Social:	
7. a. Número de licencia de manejar, o Número de identificación expedida por el gobierno:	b. Fecha de vencimiento: c. Estado que lo expidió:	
8. Lenguaje primario - a. Hablado:	Escrito:	

VAYA A LA SIGUIENTE PÁGINA →

PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS)
FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES

NOMBRE: _____

PARTE B: INFORMACIÓN QUE EL PROVEEDOR DECLARA

9. ¿Es usted actualmente O ALGUNA VEZ ha sido un -
- a. Proveedor de Servicios de Apoyo en el Hogar (IHSS)? SÍ NO
- b. Proveedor en el Programa de Asistencia Médica de California (Medi-Cal) u otro programa de asistencia médica en otro estado? SÍ NO
- c. Proveedor de cuidado de la salud certificado o con licencia? SÍ NO

Nota: Para ser un proveedor de IHSS, NO se requiere que usted tenga un certificado o licencia como profesional del cuidado de la salud.

ALTO – POR FAVOR LEA LO SIGUIENTE:

SE REQUIERE QUE USTED CONTESTE LAS SIGUIENTES PREGUNTAS SOLAMENTE SI CONTESTÓ “SÍ” EN ALGUNA PARTE (a., b., O c.) DE LA PREGUNTA #9 ARRIBA.

SI CONTESTÓ “NO” EN TODAS LAS PARTES DE LA PREGUNTA #9, VAYA A LA PARTE C.

10. a. Estado(s) en el que usted trabajó como proveedor: _____
- b. Nombre(s) (Nombre legal y nombre bajo el cual operaba): _____
- c. Identificación nacional de proveedor y/o número(s) de proveedor: _____

Es posible que si contesta “SÍ” a alguna de las siguientes preguntas afecte su elegibilidad para ser un proveedor de IHSS.

11. Ya sea como proveedor del cuidado de la salud con licencia O como un proveedor de IHSS, ¿ALGUNA VEZ ha sido suspendido de los programas de Medicare (seguro médico federal), Medi-Cal, u otra asistencia médica en otro estado? SÍ* NO

***SI LA RESPUESTA ES “SÍ”, ¿ha sido reintegrado (reinstated)?** SÍ* NO

***SI LA RESPUESTA ES “SÍ”, adjunte verificación de su reintegración.**

12. ¿ALGUNA VEZ ha perdido o ha entregado su licencia profesional o certificado (para proporcionar cuidado de la salud), u otra autorización para proporcionar cuidado de la salud, mientras estaba pendiente una audiencia disciplinaria? SÍ* NO

***SI LA RESPUESTA ES “SÍ”, ¿le han renovado su licencia/certificado?** SÍ* NO

***SI LA RESPUESTA ES “SÍ”, adjunte una copia de la confirmación por escrito que recibió de la autoridad de licenciamiento, la cual indique que se han renovado sus privilegios profesionales.**

13. ¿ALGUNA VEZ una autoridad de licenciamiento le ha disciplinado su licencia profesional o certificado (para proporcionar cuidado de la salud), u otra autorización para proporcionar cuidado de la salud? SÍ* NO

***SI LA RESPUESTA ES “SÍ”, adjunte una copia de la decisión(es) de la autoridad de licenciamiento, incluyendo los términos y condiciones de cada decisión.**

VAYA A LA SIGUIENTE PÁGINA →

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS)
FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES**

PARTE C: DECLARACIÓN DEL PROVEEDOR

LEA CUIDADOSAMENTE: USTED ESTÁ HACIENDO LAS SIGUIENTES DECLARACIONES BAJO PENA DE PERJURIO.

YO DECLARO, BAJO PENA DE PERJURIO, QUE –

- EN LOS ÚLTIMOS 10 AÑOS, YO NO HE SIDO declarado culpable NI TAMPOCO he estado en prisión por un delito de fraude en contra de un programa del gobierno para el cuidado de la salud o servicios de apoyo.
- EN LOS ÚLTIMOS 10 AÑOS, YO NO HE SIDO declarado responsable de fraude o abuso involucrando a un programa del gobierno en un litigio civil.
- EN LOS ÚLTIMOS 10 AÑOS, YO NO HE SIDO parte de un arreglo legal en vez de una condena por fraude o abuso involucrando a un programa del gobierno.
- EN LOS ÚLTIMOS 10 AÑOS, YO NO HE SIDO declarado culpable NI TAMPOCO he estado en prisión por un delito de abuso en contra de un niño, una persona de edad avanzada, un adulto dependiente, ni en California ni en ningún otro estado.
- YO NUNCA HE SIDO declarado culpable de ningún delito mayor.
- YO NUNCA HE SIDO declarado culpable de ningún delito menor grave.

YO ENTIENDO Y ESTOY DE ACUERDO EN QUE –

- NO PUEDO RECIBIR fondos federales y/o estatales de IHSS como pago por servicios que proporcione a algún beneficiario de IHSS hasta que yo haya completado todo el proceso de inscripción para proveedores y haya sido oficialmente inscrito como un proveedor por el condado.
- Como parte del proceso de inscripción para proveedores, TENGO QUE PROPORCIONAR huellas dactilares y someterme a una revisión de antecedentes penales. Tendré que pagar con mi propio dinero el costo de las huellas dactilares y la revisión de antecedentes. Si se descubre que he sido declarado culpable de ciertos delitos graves, yo no seré elegible para ser un proveedor de IHSS.

SI EL CONDADO ME INSCRIBE COMO UN PROVEEDOR DE IHSS, ENTIENDO Y ESTOY DE ACUERDO EN QUE –

- YO SERÉ CONSIDERADO como un proveedor de Medi-Cal para servicios de cuidado personal.
- El pago por servicios autorizados que yo proporcione a un beneficiario de IHSS se hará con fondos federales y/o fondos estatales de IHSS y CUALQUIER INFORMACIÓN FALSA QUE YO PROPORCIONE, incluyendo información falsa u omitida en mi reporte de horas trabajadas, puede ser enjuiciada bajo las leyes federales/estatales.
- REEMBOLSARÉ al Estado cualquier pago excesivo que haya yo recibido y entiendo que es posible que cualquier pago excesivo, individual o colectivo, se descontará de futuros pagos por servicios que yo proporcione a algún beneficiario de IHSS.
- PROPORCIONARÉ todos los servicios sin discriminar en base a la raza, religión, color, origen nacional o étnico, sexo, edad, orientación sexual, o incapacidad/discapacidad física o mental.

DECLARO, BAJO PENA DE PERJURIO, que toda la información que he proporcionado en este formulario es verdadera y completa según mi leal saber y entender.

FIRMA:

FECHA:

NOMBRE ESCRITO CON LETRA DE MOLDE:

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM RECIPIENT DESIGNATION OF PROVIDER

INSTRUCTIONS:

- Use pen to fill out. Print information clearly.
- You (or your legally authorized representative) must fill out this form to let the county know who you have chosen to provide your services.
- You (or your legally authorized representative) must sign the declaration at the bottom to show that you understand and agree to all of the terms and conditions listed.
- If you have multiple providers, you must fill out a separate form for each person who will be providing services.
- The county will keep the original form and give you a copy.
- You must let the county know if you change your provider(s). You must tell the county within 10 calendar days of the change.

1. Recipient's Name:	
2. County IHSS Case #:	
3. Provider's Name:	
4. Provider's Address:	
City, State, ZIP Code:	
5. Provider's Telephone Number:	
6. Provider's Date of Birth:	
7. Provider's Gender (check box):	<input type="checkbox"/> Male <input type="checkbox"/> Female
8. Provider's Relationship to Recipient (if any):	

RECIPIENT DECLARATION

- I DECLARE that the person named above is my choice to provide IHSS for me as authorized by the county.
- I UNDERSTAND that the above-named provider cannot be paid federal and/or state IHSS funds for any services provided to me until he/she has completed the entire provider enrollment process, which includes completing and signing the Provider Enrollment Form (SOC 426), submitting fingerprints and undergoing a criminal background check, attending a provider orientation, and signing the Provider Enrollment Agreement (SOC 846).
- I UNDERSTAND that I will be informed by the county if the person I have chosen to be my provider does not complete the provider enrollment process, or if he/she is determined ineligible to be a provider.
- I UNDERSTAND that if I choose to receive services from this person before he/she is enrolled as a provider, or after I have been informed that he/she is ineligible, I will be responsible for paying him/her with my own money.
- I UNDERSTAND AND AGREE that the county can provide information about my authorized services and service hours to my provider(s).

RECIPIENT'S OR LEGALLY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	DATE:
---	-------

PRINTED NAME: _____

PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS) DESIGNACIÓN DEL BENEFICIARIO PARA UN PROVEEDOR

INSTRUCCIONES:

- Use una pluma para llenar este formulario. Escriba claramente la información con letra de molde.
- Usted (o su representante autorizado legalmente) tiene que llenar este formulario para comunicarle al condado quién ha escogido para proporcionarle sus servicios.
- Usted (o su representante autorizado legalmente) tiene que firmar la declaración que aparece abajo para indicar que entiende y está de acuerdo con todos los términos y condiciones anotadas.
- Si usted tiene más de un proveedor, tiene que llenar un formulario separado para cada persona que le proporcionará servicios.
- El condado mantendrá el formulario original y le proporcionará una copia a usted.
- Tiene que avisarle al condado si cambia a su proveedor(es). Tiene que avisarle al condado antes de que pasen 10 días consecutivos contados a partir de la fecha del cambio.

1. Nombre del beneficiario:	
2. Número del caso de IHSS del condado:	
3. Nombre del proveedor:	
4. Dirección del proveedor:	
Ciudad, estado, código postal:	
5. Número de teléfono del proveedor:	
6. Fecha de nacimiento del proveedor:	
7. Sexo del proveedor (marque la casilla):	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
8. Relación/parentesco con el beneficiario (si hay alguna):	

DECLARACIÓN DEL BENEFICIARIO

- DECLARO que la persona anotada arriba es la persona que he elegido para que me proporcione los servicios del Programa de IHSS como ha sido autorizado por el condado.
- ENTIENDO que el proveedor anotado arriba no puede recibir pago con fondos de IHSS federales y/o del Estado por servicios que se me hayan proporcionado hasta que él/ella haya completado todo el proceso de inscripción para proveedores, el cual incluye completar y firmar el formulario SOC 426, "Programa de Servicios de Apoyo en el Hogar (IHSS) - Formulario de inscripción para proveedores".
- ENTIENDO que el condado me informará si la persona que he elegido para que sea mi proveedor no completa el proceso de inscripción para proveedores, o si se determina que él/ella no es elegible para ser un proveedor.
- ENTIENDO que si yo elijo recibir servicios de esta persona antes de que él/ella se inscriba como proveedor, o después de que se me haya informado que él/ella no es elegible, entonces yo seré responsable de pagarle con mi propio dinero.
- ENTIENDO Y ESTOY DE ACUERDO en que el condado le proporcione información a mi proveedor acerca de mis servicios autorizados y las horas de servicio.

FIRMA DEL BENEFICIARIO O REPRESENTANTE AUTORIZADO LEGALMENTE:

FECHA:

NOMBRE ESCRITO CON LETRA DE MOLDE:

FREQUENTLY ASKED QUESTIONS (FAQ'S) ABOUT THE IHSS PROGRAM PROVIDER ENROLLMENT FORM (SOC 426)

******PLEASE READ THIS INFORMATION CAREFULLY BEFORE YOU
BEGIN TO COMPLETE THE SOC 426******

1. WHO MUST COMPLETE THE PROVIDER ENROLLMENT FORM (SOC 426)?

An IHSS provider is someone who gets paid from the IHSS program for providing supportive services for an IHSS recipient (someone who gets services through the IHSS program).

Any person who is already an IHSS provider OR who wants to become an IHSS provider has to complete and sign the SOC 426.

2. WHEN DO I HAVE TO COMPLETE THE SOC 426?

If you are already an IHSS provider, you have to complete, sign and return the SOC 426 BY JULY 1, 2010. If you do not submit the SOC 426 BY JULY 1, 2010, you will no longer be eligible to be an IHSS provider.

If you want to become an IHSS provider, you have to complete, sign and return the SOC 426 BEFORE you can be enrolled as an IHSS provider and get paid for providing services.

3. WHERE DO I RETURN THE SOC 426?

After you have completed and signed the SOC 426, you must return it IN PERSON to the county IHSS office or county Public Authority.

You will have to show identification (ID) when you return the SOC 426. See Question #7 on this page for information about what kind of ID is required.

4. WHAT ITEMS ON THE SOC 426 DO I HAVE TO COMPLETE?

You have to complete all of the items in PART A and you must also answer all part of #9 (a., b. and c.) in PART B. If you answer "YES" to any part of item #9 (a., b., or c.) in PART B., you must also answer all the remaining questions in PART B (#'s 10, 11, 12 and 13). You have to read and sign the declaration in PART C. If you do not answer all of the required questions and sign the SOC 426, you will not be eligible to be enrolled as an IHSS provider.

5. WHY DO I HAVE TO SIGN THE SOC 426?

You have to sign the SOC 426 to show that you fully understand and agree to all of the statements listed in the declaration in PART C. You are signing the SOC 426 under penalty of perjury.

6. WHAT DOES "UNDER PENALTY OF PERJURY" MEAN?

The words, "under penalty of perjury," mean that you swear that all of the information you are giving is true and correct. If you intentionally give false information or hold back information so you can get a benefit or payment that you are not entitled to, you can be prosecuted for fraud under federal and state law. If you are convicted of fraud, you can be fined, jailed and/or disqualified from becoming an IHSS provider.

As part of the provider enrollment process, you will also have to be fingerprinted and go through a criminal background check. The criminal background check will show whether you have provided any false information on the SOC 426.

7. WHAT KIND OF ID DO I HAVE TO PROVIDE?

You must provide two original pieces of ID. Photocopies of ID are not acceptable. You must provide:

- An unexpired Driver's License or ID card issued by the California (or another state's) Department of Motor Vehicles, OR
- Some other unexpired ID issued by a government agency (e.g., military ID, passport, permanent resident card, etc.); AND
- A Social Security Card; OR
- Other official correspondence from the Social Security Administration verifying your Social Security Number.

If you are under the age of 18, you also have to provide a valid Work Permit.

8. WHY DO I HAVE TO COMPLETE THE SOC 426?

You have to complete the SOC 426 to let the county know if you have been convicted of OR in prison for a crime that would disqualify you from being an IHSS provider.

9. WHAT CRIMES WOULD MAKE ME INELIGIBLE TO BE AN IHSS PROVIDER?

Under state law, any person WHO WITHIN THE LAST 10 YEARS has been convicted of OR in prison for one of the following crimes is not eligible to be an IHSS provider or to received payment from the IHSS program for providing supportive services:

- A crime involving fraud against a government health care of supportive services program; or
- Abuse of a child, elder or dependent adult.

Also, any person who has EVER been convicted of or in prison for a felony crime OR certain serious misdemeanor crimes is not eligible to be an IHSS provider or to receive payment from the IHSS program for providing supportive services.

Generally, misdemeanor crimes involving violence or threats of violence would disqualify a person from being an IHSS provider.

Minor infractions, such as traffic violations, would not disqualify a person from being an IHSS provider.

10. WHAT HAPPENS IF I'M CONVICTED OF A CRIME AFTER I'M ENROLLED AS AN IHSS PROVIDER?

You must let the county know of any changes to the information you reported on the SOC 426 within 10 calendar days of the change. If you get convicted of one of the disqualifying crimes, you will no longer be eligible to be an IHSS provider. The county will receive information about any criminal convictions through the criminal background check process that you must also go through to be enrolled as a provider.

11. WHAT HAPPENS TO THE INFORMATION I PROVIDE?

The county will review the information you provide on the form to make sure it is complete, and will determine whether you are eligible to be an IHSS provider. They will also check to see if your name appears on the Medi-Cal Suspended and Ineligible (S&I) Providers list, which includes the names of persons who have been:

- 1) Convicted of a crime involving fraud or abuse of the Medi-Cal Program, or
- 2) Suspended from the federal Medicare program for any reason.

If your name is on the S&I Providers list, you will not be able to be an IHSS provider. The county will send you a letter informing you that you are ineligible to be an IHSS provider.

If you are determined to be ineligible to be an IHSS provider, and your name is not already on the S&I Providers list, the county will ask to have your name added to the list.

12. CAN I APPEAL IF I'M FOUND INELIGIBLE TO BE AN IHSS PROVIDER?

Yes. The letter the county sends you if you are found ineligible to be an IHSS provider will tell you how to request an appeal. You will need to ask for an appeal IN WRITING WITHIN 60 DAYS OF THE DECISION. You must send your request for appeal to the following address:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals, MS 19-04
PO Box 944243
Sacramento, CA 94244-2430

If you have questions about an appeal, call (916) 556-1156.

If you have any other questions about the SOC 426, ask your county IHSS Office or IHSS Public Authority.

**PREGUNTAS FRECUENTES (FAQ'S) ACERCA DEL FORMULARIO SOC 426,
"PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS) -
FORMULARIO DE INSCRIPCIÓN PARA PROVEEDORES"**

******POR FAVOR LEA CUIDADOSAMENTE ESTA INFORMACIÓN
ANTES DE QUE EMPIECE A LLENAR EL FORMULARIO SOC 426******

1. ¿QUIÉN TIENE QUE COMPLETAR EL FORMULARIO SOC 426?

Un proveedor de IHSS es una persona que recibe pagos del Programa de IHSS por proporcionar servicios de apoyo para un beneficiario de IHSS (alguien que recibe servicios a través del Programa de IHSS).

Cualquier persona que ya es un proveedor de IHSS O alguien que quiere ser un proveedor de IHSS tiene que completar y firmar un formulario SOC 426.

2. ¿CUÁNDO TENGO QUE COMPLETAR EL FORMULARIO SOC 426?

Si usted ya es un proveedor de IHSS, tiene que completar, firmar y entregar el formulario SOC 426 A MÁS TARDAR PARA EL 1º DE JULIO, 2010. Si no presenta el formulario SOC 426 A MÁS TARDAR PARA EL 1º DE JULIO, 2010, ya no será elegible para ser un proveedor de IHSS.

Si usted quiere ser un proveedor de IHSS, tiene que completar, firmar y entregar el formulario SOC 426 ANTES de que se pueda inscribir como un proveedor de IHSS y pueda recibir pago por proporcionar servicios.

3. ¿A DÓNDE DEBO ENTREGAR EL FORMULARIO SOC 426?

Después de que usted haya completado y firmado el formulario SOC 426, tiene que entregarlo EN PERSONA a la Oficina de IHSS del condado o a una Autoridad Pública de IHSS.

Tendrá que presentar una identificación cuando entregue el formulario SOC 426. Para más información acerca de qué tipo de identificación se requiere, vea la pregunta #7 en esta página.

4. ¿CUÁLES SECCIONES DEL FORMULARIO SOC 426 TENGO QUE COMPLETAR?

Usted tiene que completar todo en la PARTE A y también tiene que contestar todo en el #9 (a., b., y c.) en la PARTE B. Si contesta "SI" en alguna parte del #9 (a., b., o c.) en la PARTE B, usted también tiene que contestar el resto de las preguntas en la PARTE B (#10, #11, #12 y #13). Tiene que leer y firmar la declaración en la PARTE C. Si no contesta todas las preguntas requeridas y no firma el formulario SOC 426, usted no será elegible para ser inscrito como un proveedor de IHSS.

5. ¿POR QUÉ TENGO QUE FIRMAR EL FORMULARIO SOC 426?

Usted tiene que firmar el formulario SOC 426 para indicar que entiende completamente y está de acuerdo con todas las declaraciones anotadas en la declaración en la PARTE C. Usted está firmando el formulario SOC 426 bajo pena de perjurio.

6. ¿QUÉ SIGNIFICA "BAJO PENA DE PERJURIO"?

Las palabras "bajo pena de perjurio" significan que usted jura que toda la información que está proporcionando es verdadera y correcta. Si intencionalmente proporciona información falsa o esconde información para que pueda recibir un beneficio o pago que no tiene derecho a recibir, usted puede recibir cargos por fraude de acuerdo a las leyes federales y estatales. Si se le declara culpable de fraude, puede recibir una multa, lo pueden meter a la cárcel, y/o descalificarlo para ser un proveedor de IHSS.

Como parte del proceso de inscripción para proveedores, usted tendrá que tomarse las huellas dactilares y someterse a una revisión de antecedentes penales. La revisión de antecedentes penales indicará si usted ha proporcionado alguna información falsa en el formulario SOC 426.

7. ¿QUÉ TIPO DE IDENTIFICACIÓN TENGO QUE PROPORCIONAR?

Usted tiene que proporcionar dos tipos de identificaciones en su forma original. No se aceptarán fotocopias de una identificación. Usted tiene que proporcionar:

- Una licencia de manejar o una tarjeta de identificación vigente expedida por el Departamento de Vehículos Motorizados de California (o de otro estado), O
- Alguna otra identificación vigente expedida por una oficina del gobierno (por ejemplo, una identificación militar, pasaporte, tarjeta de residente permanente, etc.), Y
- Una tarjeta del Seguro Social; O
- Alguna otra correspondencia oficial de la Administración del Seguro Social verificando su número de Seguro Social.

Si usted tiene menos de 18 años de edad, también tiene que proporcionar un permiso de trabajo válido.

8. ¿POR QUÉ TENGO QUE COMPLETAR EL FORMULARIO SOC 426?

Usted tiene que completar el formulario SOC 426 para avisarle al condado si ha sido declarado culpable O ha estado en prisión por un delito que lo descalificaría de ser un proveedor de IHSS.

9. ¿CUÁLES DELITOS ME IMPEDIRÍAN SER ELEGIBLE PARA SER UN PROVEEDOR DE IHSS?

Bajo la ley estatal, cualquier persona QUE EN LOS ÚLTIMOS 10 AÑOS haya sido declarada culpable O haya estado en prisión por alguno de los siguientes delitos no es elegible para ser un proveedor de IHSS ni puede recibir pagos del Programa de IHSS por proporcionar servicios de apoyo:

- Un delito de fraude en contra de un programa del gobierno para el cuidado de la salud o servicios de apoyo; o
- Abuso de un niño, persona de edad avanzada, o un adulto dependiente.

También, cualquier persona que ALGUNA VEZ haya sido declarada culpable o haya estado en prisión por un delito mayor (*felony*) o ciertos delitos menores (*misdemeanors*) graves no es elegible para ser un proveedor de IHSS ni puede recibir pagos del Programa de IHSS por proporcionar servicios de apoyo.

Generalmente, los delitos menores que incluyen violencia o amenazas de violencia descalifican a una persona de ser un proveedor de IHSS.

Las infracciones menores, tales como infracciones de las reglas de tráfico, no descalifican a una persona de ser un proveedor de IHSS.

10. ¿QUÉ SUCEDE SI ME DECLARAN CULPABLE DE UN DELITO DESPUÉS DE QUE YA ESTÉ INSCRITO COMO UN PROVEEDOR DE IHSS?

Usted tiene que avisarle al condado sobre cualquier cambio en la información que reportó en el formulario SOC 426. Tiene que avisarle al condado antes de que pasen 10 días consecutivos contados a partir de la fecha del cambio. Si lo declaran culpable de uno de los delitos que lo descalificarían, usted ya no es elegible para ser un proveedor de IHSS. El condado recibirá información acerca de cualquier condena criminal a través del proceso de revisión de antecedentes penales al cual usted también se tiene que someter para ser inscrito como un proveedor de IHSS.

11. ¿QUÉ SUCEDE CON LA INFORMACIÓN QUE YO PROPORCIONE?

El condado revisará la información proporcionada en el formulario para asegurarse que esté completa y determinará si usted es elegible para ser un proveedor de IHSS. Ellos también revisarán para ver si su nombre aparece en la Lista del Programa de Asistencia Médica (Medi-Cal) de Proveedores Suspendidos e Inelegibles (S&I), la cual incluye los nombres de personas que:

- 1) Han sido declaradas culpables de delitos de fraude o abuso en Medi-Cal, o
- 2) Por algún motivo, han sido suspendidas del programa Medicare (seguro médico federal).

Si su nombre aparece en la Lista de Proveedores S&I, usted no podrá ser un proveedor de IHSS. El condado le enviará una carta informándole que usted no es elegible para ser un proveedor de IHSS.

Si se determina que usted no es elegible para ser un proveedor de IHSS, y su nombre no aparece en la Lista de Proveedores S&I, el condado pedirá que se añada su nombre a esa lista.

12. SI SE DETERMINA QUE YO NO SOY ELEGIBLE PARA SER UN PROVEEDOR DE IHSS, ¿PUEDO PRESENTAR UNA APELACIÓN?

Sí. La carta que le envíe el condado notificándole que usted no es elegible para ser un proveedor de IHSS le indicará cómo presentar una apelación. Usted necesitará presentar una apelación POR ESCRITO ANTES DE QUE PASEN 60 DÍAS, CONTADOS A PARTIR DE LA FECHA DE LA DECISIÓN. Usted tiene que enviar su petición para una apelación a la siguiente dirección:

California Department of Social Services
Adult Programs Branch
IHSS Provider Enrollment Appeals, MS 19-04
PO Box 944243
Sacramento, CA 94244-2430

Si tiene alguna pregunta acerca de una apelación, llame al (916) 556-1156.

Si tiene alguna otra pregunta acerca del formulario SOC 426, pregúntele a la Oficina de IHSS del condado o a la Autoridad Pública de IHSS.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER ENROLLMENT AGREEMENT

I, _____, UNDERSTAND I AM REQUIRED TO ATTEND THE IHSS PROVIDER
(PRINT NAME)
ORIENTATION TO BE ELIGIBLE TO PROVIDE IHSS. HOWEVER, IF I HAVE BEEN A PROVIDER (ON OR BEFORE OCTOBER 31, 2009), I HAVE THE OPTION TO ATTEND AN IHSS ORIENTATION OR I MAY RECEIVE THE PROVIDER ORIENTATION INFORMATION DIRECTLY FROM THE COUNTY IHSS OFFICE.

1. During the required orientation for IHSS providers:
 - I was given the requirements to be an eligible IHSS provider and a description of the IHSS program. I was informed of my responsibilities as an IHSS provider.
 - I was informed of the consequences of committing fraud in the IHSS program.
 - I was given the Medi-Cal toll-free telephone fraud hotline number, 1-800-822-6222 and Internet Web site, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> for reporting suspected fraud or abuse in the IHSS program.
2. I received a demonstration of, and understand, how to complete my timesheet. If I have been a provider (on or before October 31, 2009), I received information on the new timesheet and understand how to complete it.
 - I understand the timesheet should indicate only the authorized services I performed for the recipient and the time needed to perform those authorized services. I understand that my signature on my timesheet verifies that the information I reported on it is true and correct.
 - I understand that, if I am convicted of fraudulently reporting information on my timesheet, in addition to any criminal penalties, I may be required to pay civil penalties of at least \$500, and not more than \$1,000, for each violation of fraud.
 - I understand that when required, it will be necessary for me to place my fingerprint on my timesheet in order to be paid.
3. I understand that I am required to complete Form I-9, a form kept on file by the recipient, which states that I have the legal right to work in the United States.
4. I understand I have the option to submit Form W-4 to request federal income tax withholding and/or Form DE 4 to request state income tax withholding from my wages. I understand that if I do not submit Form W-4 and/or DE 4, no withholding will be taken out of my wages.
5. I understand services cannot be performed when the recipient is away from his/her home (for example, when the recipient is in the hospital or away on vacation). I will contact the recipient's social worker for approval of any services that may be performed when the recipient is away from the home.
 - I understand that, in the future, I will receive an information sheet that names the recipient and the services I am authorized to perform for that recipient.
6. I will cooperate with state or county staff to provide requested information related to the evaluation of a recipient's IHSS case.

I UNDERSTAND THE IHSS PROGRAM RULES EXPLAINED AT THE PROVIDER ORIENTATION OR BY THE PROVIDER ORIENTATION INFORMATION GIVEN TO ME BY THE COUNTY IHSS OFFICE. I ACCEPT THE RESPONSIBILITY TO FOLLOW ANY INFORMATION PROVIDED BY THE COUNTY. I UNDERSTAND THAT FAILURE TO FOLLOW THE REQUIREMENTS PROVIDED TO ME MAY RESULT IN BEING TERMINATED AS AN IHSS PROVIDER.

 Provider's Signature

 Date

PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS) ACUERDO DE INSCRIPCIÓN PARA PROVEEDORES

YO, _____, ENTiendo QUE SE REQUIERE QUE ASISTA A UNA ORIENTACIÓN
(NOMBRE ESCRITO CON LETRA DE MOLDE)

PARA PROVEEDORES DE IHSS PARA PODER SER ELEGIBLE PARA PROPORCIONAR IHSS. SIN EMBARGO, SI HE SIDO UN PROVEEDOR (EN OCTUBRE 31, 2009, O ANTES DE ESA FECHA), TENGO LA OPCIÓN DE ASISTIR A UNA ORIENTACIÓN DE IHSS O PUEDO RECIBIR INFORMACIÓN SOBRE LA ORIENTACIÓN DIRECTAMENTE DE LA OFICINA DE IHSS DEL CONDADO.

1. Durante la orientación que se requiere para los proveedores de IHSS:
 - Me dieron los requisitos para ser un proveedor de IHSS elegible y una descripción del Programa de IHSS. Se me informó de mis responsabilidades como proveedor de IHSS.
 - Se me informó acerca de las consecuencias de cometer fraude en el Programa de IHSS.
 - Me dieron el número de teléfono gratuito de Medi-Cal (Programa de Asistencia Médica de California) de la línea de información para reportar el fraude, 1-800-822-6222, y el sitio web en la internet, <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> en donde se puede reportar sospechas de fraude o abuso del Programa de IHSS.
2. Recibí una demostración sobre cómo completar mi reporte de horas trabajadas (*timesheet*), y entiendo cómo hacerlo. Si he sido un proveedor (en octubre 31, 2009, o antes de esa fecha), recibí información sobre la el nuevo reporte de horas trabajadas y entiendo cómo completarlo.
 - Entiendo que el reporte de horas trabajadas debe incluir solamente los servicios autorizados que le proporcioné al beneficiario y el tiempo necesario para llevar a cabo esos servicios autorizados. Entiendo que mi firma en el reporte de horas trabajadas verifica que la información que yo reporté es verdadera y correcta.
 - Entiendo que, si me declaran culpable de reportar información fraudulentamente en mi reporte de horas trabajadas, además de sanciones penales, es posible que se requiera que yo pague sanciones civiles de al menos \$500, pero no más de \$1,000, por cada violación de fraude.
 - Entiendo que cuando se requiera, será necesario que yo ponga mis huellas dactilares en mi reporte de horas trabajadas para que pueda recibir pagos.
3. Entiendo que se requiere que yo complete el formulario "Form I-9", un formulario que se mantiene en el expediente del beneficiario, el cual indica que tengo el derecho legal de trabajar en los Estados Unidos.
4. Entiendo que tengo la opción de presentar el formulario "Form W-4" para solicitar que se retengan los impuestos federales sobre los ingresos y/o el formulario "Form DE 4" para solicitar que se retengan los impuestos del Estado sobre los ingresos de mi salario. Entiendo que si no presento los formularios "Form W-4" y/o "Form DE 4" no se retendrán los impuestos de mi salario.
5. Entiendo que los servicios no se pueden proporcionar cuando el beneficiario está fuera de su hogar (por ejemplo, cuando un beneficiario está en el hospital o está de vacaciones). Me comunicaré con el trabajador social del beneficiario para recibir aprobación para cualquier servicio que se pueda proporcionar cuando el beneficiario no esté en su hogar.
 - Entiendo que, en el futuro, recibiré una hoja de información con el nombre del beneficiario y los servicios que estoy autorizado a proporcionar para ese beneficiario.
6. Cooperaré con los empleados del Estado o del condado para proporcionar información relacionada a la evaluación de un caso de IHSS del beneficiario.

ENTIENDO LAS REGLAS DEL PROGRAMA DE IHSS QUE ME EXPLICARON EN LA ORIENTACIÓN PARA PROVEEDORES DE IHSS O LA INFORMACIÓN SOBRE LA ORIENTACIÓN QUE ME DIERON EN LA OFICINA DE IHSS DEL CONDADO. ACEPTO LA RESPONSABILIDAD DE CUMPLIR CON LA INFORMACIÓN QUE ME PROPORCIONÓ EL CONDADO. ENTiendo QUE SI NO CUMPLO CON LOS REQUISITOS QUE ME PROPORCIONARON, ESTO PUDIERA RESULTAR EN MI TERMINACIÓN COMO PROVEEDOR DE IHSS.

Firma del proveedor

Fecha

**IMPORTANT INFORMATION FOR PROSPECTIVE PROVIDERS
ABOUT THE IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
PROVIDER ENROLLMENT PROCESS**

An IHSS provider is someone who provides services to a person who receives supportive services under the IHSS Program. If you want to become an IHSS provider, you must complete all of the steps outlined below before you can be enrolled as a provider and receive payment from the IHSS Program for providing services.

STEP 1. Complete and sign the IHSS Program Provider Enrollment Form (SOC 426), and return it in person to the county IHSS Office or IHSS Public Authority.

- You can get a blank copy of the SOC 426 from the county IHSS Office or Public Authority. The county IHSS Office or Public Authority will also give you an information sheet that gives answers to Frequently Asked Questions (FAQs) about the SOC 426. You should read the FAQs carefully before you complete the SOC 426.
- You must report on the SOC 426 whether you have been convicted of certain crimes that would make you ineligible to receive payment from the IHSS Program for providing services.
- It is important that you read the SOC 426 carefully and that all of your responses are complete and truthful because the information you provide will be verified by a criminal background check that you must also go through as part of the provider enrollment process (See Step 2.).

STEP 2. Be fingerprinted and go through a criminal background check by the California Department of Justice.

- The county IHSS Office or Public Authority will give you instructions on how to get fingerprinted when you turn in the completed and signed SOC 426. Do not try to be fingerprinted until you have received instructions from the county.
- You can get fingerprinted at some local law enforcement agencies (Police or Sheriff Department) or at businesses that offer digitally scanned fingerprinting (Live Scan) services. The county IHSS Office or Public Authority can give you a list of nearby locations.
- State law requires that you pay the costs for fingerprinting and the criminal background check from your own money. Fees vary depending where you choose to get fingerprinted; however, the cost is about \$70.
- The background check will verify that you have not been convicted of any crimes that make you ineligible to receive payment from the IHSS Program for providing services.

STEP 3. Go to an IHSS Program Provider Orientation given by the county.

- The county IHSS Office or Public Authority will tell you when and where you can attend an orientation session.
- The orientation will present important information about the IHSS Program and the rules and requirements for being a provider.

STEP 4. At the end of the Provider Orientation session, sign an IHSS Program Provider Enrollment Agreement (SOC 846).

- By signing the SOC 846, you are saying that you understand and agree to the rules and requirements for being a provider in the IHSS Program.

Once you have completed these steps and you have been approved by the County or Public Authority to be an IHSS provider, as long as you are an active provider and your criminal background check remains clear, you will continue to be eligible to provide services for any IHSS recipient.

If you have any questions about these new requirements, contact your county IHSS Office or IHSS Public Authority.

INFORMACIÓN IMPORTANTE PARA POSIBLES PROVEEDORES PROCESO DE INSCRIPCIÓN PARA PROVEEDORES EN EL PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR (IHSS)

Un proveedor de IHSS es alguien que proporciona servicios a una persona que recibe servicios de apoyo bajo el Programa de IHSS. Si usted quiere ser un proveedor de IHSS, tiene que completar todos los pasos indicados a continuación antes de que pueda ser inscrito como un proveedor y reciba pago del Programa de IHSS por proporcionar servicios.

PASO # 1. Completar y firmar el formulario SOC 426, "Programa de Servicios de Apoyo en el Hogar (IHSS) - Formulario de inscripción para proveedores", y llevarlo en persona a la Oficina de IHSS del condado o a una Autoridad Pública de IHSS.

- Usted puede obtener un formulario SOC 426 en la Oficina de IHSS del condado o en una Autoridad Pública de IHSS. La Oficina de IHSS del condado o la Autoridad Pública de IHSS también le dará una hoja de información con respuestas a las preguntas más frecuentes (FAQ's) acerca del SOC 426. Debe leer cuidadosamente las preguntas más frecuentes antes de completar el formulario SOC 426.
- También tiene que reportar en el formulario SOC 426 si ha sido declarado culpable de ciertos delitos que lo harían no elegible para recibir pago del Programa de IHSS por proporcionar servicios.
- Es importante que usted lea cuidadosamente el formulario SOC 426 y que todas sus respuestas sean completas y verdaderas porque la información que usted proporcione se verificará por medio de una revisión de antecedentes penales a la cual tiene que someterse como parte del proceso de inscripción de los proveedores (vea el Paso # 2).

PASO # 2. Hacer arreglos para que le tomen sus huellas dactilares y someterse a una revisión de antecedentes penales por el Departamento de Justicia de California.

- La Oficina de IHSS del condado o la Autoridad Pública de IHSS le dará instrucciones sobre cómo obtener sus huellas dactilares cuando usted entregue el formulario SOC 426 completado y firmado. No trate de tomarse las huellas dactilares hasta que haya recibido instrucciones del condado.
- Usted puede tomarse sus huellas dactilares en algunas oficinas locales encargadas de hacer cumplir la ley (departamento de policía o del comisario [*sheriff*]) o en empresas que ofrecen servicios para tomar las huellas dactilares en imagen computarizada (*Live Scan*). La Oficina de IHSS del condado o la Autoridad Pública de IHSS puede darle una lista de localidades cercanas.
- La ley del Estado requiere que usted pague con su propio dinero los costos de las huellas dactilares y la revisión de antecedentes penales. Las cuotas varían dependiendo de dónde usted escoja tomarse las huellas dactilares, sin embargo el costo es de más o menos \$70.
- La revisión de antecedentes penales verificará que usted no ha sido declarado culpable de algún delito que lo haga no elegible para recibir pagos del Programa de IHSS por proporcionar servicios.

PASO # 3. Asistir a una orientación proporcionada por el condado para proveedores del Programa de IHSS.

- La Oficina de IHSS del condado o la Autoridad Pública de IHSS le dirá cuándo y dónde puede asistir a una sesión de orientación.
- La orientación le presentará información importante acerca del Programa de IHSS y las reglas y requisitos para ser un proveedor.

PASO # 4. Al final de la sesión de orientación para los proveedores, firmar el formulario SOC 846, "Programa de Servicios de Apoyo en el Hogar (IHSS) - Acuerdo de inscripción para proveedores".

- Al firmar el formulario SOC 846, está indicando que usted entiende y está de acuerdo con las reglas y requisitos para ser un proveedor de IHSS.

Una vez que haya completado estos pasos y haya sido aprobado por el condado o Autoridad Pública de IHSS para ser un proveedor de IHSS, siempre y cuando sea un proveedor activo y su historial de antecedentes penales se mantenga limpio, usted continuará siendo elegible para proporcionar servicios para cualquier beneficiario de IHSS.

Si tiene alguna pregunta acerca de estos nuevos requisitos, comuníquese con la Oficina de IHSS del condado o la Autoridad Pública de IHSS.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER ELIGIBILITY**

COUNTY OF

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

As of the date of this notice, you have been officially enrolled as an IHSS provider. You can now begin providing services for an IHSS recipient(s) and receiving payment from the IHSS program for providing services.

If you have any questions, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN DE INELEGIBILIDAD DEL PROVEEDOR**

CONDADO DE

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHSS: _____

Número de teléfono de la Oficina del programa IHSS: _____

Para: Solicitante a proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services*, IHSS)

A partir de la fecha de esta notificación, se le inscribió oficialmente como proveedor del programa IHSS. Ya puede comenzar a prestar servicios para los beneficiarios del programa IHSS y a recibir pagos del programa IHSS por prestar servicios.

Si tiene alguna pregunta, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF INCOMPLETE PROVIDER
ENROLLMENT FORM**

COUNTY OF

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

The County reviewed the Provider Enrollment Form (SOC 426) you submitted and has found that the information you provided is incomplete. We are not able to determine if you are eligible to be enrolled as an IHSS provider because you did not provide all of the necessary information. You must submit all of the information indicated below within 15 business days of the date of this letter.

- Response to Item Number(s) _____ on the SOC 426
- Copy of notice of reinstatement as a provider in the Medicare, Medicaid and/or Medi-Cal programs
- Copy of written confirmation from the licensing authority that your professional privileges have been restored
- Copy of the licensing authority's decision(s), including terms and conditions, regarding disciplinary action(s) taken
- Other: _____

If you do not provide all of the requested information within 15 business days, you will not be eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services.

If you have any questions about this letter, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN SOBRE FORMULARIO INCOMPLETO
DE INSCRIPCIÓN DEL PROVEEDOR
(DESTINATARIO)**

CONDADO DE

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHSS: _____

Número de teléfono de la Oficina del programa IHSS: _____

Para: Solicitante para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services*, IHSS)

El condado revisó el Formulario de inscripción de proveedores (SOC 426) que presentó y detectó que la información que usted proporcionó está incompleta. No podemos determinar si es elegible para inscribirse como proveedor del programa IHSS porque no proporcionó toda la información necesaria. Debe presentar toda la información que se indica a continuación antes de que pasen 15 días hábiles de la fecha de esta carta.

- Respuesta a los puntos número _____ del formulario SOC 426
- Copia de la notificación de reincorporación como proveedor en los programas de Medicare, Medicaid o Medi-Cal
- Copia de la confirmación por escrito de la autoridad de concesión de licencias de que se restituyeron sus privilegios profesionales
- Copia de las decisiones de la autoridad de concesión de licencias, incluidos los términos y condiciones con respecto a las medidas disciplinarias que se tomaron
- Otros: _____

Si no proporciona toda la información solicitada dentro de 15 días hábiles, no será elegible para inscribirse como proveedor del programa IHSS ni para recibir pagos del programa IHSS por prestar servicios.

Si tiene alguna pregunta sobre esta carta, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER INELIGIBILITY**

COUNTY OF

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

As of the date of this notice, you are no longer eligible to be an IHSS provider or to receive payment from the IHSS Program for providing services. Here's why:

On _____, we sent you a notice telling you that the Provider Enrollment Form (SOC 426) you submitted to the county was incomplete. We asked you to provide the missing information within 15 business days. You did not submit the requested information by the date we requested it.

If you have any questions about this letter, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR CONDADO DE
NOTIFICACIÓN DE INELEGIBILIDAD DEL PROVEEDOR**

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la oficina de IHSS: _____

Número de teléfono de la oficina de IHSS: _____

Para: Solicitante para ser proveedor de Servicios de Apoyo en el Hogar (In-Home Supportive Services, IHSS)

A partir de la fecha de esta notificación, deja de ser elegible para ser proveedor del programa IHSS o para recibir pagos del Programa IHSS por prestar servicios. Motivo:

El _____ le enviamos una notificación para informarle que el Formulario de inscripción de proveedores (SOC 426) que presentó ante el condado estaba incompleto. Le solicitamos que brindara la información que faltaba dentro de 15 días hábiles. Usted no presentó la información solicitada antes de la fecha en que se la solicitamos.

Si tiene alguna pregunta sobre esta carta, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER INELIGIBILITY**

COUNTY OF

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

The county has found that you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services. You are not eligible because you did not complete one or more of the required steps of the IHSS provider enrollment process. You did not complete the step(s) marked below:

- You did not complete, sign or return the IHSS Provider Enrollment Form (SOC 426).
- You did not attend an IHSS Provider Orientation session.
- You did not sign the IHSS Provider Enrollment Agreement (SOC 846).
- You did not submit fingerprints and go through a criminal background check.

If you have any questions about this letter, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN DE INELEGIBILIDAD DEL PROVEEDOR**

CONDADO DE

(DESTINATARIO)

Fecha de notificación: _____

Nombre del proveedor: _____

Dirección de la oficina de IHSS: _____

Número de teléfono de la oficina de IHSS: _____

Para: Solicitante para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services, IHSS*)

El condado ha resuelto que usted no es elegible para inscribirse como proveedor de IHSS o para recibir pagos del programa IHSS por la prestación de servicios. Esto se debe a que no completó uno o más de los pasos requeridos del proceso de inscripción de proveedores de IHSS. Los pasos que no finalizó se indican a continuación:

- No completó, firmo o devolvió el Formulario de inscripción de proveedores de IHSS (SOC 426).
- No asistió a una sesión de orientación para proveedores de IHSS.
- No firmó el Acuerdo de inscripción de proveedores de IHSS (SOC 846).
- No presentó huellas dactilares ni se sometió a una verificación de antecedentes penales.

Si tiene preguntas sobre esta carta, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER INELIGIBILITY**

COUNTY OF

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

The county has found that you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services. Here's why:

As part of the provider enrollment process, you submitted fingerprints and went through a criminal background check by the California Department of Justice. The background check showed that you had been convicted of a crime(s) that makes you ineligible to be an IHSS provider and to receive payment from the IHSS Program for providing services. The crime(s) which disqualified you is/are shown below:

If you disagree with this decision, the back of this page explains how you can request an appeal. You must submit your appeal request within 60 calendar days from the date of this letter.

If you have any questions about this letter, you may call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN DE INELEGIBILIDAD DEL PROVEEDOR**

CONDADO DE

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHSS: _____

Número de teléfono de la Oficina del programa IHSS: _____

Para: Solicitante para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services*, IHSS)

El condado ha detectado que usted no es elegible para inscribirse como proveedor de IHSS o para recibir pagos del programa IHSS por la prestación de servicios. Motivo:

Como parte del proceso de inscripción de proveedores, usted presentó las huellas dactilares y se sometió a una verificación de antecedentes penales realizado por el Departamento de Justicia de California (California Department of Justice). En la verificación de antecedentes se indicó que se le declaró culpable de un delito que lo hace inelegible para ser proveedor del programa IHSS y para recibir pagos del programa IHSS por la prestación de servicios. A continuación se indican los delitos que lo inhabilitan:

Si no está de acuerdo con esta decisión, al dorso de esta página se explica cómo puede solicitar una apelación. Debe presentar su solicitud de apelación dentro de los 60 días calendario a partir de la fecha de esta carta.

Si tiene alguna pregunta sobre esta carta, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE OF PROVIDER INELIGIBILITY**

COUNTY OF _____

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider Applicant

Based on the information you provided on the Provider Enrollment Form (SOC 426), you are not eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing services. Here's why:

- You were suspended as a provider from the Medicare, Medicaid or Medi-Cal programs, and you were not reinstated. Any provider who has been suspended from the Medicare, Medicaid or Medi-Cal program and who has not been reinstated is ineligible to be enrolled as a provider or to receive payment for providing supportive services.
- A licensing authority took disciplinary action against your professional license, certificate or other authorization to provide health care. We reviewed the terms and conditions of the licensing authority's decision(s) and found that the terms and conditions prohibit you from providing supportive services.

Because you are not eligible to be an IHSS provider, we will forward this information to the California Department of Health Care Services (CDHCS) and ask that your name be placed on the Medi-Cal Suspended and Ineligible Providers list. You will get a letter from CDHCS when your name is added to the list.

If you disagree with this decision, the back of this page explains how you can request an appeal. You must submit your appeal request within 60 calendar days from the date of this letter.

If you have any questions about this letter, call _____

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN DE INELEGIBILIDAD DEL PROVEEDOR**

CONDADO DE

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHSS: _____

Número de teléfono de la Oficina del programa IHSS: _____

Para: Solicitante para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services, IHSS*)

Según la información que brindó en el Formulario de inscripción de proveedores (SOC 426), no es elegible para inscribirse como proveedor de IHSS o para recibir pagos del programa IHSS por la prestación de servicios. Motivo:

- Fue suspendido como proveedor de los programas de Medicare, Medicaid o Medi-Cal, y no fue reincorporado. Ningún proveedor que haya sido suspendido del programa de Medicare, Medicaid o Medi-Cal y que no haya sido reincorporado es elegible para ser inscrito como proveedor ni para recibir pagos por la prestación de servicios de apoyo.
- Una autoridad de concesión de licencias tomó medidas disciplinarias contra su licencia, certificado u otra autorización profesional para prestar atención médica. Revisamos los términos y condiciones de las decisiones de la autoridad de concesión de licencias, y descubrimos que éstos le prohíben prestar servicios de apoyo.

Como no es elegible para ser proveedor de IHSS, le reenviaremos esta información al Departamento de Servicios de Atención Médica de California (*California Department of Health Care Services, CDHCS*), y solicitaremos que pongan su nombre en la Lista de proveedores suspendidos y no elegibles de Medi-Cal. Recibirá una carta del CDHCS cuando agreguen su nombre a la lista.

Si no está de acuerdo con esta decisión, en el reverso de esta página se explica cómo puede solicitar una apelación. Debe enviar la solicitud de apelación dentro de los 60 días consecutivos de la fecha de esta carta.

Si tiene preguntas sobre esta carta, llame al _____

IN-HOME SUPPORTIVE SERVICES PROGRAM COUNTY OF
NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

As of the date of this notice, _____, has been officially enrolled as a provider.
He/she can now begin providing services for you.

If you have any questions, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN PARA EL BENEFICIARIO DE LA
ELEGIBILIDAD DEL PROVEEDOR**

CONDADO DE

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHSS: _____

Número de teléfono de la Oficina del programa IHSS: _____

Para: Beneficiario para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services* , IHSS)

A partir de la fecha de esta notificación, _____, ha sido inscrito oficialmente como proveedor. Este proveedor ahora puede comenzar a prestarle servicios.

Si tiene preguntas, llame al _____.

**IN-HOME SUPPORTIVE SERVICES PROGRAM COUNTY OF
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY**

(ADDRESSEE)

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

The person you have chosen to provide services for you, _____, is not eligible to receive payment from the IHSS program for providing services to you or to any other person. Here's why:

He/she did not complete one or more of the required steps of the provider enrollment process shown below.

- He/she did not complete, sign and return the IHSS Provider enrollment Form (SOC 426) to the county; and/or
- He/she did not attend an IHSS Provider Orientation; and/or
- He/she did not sign an IHSS Provider Enrollment Agreement (SOC 846); and/or
- Either he/she did not go through a criminal background check, or he/she did go through a criminal background check but he/she was found ineligible based on a conviction for a crime.

You must choose a different person to provide services. If you choose to continue receiving services from this provider, you will be responsible for paying him/her with your own money for any services provided.

If you need help finding a different provider, call _____.

**PROGRAMA DE SERVICIOS DE APOYO EN EL HOGAR
NOTIFICACIÓN SOBRE LA INELEGIBILIDAD DE
PROVEEDORES PARA EL BENEFICIARIO**

CONDADO DE

(DESTINATARIO)

Fecha de la notificación: _____

Nombre del proveedor: _____

Dirección de la Oficina del programa IHS: _____

Número de teléfono de la Oficina del programa IHS: _____

Para: Beneficiario para ser proveedor de Servicios de Apoyo en el Hogar (*In-Home Supportive Services, IHSS*)

La persona que eligió para que le preste servicios, _____, no es elegible para recibir pagos del programa IHSS por la prestación de servicios para usted o para otras personas. Motivo:

Él/ella no completó uno o más de los pasos requeridos del proceso de inscripción de proveedores indicado a continuación.

- Él/ella no completó, firmó ni devolvió el Formulario de inscripción de proveedores (SOC 426) del programa IHSS al condado; o
- Él/ella no asistió a una orientación para proveedores del programa IHSS; o
- Él/ella no firmó a un Acuerdo de inscripción de proveedores (SOC 846) del programa IHSS; o
- Él/ella no se sometió a una verificación de antecedentes penales o bien, se sometió a una verificación de antecedentes penales pero se detectó que era inelegible debido a una condena penal por un delito.

Debe elegir a otra persona para que le preste servicios. Si decide continuar recibiendo servicios de este proveedor, deberá pagarle con su dinero por los servicios prestados.

Si necesita ayuda para buscar otro proveedor, llame al _____.

PERSONAL CARE SERVICES PROGRAM PROVIDER/ENROLLMENT AGREEMENT

Instructions:

- This form is to be completed in triplicate.
- This form must be completed prior to enrollment for **each** service provider/client relationship.
Part I is to be completed by the service provider
- *Part II is to be completed by the client or authorized representative as long as the authorized representative is **NOT the service provider.***
- *Part III is to be completed by the county.*
- The original form is to be maintained by the county and a copy given to the provider and the recipient.

PART I - SERVICE PROVIDER

SERVICE PROVIDER NAME				SOCIAL SECURITY NUMBER
ADDRESS (Street, City, Zip)				PHONE ()
DATE OF BIRTH (Month, Day, Year)	SEX	ETHNIC ORIGIN	RELATIONSHIP TO CLIENT	START OF SERVICE (Month, Day, Year)

CERTIFICATION STATEMENT

- I certify that all claims, which I submit, for services to clients of the Personal Care Services Program will be provided as authorized for the client.
- I certify that all information submitted to the county will be accurate and complete to the best of my knowledge.
- I understand that payment of these claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal and/or state laws.
- I agree that services will be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

SERVICE PROVIDER'S SIGNATURE	DATE
------------------------------	------

PART II - CLIENT CERTIFICATION

I certify that the service provider named above is qualified to provide personal care services for me as authorized by the county.

CLIENT'S NAME	CASE NUMBER
CLIENT'S SIGNATURE (Or Authorized Representative)	DATE

PART III - RECORD RETENTION

On behalf of the service provider, the county shall keep all records which are necessary to fully disclose the extent of services to the client for a minimum of three years from the date of service; and on request shall furnish the records for audit to the State of California or the U.S. Department of Health and Human Services or their duly authorized representatives.

AUTHORIZED COUNTY REPRESENTATIVE'S SIGNATURE	SERVICE WORKER NUMBER	DATE
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PART IV - HEALTH SERVICES APPROVAL

The Department certifies that the person named above will be an enrolled Medi-Cal provider of personal care services.

California Department of Health Services

PROGRAMA DE SERVICIOS DE CUIDADO PERSONAL ACUERDO DEL PROVEEDOR/DE INSCRIPCION

Instrucciones:

- Este formulario se tiene que completar en triplicado.
- Este formulario se tiene que completar antes de que se registre **cada** proveedor que le proporcione servicios al cliente. La **PARTE I** tiene que ser completada por el proveedor de servicios.
- La **PARTE II** tiene que ser completada por el cliente o el representante autorizado, siempre y cuando el representante autorizado **NO sea el proveedor de servicios**.
- La **PARTE III** tiene que ser completada por el condado.
- El condado tiene que mantener el formulario original y se tiene que dar una copia al proveedor y al beneficiario.

PARTE I - PROVEEDOR DE SERVICIOS

NOMBRE DEL PROVEEDOR DE SERVICIOS			NUMERO DE SEGURO SOCIAL	
DIRECCION (calle, ciudad, código postal)			TELEFONO ()	
FECHA DE NACIMIENTO (mes, día, año)	SEXO	ORIGEN ETNICO	PARENTESCO/RELACION CON EL CLIENTE	COMIENZO DEL SERVICIO (mes, día, año)

DECLARACION DE CERTIFICACION

- Certifico que todos los servicios a clientes del Programa de Servicios de Cuidado Personal, para los que yo presente una reclamación, se proporcionarán de acuerdo a lo que se autorice para el cliente.
- Certifico que toda la información que se le entregue al condado será correcta y completa, según mi leal saber y entender.
- Entiendo que el pago de estas reclamaciones se hará con fondos federales y/o estatales y que se me podrá enjuiciar por cualquier declaración o reclamación falsa o por ocultar información, de acuerdo a las leyes federales y/o estatales.
- Estoy de acuerdo con el hecho de que los servicios se ofrecerán y se proporcionarán sin que se discrimine por razones de raza, religión, color, origen nacional o étnico, sexo, edad, ni incapacidad/discapacidad física o mental.

FIRMA DEL PROVEEDOR DE SERVICIOS	FECHA
----------------------------------	-------

PARTE II - CERTIFICACION DEL CLIENTE

Certifico que el proveedor de servicios mencionado arriba reúne los requisitos para proporcionarme servicios de cuidado personal de acuerdo a lo que autorice el condado.

NOMBRE DEL CLIENTE	NUMERO DEL CASO
FIRMA DEL CLIENTE (o representante autorizado)	FECHA

PARTE III - RETENCION DE EXPEDIENTES

A nombre del proveedor de servicios, el condado mantendrá, por un mínimo de tres años a partir de la fecha del servicio, todos los expedientes que sean necesarios para revelar por completo la extensión de los servicios que se le proporcionen al cliente. Además, si se solicita, el condado les proporcionará los expedientes, para su verificación contable, al Estado de California o al Departamento de Salud y Servicios Humanos de los Estados Unidos, o a sus representantes debidamente autorizados.

FIRMA DEL REPRESENTANTE AUTORIZADO DEL CONDADO	NUMERO DEL TRABAJADOR DE SERVICIOS	FECHA
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PARTE IV - APROBACION POR EL DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA

El Departamento certifica que la persona mencionada arriba será un proveedor registrado de servicios de cuidado personal bajo el Programa de Asistencia Médica de California (Medi-Cal).

Departamento de Servicios de Salud de California

Dear IHSS Individual Provider Applicant:

In order for you to work as an In-Home Supportive Services (IHSS) Individual Provider and receive payment from IHSS for your services, you must complete several steps in the enrollment process. As you may know, because of a recent State law change, the In-Home Supportive Services (IHSS) Program is adding new requirements for providers. The State Budget Act included many changes within the IHSS program, primarily aimed at reducing and preventing fraud. These anti-fraud efforts include a new set of requirements for all IHSS Individual Provider (IP) applicants, like you, to complete several steps in order to be eligible to work as an IP with IHSS.

These new anti-fraud measures mean that you will need to do the following before you can be paid:

- Complete and bring Form SOC 426, enclosed, (you must get it signed by the IHSS Consumer you work for)
- Bring a copy of the Form SOC 426A, signed by the IHSS Consumer you work for (Form SOC 426A, enclosed, but the IHSS Consumer may already have one for you to submit)
- Be fingerprinted and successfully complete a criminal background check (This step will occur at the enrollment session and the fee is \$50.)
- Have had no convictions or incarcerations within the last ten years for child abuse, elder / dependant adult abuse, or welfare fraud.
- View Individual Provider program orientation (This step will occur at the enrollment session.)
- Provide proof of identity at an enrollment location

You will need to complete these steps in order to be eligible to receive payment from the IHSS Program, for providing IHSS services.

For your convenience, we have set up enrollment locations throughout the county. Please see the enclosed list of our enrollment dates, times, and locations.

At the enrollment session, you will need to bring the completed paperwork enclosed in this packet. As well, for your convenience, there will be a Live Scan fingerprinting vendor onsite at the enrollment session, available to scan your fingerprints. Please bring \$50 for the fingerprinting and background check fees. Bring cash, a cashier's check, or a money order, made payable to "Cal-Auto License."

If you choose to complete your fingerprint scanning elsewhere, you will need to attend the enrollment session anyway. Then, at the session, you would pick up a background check request form from us, locate a Live Scan vendor, have your fingerprints scanned, and then return the completed background check request form to us.

(****IF YOU ARE AN IP CURRENTLY LISTED IN GOOD STANDING ON THE IHSS PUBLIC AUTHORITY PROVIDER REGISTRY, you do **not** need to complete the

fingerprinting requirement, as you have already done so in applying to the Provider Registry.)

You will need to bring your Social Security card **AND** proof of identity. Acceptable forms of identification include:

- An original, unexpired California Driver License **or**
- An ID card (issued by the California Department of Motor Vehicles [DMV]) **or**
- An original unexpired ID document issued by a state or federal government agency, preferably one including a photograph and/or signature. Examples of these documents include the following:
 - Driver License or ID from another state's DMV,
 - United States Military ID card,
 - Permanent Resident Card (Green Card), or
 - U.S. Passport.

You **must** attend an enrollment session in order to submit the paperwork and provide proof of identity. Please do not bring these forms to IHSS or Public Authority offices. We expect that these enrollment sessions will require approximately 2 hours of your time.

We are not scheduling appointments for these enrollment sessions, so please do not call our offices to request an appointment. We can only accommodate 50 Individual Providers per day and will assist people on a first-come, first-served basis. Please do not bring anyone with you to the enrollment office, as there is limited space and no child care available.

We understand that these new requirements may be confusing. Please use the checklist, attached, to ensure you haven't forgotten any of the steps to successfully complete the enrollment process.

You will not be able to sign up to provide IHSS services until you complete the enrollment process and we have received your criminal background check results.

Thank you.

Public Authority Provider Enrollment Department
Toll-free 1.877.351.7744

Dear IHSS Individual Provider:

As you may know, because of a recent State law change, the In-Home Supportive Services (IHSS) Program is adding new requirements for Individual Providers (IPs). The State Budget Act included many changes to the IHSS program, primarily aimed at reducing and preventing fraud. These anti-fraud efforts include a new set of requirements for all current IHSS IPs, like you, to complete several steps in order to continue working as an IP with IHSS.

These new anti-fraud measures mean that you must do the following:

- Bring Form SOC 426A, signed by the IHSS Recipient/Consumer you work for (Form SOC 426A is enclosed but the IHSS Recipient/Consumer may already have one for you to submit)
- Review Provider Orientation information (enclosed)
- Sign an IHSS Provider Program Enrollment Agreement (Form SOC 846 enclosed)
- Be fingerprinted and successfully complete a criminal background check
- Have had no convictions or incarcerations within the last ten years for child abuse, elder / dependent adult abuse, or welfare fraud.
- Bring all required paperwork and proof of identity to an enrollment location

*If you work for more than one IHSS Recipient/Consumer, you must submit a signed form SOC 426A for each Recipient/Consumer. Please contact our Provider Enrollment Department (toll-free 1.877.351.7744) to request additional SOC 426A forms.

For your convenience, we have set up an enrollment office in your area for the next two months. We highly encourage you to submit your paperwork at the enrollment location in your area so that you are able to continue to receive payment from IHSS.

The enrollment office will be in your area from December 14, 2009 – February 12, 2010. It will be open from 9:00 a.m. – 4:00 p.m., Monday through Friday. It is located at 1310 Union Plaza Court, Suite 202, Oceanside, CA 92054. (Parking is free.)

You must bring to the enrollment location all completed paperwork enclosed in this letter and proof of having completed a fingerprint scanning (the fingerprint scanning vendor will give you a copy of the request form, which will serve as proof of scanning).

To get your background check completed, contact one of the fingerprinting vendors on the list, enclosed. The pricing listed includes only the fingerprint rolling fee. At the time of your fingerprinting scan, you will be expected to pay an additional \$32 fee, for the Department of Justice cost.

(****IF YOU ARE AN IP CURRENTLY LISTED IN GOOD STANDING ON THE IHSS PUBLIC AUTHORITY PROVIDER REGISTRY, you do **not** need to complete the fingerprinting requirement, as you have already done so in applying to the Provider Registry.)

You will also need to bring your Social Security card **AND** proof of identity. Acceptable forms of identification include:

- An original, unexpired California Driver License **OR**
- An ID card (issued by the California Department of Motor Vehicles [DMV]) **OR**
- An original unexpired ID document issued by a state or federal government agency, preferably one including a photograph and/or signature. Examples of these documents include the following:
 - Driver License or ID from another state's DMV,
 - United States Military ID card,
 - Permanent Resident Card (Green Card),
 - U.S. Passport

You **must** submit your paperwork and provide proof of identity in person, at an enrollment location. Please do not bring these forms to IHSS or Public Authority offices. We expect that you will need to spend 20-30 minutes to submit paperwork at an enrollment location, but this could vary, depending on how many others are already there in line.

We are not scheduling appointments to submit paperwork, so please do not call our offices to request an appointment. At the enrollment locations, we will work with each Individual Provider one at a time, on a first-come, first-served basis. Please do not bring anyone with you to the enrollment office, as there is limited space and no child care available.

If you are unable to go to a provider enrollment location in your area, you will need to go to one in a different area, at a later date. If you plan to do this, please understand that this may mean a longer drive as well as more time to wait in line, depending upon the number of other IPs there waiting to submit paperwork.

We understand that these new requirements may be confusing. Please use the enclosed checklist, to ensure successful completion of the enrollment process.

You will need to complete these steps no later than June 30, 2010. If you have not completed all of the steps by June 30, 2010, you will no longer be eligible to receive payment from the IHSS Program, for providing IHSS services.

Thank you,

Public Authority Provider Enrollment Department
Toll-free: 1.877.351.7744



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Dear IHSS Recipient:

As you may have heard, there have been changes to the process for enrolling a care provider into the payment system for In-Home Supportive Services (IHSS). The County of San Diego will start the new procedures as soon as possible.

- New Provider - A new provider is someone who is not currently receiving payment for providing IHSS services.
- Current Provider - A current provider is someone who is currently enrolled and receiving payment for services he or she is providing to an IHSS recipient.

After November 1, 2009 the State has indicated *new* providers must complete the following new requirements to be paid. Current providers must complete the same requirements, but will have until June 30, 2010 to do so.

- Complete and sign the new *SOC 426 Provider Enrollment Form*
- Provide acceptable proof of identity
- Provide a valid Social Security card
- Submit fingerprints and undergo a criminal background check by the California Department of Justice (DOJ) (This will cost the provider about sixty dollars)
- Not be convicted of any felony or serious misdemeanor
- Attend a provider orientation in person to receive information about the rules, regulations and requirements for being an IHSS provider
- Sign a provider agreement stating that they understand and agree to the rules of the program and the responsibilities of being a provider

These services will be offered by the IHSS Public Authority. If you have selected a *new provider* that has not been entered into the payment system, please have them contact the IHSS Public Authority toll free at (877) 351-7744 or locally at (619) 476-6375. Your provider may be eligible for payment from their start date if:

- The start date is not prior to the date of application
- Your provider completes all of the above requirements
- Your provider passes the Department of Justice background check

The Public Authority will send current providers information about the new procedures that will include:

- A *Provider Packet* containing all required forms
- A list of acceptable identification
- Information on where and when to turn in their paperwork

All IHSS recipients must complete and submit a *SOC 426A Recipient Designation of Provider* form. Your provider will request that you complete and sign the form. He/she will need to provide the form to Public Authority when they submit enrollment paperwork.

If you have questions about any of this new information, please contact your social worker.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

Estimado Cliente de IHSS:

Como pudo haber escuchado, han habido cambios al proceso de inscripciones de proveedores al sistema de pago para IHSS (Servicios de Ayuda en el Hogar). El Condado de San Diego iniciará estos nuevos procedimientos lo mas pronto posible.

- Nuevo Proveedor - es una persona que no esta actualmente recibiendo pago por proveer servicios de IHSS.
- Proveedor Actual - es una persona que actualmente esta inscrita y recibiendo pago por servicios que el/ella esta proporcionando a un cliente de IHSS.

Después del 1 de Noviembre, 2009 el Estado ha indicado que *nuevos* proveedores tienen que completar los siguientes requisitos para recibir pago. Proveedores actuales tienen hasta el 30 de Junio, 2010 para completar los mismos requisitos.

- Completar y firmar el nuevo *SOC 426 Provider Enrollment Form* (SOC 426 Formulario de inscripción de proveedor)
- Proveer prueba de identificación aceptable
- Proveer una tarjeta de Seguro Social válida
- Someter huellas digitales y someterse a una investigación de antecedentes criminales hecha por el Departamento de Justicia de California (DOJ por sus siglas en inglés; esto puede costar aproximadamente sesenta dólares)
- No ser convicto de cualquier delito mayor o delito menor.
- Asistir a una orientación en persona para recibir información sobre los reglamentos y requisitos para ser un proveedor de IHSS
- Firmar un acuerdo de proveedor que indique que entiende y esta de acuerdo con los reglamentos del programa y las responsabilidades de ser un proveedor

Estos servicios serán ofrecidos por la Autoridad Pública de IHSS. Si ha seleccionado un *nuevo proveedor* que no ha sido sometido en el sistema de pago, favor de contactar a la Autoridad Pública de IHSS al (877) 351-7744/(619) 476-6375. Su proveedor podría ser elegible para recibir pago desde la fecha que comenzó a proveer servicios si:

- La fecha en que comenzó a proveer servicios no es antes de la fecha de la solicitud
- Su proveedor completa todos los requisitos previamente mencionados
- Su proveedor pasa el chequeo de antecedentes criminales hecho por del Departamento de Justicia

La Autoridad Pública le mandará a proveedores actuales información sobre los nuevos procedimientos que incluirán:

- Un Paquete de proveedor que contenga todos los formularios requeridos
- Una lista de identificación aceptable
- Información sobre donde y cuando someter su papeleo

Todos los clientes actuales de IHSS tienen que completar y someter un *SOC 426A Recipient Designation of Provider form (SOC 426A Formulario de cliente - designación de proveedor)*. Su proveedor le pedirá que Usted complete y firme este formulario. El/ella tendrá que proveer el formulario a la Autoridad Pública cuando someta el papeleo de inscripción.

Si tiene preguntas sobre esta nueva información, favor de contactar a su Trabajadora Social.

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-14**

October 28, 2009

SUBJECT: Revised SOC 295 In-Home Supportive Services Recipient Application Form

EFFECTIVE DATE: November 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: All-County Letter 09-63

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff that the SOC 295 In-Home Supportive Services (IHSS) Recipient Application Form has been revised.

II. BACKGROUND

AB X4 4 and AB X419 created new requirements for an individual to be paid as an IHSS provider, and established fraud detection and prevention activities. The SOC 295 In-Home Supportive Services Recipient Application Form has been revised to inform recipients of these program requirements and of their responsibilities as an IHSS applicant/recipient.

III. POLICY

Effective November 1, 2009 IHSS social workers must use the revised version of the SOC 295.

IV. SOCIAL WORKER PROCEDURES

- Form SOC 295 is available on the S drive in the "Automated Forms" folder. The link is: S:\AIS\Operations\IHSS\Automated Forms.
- The Social Worker will complete as much information as possible prior to the home visit. Information not available may be added during the home visit.
- Print two copies to be finalized and signed during the home visit. The form is completed and signed by the participant or his/her authorized representative at the home visit. One copy is to be left with the recipient. The other copy is to be retained in the case file under the miscellaneous tab.

V. REVIEW STATEMENT

This Special Notice has not been reviewed by the standard review committee.

VI. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

And at the county intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Gina Brown (858) 495-5554
Distribution Codes 7 & 8

APPLICATION FOR SOCIAL SERVICES**TO THE APPLICANT:** *This form is subject to verification.***NOTE:** *Retain your copy of this application.*

*** SOCIAL SECURITY NUMBER:** It is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

CASE NUMBER:	DATE OF APPLICATION:
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1. NAME			*SOCIAL SECURITY NUMBER
ADDRESS			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CITY	ZIP CODE	TELEPHONE ()	BIRTHDATE

2. 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:
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3. 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:	

4. Have you received In-Home Supportive 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)

5. LIST FAMILY MEMBERS IN HOUSEHOLD	BIRTHDATE	*SOCIAL SECURITY NUMBER
NAME OF SPOUSE <input type="checkbox"/> NAME OF PARENT <input type="checkbox"/>		
CHILD/OTHER RELATIVE		
CHILD/OTHER RELATIVE		

6. 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.	
A. My ethnic origin is (see reverse side for correct code): <input type="checkbox"/>	B. I speak and understand English: My primary language is (see reverse side for correct code:) <input type="checkbox"/> Yes <input type="checkbox"/> No

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) Notifying 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:

- 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.

SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF APPLICANT'S REPRESENTATIVE: <i>(ONLY IF APPLICABLE)</i>	DATE: <i>(ONLY IF APPLICABLE)</i>
REPRESENTATIVE'S RELATIONSHIP TO APPLICANT: <i>(ONLY IF APPLICABLE)</i>	REPRESENTATIVE'S TELEPHONE NUMBER: <i>(ONLY IF APPLICABLE)</i> ()
REPRESENTATIVE'S ADDRESS: <i>(ONLY IF APPLICABLE)</i>	

To report suspected fraud or abuse in the provision or receipt of IHSS services please call the fraud hotline 800-822-6222 or go to www.stopmedicalfraud@dhcs.ca.gov.

FOR AGENCY USE ONLY

INCOME ELIGIBLE:	STATUS ELIGIBLE:	VERIFICATION:	SIGNATURE OF SOCIAL WORKER OR AGENCY REPRESENTATIVE:	TELEPHONE NUMBER:
<input type="checkbox"/> YES	<input type="checkbox"/> YES			()
<input type="checkbox"/> NO	<input type="checkbox"/> NO			
RECIPIENT STATUS:			SOURCE OF VERIFICATION FOR REFUGEE OR ENTRANT STATUS <i>(EXPLAIN)</i>	
<input type="checkbox"/> Refugee <input type="checkbox"/> Cuban/Haitian Entrant				

A. 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

B. Language Codes:

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

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-13
ADDENDUM A**

November 1, 2009

SUBJECT: CMIPS INSTRUCTIONS – RESTORATION OF CASE STATUS

EFFECTIVE DATE: IMMEDIATELY

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

REFERENCE: ALL COUNTY LETTER 09-61 EBB 0913

I. PURPOSE

The purpose of this Special Notice Addendum is to provide In-Home Supportive Services (IHSS) staff with procedures for quickly restoring recipient case information in the Case Management Information and Payrolling System (CMIPS) to the status prior to the system changes made on 10/9/09 and 10/10/09.

II. BACKGROUND

On October 19, 2009, the United States District Court for the Northern District of California issued a preliminary injunction that directed CDSS to halt implementation of the IHSS service reductions scheduled to be implemented November 1, 2009. The edits that were implemented prevented:

- The entry of hours for Domestic & Related Services if the Functional Index (FI) Rank corresponding to the task was less than rank 4.
- The authorization of services to recipients who's Functional Index (FI) Score was less than 2.00.

In order to comply with the court's injunction stopping the service reductions, those changes to CMIPS must be reversed as soon as possible and, if possible, prior to November 1, 2009.

III. POLICY

In order to implement the corrections as soon as possible prior to November 1:

- IHSS staff must manually rescind the terminations on terminated cases and restore reduced hours on reduced cases

- CDSS will notify recipients that their services will continue uninterrupted and at the same authorized hours.

IHSS staff must manually restore the hours or cases.

V. PROCEDURES

DATA ENTRY INSTRUCTIONS

Cases that have been updated that still require restoration *must be researched by IHSS staff* to determine if deleting two segments will restore the case, or if re-keying of information will be necessary.

For cases that have not received a subsequent update by the county:

- Verify the “M” line does not contain a date span greater than one year.
- If the “M” line contains a segment greater than 1 year:
 - Obtain the prior sequence date span by accessing history screens:
 - Enter the screen name RHTSA in the screen header field, and press enter.

The current sequence number will default at the end of the case number (key)

- Update the case number key with the prior sequence number, hit enter
- Scroll to RHTSB screen to obtain the “M” line beginning and ending dates
- Scroll to the RHTSD screen to obtain the active provider information

DEFINITION - 1:1 providers

SOC 311 - Field E3: # OF PROV – Optional, Numeric

Length: 1

Description: Number Of Providers – The only code/entry allowed is a “1” indicating the provider as the only “E” Eligible status provider for the recipient case. Provider records indicated with a “1” are referred to as 1:1 providers. When entered, the system updates the provider's eligibility using the assessment data from the recipient's SOC 293. The PELG screen field name is #PROV. See *Section VI-C Special Instructions of the CMIPS 2000 Manual* for detailed explanation of the “one-to-one” provider entries.

Only 1:1 providers received a system update and will require a restore for FI below 2. Domestic and related 1:1 that were updated by the system change will update automatically when the recipient case is updated - unless the case is no longer 1:1.

FI BELOW 2.0 TERMINATIONS

Enter the RELA screen in change mode.

- Update the status field to 'E'
- Press enter to proceed to RELB screen;
- Place a 'D' in the act field beside the “M” line segment.
- Counties may increase the application date by one day or use reason code 404 on RELC
- To prevent the creation of a Notice of Action enter an “N” in the ZZ1 field.
- Press enter to process to RELC

If the dates displayed in the beginning date and ending date *do not* exceed one year date span, press enter again to confirm change. If dates displayed *are* greater than 1 year:

- Update the beginning and ending dates to the prior sequence dates
- To prevent the creation of a Notice of Action enter an "N" in the ZZ1 field
- Finalize the update by pressing enter

DOMESTIC AND RELATED

Enter the RELB screen in change mode.

Place a "D" in the ACT field beside the "M" line segment

Press enter to process to RELC

If the dates displayed in the beginning date and ending date *do not* exceed a one year date span, press enter again to confirm change. If the dates displayed *are* greater than one year:

- Update the beginning and ending dates to the prior sequence dates.
- To prevent the creation of a Notice of Action enter an 'N' in the ZZ1 field.
Finalize the update by pressing enter.

ALL CASES

Do not print or mail a Notice of Action for these corrections. Suppress the notice as instructed above.

VI. REVIEW STATEMENT

This Special Notice has not been reviewed by the standard review committee.

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

And at the county intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505 6952
Distribution Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-13**

November 1, 2009

SUBJECT: COURT INJUNCTION STOPPING IHSS SERVICE REDUCTIONS

EFFECTIVE DATE: IMMEDIATELY

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

REFERENCE: ALL COUNTY LETTER 09-61

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with procedures for correcting/removing edits installed in Case Management Information and Payrolling System (CMIPS) at the direction of the California Department of Social Services (CDSS).

II. BACKGROUND

On October 19, 2009, the United States District Court for the Northern District of California issued a preliminary injunction that directed CDSS to halt implementation of the IHSS service reductions scheduled to be implemented November 1, 2009. The edits that were implemented prevented:

- The entry of hours for Domestic & Related Services if the Functional Index (FI) Rank corresponding to the task was less than rank 4.
- The authorization of services to recipients who's Functional Index (FI) Score was less than 2.00.

In order to comply with the court's injunction stopping the service reductions, those changes to CMIPS must be reversed as soon as possible and, if possible, prior to November 1, 2009.

III. POLICY

An automated solution would take approximately five weeks to implement and would erase all changes to CMIPS that have been made, requiring the manual re-entry of any changes to CMIPS made since October 9, 2009. In order to implement the corrections as soon as possible prior to November 1:

- IHSS staff must manually rescind the terminations on terminated cases and restore reduced hours on reduced cases

- CDSS will notify recipients that their services will continue uninterrupted and at the same authorized hours.

EBB 09012 indicates that the edits in CMIPS have been removed but, the only way to accomplish the court-directed changes prior to the next payroll cycle is for counties to manually restore the hours or cases.

V. PROCEDURES

CMIPS has been restored to the functionality that existed prior to October 8, 2009. Reports have been sent to each county identifying the recipients and providers affected by the service reductions. The reports are as follows:

- **Discontinuance of Services for FI Score less than 2.00** – Contains information on cases that received a Terminated (T) status in CMIPS with an end date of 10/31/2009
- **Discontinuance of Services for FI Score less than 2.00** – Associated Providers – Contains information on all providers associated with cases terminated for an FI Score less than 2.00
- **Recipient with Domestic & Related Cutback Hours** – Contains information on all cases receiving Domestic & Related Services hours cutback
- **Recipient with Domestic & Related Cutback Hours** – Associated Providers – Contains information on all providers associated with cases receiving Domestic & Related Services hours cutback

The following report is an exception report and *does not need to be worked by IHSS staff*.

- **Domestic & Related Cutback Hours** – Provider Update required – Reports active providers associated with Domestic & Related Services cutbacks who did not receive an update in CMIPS during the batch run.

IHSS SOCIAL WORKER

Terminated Cases

The Social Worker will:

- Use the reports *Discontinuance of Services for FI Score less than 2.00* and *Discontinuance of Services for FI Score less than 2.00* to identify cases with an FI score of 2.0 or less.
- Highlight any cases on the list that have been terminated and can be re-opened without additional changes.
- Submit the list to clerical for data entry.

For cases that need additional data entry (e.g. changes in hours for the provider or other case information) the Social Worker will use the most recent SOC 293 turn-around document for each case and:

- Indicate changes by completing all updates in red ink including:
 - The correct end date on the “M” line.
 - Indicate that the NOA should be suppressed by circling “N” on field ZZ1
 - Enter reason code 404 into field ZZ2

- Submit the document to clerical for data entry
- Submit SOC 311 for all providers that need to be reactivated

Service Reductions

The Social Worker will:

- Use the reports *Recipient with Domestic & Related Cutback Hours* and *Recipient with Domestic & Related Cutback Hours* to identify cases that will need correction.
- Identify areas for re-entry by using either the case file or the recipient assessment history in CMIPS.
- Use the most recent SOC 293 turn-around document for each case
- Indicate corrections by completing all updates in red ink including:
 - Enter the correct end date on the “M” line on the RELB screen.
 - Indicate that the NOA should be suppressed by circling “N” on field ZZ1
 - Enter reason code 404 into field ZZ2
 - Review and correct hours for all current providers

IHSS OFFICE ASSISTANTS

Terminations

IHSS staff should use the normal process for rescinding an erroneous termination:

- Restore each case to Eligible (E) status
- Enter the correct end date on the “M” line on the RELB screen.
 - Indicate that the NOA should be suppressed by circling “N” on field ZZ1
 - Enter reason code 404 into field ZZ2
 - Activate all current providers

CDSS will send notice of changes directly to IHSS recipients (Attachment A); ***DO NOT PRINT OR MAIL ANY NOTICE OF ACTION DOCUMENTS.***

Service Reductions

Tasks and hours can be identified for re-entry by using either the case file or the recipient assessment history in CMIPS.

- Indicate changes by completing all updates in red ink including:
- Enter the correct end date on the “M” line on the RELB screen.
 - Indicate that the NOA should be suppressed by circling “N” on field ZZ1
 - Enter reason code 404 into field ZZ2
 - Review and correct hours for all current providers

VI. REVIEW STATEMENT

This Special Notice has not been reviewed by the standard review committee.

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

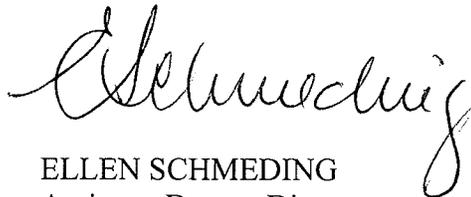
And at the county intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505 6952
Distribution Codes 7 & 8

Attachment

NOTIFICATION TO RECIPIENTS

TO IHSS RECIPIENTS

A federal court has stopped cuts to In-Home Supportive Services (IHSS) that were supposed to happen on November 1, 2009. These cuts were based on something called a **functional index**. The court order means that you will keep getting the same number of IHSS hours that you get now.

The federal court order applies **only** to people who were going to lose some or all of their IHSS hours because of their functional index. If you get a Notice of Action about **other** changes in your IHSS benefits or hours, those changes will still happen unless you file an appeal.

Do you need help or a reasonable accommodation to understand this notice? Call the IHSS Social Worker at the number listed on your last Notice of Action.

You can also get more information about the IHSS court order on the Internet at <http://www.dss.cahwnet.gov>.

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-12**

November 1, 2009

SUBJECT: CMIPS ONLINE REPORTS

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

**REFERENCE: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)
POLICY & PROCEDURE MANUAL 30-755.21**

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of the requirements for accessing and responding to CMIPS Online Reports' information, and to issue a desk aid that will assist staff with meeting those requirements.

II. BACKGROUND

IHSS Social Workers are required to evaluate any reported changes in an IHSS recipient's circumstances to determine if the recipient's eligibility or need for services is affected. EDS' CMIPS Online Reports were developed to assist with meeting that mandate.

III. POLICY

The following reports must be accessed on a monthly basis, reviewed and any necessary actions or updates to the IHSS case completed:

- Assessment Due Face-to-Face – Social
- Monthly Renewal Exception
- SSI/SSP Terminations
- No Timesheet Activity for 60 Days
- Overdue Assessment Face-to-Face – Social
- Monthly Characteristics Listing
- Residual Recipient Cases
- Provider SSN Verification

**IHSS Special Notice 09-12
CMIPS Online Reports Desk Aid**

V. PROCEDURES

IHSS SOCIAL WORKER

The IHSS Social Worker is responsible for reviewing the reports and making any required corrections. The Social Worker will use the attached desk aid to review and resolve the CMIPS Online Reports.

SOCIAL WORK SUPERVISOR

The Social Work Supervisor is responsible for monitoring the unit reports and ensuring that the Social Worker understands and takes necessary action. If confirmation is required, the supervisor will request that the Social Worker respond in writing that the actions have been completed.

VI. REVIEW STATEMENT

This Special Notice has not been reviewed by the standard review committee.

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:
S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedure – Automated

And at the county intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505 6952
Distribution Codes 7 & 8

**IHSS Special Notice 09-12
CMIPS Online Reports Desk Aid**

DESK AID: CMIPS Online Reports

IHSS Social Workers are responsible for accessing CMIPS online reports monthly and for using the reports to maintain their assigned caseload. This desk aid has two parts. The first part provides step-by-step instructions on how to log-in to the CMIPS online reports program in order to obtain the reports you will need. The second part provides information on how to utilize and take appropriate case action using some key reports. Detailed information will be provided on the following eight online reports:

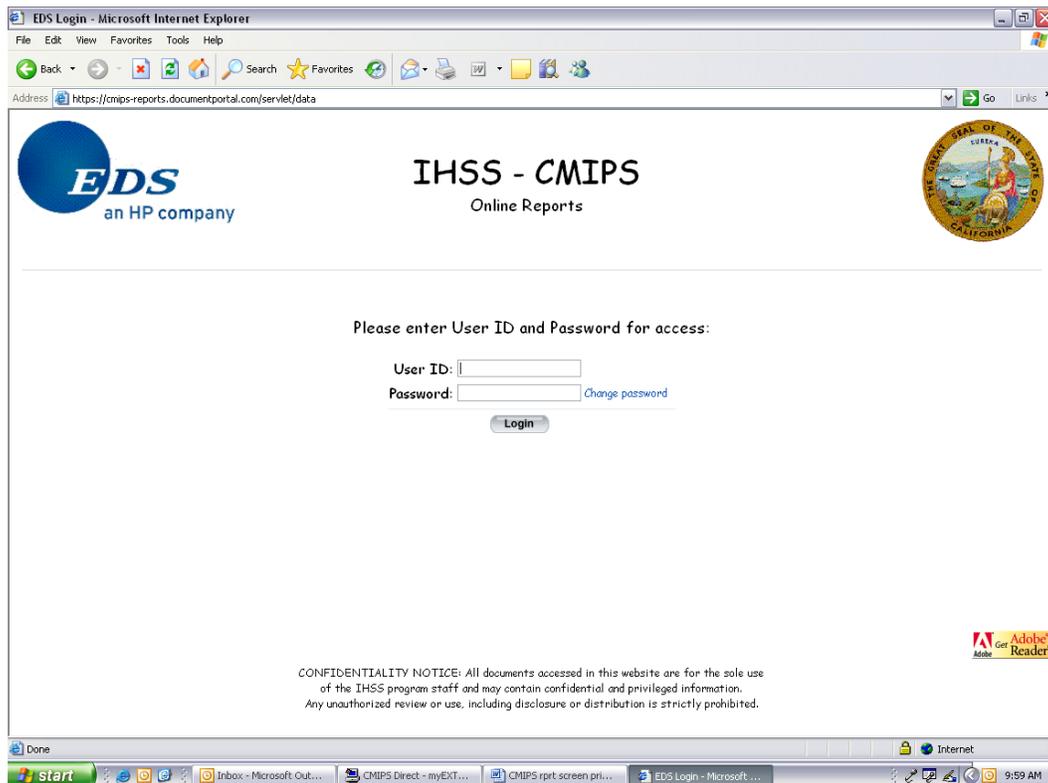
1. Assessment Due Face-to-Face –Social
2. Monthly Renewal Exception
3. SSI/SSP Terminations
4. No Timesheet Activity for 60 Days
5. Overdue Assessment Face-to-Face –Social
6. Monthly Characteristics Listing
7. Residual Recipient Cases
8. Provider SSN Verification

ACCESSING THE ONLINE REPORTS

The CMIPS online reports can be accessed via the internet at the following address:

<https://cmips-reports.documentportal.com/servlet/data>

When the above internet address is accessed, the following screen will appear.

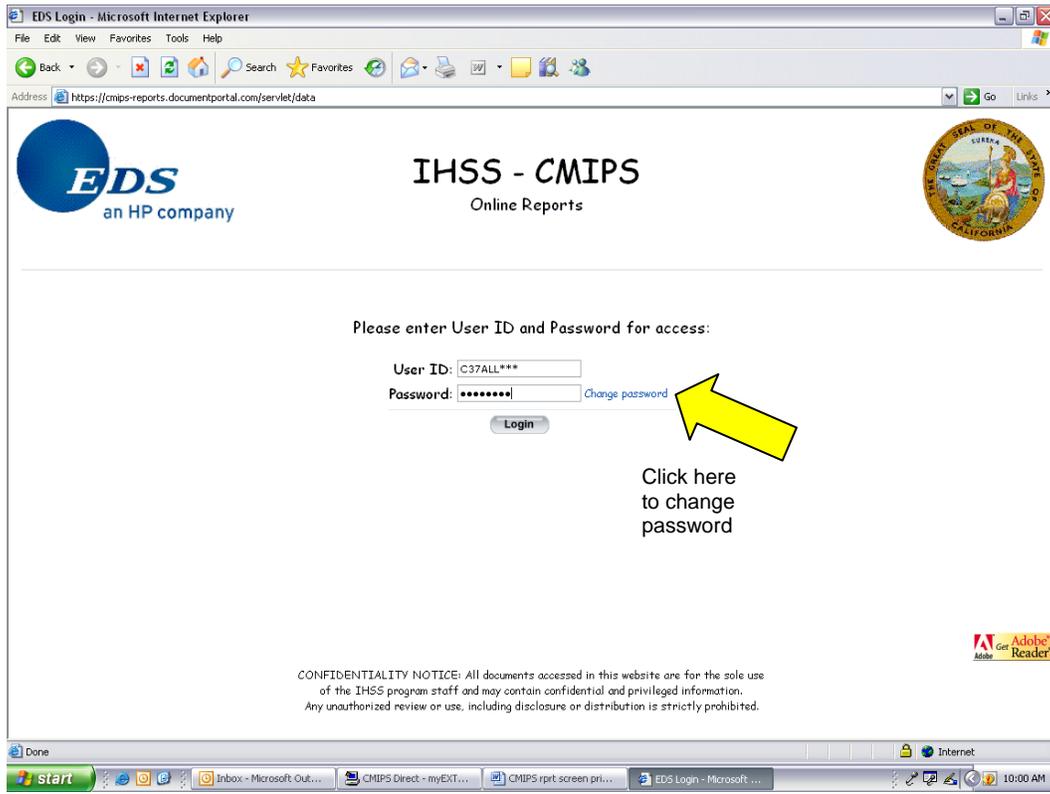


The screenshot shows a Microsoft Internet Explorer browser window displaying the login page for the IHSS - CMIPS Online Reports system. The browser's address bar shows the URL: <https://cmips-reports.documentportal.com/servlet/data>. The page features the EDS logo (an HP company) on the left, the IHSS - CMIPS Online Reports title in the center, and the State of California seal on the right. Below the title, there is a login form with the following elements:

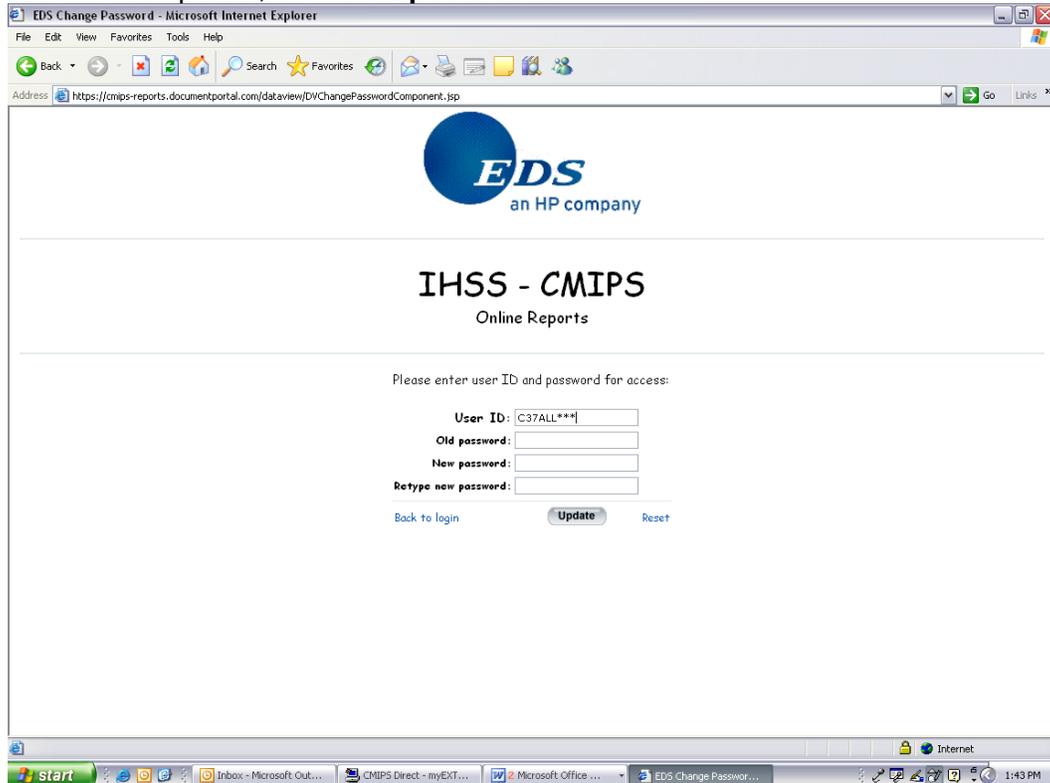
- A heading: "Please enter User ID and Password for access:"
- A "User ID:" label followed by a text input field.
- A "Password:" label followed by a text input field and a "Change password" link.
- A "Login" button.

At the bottom of the page, there is a "CONFIDENTIALITY NOTICE" stating: "All documents accessed in this website are for the sole use of the IHSS program staff and may contain confidential and privileged information. Any unauthorized review or use, including disclosure or distribution is strictly prohibited." The Adobe Reader logo is also visible in the bottom right corner. The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Out..., CMIPS Direct - myEXT..., CMIPS rpt screen pri..., EDS Login - Microsoft...), and the system clock showing 9:59 AM.

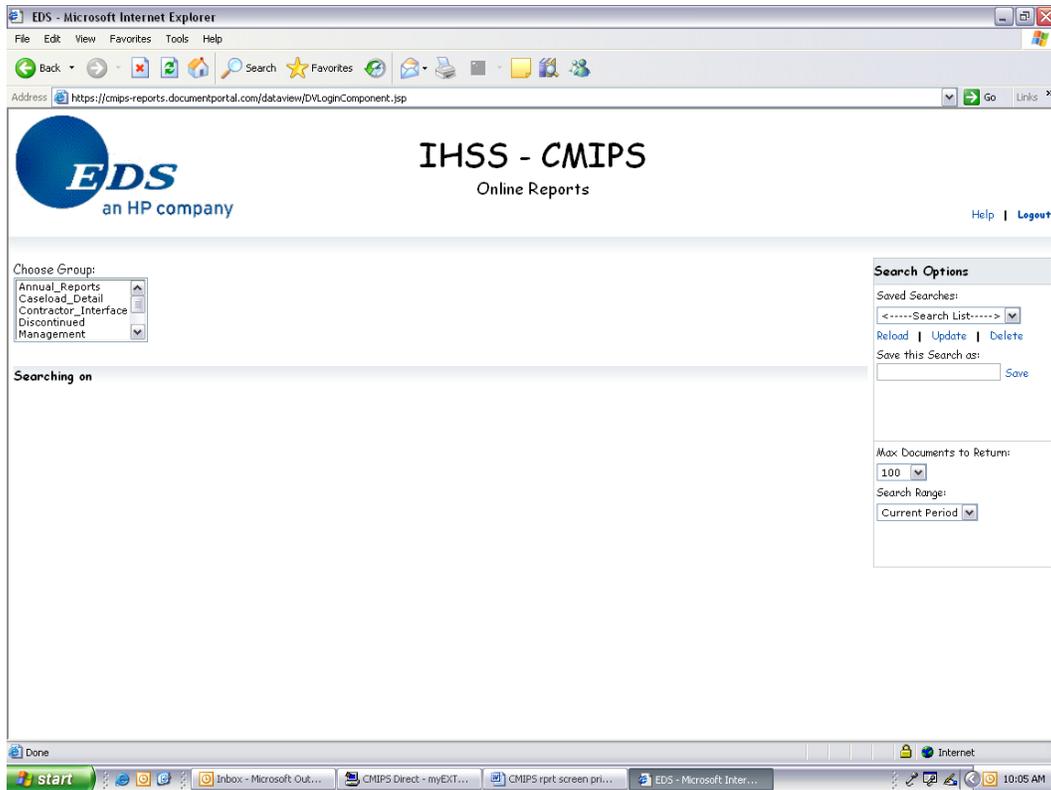
In order to access the reports, you will need to enter your User ID and Password. Your User ID and temporary Password will be provided to you by your Supervisor. (When logging in with a temporary password, you will not automatically be prompted to change your password. To change your password, click **Change Password**, which is located to the right of the password field.)



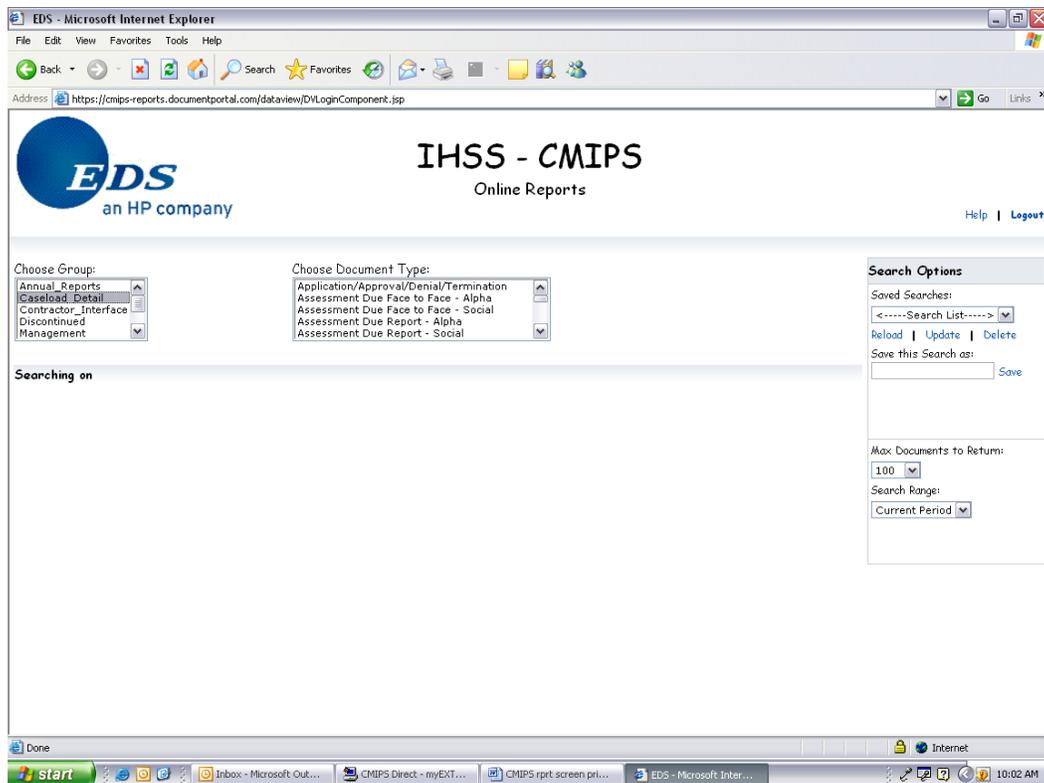
If you choose **Change Password**, the screen below will appear. Enter your temporary password as the **Old Password**. The new password must be at least 8 characters in length and needs to be entered twice. After all information is completed, click the **Update** button.



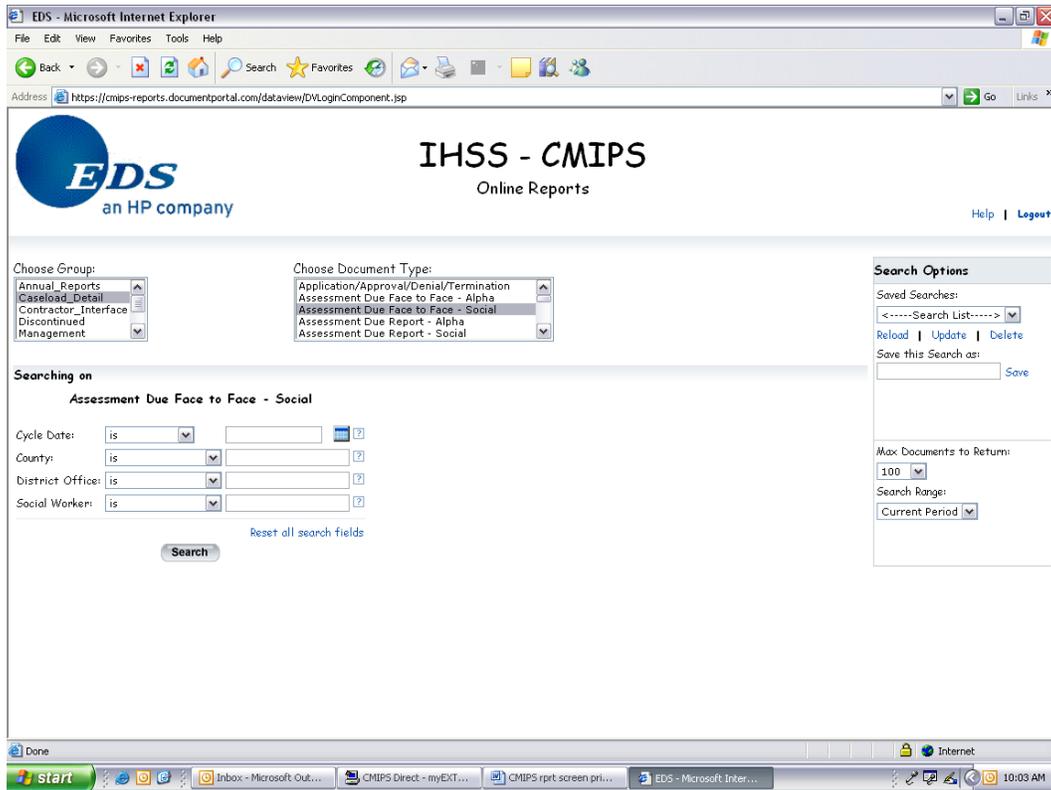
Once you have successfully logged in, the following screen will appear.



From the **Choose Group** menu, you will need to select **Caseload Detail** for all reports except No Timesheet Activity for 60 Days.



Next, you will need to select the appropriate report by name under the **Choose Document Type** menu. After you have selected the report, you will need to enter search criteria: cycle date, county, district office, and social worker.



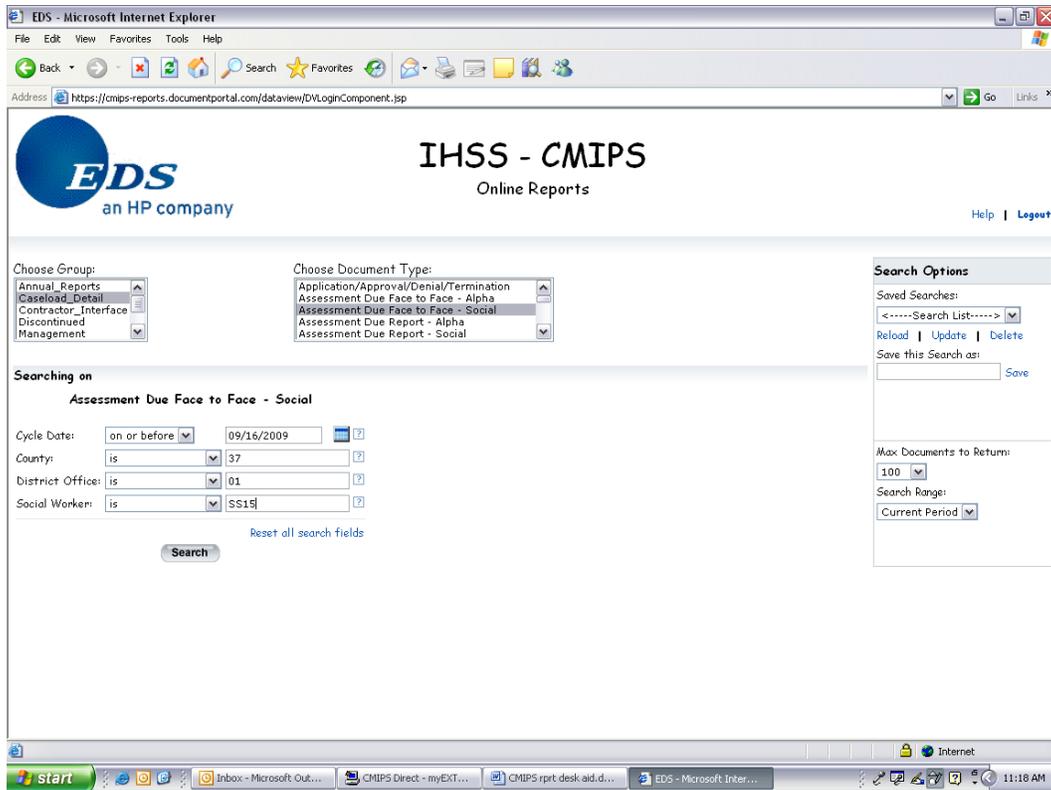
The instructions for entering search criteria are detailed below. Refer to the screen shot above as an aid.

- Cycle Date:** The easiest way to locate the most recent report is to choose “on or before” from the drop down menu. In the box to the right, enter today’s date as a two-digit month, two-digit day, and four-digit year (DD/MM/YYYY).
Please note: If you want to review all past reports, go to the **Search Range** menu on the right side of the screen and select “All” from the drop down menu.
- County:** Leave selection as “is” and enter 37 in the box to the right.
- District Office:** Leave selection as “is” and enter your unit’s district office number. Refer to the table below for the correct district office number.

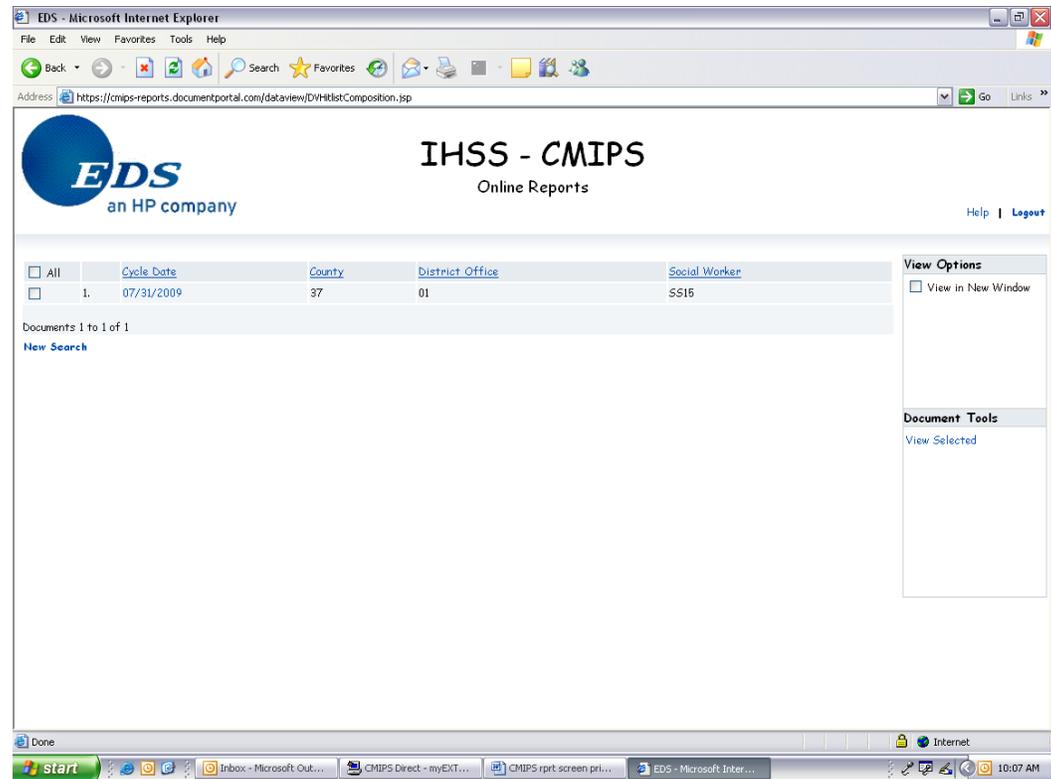
IHSS Unit	District Office Number
SS10	01
SS20	02
SS60	03
LS70	04
ES30	05
KS30	06
CS40	07
CS10	08
AIDS	09
LS10	10
CS50	11
SS70	12
SS50	13

- Social Worker:** Leave selection as “is” and enter your worker number.

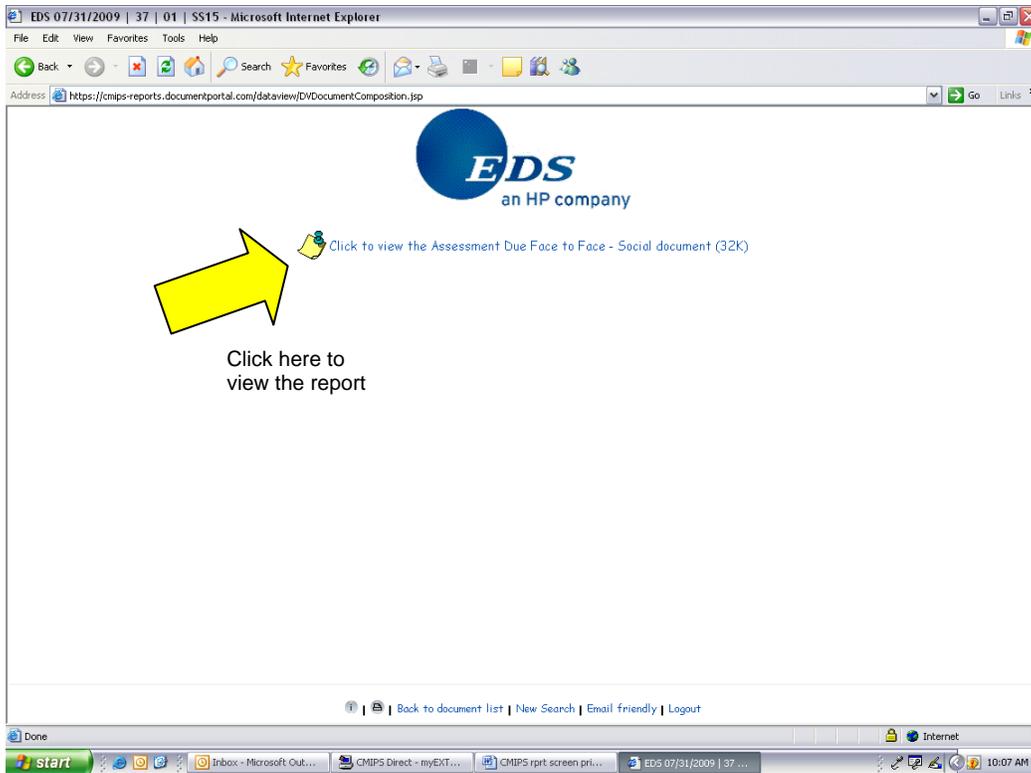
After all search criteria is completed, click the **Search** button.



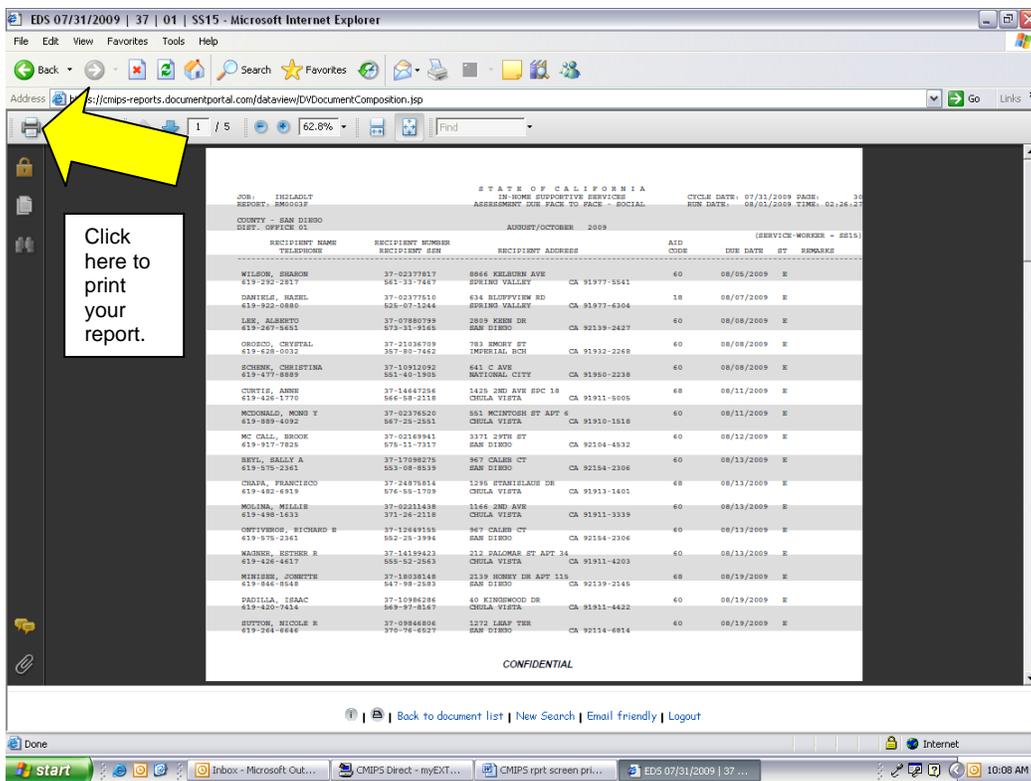
The next screen that will appear is shown below. This screen will display the report that was selected. To open the report you want to view, check the box on the left or click the cycle date in blue.



To view your report, click on the link.



The next screen will display the report. You can view the report and/or print. Be sure to use the printer button indicated in the screen shot below.



When you are finished, you can logout, conduct a new search, or go back to the list of reports you already requested. Choosing **New Search** will take you back to the **Choose Group** menu screen to begin your search again.

USING THE ONLINE REPORTS

The next part of this desk aid will go over eight priority reports. For each report you will be informed on where the report can be accessed, when it's available, it's purpose, definitions, and step-by-step instructions on how to utilize the report to complete tasks and make case corrections. For additional detailed information on these and other reports, please refer to the CMIPS User's Manual.

Each report has basic field information. The following are common fields and their descriptions:

- RECIPIENT NAME: Name of the recipient associated with the case being reported (Last Name, First Name)
- RECIPIENT NUMBER / CASE NUMBER (#): 10-digit case number
- RECIPIENT SOCIAL SECURITY NUMBER (SSN): 9-digit Social Security Number
- RECIPIENT ADDRESS: Physical address of the recipient
- PHONE NUMBER / TELEPHONE: Recipient's phone number
- DATE OF BIRTH (DOB): Recipient's date of birth
- COUNTY: 37
- DISTRICT OFFICE: 2-digit district office number (refer to table on page 4 of this desk aid)
- MONTH: Report month (MM/YYYY)
- CYCLE DATE: Date the cycle which produced the report
- RUN DATE: Date the report was run in CMIPS
- SERVICE / SOCIAL WORKER: IHSS Social Worker

1. ASSESSMENT DUE FACE-TO-FACE – SOCIAL

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report is run on the last business day of each month and is available the first business day of the month.

Purpose

The report lists all cases in E or L status that are due for annual recertification in three month increments. The cases listed on the report are specific to an individual Social Worker.

Field by Field Description

- ST: Case status the day the report was run
- DUE DATE: Indicates a date one year from the last face-to-face date showing in CMIPS

Social Worker Action

Use the report monthly to:

- Schedule yearly recertification home visits.
- Group home visits by zip code to aid in time management.
- Review the number of recertifications due in upcoming months to keep work balanced.
 - Check cases for 18-month recertification eligibility.
 - Schedule early assessments to reduce the number of assessments due for months with high recertification numbers.

Please note: recertifications must be completed by the last day of the indicated face-to-face month.

2. MONTHLY RENEWAL EXCEPTION

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report runs at the end of each month and is available to next business day.

Purpose

The Monthly Renewal Exception report alerts the social worker of cases that need to be updated.

Cases are identified on this report for one of the following reasons:

- MEDS CIN DOES NOT MATCH IHSS CIN
- MEDS DOB DOES NOT MATCH IHSS DOB
- MEDS SSN DOES NOT MATCH IHSS SSN
- MEDI-CAL ELIGIBILITY TERMINATION
- RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS
- IHSS SOC GREATER THAN MEDS SOC
- RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED
- IHSS SOC UPDATE REQUIRED
- MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28, OR 68
- NO MEDS ELIGIBILITY

Field by Field Description

- MEDI-CAL ELIGIBILITY MONTH: MEDS eligibility month being reported
- IHSS: Displays the information IHSS records show in CMIPS
- MEDS: Displays the information Medi-Cal records show in MEDS
- MC AID: Indicates the MEDS Primary Aid Code

Social Worker Action

- MEDS CIN DOES NOT MATCH IHSS CIN: To correct, update the IHSS CIN to match the CIN listed in MEDS.
- MEDS DOB DOES NOT MATCH IHSS DOB: Contact the recipient to verify the correct date of birth and request written verification, such as a copy of the birth certificate. If the date of birth is incorrect in CMIPS, the social worker can make corrections once written verification has been received. If the MEDS date of birth is incorrect, the recipient must submit written verification to Medi-Cal staff at their local Family Resource Center (FRC).
- MEDS SSN DOES NOT MATCH IHSS SSN: Contact the recipient to verify the correct social security number and request a copy of the social security card. If the social security number is incorrect in CMIPS, the social worker can make corrections once written verification has been received. If the MEDS social security number is incorrect, the recipient must submit verification to Medi-Cal staff at their local FRC.
- MEDI-CAL ELIGIBILITY TERMINATION: Check the recipient's Medi-Cal eligibility status in MEDS and CalWin. If the Medi-Cal case closed within the last 30 days, the Social Worker should contact the Medi-Cal worker to find out if the case might re-open. If the case is to remain closed, terminate the IHSS case using NOA 445 and allow for timely notice.
- RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS: Contact the recipient, provider, and/or emergency contact person to find out details such as the date the recipient was admitted and whether or not he/she intends to return home. Follow-up by taking appropriate case action.
- RESIDUAL CASE WITH IHSS SOC GREATER THAN NEED: Check MEDS (INQM screen) to determine whether or not the Medi-Cal case closed. If closed within the last 30 days, the Social Worker should contact the Medi-Cal worker to find out if the case might re-open. If the case is to remain closed, terminate the IHSS case using NOA 445 and allow for timely notice. If the Medi-Cal case is active and the client qualifies for Medi-Cal that is not FFP, close the IHSS case with timely notice and NOA 373 should automatically generate. When the closing document is submitted, request to have the turnaround documents and NOA returned to the SW to ensure the NOA prints and is accurate. If the NOA does not print, have clerical request a reprint.

- MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28, OR 68: Check MEDS (INQM screen) to verify the Medi-Cal aid type. Send a fax referral to the South East (SE) FRC making the effective date the first of the current month. Once a communication gram has been received, update CMIPS with the share-of-cost budget information and change the IHSS aid code to 18, 28, or 68.
- NO MEDS ELIGIBILITY: Check MEDS (INQM screen) to verify the current Medi-Cal eligibility status. If closed within the last 30 days, the Social Worker should contact the Medi-Cal worker to find out if the case might re-open. If the Medi-Cal case is to remain closed, terminate the IHSS case using NOA 445 and allow for timely notice.

3. SSI/SSP TERMINATIONS

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report runs after the third week of the month and is available the day after processing.

Purpose

The SSI/SSP Terminations report identifies recipients who are no longer eligible for IHSS because their SSI/SSP has been terminated and gives the current SSI/SSP payment status, reason, and date of termination. The report also identifies recipients who may have continuing Medi-Cal eligibility, but with a different aid code.

Field by Field Description

- CURR STAT: Current IHSS status (E, L, T, or R)
- PCSP Y/N: Current fund source indication
- AID CODE: Current IHSS aid code (10, 20, 60, 18, 28, or 68)
- STAT CODE: A 3-digit code that shows the termination from SSI/SSP program. Refer to pages XIV-ii-3—5 in the CMIPS User's Manual for the reason codes.
- SGA CODE: Indicates the recipient's enrollment in the Substantial Gainful Activity (SGA) program and describes the status of their SSI/SSP (refer to page XIV-ii-5 in the CMIPS User's Manual for the codes)
- APP DATE: Date recipient filed an application for SSI benefits or the date the individual is deemed to have filed the application
- DEATH DATE: Recipient's date of death
- DENIAL DATE: Date recipient was denied SSI benefits and or State supplementation
- LAST PAY DATE: Last date the SSI/SSP client received payment

Social Worker Action

- Clear MEDS for aid code changes and take the following actions accordingly:
 - If the aid code converts to 1E, 2E, 6E, 14, 24, 64, 16, 26, 66, 6A, 6C, 6G, 6V, or 1X, update the share-of-cost fields in CMIPS (lines I and J on the SOC 293) according to the MEDS Aid Codes Desk Aid (available on the S drive).
 - If the aid code converts to an aid code not listed above, send a fax referral to the SE FRC and update the SOC 293 upon receipt of the gram
- If the client passes away, terminate the IHSS case on the death date or date the client entered the hospital, if applicable.
- If the client continues to receive Medi-Cal through SSI, but no longer receives payment, the aid code status will continue to show eligible in MEDS and IHSS eligibility would continue.

4. NO TIMESHEET ACTIVITY FOR 60 DAYS

Accessing Report

The report is located under **Payroll** in the **Choose Group** menu.

Report Availability

The report runs on the last business day of the month and is available the following business day.

Purpose

To alert the social worker of recipient cases where no timesheets have been processed for 60 days or for which no timesheets have ever been processed.

Field Description Summary

- AUTH HOURS: Authorized hours on the case for the eligibility month reported
- AID CODE: IHSS aid code (10, 20, 60, 18, 28 or 68)
- NO TIMESHEET ACT. SINCE: There will be one of two indicators appearing in this field:
 - NO ACTIVITY- Indicates that no timesheet has ever been processed
 - MM/DD/YYYY- Indicates the date the last timesheet was processed
- APPROVAL DATE: Date case was approved for services
- SERVICE WORKER TOTAL: Total number of cases listed in this report for the specified Social Worker

Social Worker Action

- Review report for cases that were recently granted or where provider documents have been received and recently processed. In these situations, timesheets may not have been processed before the report was produced. Therefore, no action is required.
- For all other cases, mail a No Timesheet Activity letter (12-51 HHSA) requesting that the recipient respond by a specified date.
 - If the recipient responds to the letter timely, discuss the situation with the recipient and devise a plan accordingly (i.e. refer to the Public Authority Provider Registry).
 - If the recipient does not respond to the letter, close the case providing 10-day notice using NOA 443 and/or NOA 442 as appropriate.

5. OVERDUE ASSESSMENT FACE-TO-FACE – SOCIAL

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu

Report Availability

The report is produced the first week of each month and is available the next business day.

Purpose

To alert the Social Worker of past due assessments based on the face-to-face date showing in CMIPS.

Field by Field Description:

- DUE DATE: Date assessment due
- ST: Recipient's case status
- TOTALS BY STATUS: Total number of cases by status E, I , or L

Social Worker Action

- Cases in L status are not considered overdue, but contact should be made with the recipient to determine their current status (i.e. has the recipient already returned home? If not, is there an expected discharge date?).

- Cases in E status should be reviewed to determine why they are showing overdue. The following are some reasons a case will show up as overdue:
 - The case was approved for an 18-month recertification period (see Special Notice 04-08 for qualifying criteria).
 - Please note: 18-month recertifications are not considered overdue.*
 - The face-to-face date was not updated by the Social Worker on the SOC 293.
 - The face-to-face date was not updated by clerical in CMIPS.
 - The casework was not processed timely.
 - A home visit was not completed timely.
 - The recipient has moved out of the county and an ICT is pending.
- Cases that are verified as overdue need to have an IHSS assessment completed immediately.

6. MONTHLY CHARACTERISTICS LISTING (MCL)

Where the report can be accessed

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report is updated on the third to last business day of each month and is available the following day.

Purpose

To provide a caseload listing by Social Worker number as well as provide specific case and eligibility details.

Field by Field Description

- AUTH HOURS: Recipient's authorized hours
- AGE: Recipient's age
- ES: Eligibility status of the case
- FI: Functional Index, which is the average of the recipient's functional rankings
- FI HRS: Functional Index hours
- S/P: Spouse/Parent code indicating ability to provide services
- #HH: Number of persons living in the recipient's home
- SOC: Recipient's monthly share-of-cost to be paid to the provider
- ETH: Recipient's ethnicity
- LANG: Primary language of the recipient
- DP: Disaster Preparedness code
- DUE DATE: End date showing in CMIPS (it should correlate with the face-to-face month)

Please note: the last page of this report provides caseload totals specifying the number of cases in R, E, L, D, and T status and also identifies the number of Severely Impaired (SI) and Non-Severely Impaired (NSI) cases.

Social Worker Action

Use this report to obtain caseload totals and to reference the information listed above.

7. RESIDUAL RECIPIENT CASES

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report runs weekly on Friday nights and is available the next business day.

Purpose

The report identifies all E status cases that have a Medi-Cal secondary aid code of 2N (Residual). A recipient with a 2N (Residual) case is responsible for the IHSS SOC amount found on the SOC 293. There are two sub-categories of this report:

- NO MEDS ELIG IN CMIPS
- FFP EQUALS 'N'

Field by Field Description

- CIN: Client Index Number associated with the recipient
- IHSS AID: IHSS aid code shown in CMIPS
- MEDS AID: Medi-Cal primary aid code
Please note: For cases listed under NO MEDS ELIG IN CMIPS, this field will be blank.
- FFP: Federal Financial Participation indicates whether or not (Y-Yes) or (N-No) the recipient is eligible to participation in Medi-Cal Federal Financial Participation. All recipient's with FFP=N are assigned to IHSS Residual Funding Source.

Social Worker Action

- NO MEDS ELIG IN CMIPS: Cases will appear in this sub-category for one of two reasons:
 - The IHSS case was granted and CMIPS did not pick up the Medi-Cal eligibility information from MEDS.
 - To resolve, print MEDS (INQM screen) and the MELG screen in CMIPS. Submit to Social Work Supervisor and request their approval of an EW20 transaction.
 - The Medi-Cal case closed.
 - This should be confirmed by checking MEDS (INQM screen) and CalWin. If the Medi-Cal case closed within the last 30 days, the Social Worker should contact the Medi-Cal worker to find out if the case might re-open. If the case is to remain closed, terminate the IHSS case using NOA 445 and allow for timely notice.
- FFP EQUALS 'N': Cases will appear in this sub-category because the recipient is getting Medi-Cal services, but does not qualify for a type of Medi-Cal that is eligible to FFP. To verify a true 2N (Residual) case, print MEDS (INQM screen) and the MELG screen in CMIPS and submit to SWS for follow-up.

8. PROVIDER SSN VERIFICATION REPORT

Accessing Report

The report is located under **Caseload Detail** in the **Choose Group** menu.

Report Availability

The report will be produced weekly and is available the next business day.

Purpose

Providers appear on this report because they have failed the SSN Verification process with Social Security Administration (SSA). The information IHSS shows on the PELG screen (provider record) does not match the information at SSA. SSA verifies the provider's name (Last, First MI), SSN, date of birth, and gender. Providers are identified on this report for one of the following reasons:

- SSN NOT ON FILE
- NAME AND DOB MATCH; GENDER CODE DOES NOT MATCH
- NAME AND GENDER CODE MATCH; DOB DOES NOT MATCH
- NAME MATCH; GENDER CODE AND DOB DO NOT MATCH
- DOB AND GENDER CODE MATCH; NAME DOES NOT MATCH
- SSN DID NOT VERIFY; OTHER REASON
- DECEASED

Field by Field Description

- PROVIDER NAME: Name of the provider associated with the case being reported (Last Name, First Name)
- PROVIDER NUMBER: 10-digit recipient case number plus the last 6 digits of the provider's Social Security Number
- SSN: Provider's 9-digit Social Security Number
- DOB: Provider's date of birth as indicated on the PELG screen
- GENDER: Provider's gender as indicated on the PELG screen

Social Worker Action

- SSN NOT ON FILE: Ensure a copy of the Social Security card is in the IHSS case file and refer the provider to their local SSA office to resolve.
- NAME AND DOB MATCH; GENDER CODE DOES NOT MATCH: Compare the information on the SOC 311 to the provider documents (SOC 426 and 12-58A) on file and correct gender code on the SOC 311 as appropriate.
- NAME AND GENDER CODE MATCH; DOB DOES NOT MATCH: Compare the information on the SOC 311 to the provider documents (SOC 426 and 12-58A) on file and correct the date of birth on the SOC 311 as appropriate. If clarification is needed, request a copy of the provider's birth certificate. If IHSS records are correct, refer the provider to their local SSA office to resolve.
- NAME MATCH; GENDER CODE AND DOB DO NOT MATCH: Compare the information on the SOC 311 to the provider documents (SOC 426 and 12-58A) on file and correct the gender code and/or date of birth on the SOC 311 as appropriate. If clarification is needed regarding the date of birth, request a copy of the provider's birth certificate. If IHSS records are correct, refer the provider to their local SSA office to resolve.
- DOB AND GENDER CODE MATCH; NAME DOES NOT MATCH: Compare the information on the SOC 311 to the provider documents (SOC 426, 12-58A, and the Social Security card copy) on file and correct the name on the SOC 311 as appropriate. If IHSS records are correct, refer the provider to their local SSA office to resolve.
- SSN DID NOT VERIFY; OTHER REASON: Refer the provider to their local SSA office to resolve.
- DECEASED: Compare the information on the SOC 311 to the provider documents (SOC 426, 12-58A, and the Social Security card copy) on file and correct the Social Security number on the SOC 311 if appropriate. If there is no photocopy on file, request that the provider submit a copy of their Social Security card and birth certificate. This may be an indicator of fraud.

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-11**

October 9, 2009

SUBJECT: ABX 4 4 SERVICE REDUCTIONS

EFFECTIVE DATE: NOVEMBER 1, 2009

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of service reductions to recipients being implemented as a result of Assembly Bill (ABX) 4 4, information on how the reductions will be implemented and data entry instructions for Case Management, Information and Payrolling System (CMIPS).

II. BACKGROUND

Welfare and Institutions Code (W&IC) section 12309 (c) (1) requires the use of a uniform needs assessment tool designed to evaluate each individual's functioning in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The Uniformity Assessment System (Uniformity) implemented in 1988 guides the evaluation of an individual's ability to accomplish tasks without human assistance in each of eleven areas correlating to the ADLs and IADLs.

The individual's functional limitations are assessed based on a defined scale of five ranks called the Functional Index (FI) Ranks (Attachment C). Based on the assessment, a determination is made whether the individual has a need for service, and if so, the amount of each type of service that is needed. Additionally, a *weighted average calculation* is applied to each of the 11 rankings to determine an FI Score that provides an overall measurement of relative dependence on human assistance for IHSS tasks. This is a *system-driven calculation* that is computed by CMIPS based on the FI Ranks entered by IHSS staff for each functional area.

FI Score Calculation

The FI Score is calculated in the following manner:

- Every score of 6 is converted to a 1. (By definition, paramedical services are excluded from the uniformity system. They are not uniform and not subject to assessment/authorization decisions by the social worker.)
- Then 1 is subtracted from the rankings for each function.
- Each resulting ranking is then multiplied by the appropriate weight for each function.
- These products are totaled and 1 is added to the resulting sum.
- The results for each function are calculated to three decimal points.
- The result is rounded off to two decimal points.

- The result is the FI Score.

Here's an example of this calculation:

Function	Rank	Rank - 1	x Weight	Result
Housework	5	4	x .038	.152
Laundry	5	4	x .037	.148
Shopping and Errands	5	4	x .040	.160
Meal Preparation and Clean-up	4	3	x .222	.666
Mobility Inside	4	3	x .079	.237
Bathing and Grooming	3	2	x .095	.190
Dressing	1	0	x .057	0.000
Bowel, Bladder & Menstrual	1	0	x .129	0.000
Transfer	1	0	x .094	0.000
Eating	1	0	x .127	0.000
Respiration	6 = 1	0	x .082	0.000
Total				1.553
Total + 1 = FI Score				2.55

The FI score in this example is 2.55.

III. POLICY

Effective November 1, 2009, ABX 4 4 requires that applicants/recipients of IHSS services have FI scores of at least 2.00 before services may be authorized. In addition, Domestic and Related Services will be authorized only to those individuals with a substantial need for that specific service based on a FI rank of at least 4 in that functional area.

IV. CHANGES TO PROCEDURE

IHSS Service Authorization Threshold

The enactment of ABX 4 4 has established a new threshold of need that must be met before services can be authorized. Applicants/Recipients must have a FI Rank assessment that results in a system-calculated FI Score of 2.00 or higher before IHSS services may be authorized.

Exemptions

The categories of individuals that would be exempted from any service reductions resulting from the new threshold level are:

1. Individuals authorized to receive protective supervision.
2. Individuals authorized to receive paramedical services.
3. Individuals authorized to receive at least 120 hours of services per month. (Exemption currently waived by California Department of Social Services.)

Any or all of the exemptions may be waived by the Director of the California Department of Social Services (CDSS) if necessary to maintain federal financial participation (FFP). The third exemption category has been waived. The Protective Supervision and Paramedical Services

exemptions have been retained. Additional information is pending, when received additional action may be taken. At this time, individuals with an assessed need for either Paramedical Services or Protective Supervision may be eligible to receive IHSS services regardless of their FI score.

CMIPS

Existing Recipients with an FI Score of 1.99 or lower *who do not have an assessed need for either Paramedical Services or Protective Supervision*:

- CMIPS will identify and auto-terminate any eligible (“E” status or “L” status) recipient and provider(s) associated with the case effective November 1, 2009.
- CMIPS will generate the required Notice of Action (NOA) displaying message number 393 (Attachment A).
 - NOAs mailed by the CMIPS contractor Electronic Data Systems (EDS) allow no less than the required 10-day notice for termination of service.
 - The NOA message will include and be pre-populated with the recipient’s FI Score. (Attachment A)
 - EDS will mail *copies* of the NOAs to the appropriate counties.
 - Turn-around SOC 293 documents will be spooled to the counties for printing upon county request.
- CMIPS will generate a report of terminated recipients that will be provided using the established sort criteria of County, District Office, and Social Worker. A Statewide report will also be generated.
 - Information on the report will include recipient name, recipient number, FI Score, previously authorized hours, and associated provider name(s).
 - Reports will be mailed to each county’s main office; they will not be available thru CMIPS on-line reports.

New Applications – Clerical Procedures

For new applicants, IHSS Social Workers will continue to conduct the needs assessments in the current manner. The following steps will need to be followed when entering the results of the needs assessment into CMIPS:

- Information sufficient for issuance of a NOA must be entered on the RELA screen. At a minimum, this is all required fields for an eligible status case.
- After making these entries, press enter to proceed to the RELB screen. CMIPS will calculate the FI Score.
 - If the FI Score is below 2, an edit will display indicating the FI Score is below 2.
- If the FI Score is 1.99 or lower and *the applicant does not have an assessed need for Protective Supervision or Paramedical Services*, proceed to RELA and set the case status to “D” (Denied). Press enter to proceed to RELB.
 - On the RELB screen, enter the application date and Social Worker information, then press enter to proceed to RELC.
 - Enter NOA message 446 to generate a Notice of Action (NOA) The message will include and pre-populate the recipient’s system-calculated FI Score.

- If the FI Score is 1.99 or lower and *no assessed need has been entered for Paramedical Services or Protective Supervision services*, CMIPS will display an edit indicating this is an invalid status for case authorization and the action is being disallowed.
- If the FI Score is 1.99 or lower and *the applicant has an assessed need for Protective Supervision and/or Paramedical Services*, complete the entry of recipient information and assessment data and authorize services as appropriate.
- If the FI Score is 2.00 or above, complete the entry of recipient information and assessment data and authorize services as appropriate.

Recipients Eligible for Aid Paid Pending

Provisions have been made in CMIPS to allow the authorization of a case with an FI Score of 1.99 or lower with no assessed need for Paramedical Services or Protective Supervision when the recipient is eligible for Aid Paid Pending through a State Hearing request.

- Enter the override code of 448 in the NOA Reason Code field. This will override the system edits and allow the user to continue with all required system actions to reinstate authorization of the case.

Domestic and Related Eligibility Threshold

Enactment of ABX 4 4 also established a threshold of need that must be met in addition to having an FI Score of 2.00 or above. Before Domestic and Related Services may be authorized:

- An individual must have a *Substantial Need* for human assistance in the associated functional area to receive Domestic or any Related Services.
- Substantial Need is defined as an FI Rank of 4 or above.
- An individual must have an FI Rank of 4 or above in the functional area in order to be eligible for the associated Domestic or Related Service.

The functional areas and associated services for Domestic and Related Services are:

Functional Area	Service Type
Housework	Domestic
Laundry	Laundry
Shopping and Errands	Shopping for Food Other Shopping and Errands
Meal Prep and Meal Clean-up	Preparation of Meals Meal Clean-up

Although the existing FI Ranks will remain in place, existing assessment data in CMIPS on the RELC screen and shown on the SOC 293 service assessment grid will be removed effective November 1, 2009, for existing recipients who have an FI Rank of 2 or 3 in any of the Domestic or Related Services functional areas.

Exemptions

The categories of individuals that would be exempted from any service reductions resulting from the new threshold level to receive Domestic and Related Services are:

1. Individuals authorized to receive protective supervision.

2. Individuals authorized to receive paramedical services.
3. Individuals authorized to receive at least 120 hours of services per month. (Exemption currently waived by California Department of Social Services.)

Any or all of the exemptions may be waived by the Director of the California Department of Social Services (CDSS) if necessary to maintain federal financial participation (FFP). The third exemption category has been waived. The Protective Supervision and Paramedical Services exemptions have been retained. Additional information is pending, when received additional action may be taken. At this time, individuals with an assessed need for either Paramedical Services or Protective Supervision may be eligible to receive IHSS services regardless of their FI score.

CMIPS

Existing Recipients:

For cases with an existing FI Rank of 2 or 3 for any Domestic or Related Services who do not have an assessed need for either Paramedical Services or Protective Supervision, the following actions will be taken automatically by CMIPS to terminate those specific Domestic or Related Services and provide timely notification to recipients.

- CMIPS will leave the FI Ranks in place but blank out the Total Assessed Need, Adjustments, Individual Assessed Need, Alternative Resources and Authorized to Purchase Amounts for the related service on the CMIPS RELC screen and SOC 293 grid.
- If a reduction in hours changes the recipient from severely impaired (SI) to non-severely impaired (NSI), CMIPS will make any necessary adjustments to reflect the appropriate statutory maximums.
- CMIPS will re-determine qualification for Advance Pay and terminate any recipients from Advance Pay and Direct Deposit (if applicable) that no longer meet qualifying criteria.
- CMIPS will determine qualification for Restaurant Meal Allowance (RMA) and terminate any recipients from Restaurant Meal Allowance that no longer meet qualifying criteria.
- If a case has an identified Unmet Need, CMIPS will distribute the eliminated Domestic and Related Services hours to other authorized services in accordance with the established algorithm used to reduce the Unmet Need.
- Timely NOAs will be printed and mailed by EDS, and turn-around SOC 293s will be spooled to the counties for printing upon county request. EDS will mail copies of the NOAs to the appropriate counties. (Attachment A)
- CMIPS will generate a report identifying all affected recipients using sort criteria of County, District Office, and Social Worker. A Statewide report will also be generated. The report will include the following data:
 - Recipient name;
 - Case number;
 - Provider name(s) and number(s) associated with the recipient;
 - Previous authorized hours, current authorized hours;
 - Previous NSI/SI status, current NSI/SI status;
 - Previous Advance Pay status, current Advance Pay status;
 - Previous RMA status, current RMA status;

- Social worker number.
- Provisions have been made in CMIPS to allow entry of Total Assessed Need, Adjustments, Individual Assessed Need, Alternative Resources and Authorized to Purchase Amounts for Domestic and/or Related services for a case with a functional rank of 2 or 3 in the associated functional area and no assessed need for Paramedical or Protective Supervision services *when Aid Paid Pending has been awarded through a State Hearing request*. The user should enter NOA message code 466 in the NOA reason code field. This will override the system edits and allow the user to continue with all required system actions to reinstate the reduced services.

New Applications

For new applicants, IHSS staff should continue conducting the needs assessments in the current manner:

- When a Functional Index rank for any Domestic and or Related Services Functional Index area is 2 or 3, CMIPS will not allow entry of an assessed need in the associated service unless there is an assessed need entered for either Protective Supervision and/or Paramedical Services.
- For cases where a need for Protective Supervision or Paramedical Services has been identified, users must enter an assessed need for those services prior to entering an assessed need for any Domestic or Related Service.

Reassessment/Reapplication for IHSS

When a request for reassessment or a reapplication is received during the 90 days following the issuance of a NOA related to service reduction, IHSS staff should evaluate if the request is disputing the termination or reduction, or if there has been a change to the recipient's circumstances that impacts their functional abilities.

- As part of this evaluation process, counties may, when necessary, request additional information from recipients to document the change in circumstances necessitating a reassessment or reapplication.
- If the request is a response to the termination or reduction, the county should refer the recipient to the state hearing process.
- If the request is the result of a change in circumstances, the county should accept the request for reassessment or new application for services and proceed accordingly with a determination of eligibility for service.

State Hearing Requests

Recipients who receive a NOA implementing the new thresholds of IHSS benefits based on functional rankings may request a state hearing if they dispute their listed FI Rank or FI Score. A state hearing is available to review county actions regarding IHSS benefits. An Administrative Law Judge (ALJ) in a state hearing for the IHSS program only has jurisdiction to review a county action such as an assessment, failure to assess or reassess, or denial of services.

- There is no right to a state hearing to contest a change in the law (W&IC section 10950); however:
 - Recipients have not previously been informed of their FI Ranks or FI Scores.
 - The NOA implementing this change in the law will be the first time recipients have been informed of their FI Ranks or FI Scores.

- A state hearing may be requested to contest whether one or more assigned FI Ranks are correct.
- Recipients who file hearing requests prior to the effective date of the NOA will have the option to receive aid paid pending their state hearing.
- The state hearing requests filed in response to the NOAs that implement the thresholds described above will only permit review of the county's assessment of a recipient's FI Rank and its impact on the calculation of the FI Score.
- For a hearing request disputing the IHSS Service Authorization Threshold, there can be no change in authorized hours. The recipient will either be eligible for IHSS services having met the threshold or ineligible not having met the threshold.
- For the IHSS Domestic and Related Service Threshold, the state hearing has no jurisdiction to make adjustments to a recipient's authorized hours of service, only to determine whether the recipient meets the threshold for receiving services for each of the categories.

V. REVIEW STATEMENT

This notice was reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

And at the county intra-net at:

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

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



WIL QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505-6952
Dist. Codes 7 & 8 Attachments (3)

assistance. Ranking is done in 11 areas of physical functioning. Then a functional index (FI) score is determined using a weighted average calculation applied to the 11 rankings. The FI score provides a measurement of relative dependence on human assistance for IHSS tasks. For further information about your assessment contact your IHSS Office.

NOA Messages – Domestic and Related Service Reductions

For Current Recipients:

- 394 As of November 1, 2009, the hours of service for domestic you have been getting will stop. Here's why:

A change in the law set a specific need level necessary to get Domestic or Related services that is determined by functional ability in that area. Functional ability is measured on a 5 rank scale: 1- Independent; 2- Requires verbal assistance; 3- Requires some human assistance; 4- Requires substantial human assistance and 5- Cannot perform with or without human assistance. Individuals with a functional rank below 4.0 are not eligible to get the associated Domestic or Related service (W&IC 12309 (e)(1)). Your functional rank for domestic is \underline{x} . Therefore, your need does not meet the required level to get help with domestic services.

- 395 As of November 1, 2009, the hours for Food Shopping you have been getting will stop. Here's why:

A change in the law set a specific need level necessary to get Domestic or Related services that is determined by functional ability in that area. Functional ability is measured on a 5 rank scale: 1- Independent; 2- Requires verbal assistance; 3- Requires some human assistance; 4- Requires substantial human assistance and 5- Cannot perform with or without human assistance. Individuals with a functional rank below 4.0 are not eligible to get the associated Domestic or Related service (W&IC 12309 (e)(1)). Your functional rank for Food Shopping is \underline{x} . Therefore, your need does not meet the required level to get help with Food Shopping.

- 396 As of November 1, 2009, the hours for Other Shopping and Errands you have been getting will stop. Here's why:

A change in the law set a specific need level necessary to get Domestic or Related services that is determined by functional ability in that area. Functional ability is measured on a 5 rank scale: 1- Independent; 2- Requires verbal assistance; 3- Requires some human assistance; 4- Requires substantial human assistance and 5- Cannot perform with or without human assistance. Individuals with a functional rank below 4.0 are not eligible to get the associated Domestic or Related service (W&IC 12309 (e)(1)). Your functional rank for Shopping and Errands is \underline{x} . Therefore, your need does not meet the required level to get help with domestic services.

- 397 As of November 1, 2009, the hours to Prepare Meals you have been getting will stop. Here's why:

A change in the law set a specific need level necessary to get Domestic or Related services that is determined by functional ability in that area. Functional ability is measured on a 5 rank scale: 1- Independent; 2- Requires verbal assistance; 3- Requires some human assistance; 4- Requires substantial human assistance and 5- Cannot perform with or without human assistance. Individuals with a functional rank below 4.0 are not eligible to get the associated Domestic or Related service (W&IC 12309 (e)(1)).

Your functional rank for Meal Preparation is X. Therefore, your need does not meet the required level to get help with Meal Preparation.

398 As of November 1, 2009, the hours for Meal Clean-up you have been getting will stop. Here's why:

A change in the law set a specific need level necessary to get Domestic or Related services that is determined by functional ability in that area. Functional ability is measured on a 5 rank scale: 1- Independent; 2- Requires verbal assistance; 3- Requires some human assistance; 4- Requires substantial human assistance and 5- Cannot perform with or without human assistance. Individuals with a functional rank below 4.0 are not to eligible get the associated Domestic or Related service (W&IC 12309 (e)(1)). Your functional rank for Meal Clean-up is X. Therefore, your need does not meet the required level to get help with Meal Clean-up.

NOA STUFFER

FI Score Calculation

The FI Score is a weighted average calculation. Each of your ranks is multiplied by the associated weight then the products are totaled and 1 is added to the sum. The elements that are considered in determining your ranks are a home visit, medical evidence and your statement of need (MPP section 30-761.26). The weights for each functional area are as follows:

Functional Area	Weight
Housework	.038
Laundry	.037
Shopping and Errands	.040
Meal Preparation and Clean-up	.222
Mobility Inside	.079
Bathing and Grooming	.095
Dressing	.057
Bowel, Bladder & Menstrual	.129
Transfer	.094
Eating	.127
Respiration	.082

To calculate your FI Score: Using your functional ranks indicated on your Notice of Action

- 1) Subtract 1 from each of the rankings
- 2) Multiply each resulting ranking by the weight for the functional area
- 3) Total all of the products
- 4) Add 1 to the resulting sum

Example: If Functional Ranks for someone were – 5 in Housework, Laundry, Shopping and Errands; 4 in Meal Preparation and Clean-up and Mobility Inside; 3 in Bathing and Grooming and 1 in the rest of the functional areas the FI Score would be calculated

Housework	[5 – 1 = 4 x .038 = .152] +
Laundry	[5 – 1 = 4 x .037 = .148] +
Shopping and Errands	[5 – 5 = 0 x .040 = .000] +
Meal Preparation and Clean-up	[4 – 1 = 3 x .222 = .666] +
Mobility Inside	[4 – 1 = 3 x .079 = .237] +
Bathing and Grooming	[3 – 1 = 2 x .095 = .190] +
Dressing	[1 – 1 = 0 x .057 = 0.000] +
Bowel, Bladder & Menstrual	[1 – 1 = 0 x .129 = 0.000] +
Transfer	[1 – 1 = 0 x .094 = 0.000] +
Eating	[1 – 1 = 0 x .127 = 0.000] +
Respiration	[1 – 1 = 0 x .082 = 0.000] +

Sum of above = 1.553
 Plus 1 = 2.553

The FI Score in this example is 2.55

ANNOTATED ASSESSMENT CRITERIA

Annotated Assessment Criteria is designed to assist you in the application of rankings specified in Manual of Policies and Procedures (MPP) Section 30-756 which are applied to evaluate a recipient's capacity to perform certain In-Home Supportive Services (IHSS) tasks safely. The Annotated Assessment Criteria describes each functional rank in more detail as it applies to an individual's capacity to perform certain types of tasks specified in MPP Section 30-757, and it provides sample observations you might make for each ranking, characteristics of a recipient who might be ranked at each level, and questions which might elicit the information needed to determine the appropriate rank. These samples are lists of possible indicators, not definitive standards.

General

Following are general questions that may be asked of applicants to help determine whether need exists:

- * How frequently have you been seen by a doctor?
- * Has the doctor limited your activities?
- * When does your family come to see you and how do they feel about your condition?
- * What can family/friends/neighbors do to help you?
- * Who has been helping you up to this point?
- * Why are you asking for help now?
- * How have circumstances changed?
- * How long have you been having difficulty?
- * What is limiting your activities?
- * How do you feel about the status of your health?
- * How long do you think you will need this service?
- * How would you manage if your provider called in sick one day?

Information to be given and reinforced periodically:

- * A clear explanation of the recipient's responsibilities in the county's delivery system.
- * IHSS is a program which provides only those services necessary for the recipient's safety which the recipient is unable to perform.

Observations

A number of observations are applicable to all functions. These involve observing the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying; and observing the recipient's endurance and mental activity. In the following text, the first eight observable behaviors above are referred to as "movement." All of these functions can usually be observed by noting how the recipient admitted you into the housing unit and shaking his/her hand when arriving; asking the recipient to show you the housing unit; asking the recipient to show you all his/her medications; asking him/her to get his/her Medi-Cal card for you; and asking him/her to sign the application. If the above-listed functions have not been adequately demonstrated in the course of the interview, it is sometimes helpful to ask the recipient for a glass of water. Since the ranking of functioning is hierarchical, observations and questions in a lower rank are likely to apply to a higher one. Observations lead to a general assumption as to the appropriate level of functioning, and follow-up questions elicit information as to what assistance is necessary for the level of functioning observed. This listing is not all-inclusive, nor does the presence of one behavior on the list necessarily create the basis for the ranking. All your senses are involved in gaining cues to determine the recipient's functioning as a whole.

Quite often, it is important to get a medical report to verify that there is a basis for observed behaviors.

General

The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow.

Rank 1: Independent: Able to perform function without human assistance although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function with or without human assistance.

Rank 6: Paramedical Services needed.

Variable Functioning

If the recipient's functioning varies throughout the month, the functional rank should reflect the functioning on reoccurring bad days. It is not solely based on a "worst" day scenario (e.g., a recipient who suffers from arthritis will have days when pain is significant and days when pain is mild; therefore, in this case you would rank a recipient based on the reoccurring days where the frequency of pain is significant).

DEFINITION OF SERVICES LISTED ON THE SOC 293 "H" LINE

Domestic Services

Sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen; changing light bulbs; and wheelchair cleaning and changing/recharging wheelchair batteries.

The following is the application of functional rank specific to Domestic services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all domestic chores without a risk to health or safety.

Recipient is able to do all chores though s/he might have to do a few things every day so that s/he doesn't overexert her/himself.

* **Observations:** Observe if the home is neat and tidy. Observe if the recipient's movement is unimpaired.

- * **Example:** Recipient with no signs of impairment moves easily about a neat room, bending to pick up items and reaching to take items from shelves.
- * **Question:** Are you able to do all the household chores yourself, including taking out the garbage?

Rank 2: Able to perform tasks but needs direction or encouragement from another person.

Recipient is able to perform chores if someone makes him/her a list or reminds him/her.

- * **Observations:** Observe if the recipient seems confused or forgetful and has no observable physical impairment severe enough to seem to limit his/her ability to do housework; if there is incongruity in what you observe, such as dirty dishes in cupboard.
- * **Example:** Young man apparently physically healthy, but obviously confused and forgetful, is being reminded that it is time for him to sweep and vacuum.
- * **Questions:** How do you manage to keep your apartment clean? Has anyone been helping you up to this time?

Rank 3: Requires physical assistance from another person for some chores (e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.).

- * **Observations:** Observe if the recipient has some movement problems as described above; has limited endurance; is easily fatigued; or has severely limited eyesight. Observe if the home is generally tidy, but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it, but was unable to.
- * **Example:** Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.
- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.

- * **Observations:** Observe if the recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
- * **Example:** Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
- * **Questions:** What household tasks are you able to perform? Has your doctor limited your activities?

Rank 5: Totally dependent upon others for all domestic chores.

- * **Observations:** Observe if dust/debris is apparent; if there is garbage can odor; if the bathroom needs scouring; if household chores have obviously been unattended for some time. Observe if the recipient has obvious limited mobility or mental capacity.

- * **Examples:** Bed-bound recipient is able to respond to questions and has no movement in arms or legs. Frail elderly man is recovering from heart surgery and forbidden by doctor to perform any household chores.
- * **Questions:** Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending and ironing. (Note: Ranks 2 and 3 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Laundry services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all chores.

- * **Observations:** Observe if the recipient's movement seems unimpaired; if s/he seems able to ambulate, grasp, bend, lift, and stand adequately; if s/he is wearing clean clothes.
- * **Example:** Recipient is apparently physically fit. The recipient's movements during interview indicate that s/he has no difficulty with reaching, bending, or lifting.
- * **Questions:** Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

Rank 4: Requires assistance with most tasks. May be able to do some laundry tasks (e.g., hand wash underwear, fold and/or store clothing by self or under supervision).

- * **Observations:** Observe if the recipient has some impairment in movement, is nodding, displays forgetfulness, or has severely limited eyesight; if the recipient's clothing is stained or spotted.
- * **Example:** Frail woman is unable to transfer wet wash to the dryer, particularly, sheets and towels. Housemate encourages her to help with sorting and folding, etc.
- * **Questions:** Are you able to lift and transfer wet articles in the laundry? How have you handled this laundry up to now? Who has been doing your laundry for you up to this time? Has the doctor suggested that you do some simple tasks with your arms and hands?

Rank 5: Cannot perform any task, is totally dependent on assistance from another person.

- * **Observations:** Observe if there are severe restrictions of movement.
- * **Example:** Quadriplegic recipient is seated in wheelchair, obviously unable to perform laundry activities.
- * **Questions:** Who does your laundry now? What has changed in your circumstances that resulted in your asking for help now?

Shopping and Errands

Compiling list; bending, reaching, lifting, and managing cart or basket; identifying items needed; transferring items to home and putting items away; telephoning in and picking up prescriptions; and buying clothing. (Note: Ranks 2 and 4 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Shopping and Errands with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can perform all tasks without assistance.

- * **Observations:** Observe if movement seems unimpaired and the recipient seems oriented.
- * **Example:** Social worker questions elderly man whose responses indicate that he is able to do his own shopping and can put groceries and other items away. Although his movements are a little slow, it is evident that he is capable of performing this task.
- * **Question:** How do you take care of your shopping and errands?

Rank 3: Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items, or the recipient needs direction or guidance).

- * **Observations:** Observe if the recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if s/he seems easily confused or has severely limited eyesight; if there is limited food on hand in refrigerator and cupboard.
- * **Example:** Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.
- * **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

- * **Observations:** Observe if movement or mental functioning is severely limited.
- * **Example:** Neighbors help when they can. Teenage boy comes to recipient's door and receives money and list from recipient to purchase a few groceries.
- * **Questions:** Has someone been shopping for you? How do you get your medications?

Meal Preparation/Meal Cleanup

Meal Preparation includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots

and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

Meal Cleanup includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: Meal Cleanup does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under Domestic services.

The following is the application of functional rank specific to Meal Preparation/Meal Cleanup with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

- * **Observations:** Observe if the recipient's movement seems unimpaired.
- * **Example:** Recipient cooks and freezes leftovers for reheating.
- * **Questions:** Are you able to cook your own meals and cleanup afterwards? Are you on a special diet? If yes, describe.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

- * **Observations:** Recipient seems forgetful. There is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only. Recipient's clothes are too large, indicating probable weight loss. There are no signs of cooking.
- * **Example:** Elderly recipient is unable to plan balanced meals, has trouble knowing what to eat so eats a lot of desserts and snacks, sends granddaughter to purchase fast foods. Recipient leaves dishes near the sofa where s/he eats; s/he reuses dirty dishes if not reminded to wash and dry them.
- * **Question:** Are you able to prepare and cleanup your own meals?

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involve, peeling, cutting, etc., on less than a daily basis).

- * **Observations:** Observe if the recipient's movement is impaired; if s/he has poor strength and endurance or severely limited eyesight; if s/he appears adequately nourished and hydrated.
- * **Example:** Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has arthritis that impairs her/his grasp; s/he is unable to wash dishes because s/he cannot hold on to dishes.
- * **Questions:** What type of meals are you able to prepare for yourself? Can you lift casserole dishes and pans? Can you reheat meals that were prepared for you ahead of time? Are you able to wash dishes? Can you wipe the counter and stove?

Rank 4: Requires another person to prepare and cleanup main meal(s) on a daily basis.

- * **Observations:** Recipient has movement and endurance problems and has very limited strength of grip.
- * **Example:** Recipient is unable to stand for long periods of time. Recipient can get snacks from the refrigerator like fruit and cold drinks, can get cereal, or make toast for breakfast, etc.
- * **Questions:** Can you stand long enough to operate your stove, wash, dry, and put away dishes and/or load/unload the dishwasher?

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

- * **Observations:** Observe if the recipient has severe movement problems or is totally disoriented and unsafe around the stove.
- * **Example:** Recipient has schizophrenia. Recipient believes that when s/he gets wet the water has the power to enable people to read her/his mind. Provider cuts up food in bite-sized portions and carries tray to bed-bound recipient.
- * **Questions:** Are you able to prepare anything to eat for yourself? Does your food and drink need to be handled in any special way? Can you wash dishes?

*If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car (**including getting in and out of the car**) for medical accompaniment and/or alternative resource travel.

The following is the application of functional rank specific to Ambulation with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient is steady on feet, able to maneuver around furniture, etc. Observe if the recipient needs to grab furniture or walls for support. Have the recipient show you the home and observe ambulation.
- * **Questions:** Do you ever have any difficulty moving around? Have you ever had to use a cane or walker? Do you feel safe walking alone in your home?

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

- * **Observations:** Observe if the recipient can use his/her walker or cane of his/her own volition; if recipient can rely appropriately on an appliance; if there is an assistive device

visible in a corner rather than right beside the recipient when s/he is sitting; how well the recipient is able to move about with an assistive device; if there is any modifications observable in the home such as grab bars, etc.

- * **Questions:** Do you ever have trouble handling your device? Are there times when you forget and get somewhere and need help getting back or do not wish to use your device? What happens then? Have you experienced any falls lately? Describe.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

- * **Observations:** Observe if the recipient needs to ask you for assistance; if the recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there are architectural barriers in the home.

- * **Questions:** Are there times when you need to rely on someone else to help you get around the house? What kind of help do you need and when? What happens when there is no one to help you? Are there certain times of day or night when movement is more difficult for you? Are all areas of your home accessible to you?

Rank 4: Requires assistance from another person most of the time. Is at risk if unassisted.

- * **Observations:** Observe if the recipient is able to answer the door; get back safely to his/her seat; if there is clutter on the floor, scattered rugs, or stairs; if there is obvious fatigue or labored breathing; if there are bruises, scabs, bumps, or burns (signs of falls) on the recipient.

- * **Questions:** Is there someone in the home helping you now? If so, what is the level of assistance?

Rank 5: Totally dependent upon others for movement. Must be carried, lifted, or assisted into a wheelchair or gurney at all times.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if s/he makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel s/he is able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Bathing, Oral Hygiene, and Grooming/Routine Bed Bath

Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes combing/brushing hair; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care (excluding toenail clipping) when these services are not assessed as Paramedical services for the recipient; and washing/drying hands.

Note: Bathing, Oral Hygiene, and Grooming does not include getting to/from the bathroom. These tasks are assessed as mobility under Ambulation services.

Routine Bed Bath includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

The following is the application of functional rank specific to Bathing, Oral Hygiene, and Grooming/Routine Bed Baths with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

- * **Observations:** Observe if the recipient's mobility is unimpaired; if the recipient is clean and well groomed; if there is assistive equipment in the bathroom.
- * **Questions:** Do you ever require any assistance with Bathing, Oral Hygiene, or Grooming? Are you able to get in and out of the tub or shower safely? Have you ever fallen?

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- * **Observations:** Observe if the recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if the recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if the recipient is unaware of his/her appearance.
- * **Questions:** Are there times when you forget to bathe, brush your teeth, and groom yourself, or it seems just too much bother? Does anyone help you organize your bath or shower?

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- * **Observations:** Observe if the recipient has weakness or pain in limbs or joints; difficulty raising arms over head, frailty, general weakness, unsteady gait indicating a safety risk; if the bathroom is not set up to meet the recipient's safety needs (e.g., grab bars, tub bench); if recipient's grooming indicates an unaddressed need.
- * **Example:** Recipient has fear associated with lack of movement.
- * **Questions:** Are there areas of bathing, oral hygiene, or grooming that you feel you need help with? What? When? How do you get into the shower or tub? Do you ever feel unsafe in the bathroom? Have you ever had an accident when bathing? What would you do if you did fall?

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

- * **Observations:** Observe if the recipient requires assistance with transfer; has poor range of motion, weakness, poor balance, fatigue; skin problems (e.g., indications of a safety risk). Determine how accessible and modified the bathroom is to meet the recipient's needs.
- * **Questions:** How much help do you need in taking a bath and washing your hair? If there were no one to help you, what would be left undone? Do you experience any loss of sensation to your body? Do you have any fears related to bathing? Have you fallen when getting into or out of the tub or shower? What would you do if you did fall?

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- * **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.
- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Prosthetic Devices:

Dressing/Prosthetic Devices: Putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, braces, and prosthetic devices; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

The following is the application of functional rank specific to Dressing/Prosthetic Devices with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to put on, fasten, and remove all clothing. Clothes self appropriately for health and safety.

- * **Observations:** Observe if the recipient is appropriately dressed; if clothing is buttoned, zipped, laced; if the recipient has no difficulty with small hand movements as demonstrated by his/her ability to sign the application.
- * **Questions:** Do you ever have any difficulty getting dressed (e.g., buttoning or zipping clothing, etc.).

Rank 2: Able to dress self; but requires reminding or direction.

- * **Observations:** Observe the appropriateness of the recipient's dress for room temperature or if the recipient's clothing is bizarre (e.g., wearing underwear outside of clothing); if the clothing is buttoned, zipped, laced; if the clothing is relatively clean, is mended if necessary, is the correct size for recipient; if the recipient is blind; if the recipient is alert and aware of his/her appearance.
- * **Questions:** Are there times when it seems just too much of a bother to get dressed for the day? Does anyone ever comment to you on how you are dressed? Are you warm

enough or too warm? Could you use some help in getting your clothes organized for the day?

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, etc.).

- * **Observations:** Observe if the recipient's clothes are correctly fastened; if the recipient apologizes or seems embarrassed about the state of his/her dress; if the recipient asks you for any assistance; if the recipient is disabled in his/her dominant hand; if the recipient has impaired range of motion, grasping, small hand movement; if the recipient needs special clothing.
- * **Questions:** Are there any articles of clothing you have difficulty putting on or fastening? Do you need help with clothing items before you feel properly dressed? Do you need to use a special device in order to get dressed? Do you use Velcro® fastening?

Rank 4: Unable to put on most clothing items by self. Without assistance the recipient would be inappropriately or inadequately clothed.

- * **Observations:** Observe if the recipient's range of motion and other movements are impaired. Observe if the recipient is dressed in bed clothes, robe, and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing.
- * **Questions:** Do you feel unable to get out or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to dress appropriately for the weather or temperature?

Rank 5: Unable to dress self at all, requires complete assistance from another.

- * **Observations:** Observe if the recipient is capable of voluntary movement? If the recipient's clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time.
- * **Questions:** How do you change your clothing? Do you ever feel too warmly or too coolly dressed? Is your clothing comfortable and clean enough? Do you get changed as often as you feel necessary?

Bowel, Bladder, and Menstrual Care

Bowel, Bladder, and Menstrual Care: Assisting with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying hands. Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping, cleaning, and washing/drying hands.

Note: This task does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as Paramedical services. In assessing Menstrual care, it may be necessary to assess additional time in other service categories such as Laundry, Dressing, Domestic, Bathing, Oral Hygiene, and Grooming. Also, if a recipient wears diapers, time for menstrual care should not be necessary

The following is the application of functional rank specific to Bowel, Bladder, and Menstrual care with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual care with no assistance from another person.

- * **Observations:** Observe if recipient's movement is unimpaired and odor of urine present; if the recipient has had colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.
- * **Questions:** Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time?

Rank 2: Requires reminding or direction only.

- * **Observations:** Observe if the recipient seems disoriented or confused; if urine smells are detectable; if furniture is covered with barrier pads or plastic; if adult diapers are in the recipient's bedroom or bathroom; if the recipient takes diuretics such as Lasix®; if the recipient's clothing is stained, indicating that there is an incontinence problem.
- * **Questions:** In the past month, have you had difficulty getting to the toilet/commode on time? If yes, how often? Does someone remind you?

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- * **Observations:** Observe if there are moderate movement impairments; if there is severe limitation of use of the recipient's hands; if the recipient needs a boost to transfer.
- * **Questions:** Do you have any problems using the bathroom or managing your clothes? Does anyone help you? If yes, what kind of assistance do you need and how often? Are you able to empty your urinal/commode (if used)? Do you have accidents? How often do the accidents occur? Are you able to clean up after them?

Rank 4: Unable to carry out most activities without assistance.

- * **Observations:** Observe the severity of the recipient's movement problems; if the recipient is unable to transfer unassisted; the recipient's or provider's statement as to the quantity or frequency of daily laundry and any indication that hand laundry is done daily. Observe if there is a large amount of unwashed laundry with the odor of urine or fecal matter. Observe if there are meds such as stool softeners visible.
- * **Questions:** Who helps you? How? Is s/he available every time you need help? Do you need more help at certain times of the day/night?

Rank 5: Requires physical assistance in all areas of care.

- * **Observations:** Observe if the recipient has any voluntary movement; if the recipient is

bedfast or chair bound; if the recipient is able to make her/his needs known.

- * **Questions:** Who helps you? What is your daily routine? Do you also need assistance with activities we classify as Paramedical Services?

Transfer

Transfer: Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

Note: Transfer does not include assistance on/off toilet. This task is assessed as part of Bowel, Bladder, and Menstrual Care. Care of pressure sores (skin and wound care). This task is assessed as part of Paramedical services.

The following is the application of functional rank specific to Transfer with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to do all transfers safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient's movement is unimpaired; if s/he is able to get out of a chair unassisted when s/he shows you the house; if s/he shifts weight while sitting.
- * **Questions:** Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?

Rank 2: Able to transfer, but needs encouragement or direction.

- * **Observations:** Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days.
- * **Questions:** Does anyone help you get out of bed in the morning? How does s/he help you?

Rank 3: Requires some help from another person (e.g., routinely requires a boost).

- * **Observations:** Observe the length of time it takes the recipient to answer door; the sounds heard as the recipient comes to door; if the recipient asks you for a boost when s/he gets up to get medications, or is shaky when using assistive device; if the recipient is obese and has a great deal of difficulty getting up.
- * **Questions:** Do you always have difficulty getting out of a chair? Who helps you? How? How often? Do you also have trouble getting out of bed? What kind of help do you need? (Expressing interest in how the recipient has solved one problem usually encourages her/him to tell you ways s/he have solved other problems.)

Rank 4: Unable to complete most transfers without physical assistance. Would be at risk if unassisted.

- * **Observations:** Observe if the recipient uses an assistive device for mobility; if the

recipient's joints are deformed from arthritis or some other disease; if the recipient is wearing a cast or brace; if someone in house assists the recipient to get up if s/he uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.

- * **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you need more help at certain times of the day/night?

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if the recipient makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Eating

Assisting with consumption of food and assurance of adequate fluid intake consisting of eating or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Eating task includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning face and hands; and washing/drying provider's hands.

Note: This does not include cutting food into bite-sized pieces or puréeing food, as these tasks are assessed in Meal Preparation services.

The following is the application of functional rank specific to Eating with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to feed self.

- * **Observations:** Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient's chair; observe how the recipient takes a drink.
- * **Questions:** Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the last function to lose, questions may not be necessary if the recipient is able to dress self and scores 1 in Bowel and Bladder Care except in cases where the recipient seems mentally impaired.)

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- * **Observations:** Observe if the recipient appears depressed, despondent, or disoriented; if the recipient's clothes seem large for the recipient, indicating possible recent weight loss; if there is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only; if there are not any signs of cooking.
- * **Questions:** What have you eaten today? How many meals do you eat each day? Do

you have trouble with a poor appetite? What is the difficulty? Are there times you forget to eat? Does it sometimes seem like it takes too much effort to eat? Do you have trouble deciding what to eat?

Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.), but constant presence of another person is not required.

* **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if s/he has severely limited eyesight.

* **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

* **Observations:** Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold trays, towels, bibs.

* **Questions:** Does someone help you eat? How? How often? Do you eat with the rest of the family? Can you feed yourself finger foods? Are you able to use a fork or spoon? Do you have difficulty chewing or swallowing? If so, how do you deal with the problem?

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

* **Observations:** Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.

* **Questions:** What is your daily routine for eating meals?

*If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

Respiration

Respiration is limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment and IPPB machines.

The following is the application of functional rank specific to Respiration with suggestions that may help inform the determination as to rank:

Rank 1: Does not use respirator or other oxygen equipment or is able to use and clean independently.

* **Observations:** Observe the oxygen equipment present; if the recipient coughs or wheezes excessively or if breathing is labored.

* **Question:** Are you able to clean and take care of the equipment yourself?

Rank 5: Needs help with self-administration and/or cleaning.

- * **Observations:** Observe the same things above and if when the recipient ambulates if s/he has difficulty with breathing or breathing is laborious. Observe the recipient's meds; if the recipient has weakness or immobility in conjunction with breathing problems; if there is a referral from an oxygen supplier indicating the recipient is not taking care of the equipment properly.
- * **Questions:** Are you able to clean and take care of the equipment yourself? If not, how does it get done? How often do you use the equipment? Have you had difficulty administering your own oxygen or using your breathing machine? (If yes, refer for Paramedical service.) Who cleans equipment after you use it?

*If all the recipient's needs for human assistance in Respiration are met with Paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is Paramedical service rather than Respiration. (MPP 30-756.42).

MENTAL FUNCTIONING

Memory

Recalling learned behaviors and information from distant and recent past.

The following is the application of functional rank specific to Memory with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Memory is clear. Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.

- * **Observations:** Observe if recipient's responses to your questions indicate that s/he has good recall; knows his/her doctors' names; knows his/her own telephone number or the number of a close friend; is clear about sources of income and assets; knows who close relatives are and where they live. Observe if the recipient is mentally capable of following through on activities of daily living; if s/he has good social skills; if recipient's thought process seems clear and s/he is able to keep track during a conversation.
- * **Example:** An elderly women living alone in her home responds quickly and confidently to your questions to establish her eligibility for IHSS and determine her need for services. The recipient is reasonably organized. His/her medications are in place. There are stamped bills in the mailbox. The trash appears to be picked up regularly. There is a grocery list ready for the IHSS provider.
- * **Questions:** Who is your doctor? What medicine do you take regularly? What is your address and telephone number? When were you born? Where were you born? What is the date today? How long have you lived in this house? Where did you live before you lived here? What serious illnesses or surgeries have you had? How long ago was each illness or surgery?

Rank 2: Memory loss is moderate or intermittent: Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.

- * **Observations:** Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.
 - * **Example:** Elderly man has to be prompted occasionally by his wife when he tries to respond to your questions. He apologizes for or tries to conceal memory lapses.
 - * **Questions:** What year were you born? How old are you now? How old were you when your first child was born? What medicines do you take? Tell me what you usually do during the day. Who telephones or comes to see you often? What do you have to eat for dinner tonight?
- Rank 5:** Severe memory deficit: Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation with you.
- * **Observations:** Observe if the recipient has a blank or benign look on her/his face most of the time; if s/he is continually placing and replacing objects in the room to avoid answering your questions; if s/he gives inappropriate responses to questions; if the recipient's voice and/or train of thought trails off in middle of conversations; if s/he starts an activity and forgets to finish it; if the recipient consistently forgets to take medications or takes them inappropriately, even with a Medi-Set. Determine if the recipient has a history of leaving stove burners on or the water running in the sink and/or tub causing overflows. Observe if the recipient cannot remember when s/he ate last or what s/he ate; if s/he is unable to remember names of close relatives; has loss of verbal ability; is impaired intellectually; displays abnormal and potentially dangerous behavior.
 - * **Example:** Middle-aged man suffering from Alzheimer's disease is totally unable to respond to your questions. He becomes very agitated for no good reason; arises from chair as if to leave room and stares in bewilderment; needs to be led back to his chair. He seems unconcerned with events in daily life and cannot articulate his need for services. His daily routine follows a set, rigid pattern. He relates to the situation on a superficial basis.
 - * **Questions:** What are the names and relationships of your closest relatives? Did you eat breakfast today? What did you eat? Can you tell me what I'm holding in my hand? How old are you? What is your birth date? Ask housemate: What happens when the recipient is left alone? Does s/he remember any events from the previous day, hour, or minute? Does s/he remember who you are? Does s/he remember how to operate the stove, shave self, or perform other tasks safely?

Orientation

Awareness of time, place, self, and other individuals in one's environment.

The following is the application of functional rank specific to Orientation with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Orientation is clear. Recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc.; is aware of passage of time during the day.

- * **Observations:** Observe if the recipient appears comfortable and familiar with his/her surroundings. Recipient makes and keeps good eye contact with you. His/her facial expression is alert and is appropriate to the situation. The recipient is spontaneous and direct. The recipient shows interest in maintaining a good personal appearance. The recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.
- * **Example:** Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
- * **Questions:** Do you have relatives living close by? Why are you asking for help at this time? How have you managed to care for yourself until now? Do you have someone who helps around the home?

Rank 2: Occasional disorientation and confusion is apparent but recipient does not put self at risk: Recipient has general awareness of time of day; is able to provide limited information about family, friends, age, daily routine, etc.

- * **Observations:** Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
- * **Example:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left unopened occasionally, and her clothing and some perishable food items are not properly stored.

- * **Questions:** What day is today? How many rooms do you have in your home? Where is the closest grocery store? Do you know who I am and why I am here? Do you go out alone? Do you ever get lost when you go out of the house alone? Do you know the name of the bus you take when you go to the store and where the bus stop is to go home? What month, year, season, holiday, etc.?

Rank 5: Severe disorientation which puts recipient at risk: Recipient wanders off; lacks awareness or concern for safety or well being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.

- * **Observations:** Observe if the recipient shuffles aimlessly throughout house; if s/he exhibits inappropriate behaviors such as giggling or making comments that are irrelevant to the conversation; if s/he handles objects carelessly; appears unkempt, displays poor personal hygiene; has a manner of dress that is inappropriate or bizarre; if when the social worker attempted to shake the recipient's hand, s/he tried to bite social worker's hand. Observe if the recipient is very confused, unaware of time, place, and/or individuals; goes to the mailbox and cannot find her/his way back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find her/his way back to the apartment and the recipient becomes highly agitated. Observe if the recipient appears to be disoriented and experiences hallucinations and displays a dazed and confused state of mind; is unable to answer simple questions appropriately; if the recipient's sleep-wake cycle may be abnormal; if the recipient confuses immediate living relatives (son/daughter) with dead relatives (husband, etc); if emotional instability is present.
- * **Example:** Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; s/he either does not respond to questions or speaks unintelligibly.
- * **Questions:** What is your name? Where do you live? What is the date today? What year is it? Where are you? Where are you going? If the recipient is unable to respond or responds inappropriately, ask housemate: What is the nature of ___'s mental problem? What can the recipient do for self? What does the recipient do if left alone?

Judgment

Making decisions so as not to put self or property in danger. Recipient demonstrates safety around stove. Recipient has capacity to respond to changes in the environment (e.g., fire, cold house). Recipient understands alternatives and risks involved, and accepts consequences of decisions.

The following is the application of functional rank specific to Judgment with suggestions that may help inform the determination as to rank:

Rank 1: Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.

- * **Observations:** Observe if home is properly maintained, and in safe repair; if recipient's responses show decision-making ability is intact; if recipient dresses appropriately for

the weather; if recipient is able to form correct conclusions from knowledge acquired through experience; if recipient is capable of making independent decisions and is able to interact with others.

- * **Example:** Recipient takes pride in managing his/her own affairs and does so appropriately. The recipient has a list of numbers to call in case of emergency; takes measures to guard safety such as locking doors at night, not allowing strangers into home, etc.
- * **Questions:** Do you have a list of numbers to call in case of an emergency? Do you have friends or family who could help out in a crisis situation? What would you do if your provider were unable to come to work one day?

Rank 2: Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.

- * **Observations:** Observe if the home is in disrepair (leaking faucets, broken appliances, inadequate lighting, etc.); if debris has been allowed to accumulate in walk-way areas; if food in the home is of poor nutritional value; if the recipient is unable to recognize that there are alternatives or unable to select between them and is unable to plan or foresee consequences of decisions. Observe if the recipient is not capable of making decisions without advice from another, is able to understand options when explained, makes correct choices; knows enough to turn stove and heat on and off.
- * **Example:** Recipient wastes money on useless items while allowing needed repairs to go unattended. The recipient "makes do" with the condition of home even if it is inconvenient for the recipient. The recipient appears to be a "collector," has difficulty throwing anything out even though access through home is limited. The recipient can't decide which provider s/he wants. The grocery list to provider contains mostly junk food. The recipient stopped homebound meals when s/he decided they weren't tasty rather than add salt. S/he refuses to use walker or cane.
- * **Questions:** Who would you call in case of emergency? If someone you did not know came to your door at night, what would you do? What are you able to do for yourself? Do you need anyone to help you? Who would you depend on to assist you if you needed a household repair done such as if your heater did not work?

Rank 5: Judgment severely impaired: Recipient fails to make decisions or makes decisions without regard to safety or well-being.

- * **Observations:** Observe if safety hazards are evident: clothing has burn holes; faulty wiring, leaking gas, burned cookware, etc. Observe if utilities may be shut off; food supply is inadequate or inedible. If the recipient is a pet owner, observe if there are animal feces in home. Observe if the recipient is obviously unaware of dangerous situations, not self-directing, mentally unable to engage in activities of daily living; goes outside with no clothing on; if neighbors saw smoke from apartment several times; if they entered and extinguished fires on stove; if someone from the community calls to report that the recipient is defecating or urinating on the front yard. Observe if the recipient cannot decide to eat, dress, or take medications; if the recipient seems preoccupied, confused, or frightened; if the recipient is unaware or too frail or feeble to make decisions to maintain self safely at home; if s/he takes a shower with clothes on; drinks spoiled milk, etc.

- * **Example:** Recipient has open access to home to anyone who approaches. The recipient seems unaffected by stench or odors due to garbage, feces, urine, etc; exhibits no concern over obvious safety hazards (e.g., debris piled on stove, papers scattered near heater, etc.); lets injuries such as burns go unattended. In the past year, the recipient has recurrently started dinner and fell asleep and awoke to a smoke-filled kitchen.
- * **Questions:** What would you do if you saw something on fire in your house? If you needed to get to the doctor what would you do? Ask Housemate: What happens when ___ is left alone? Can s/he recognize situations that would lead to danger? Is s/he capable of making rational decisions?

**SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-10**

September 15, 2009

SUBJECT: **Placing a Provider on the State's Suspended and Ineligible (S&I) Provider List**

EFFECTIVE DATE: **Immediately**

EXPIRATION DATE: **When incorporated into the IHSS Program Guide**

REFERENCES: **Welfare and Institution Code (WIC), Section 14123
Welfare and Institution Code (WIC), Section 12305.81
Penal Code, Section 273a
Penal Code, Section 368**

I. PURPOSE

This Special Notice is to provide In-Home Supportive Services (IHSS) staff instructions for terminating an ineligible IHSS individual provider (IP), and having them placed on the State of California's *Suspended and Ineligible (S&I) Provider List*.

II. BACKGROUND

In order to protect the elderly and the disabled adults and minors who are recipients of services from the IHSS program, an individual who has had a criminal conviction in the last 10 years is ineligible from participating as a care provider. These criminal convictions include:

- Any conviction of fraud perpetrated against a government health care or supportive services program such as Medicare, Medicaid, or services provided under Title V, Title XX, or Title XXI of the Federal Social Security Act.
- Any criminal convictions of abuse against elderly, and/or disabled adults
- Any criminal convictions of abuse against children
- The types of abuse include, but are not limited to, death, bodily harm, physical pain, mental suffering, and personal or health endangerment.

The State publishes the names of convicted individuals on the California Department of Health Care Services (CDHCS) website, preventing the individual from participating as an IHSS caregiver statewide.

III. POLICY

Welfare and Institution Code (WIC), Section 14123 mandates that the CDHCS suspend a Medi-Cal provider that is (a) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (b) suspended from the federal Medicare program for any reason. WIC Section 12305.81 provides for a ten-year ineligible period for providing IHSS services when certain crimes against the elderly, disabled adults and children have been committed. These crimes include violation of Section 273a and Section 368 of the State Penal code.

Suspended Medi-Cal providers, including IHSS Individual Providers, are not entitled to a hearing under the *California Administrative Procedures Act*.

IV. PROCEDURES

Administration Procedures

Step	Procedure
1.	The District Attorney's (DA) Office sends a monthly sentencing report, listing convictions in all welfare programs countywide to the Assistant Deputy Director of Operations (ADD) for Aging & Independence Services.
2.	The ADD reviews the sentencing report for any convictions in the In-Home Supportive Services (IHSS) program.
3.	If there are conviction(s) in the IHSS program, the ADD requests the court minute orders from the DA.
4.	The ADD sends the sentencing report and the court minute orders for the individual conviction to the IHSS Program Manager and the IHSS Operations Manager.
5.	<p>The IHSS Operations Manager prepares the required documents for the convicted Individual Provider (IP). The documents include:</p> <ul style="list-style-type: none"> • A copy of the IP's Social Security card or a copy of 12-58A with the completed <i>Evidence Viewed</i> box • The SOC 426 Personal Care Services Individual Provider Enrollment Form
6.	The IHSS Operations Manager completes DHCS 9094 (Attachment A) and submits the form and the documentation to the ADD for signature.
7.	<p>After the DHCS 9094 is signed by the ADD, the IHSS Operations Manager sends the completed DHCS 9094 form, along with the required documents for each convicted provider to:</p> <p style="text-align: center;">Attn: Ernie Ruoff The California Department of Social Services (CDSS) 744 P St. MS 19-95 Sacramento, CA 95814</p> <p>Note: Always refer to the State Contacts List for updated contact information.</p>

Clerical Procedures

Step	Procedure
1.	The Senior Office Assistant receives the list of convictions from the IHSS Operations Manager, and enters the names of the convicted providers in the "SD Convictions" section of the <i>Convictions Log for the S & I Listing</i> .
2.	The names of the convicted providers are cleared in CMIPS to determine if any are actively providing services to an IHSS recipient.
3.	If the convicted provider is active, an e-mail is sent to the Social Worker instructing them to terminate the provider. The IHSS Public Authority Payroll is also informed of the termination, and of the individual's ineligibility to provide services to any IHSS recipient.
4.	Once the provider is terminated, the log is updated to indicate "Terminated" opposite the name of the convicted provider.
5.	The log is cleared monthly by the Senior Office Assistant to ensure that a convicted provider does not become an active IHSS service provider.

Social Worker Procedures

Step	Procedure
1.	The Social Worker terminates the convicted provider as soon as the information is received from the Senior Office Assistant.
2.	The 12-97 HHSA Recipient Letter to Be Added S&I Provider (2) (Attachment B) is sent to the IHSS recipient informing him/her that the convicted IP has been terminated from providing IHSS services.
3.	The 12-97A HHSA IP Letter to Be Added S&I Provider (2) (Attachment C) is sent to the convicted IHSS provider to inform him/her that he/she has been terminated from providing IHSS services.
4.	Once the provider is terminated, an e-mail is sent to the Senior Office Assistant confirming the termination so the log can be updated.

V. REVIEW STATEMENT

This Special Notice was reviewed by a standard Organizational Review Committee (ORC).

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.

Special Notices are archived electronically at the following location on the S drive:

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

And at the following link on the County Intra-net with the IHSS Program Guide.

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

To access, control click on the link above.



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858)505-6366

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 08-09
ADDEDNDUM A**

August 26, 2009

SUBJECT: IHSS QC REPORTS - SOCIAL WORKER RESPONSE CLARIFICATION

EFFECTIVE DATE: July 1, 2008

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with clarification on the required Social Worker response to Quality Control (QC) reviews.

II. BACKGROUND

Recommendations from the Office of Audits and Advisory Services (OASS), suggests that IHSS staff be made aware of the importance of correcting and responding to the results of Quality Control reviews in a timely manner. Delayed or lack of response to issues identified during a QC review could result in significant action items being ignored and left uncorrected.

III. POLICY

IHSS Social Workers have 45 days from the date the QC report is sent, to respond and to complete, the required changes and/or corrections.

IV. ASSIGNING CASES FOR QC REVIEW

The Planning & Program Support Manager, the IHSS Program Specialist, or the QC Lead Worker is responsible for assigning and tracking case reviews monthly.

V. THE QC REVIEW PROCESS

The review of the case file will be conducted at the district office, unless a specific issue requires that a case be reviewed by the IHSS Program Specialist. When necessary, the case will be requested from the district office and sent to:

QC/Program Support
Aging & Independence Services (AIS)
Mail stop W-433.

A written summary will be completed for each case reviewed. (*Attachment A*)

- The summary will include recommendations for appropriate actions, or corrections to forms and CMIPS.
- The district Social Worker will have 45 days to make corrections and respond to the QC review summary.

If the Social Worker disagrees with the QC review instructions, the Social Work Supervisor may submit a written disagreement within the 45 day period. "Social Worker Response to Quality Control Review" (*Attachment B*). Any response must include references that support the Social Worker's position. Policy and procedure references include, but are not limited to:

- The IHSS Program Guide
- The IHSS Policy & Procedure Manual, or
- The California State Manual of Policies and Procedures - Division 30
- The State Welfare & Institutions Code

The completed form(s) for each unit's QC review (*Attachment A*) will be emailed by the QC Lead Worker directly to the Social Work Supervisor. Copies will also be sent to:

- The Planning & Program Support Manager
- The IHSS Program Manager
- The IHSS Operations Manager

A reminder will be sent to the IHSS Social Work Supervisors listing any reviews that are past the 45 day response period. Copies will also be sent to:

- The Planning & Program Support Manager
- The IHSS Program Manager
- The IHSS Operations Manager

SOCIAL WORKER RESPONSIBILITIES

The IHSS Social Worker is responsible for reviewing the summary and making any necessary corrections or updates to the case file, or to the Case Management Information and Payrolling System. The Social Worker is responsible for ensuring that the QC Review Summaries are completed and returned within the 45 days.

SOCIAL WORK SUPERVISOR RESPONSIBILITIES

The Social Work Supervisor is also responsible for ensuring that the QC Review Summaries are completed and returned within the 45 days. Each Social Work Supervisor will forward the individual reviews to the Social Worker electronically, or provide him/her with a printed copy. The Social Work Supervisor will provide instructions to the worker on when to return the completed summary to the supervisor, along with the case file for review and sign off.

QC RESPONSE TO DISAGREEMENTS

The QC Worker is responsible for responding to the Social Work Supervisor when an "IHSS QC Review Response" form is received.

- The QC Worker will respond to the Social Work Supervisor about the item(s) listed on the "Social Worker Response to IHSS Quality Control Review" form within 10 days.
- If further policy clarification is needed the time frame may be extended to research the issue.

If QC has adequately shown that IHSS Policy and Procedure supports the item in question, the Social Worker will make the correction immediately upon return of the "Quality Control Response to Social Worker" (*Attachment B*) form.

VI. REVIEW STATEMENT

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

VII. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following location:

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

And on the County intra-net at:

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

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

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

Attachments
Distribution Codes 7 & 8

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-09**

AUGUST 20, 2009

SUBJECT: PROCESSING IHSS SUBPOENAS

EFFECTIVE DATE: IMMEDIATELY

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of the procedures to follow when receiving an IHSS subpoena for IHSS records or files.

II. BACKGROUND

Subpoenas requesting information related to, or staff presence at a legal proceeding must be processed within a prescribed time frame. Written procedures will ensure a subpoena is processed correctly, and within the necessary timeframes.

III. POLICY

A subpoena for In-Home Supportive Services (IHSS) or the IHSS Public Authority *must* be served at and/or accepted by the IHSS Administration main office located at:

780 Bay Blvd., Suite 200, Chula Vista, CA 91910.

Any subpoena delivered to another office should be redirected to the address provided above.

IV. PROCEDURES

The IHSS receptionist at the IHSS main office is the first person to receive the subpoena. The receptionist does not accept the subpoena; she views the name and clears it to determine if the subpoena should be accepted. The receptionist will determine if the name of the individual is an IHSS recipient, or an IHSS individual provider (IP). Subpoenas for IHSS recipients are accepted by the IHSS Program Manager; subpoenas for an IHSS Individual Provider (IP) are accepted by the IHSS Public Authority, Provider Services Manger.

Subpoenas for IHSS Recipients

IHSS Staff Procedures:

1. Read the subpoena carefully and provide *only* the specific information that has been requested.
 - Clear the name in CMIPS to determine if the individual is indeed a recipient or provider. Use available information to verify the individual, e.g. Name, DOB, SSN, and case number.
 - Determine if the case is active or closed, and the location of the case:
 - **Active Cases** locations must be verified with the social worker. Request the case from the social worker and “cc” the supervisor and Administration.
 - **Closed Cases** will be sent to Record Room after 60 days. Look for the case action date to help determine the location, and request the case accordingly.
 - **Provide only** the specific information that has been requested. **Redact any third party information, e.g. information from and about any other person or individual.**
2. Complete the “**Certification of No Records**” form; if the subpoena is requesting medical records, this is attached to the subpoena. Indicate on the form that “In-Home Supportive Services is not a medical program and does not maintain medical records.”
3. There is a \$15 retrieval fee if more than one copy is requested of a case file, and a charge of fifteen cents per copy, per page. Please use the “**Invoice**” (see Attachment 1) to send to the requesting party. All checks that accompany a subpoena are sent via County mail to:
AIS Fiscal, Mail Stop W433, with a copy of the first page of the subpoena attached.

Subpoenas for IHSS Individual Providers (IP)

After the subpoena is received by the Provider Services Manager, it is given to the Provider Services Specialist to review and process.

Public Authority Staff Procedures:

1. Read the subpoena carefully and provide only the specific information that has been requested.
2. If the subpoena is requesting an IP’s timesheet:
 - Call the requesting party to determine if the Timesheet is to be picked up or mailed, if this information is not stated in the subpoena

3. Complete the “**Certification of No Records**” form, if the subpoena is requesting records other than timesheets for an IP. This is attached to the subpoena. Write on the form that “The Public Authority does not have any records other than timesheet for the Individual Provider.”
4. Send all checks that accompany a subpoena via County mail to:

AIS Fiscal, Mail Stop W433, with a copy of the first page of the subpoena attached.

V. REVIEW STATEMENT

This special notice was reviewed by a standard Organization Review Committee (ORC).

VI. FILING STATEMENT

HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

And at:

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

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



Wil Quintong
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Gina Brown (858) 495-5554
Dist. Codes 7 & 8 Attachments

**SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-08**

August 13, 2009

**SUBJECT: INDIVIDUAL PROVIDER (IP) ENROLLMENT
FORMS ON AIS WEBSITE**

EFFECTIVE DATE: IMMEDIATELY

**EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS
PROGRAM GUIDE**

I. PURPOSE

This Special Notice is to inform In-Home Supportive Services (IHSS) staff that the Individual Provider (IP) Enrollment Forms are available on the AIS website.

II. BACKGROUND

Those individuals who would like to become an authorized Individual Provider must complete the IP Enrollment Forms and submit them to the assigned IHSS social worker.

III. POLICY

The IP Enrollment Forms are available on the Aging & Independence Services (AIS) website and can be down loaded in English and Spanish version. The link is at:

http://www.sdcounty.ca.gov/hhsa/programs/ais/inhome_supportive_services/individual_provider_enrollment_forms.html

VI. REVIEW STATEMENT

Due to the informational nature of this notice this special notice was not reviewed by the standard review committee.

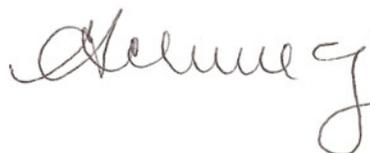
VII. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.

WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director



Contact: Gina Brown (858) 495-5554

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-06
ADDENDUM C**

September 22, 2009

SUBJECT: STATUTORY CHANGES TO THE SOC BUYOUT

EFFECTIVE DATE: October 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) Staff of the elimination of the Medi-Cal Recognized Expense (MRE) program known as the Share-of-Cost (SOC) Buyout.

II. BACKGROUND

Statutory changes to the California Department of Social Services (CDSS) SOC Buyout program, initiated by the 2009 Senate Bill (SB) X36, amended the Welfare and Institutions Code Section 12305.1 for recipients of the IHSS Personal Care Services Program (PCSP), the IHSS Independence Waiver (IPW) program, and the IHSS Residual Program (IHSS-R).

III. POLICY

As a result of the 2009 Assembly Bill (AB) X44 amending the Welfare and Institutions Code (W&IC) Section 12305.1, all recipients who meet the criteria for the SOC Buyout will be eliminated from the program as of October 1, 2009. Since this termination is the result of a change in state law, it cannot be appealed through a state hearing.

IV. CONLAN II CLAIMS/STATE APPEAL HEARINGS

Recipients Eligible To File A State Hearings Appeal Or Conlan II Claim

1. Recipients who applied for services prior to July 1, 2009 but did not receive program approval until after July 1, 2009, and had someone providing program services which were subsequently authorized meet the SOC Buyout eligibility criteria of receiving services before July 1, 2009, and therefore would be eligible for payment of MRE beginning with the month of August 2009.
 - a) Recipients in this category should be instructed to file a Conlan II claim to potentially be eligible for payment of MRE.

- b) Recipients who did not actually receive services prior to July 1, 2009, will not be eligible for payment of MRE, although retroactive program payment eligibility rules still apply.
2. Recipients who received program approval and were receiving program services prior to July 1, 2009, were eligible for but did not receive the payment of MRE prior to July 1, 2009.
 - a) Recipients in this category should be instructed by county staff to file a Conlan II claim to potentially be eligible for payment of MRE.
3. Recipients who were eligible for the payment of MRE as of June 30, 2009, but missed the payment because CMIPS and Medi-Cal Eligibility Determination Systems (MEDS) failed to communicate properly and the Medi-Cal Eligibility (MELG) screen did not pick up MEDS eligibility correctly should be instructed by county staff to file a Conlan II claim to potentially be eligible for payment of MRE.

Payment Of MRE Eligibility For IHSS-R Recipients Who Move To The PCSP Or IPW Program

1. Recipients who are receiving payment of MRE, have services through IHSS-R and subsequently become eligible for PCSP or IPW, will continue to be eligible for payment of MRE until it is eliminated on October 1, 2009.

V. REVIEW STATEMENT

Because of the informational nature of this material, this document was not reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

Special Notices are archived at the following location of the S drive:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedures-Automated\IHSS Special Notices.



WILFRED QUINTONG
Assistant Deputy Director

For questions contact: Gina Brown (858) 495-5554

Attachments

Distribution Codes 7 & 8



ELLEN SCHMEDING
Assistant Deputy Director

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-06
ADDENDUM B**

July 31, 2009

SUBJECT: SOC BUYOUT CHANGES TO CMIPS AND MEDS

EFFECTIVE DATE: August 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to inform IHSS staff of the changes that will be made to the Case Management Information and Payrolling System (CMIPS) for compliance with Welfare and Institutions Code (W&IC) 12305.1 relating to the changes to the Medi-cal Eligibility Determination System (MEDS) Share-of-Cost (SOC) Buyout.

II. BACKGROUND

The 2009 Senate Bill X36 amended the Welfare and Institutions Code Section 12305.1. Prior to these statutory changes, recipients of the IHSS Personal Care Services Program (PCSP), the IHSS Independence Waiver (IPW) program, and the IHSS Residual Program (IHSS-R) were eligible for the SOC Buyout Program.

III. POLICY

Individuals who are or become eligible for IHSS PCSP, IHSS-R, or IHSS IPW on or after July 1, 2009, will not be eligible for the monthly SOC Buyout. Individuals who were eligible and received services under those programs before July 1, 2009, and who continued to receive those services, will continue to receive the monthly SOC Buyout.

IHSS recipients who leave any of the above programs, or lose eligibility and subsequently regain eligibility for services through these programs, will no longer be eligible for the SOC Buyout Program. Current recipients of the SOC Buyout will receive notification of the change July 1, 2009. If the buyout is discontinued due to any reason, the recipient will be given notice and have the ability to file a request for Fair Hearing, and/or a Conlan II Claim, if appropriate.

IV. CHANGES TO CMIPS AND MEDS

Effective with the August 2009 MEDS eligibility renewal and buyout that will run on July 24, 2009, cases that meet the following "loss of buyout" criteria **will not receive** the August buyout and **will not be eligible for future buyout**. No MEDS eligibility

In addition cases that meet the following loss of buyout criteria **will receive** the August buyout, but **will not be eligible for buyout for future months**.

- Recipient who have been on leave (L) status for more than thirty days
- Recipients who have had no active provider for more than 30 days

Recipients who are affected will receive a Notice of Action (NOA) informing them of the change in eligibility status, as well as information on how to request a fair hearing.

Effective July 24, 2009, the CMIPS SPEC transaction X-27 will be administered by California Department of Social Services (CDSS) only.

V. REVIEW STATEMENT

This document was not reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

Special Notices are archived at the following location of the S drive:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedures-Automated\IHSS Special Notices.

And the following location on the intra-net:

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



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

For questions contact: Gina Brown (858) 495-5554
Attachments
Distribution Codes 7 & 8

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-06
ADDENDUM A**

July 25, 2009

SUBJECT: STATUTORY CHANGES TO THE SOC BUYOUT

EFFECTIVE DATE: July 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) Staff of changes to the Medi-Cal Recognized Expense (MRE) program known as the Share-of-Cost (SOC) Buyout.

II. BACKGROUND

The 2009 Senate Bill X36 amended the Welfare and Institutions Code Section 12305.1. Prior to the statutory changes, recipients of the IHSS Personal Care Services Program (PCSP), the IHSS Independence Waiver (IPW) program, and the IHSS Residual Program (IHSS-R) were eligible for the SOC Buyout Program.

III. POLICY

Individuals who are or become eligible for IHSS PCSP, IHSS-R, or IHSS IPW on or after July 1, 2009, will not be eligible for the monthly SOC Buyout. Individuals who were eligible and received services under those programs before July 1, 2009, and who continued to receive those services, will continue to receive the monthly SOC Buyout.

IHSS recipients who leave any of the above programs, or lose eligibility and subsequently regain eligibility for services through these programs, will no longer be eligible for the SOC Buyout Program. Current recipients of the SOC Buyout will receive notification of the change July 1, 2009. If the buyout is discontinued due to any reason, the recipient will be given notice and have the ability to file a request for Fair Hearing, and/or a Conlan II Claim, if appropriate.

Effective July 1, 2009 Notice of Action (NOA) 350 will no longer be included with the SOC NOA generated by the CMIPS system. The following share of cost NOAs will be suppressed for income eligible recipients who have a secondary aid code of 2L or 2M and not part of the buyout program:

345 349 352 353 354

V. REVIEW STATEMENT

This document was not reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

Special Notices are archived at the following location of the S drive:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedures-Automated\IHSS Special Notices.



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

For questions contact: Gina Brown (858) 495-5554

Attachments

Distribution Codes 7 & 8

**COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-07**

July 22, 2009

SUBJECT: INDIVIDUAL PROVIDER WAGE INCREASE

EFFECTIVE DATE: AUGUST 1, 2009

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

EXPIRATION DATE: WHEN INCORPORATED INTO THE IHSS PROGRAM GUIDE

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of a wage increase for IHSS Individual Providers (IPs).

II. BACKGROUND

Assembly Bill (AB) 1682 required all counties to establish an Employer of Record for IHSS Programs. In response to this 1999 State mandate, the Board of Supervisors for San Diego County approved an ordinance to establish the County of San Diego In-Home Supportive Services Public Authority (Public Authority) as the Employer of Record. The ordinance also established the Board of Supervisors as the Public Authority's Governing Body. The Public Authority is the employer of record for more than 22,000 IPs.

III. POLICY

Effective August 1, 2009 the hourly rate for Individual Providers in San Diego County will increase to \$9.50 per hour.

IV. PROCEDURES

Case Management Information and Payrolling System (CMIPS) will implement the rate increase automatically. Turn around documents will be generated for all affected cases. *Rate Change Exception* and *Rate Change Warning Reports* will be generated for any cases that cannot be changed automatically to the new rate. The exception reports must be reviewed for manual entry of the rate change.

V. REVIEW STATEMENT

Due to the informational nature of this notice, it was not sent to the standard Organizational Review Committee (ORC).

VI. FILING STATEMENT

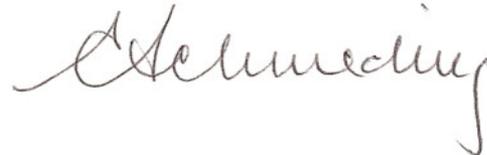
HSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

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



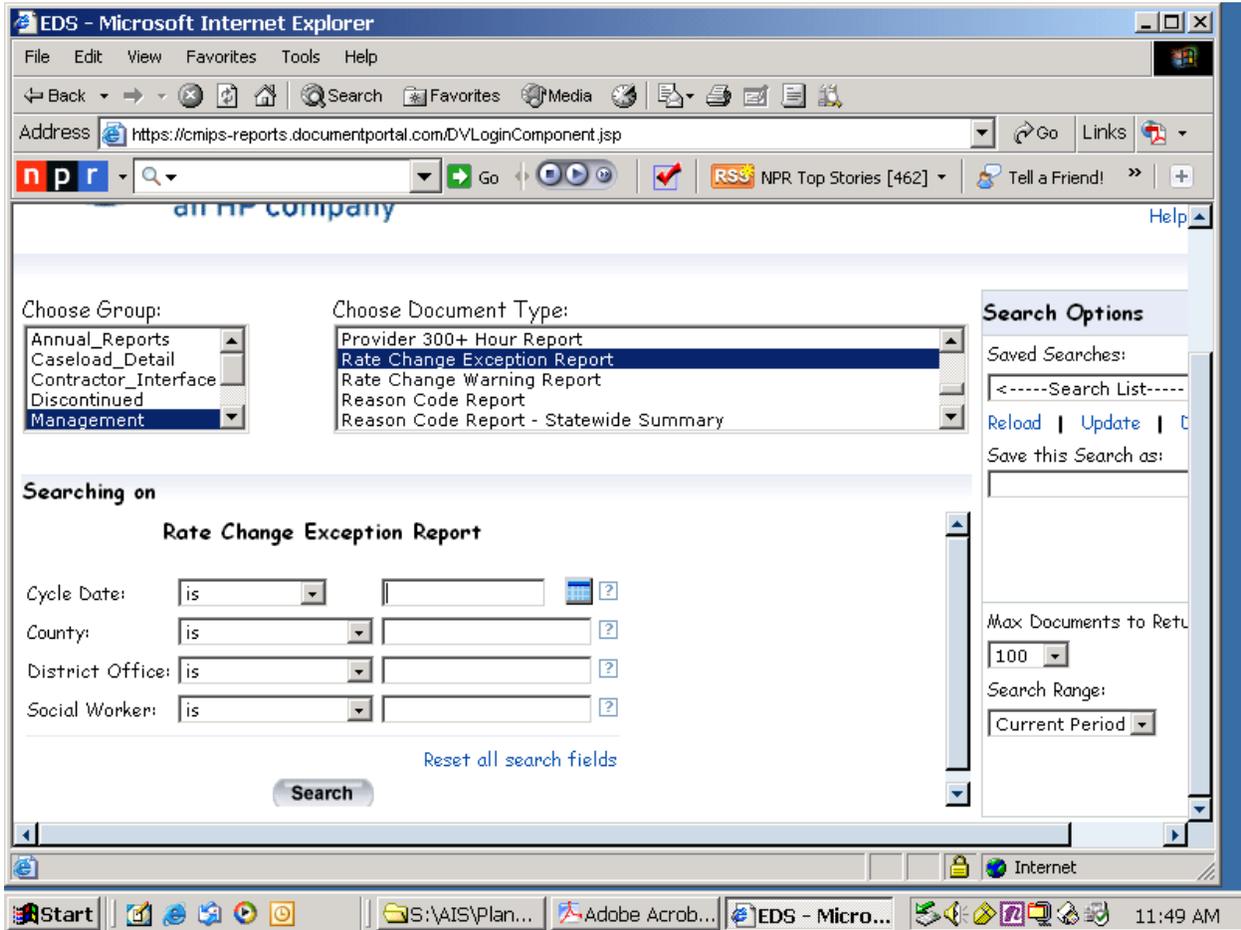
Wil Quintong
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Susan Pullido (858) 505-6366
Dist. Codes 7 & 8 Attachments

Log on to IHSS - CMIPS On line Reports



Select “Management” from Group, and *Rate Change Exception Report*, or *Rate Change Warning Report* from “Document Type” then search for unit or Social Worker.



IHSS - CMIPS

Online Reports

User's Manual

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INTRODUCTION

Welcome to the IHSS-CMIPS Online Reports website. If you have received this document by email along with your User ID, you should have or will shortly receive another email with the User ID password.

If you have received this document via another means, you must request access to IHSS-CMIPS Online Reports through your county representative. Please see your IHSS Program Manager or other Adult Services Supervisor to determine the contact person for submitting requests.

The contents, directions and screen shots in this manual are based upon the use of Microsoft Windows XP, Outlook 2002 and Internet Explorer (IE) 6.0. Slight variations may occur with the use of other software or versions of the indicated software and will need to be addressed by the user and their county IT staff.

TERMS

The following list of terms will be used throughout this document

Term	Definition
<u>Document Type</u>	A report. A single report may be subdivided into several Document Types. For example the County Payment Voucher – Alpha Sort Report has been subdivided into the following Document Types: <ul style="list-style-type: none">• County Payment Voucher Report – Alpha• County Payment Voucher Report – Alpha – District Office Summary• County Payment Voucher Report – Alpha – County Summary• County Payment Voucher Report – Alpha – Statewide Summary
<u>Group</u>	A set of different reports assembled together or by report function
<u>Hit List</u>	Reports which meet the Index and Search Operator selections indicated by the user
<u>Index</u>	Report designation a user may indicate which uniquely identifies a specific Document Type
<u>Search Operator</u>	A list of operations that allows users to include or exclude certain parameters when searching for a specific report

CONFIDENTIALITY

All information displayed within reports accessed on the IHSS-CMIPS Online Reports website is confidential. This data are not to be shared with sources outside the IHSS Program nor is access to the website to be allowed to unauthorized persons.

Should county staff choose to [email reports](#) to IHSS staff, it is their responsibility to inform the recipient of the confidentiality of the reports being distributed.

SYSTEM REQUIREMENTS & SETUP

To access the IHSS-CMIPS Online Reports website a user must have access to a PC which is connected to the internet.

The PC must be **JavaScript** enabled with the following software loaded:

- **Netscape Navigator v4.5** or later or
- **Microsoft Internet Explorer v4.0** or later
- PDF viewer, as **Adobe's Acrobat Reader Version 4.0** or later, Acrobat Exchange, or Acrobat Business Tools

If users are unsure of their system setup or software versions, please contact your county IT staff for assistance. The EDS Help Desk cannot assist users with loading or updating software.

REPORT AVAILABILITY

CMIPS Reports produced on or after September 24, 2004 will be available on the website. Reports will be available for seven (7) years on the website. Reports produced prior to September 24, 2004 will not be made available.

DESKTOP SCREEN RESOLUTION

Desktop screen resolution of 1024 x 768 or higher and Normal Size DPI 96 settings are the best for viewing and use of this site. Settings of 800 x 600 or lower and Large Size DPI 120 limit the user's ability to scroll and view the content of the site.

WEBSITE ACCESS

Access to the IHSS-CMIPS Online Reports website must be authorized by a county representative and submitted to EDS. EDS will add the user and notify the user by email of the User ID and Password to access the website. The website may be accessed at: <https://cmips-reports.documentportal.com>

USER SECURITY & REPORT ACCESSIBILITY

User's have the ability access various reports based upon the security assigned by the County Contact. The following User ID Security Levels are available:

County District Office – Allows user's to access reports which pertain to the District Office in which they work.

County – Allows user's to access reports which pertain to the County, in which they work, including all reports in all District Offices.

Statewide – Allows user's to access all statewide, County and District Office Reports. This access is only available to CDSS staff or may be assigned to County users at the discretion of CDSS.

A user may be able to see the selection for a particular report, but access to the actual report may be denied because the assigned Security setting does not allow access.

USER ID AND PASSWORD

User ID and Passwords will be emailed, separately, to users from EDS when user accounts have been setup. Each User is responsible for the security of the User ID and Password and must not share it with others users. User ID and Passwords are case sensitive. Logon will fail if the appropriate case is not used. For example the User ID = **myuser04** with a Password = **winter04** must be entered in the lower case as indicated. If an attempt is made to logon using MyUser04 or Winter04 the message "Login failed for user MyUser04".

Three failed logon attempts will lock the User ID. User ID's locked due to logon failures are locked for 60 minutes. User's may wait the 60 minutes or contact the EDS Help Desk for password reset.

The first time a user logs on to the website with the User ID and Password, s/he will be prompted to change their password. Passwords are valid for 90 days, at which time the user will be prompted to change. Passwords may be changed by the user more frequently if desired.

PASSWORD RULE

- **Change password on first logon** – The first time the website is accessed, the system will prompt the user to change their password.
If the password has been **reset**, the system will not prompt the user to change the password. The user should change their password after a reset. To change a User Password, enter the User ID and current password, then press the "Change Password" button. The system will prompt the user for necessary information to change the password.
- **Password history length** – When User changes his/her password, they may not use the last password used as the new password.
- **Minimum password length** – Passwords must be at least eight (8) alphanumeric characters in length.
- **Reject trivial passwords** – Passwords cannot equal the user name or customer name or other trivial words such as "password". The system will display an edit if a trivial password is entered.
- **Password longevity** – A User Password remains valid for 90 days before it must be changed.
- **Log-in attempts allowed** – A user is allowed three (3) attempts to login before the account will be locked. To reset the User ID and Password, the user must contact the IHSS-CMIPS Help Desk.
- **Lockout duration** – When a user has been locked out contact the IHSS-CMIPS Help Desk to reset User ID and Password or wait 60 minutes before attempting to access the website again.

SITE HELP

Once accessed, there is a HELP option available in the upper right corner of the screen. This HELP is specific to the website, giving users general information about the use of the website functions.

This HELP option is not specific to the IHSS-CMIPS Reports. For detailed descriptions or specific information for an IHSS-CMIPS Reports, see **Section XIV – Reports and County Download** in the CMIPS User's Manual.

IHSS-CMIPS HELP DESK CONTACT

The IHSS-CMIPS Help Desk may be contacted for issues regarding User ID and Password resets. Please remember that User ID Requests must be submitted to EDS by IHSS Program Managers or Supervisors. The IHSS-CMIPS Help Desk phones numbers are 916/636-4280 or 213/387-3521.

The EDS Help Desk cannot assist users with loading or updating software.

SITE NAVIGATION

Once accessed, the following selection options allow users to access online reports:

Group – Reports have been grouped together for ease of access. The following Groups are available to County and County District Office users. A particular report may be found in more than one Group.

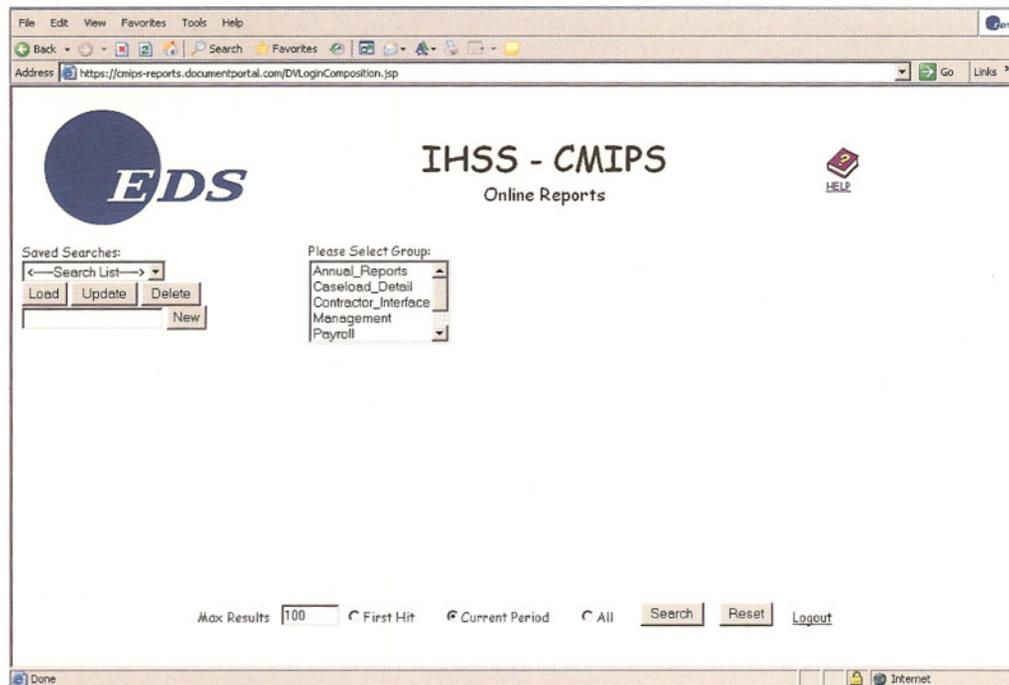


Fig. 1 – Group List selection

- **Annual_Reports** – Reports which are produced annually in conjunction with Share of Cost – Cost of Living Adjustments
- **Caseload_Reports** – Reports which assist County workers in the management of their caseload

- **Contractor_Interface** – All reports specific to County Contractor Billing Authorization and Rejects
- **Management** – Reports used by County Management
- **Payroll** – Reports related to IHSS provider payroll and recipient payments
- **Summary** – District Office and County Summary reports
- **Taxes_Accounting** – Quarterly Tax Disbursement Reports
- **Homemaker** – Reports specific to Counties that use the Homemaker reports.

Document Types – Within each Group there are a list of reports, these reports are referred to as Document Types. Some groups will not be displayed for users if the group does not apply; for example, counties that do not use the Contractor_Interface reports will not see the Contractor_Interface group. A single CMIPS report may be divided into several Document Types to allow specific parts of a report to be identified with a specific Group.

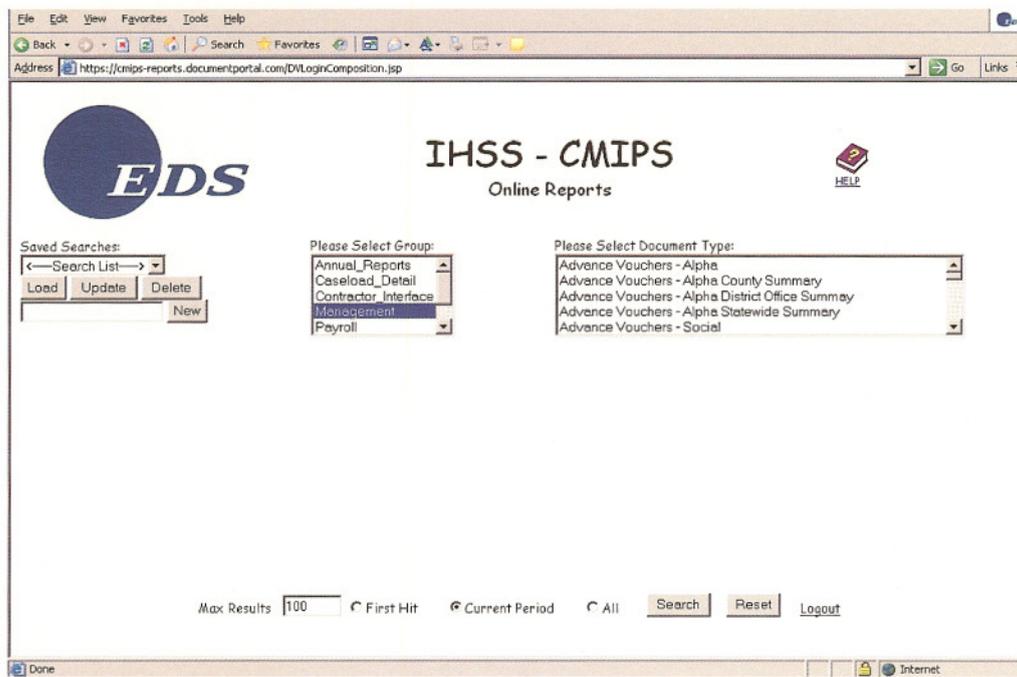


Fig. 2 – Document Type selection

See [Appendix A – Document Type \(Report\) – Group Designation](#) for a list of all Document Types (reports) and the Groups to which they are assigned.

Indexes and Search Operators

When a specific Document Type has been selected from a Group **the user must select at least one index**. However, multiple indexes may be set to narrow the results.

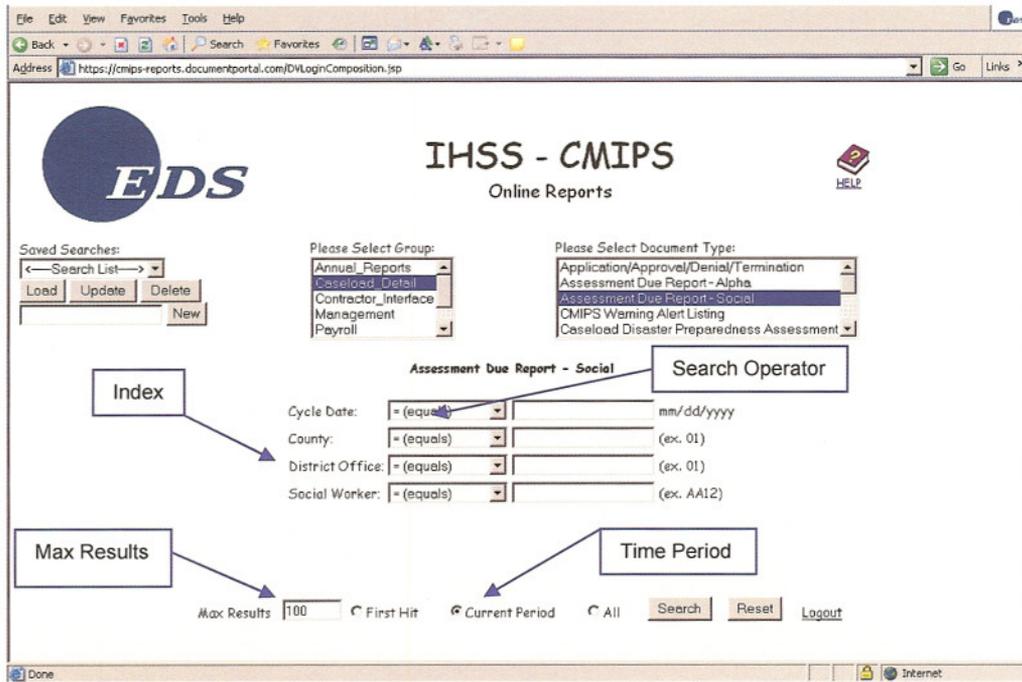


Fig. 3 – Index, Search Operator, Time Period and Max Result designations

Depending upon the Document Type selected various combinations of the following Indexes may be displayed and set by the user to narrow the search results.

- Cycle Date or Run Date
- Report Month or For Month
- County
- District Office
- Social Worker
- Invoice #

Each Index allows users the choice of several Search Operators. The default Search Operator for all Indexes is (=equals). For definitions and use of other Search Operators, see the site [HELP>Searching for Documents>Search Operators](#).

As an example, a county user might have the following index settings:

Cycle date > (greater than) 10/01/2004
 County = (equals) 01

Time Periods

Users may indicate a time period to be searched. At the bottom center of the screen there are three indications:

First Hit – System will display the first document found matching criteria

Current Period – System Default – searches for reports produced in the current month and one month prior which meet Index indications

All – System searches all time frames for reports meeting all Index indications. Depending upon the volume of reports available, selecting this option may cause a delay in the return of the Hit List due to the number of items returned

Max Results

The system defaults to display a maximum number of items on the Hit List of 100. This setting may be manually changed to allow the return of more items to the Hit List. The Max Results maximum indication is 2500. If a particular request returns more than 100 items, but the default Max Results has not been changed from 100, the message “Documents: 1 to 10 of 100 (Partial Results)” will display below the Hit List.

Hit List

When Indexes, Search Operators, Time Periods and Max Results have been set, the user presses **Search**. The system queries the data for items matching the indications and displays the results on a Hit List.

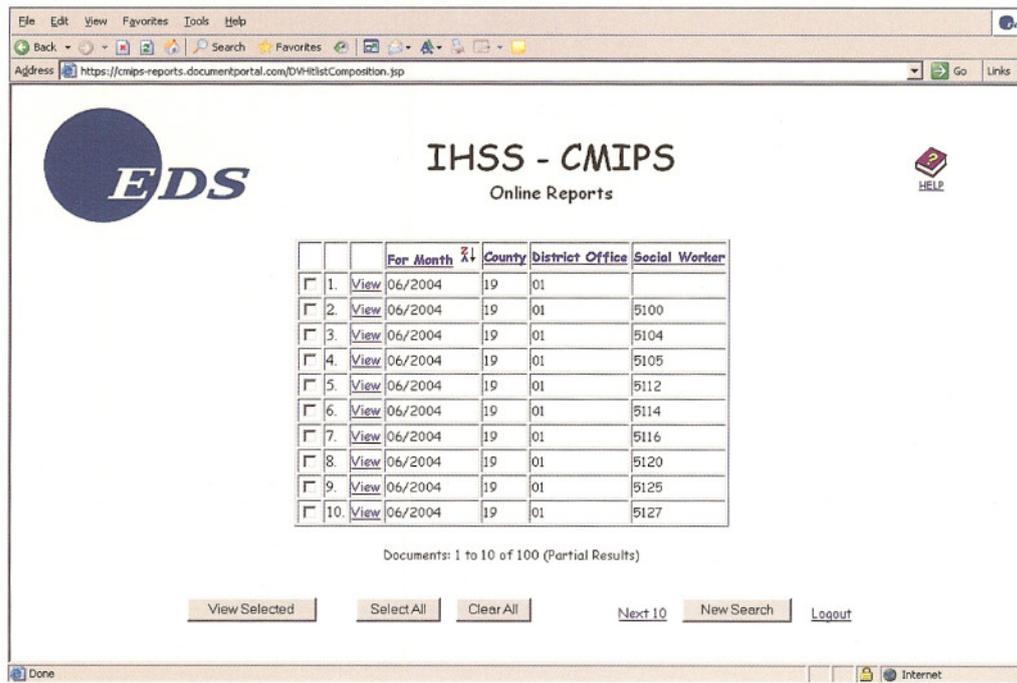


Fig. 4 – Hit List results

There are several options for sorting and viewing Hit List results.

Sorting

The default sort of the Hit List items is the same as the order of display of Index items. In this case it is “For Month”, County, District Office, and Social Worker. Dates in the For Month designation are sorted in ascending date order with the most recent to oldest. To resort a column, if the A>Z indication appears, click the field title. The system

automatically resorts the field to descending order. To sort by a different column, double click the desired column heading.

Viewing

To view a single indication on the Hit List click the [View](#) link associated with the item. To view several, but not all indications, place checks in the box to the left of the item number. To view all items on the Hit List, press the **Select All** button at the bottom of the screen. After selection of items has been made, press the **View Selected** button at the bottom of the screen.

Because the application view data, then compiles the PDF for view, the system will display a page with a clickable link to view the PDF.

Partial Results

If the [Max Results](#) setting is less than the number of items returned from the search criteria, the system will return only up the Max Result setting. The message "**Documents: 1 to 10 of 100 (Partial Results)**" will display below the Hit List.

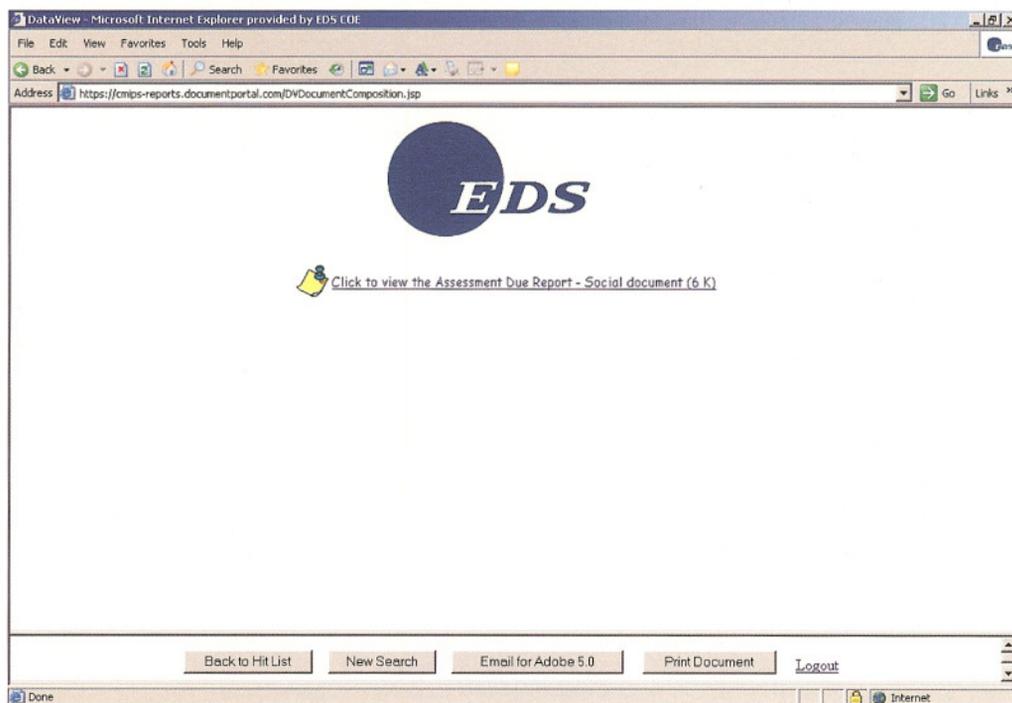


Fig. 5 – Report link to requested report

The displayed link should present with the Document Type (Report) selected. Click the link to view the PDF. The size of the PDF (6K) will determine the time taken to display.

JOB: IH1LADLS
 REPORT: RM0603F
 COUNTY - SANTA BARBARA
 DIST. OFFICE 01

STATE OF CALIFORNIA
 IN-HOME SUPPORTIVE SERVICES
 ASSESSMENT DUE REPORT - SOCIAL
 CYCLE DATE: 08/30/2004 PAGE: 13
 RUN DATE: 08/30/2004 TIME: 21:40:55

SEPTEMBER/NOVEMBER 2004 (SERVICE WORKER - BZ17)

RECIPIENT NAME TELEPHONE	RECIPIENT NUMBER	RECIPIENT ADDRESS	AID CODE	DUE DATE	REMARKS
BONDH, BARBARA 805-955-8768	42-95587085 558-70-8961	1409 1/2 CASTILLO ST APT B SANTA BARBARA CA 93101-8541	60	09/30/2004	
BUTLER, JOYCE 805-563-9210	42-02902608 241-34-0560	521 N LA CUMBRE RD APT 41 SANTA BARBARA CA 93110-1567	18	09/30/2004	
DE FERNIAN, PHILIP 805-965-7868	42-64075518 566-40-7581	211 W YANONALI ST SANTA BARBARA CA 93101-2525	60	09/30/2004	
FITZGERALD, EDWARD 805-681-9958	42-01781160 926-24-8028	120 MAGNOLIA AVE APT K GOLETA CA 93117-3350	60	09/30/2004	
FLORES, ROSEMARY 805-560-0722	42-01782283 561-64-3239	222 W MICHELTORENA ST APT 7 SANTA BARBARA CA 93101-1034	60	09/30/2004	
HARRIS II, BENNIE 805-563-0585	42-01788452 563-63-8829	314 W DE LA GUERRA ST APT D SANTA BARBARA CA 93101-3700	60	09/30/2004	
HUTCHINS, DOROTHY 805-968-6735	42-02750255 573-56-6191	30 WINCHESTER CANYON RD SPC 59 GOLETA CA 93117-1968	16	09/30/2004	
JOHNSON, ROBERT 805-685-0821	42-01788447 606-92-7182	200 SALISBURY AVE GOLETA CA 93117-1013	60	09/30/2004	
YORACHIM, PRASKOMIYA 805-685-0821	42-01810317	712 W ANARAMIL ST APT 4	10	09/30/2004	

1 of 5 | 10.50 x 8.61 in | [Back to Hit List](#) | [New Search](#) | [Email for Adobe 5.0](#) | [Print Document](#) | [Logout](#)

Fig. 6 – CMIPS Report display

When displayed as a PDF, users have available all PDF functions associated with their current version of Adobe Acrobat or Acrobat Reader.

OTHER OPTIONS

There are several navigational and function buttons at the bottom of both the Link and CMIPS Report screens. The following actions are allowed:

Back to Hit List – Returns the user to the Hit List

New Search – Returns the user to the Group and Document Type selection screen

Email for Adobe 5.0 – Allows the user to email the displayed PDF using Adobe 5.0 or earlier

Print Document – Allows the user to print all or part of the displayed PDF

Logout – Allows the user to logout of the IHSS-CMIPS Online Reports website

EMAILING REPORTS

The ability to email reports will allow counties to quickly send the specific part of a report to someone without worrying about having the piece of paper misplaced or lost. With the release of Adobe Acrobat 6.0 there are significant changes to the way emailing will occur on the IHSS-CMIPS Online Reports website.

If you are unsure of the version you are using, please ask your IT staff for assistance. An easy way to do that is to place the Mouse cursor over the Adobe Icon on your desktop or Toolbar. A description will appear something like, “Adobe Acrobat 5.0” or “Adobe Reader 5.0”.

After you have determined the version of Acrobat or Acrobat Reader loaded on your PC, then find the correct instructions.

[Adobe Acrobat 5.0 or Earlier](#)

[Adobe Acrobat 6.0](#)

Adobe Acrobat Reader 5.0 and Earlier

To email a report using a version of Adobe Acrobat 5.0 or earlier, use the following directions:

1. From the [Report Link](#) page or the [Report Display](#), press the **Email for Adobe 5.0** button at the bottom of the screen.

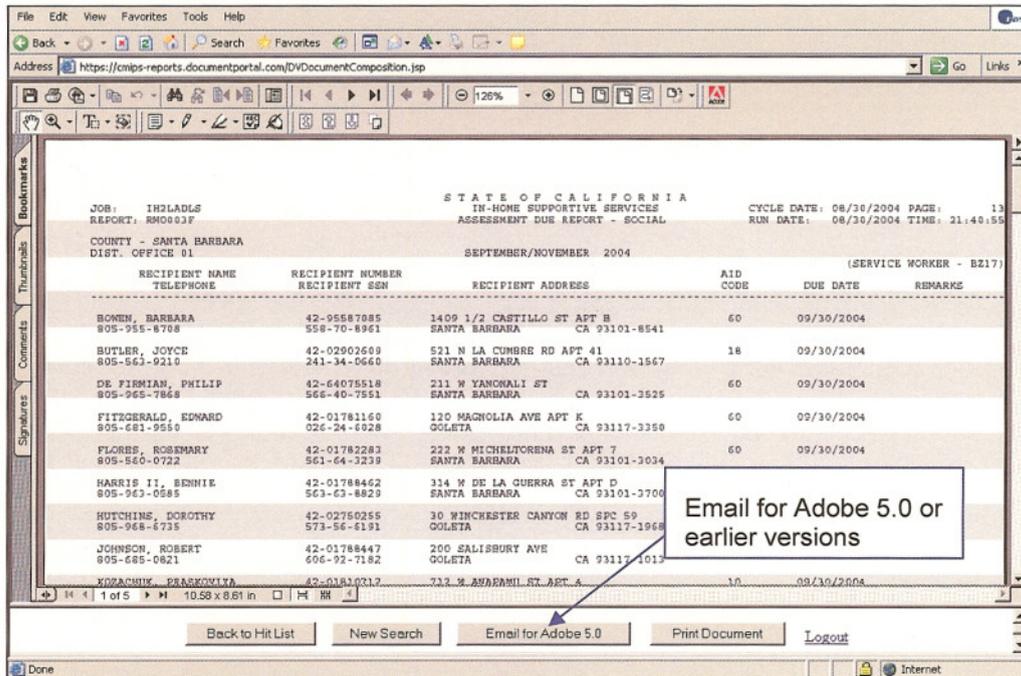


Fig. 7 – Email for Adobe Acrobat or Acrobat Reader 5.0 or earlier

2. The second window will pop-up displaying the following Security Information pop up box. Press “Yes”

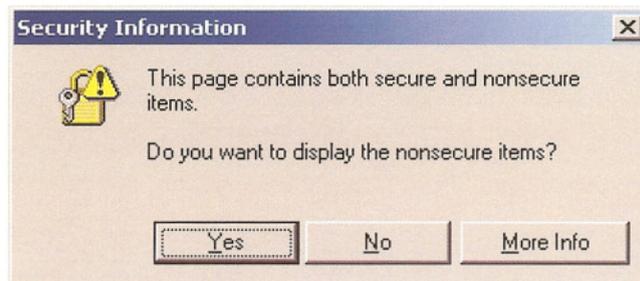


Fig. 8 – Security Information for emailing

The second window displays the report. From the Mail icon on the Adobe toolbar select "Send Page".

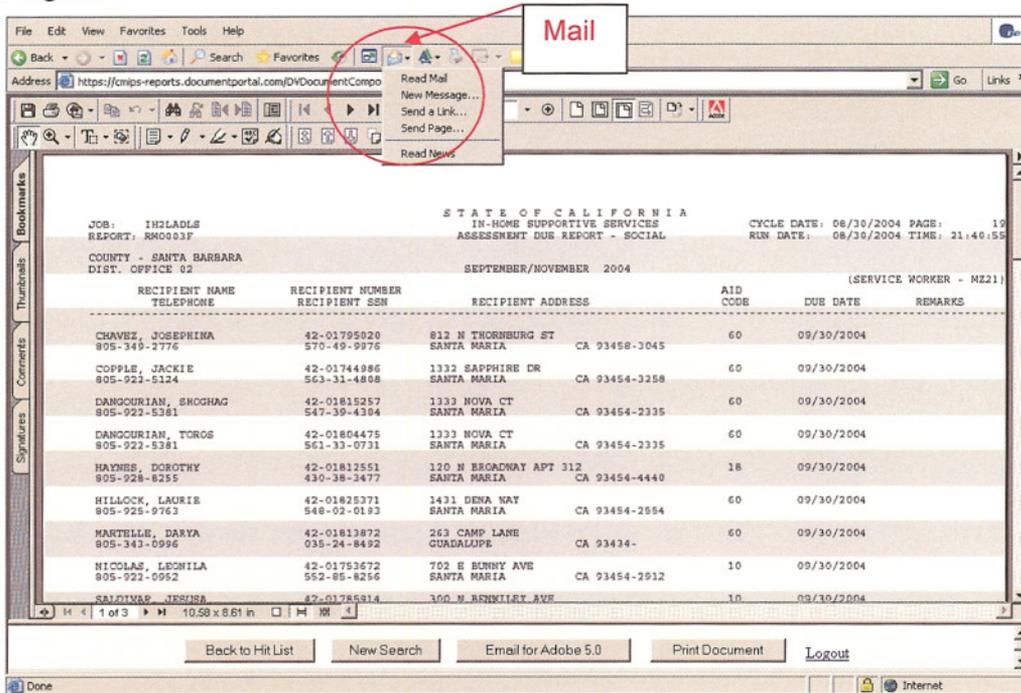


Fig. 9 – Email Icon on Acrobat Toolbar

- Your normal email program will appear with the PDF attached. The name of the PDF will be very long and not at all related to the report being mailed. The name assigned is system generated based upon the input of data (print file) from the report production to Anacomp.

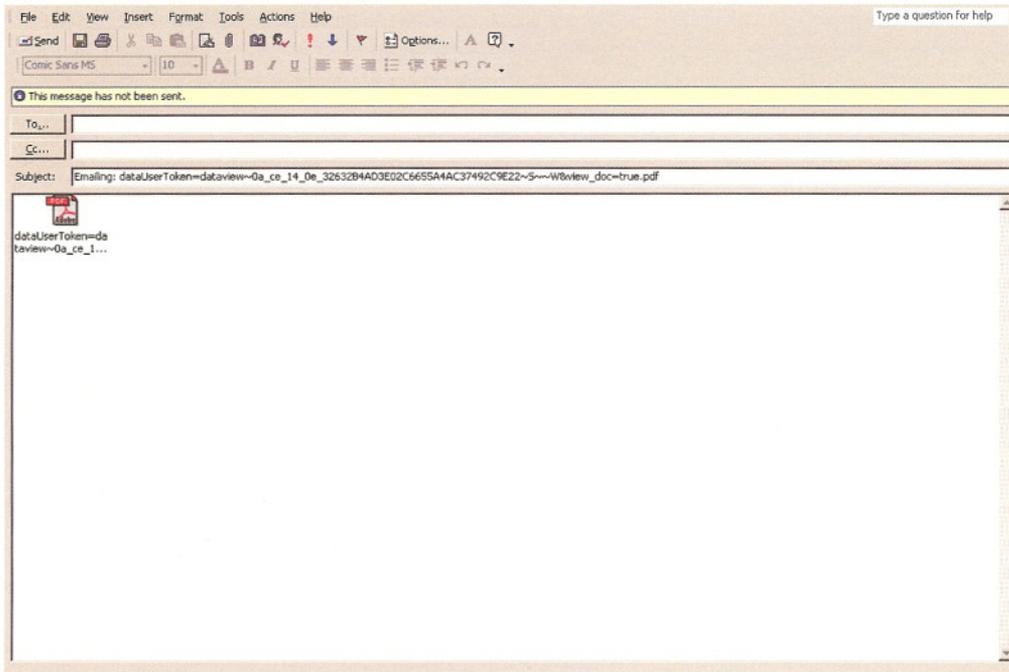


Fig. 10 – User email with report PDF attachment

4. Address the message to the intended recipient. If it is important that the message be titled with the appropriate Report name, change the "Subject:" of the email to the appropriate report name.
5. To change the PDF Report name of the PDF, right click on the PDF in the message and select Properties.

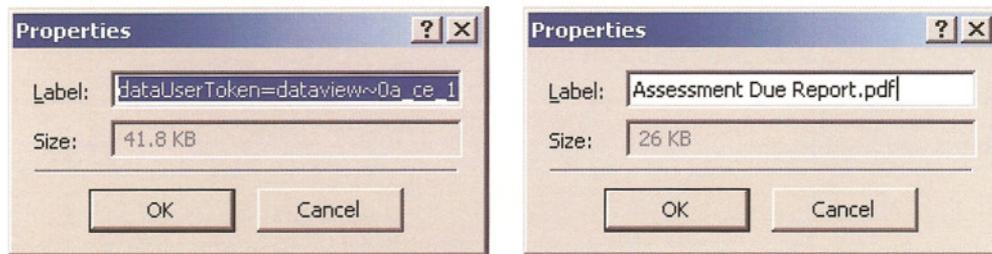


Fig. 11 – Changing the report name on the PDF

6. Change the "Label:" name in the Properties box to Report Name.pdf, and then click OK. It is important the ".pdf" be included in the Label name assigned.

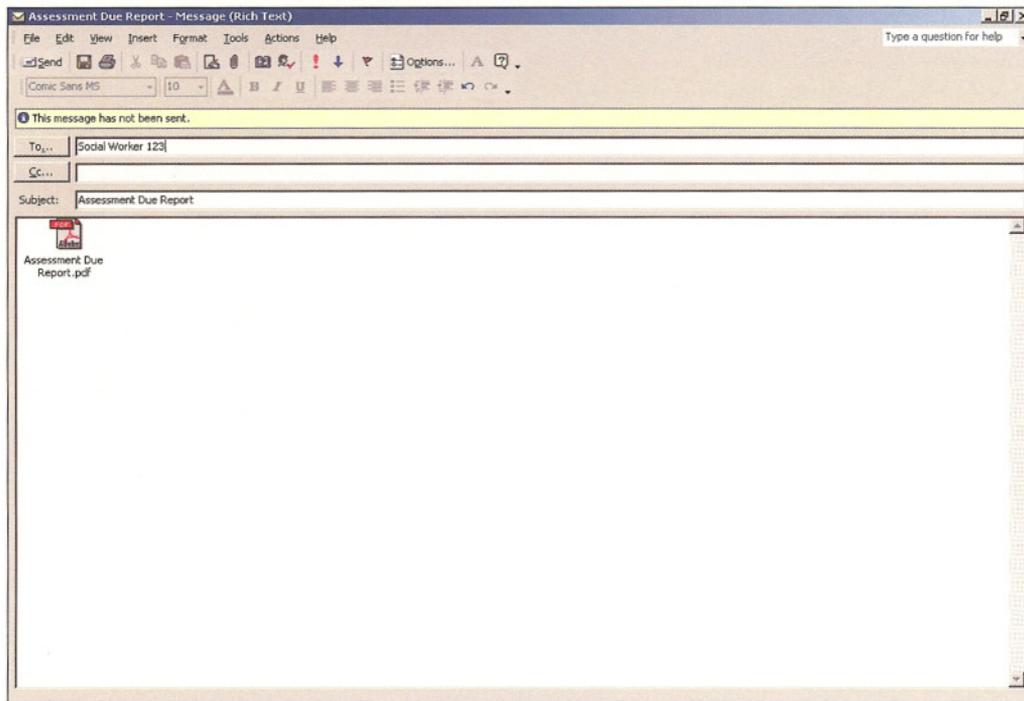


Fig. 12 – Email addressed with document name changed on Subject line and pdf

7. The Subject Line and PDF name should be updated and the email should be ready to send.
8. Press Send to send the email with the PDF attachment to the recipient.

Adobe Acrobat Reader 6.0

1. To email a report using Adobe Acrobat 6.0 or later, from either the [Report Link](#) page or the [Report Display](#), click on the Mail Icon on the Adobe Toolbar.

The Email for Adobe 5.0 button **does not** work correctly if you are using Adobe Acrobat Reader 6.0. The Mail icon on the Adobe toolbar must be used.

2. Click the Mail icon and select "Send Page"

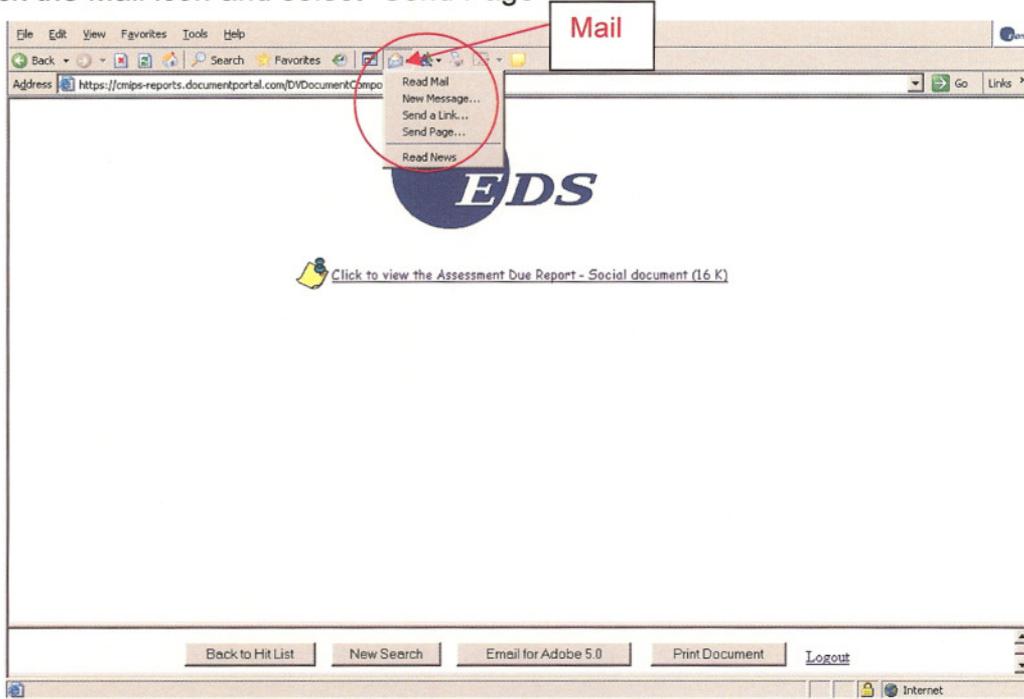


Fig. 13 – Email from Adobe Acrobat or Acrobat Reader 6.0

3. The Security Information pop-up appears, click "Yes"

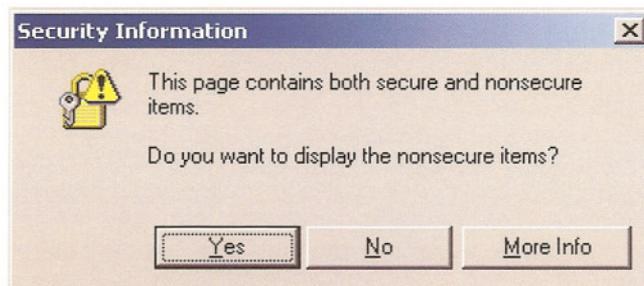


Fig. 14 – Security Information for emailing

4. From this point follow [Step 4](#) -9 as previously described.

FAQ AND TROUBLESHOOTING

1. I can't logon with the User ID and Password I was given.

[User ID and Passwords](#) are case sensitive, be sure you are using the case indicated in the email that was sent to you with your user id and password. If problems persist, contact the IHSS-CMIPS Help Desk.

2. I am trying to change my password and the system will not accept the password I am trying to enter.

Check the [Password Rules](#) to be sure that the password you are attempting to enter conforms to the rules. If you still have problems, contact the IHSS-CMIPS Help Desk for assistance.

3. Some of the Document Types (Reports) I want to look at return the message "No Document Found".

User's assigned District Office access only will not have access to all Document Types even though they can select them. A rule of thumb for users with District Office access is to look at the Indexes listed. If District Office or Social Worker is not listed, then the user will not be able to access the report. See [User Security](#) for a quick review.

4. When I press the New Search button, sometimes the screen does not refresh or repaint correctly. The Document Types box is missing.

This is an identified Internet Explorer problem. Using the following link, users may download an IE patch which will resolve the problem, or you may press the "Refresh" icon on the IE toolbar. To download and apply the patch you may need to contact your county IT staff for assistance.

Subject: Microsoft recently posted an article describing issues with Microsoft's security patch released in February. This includes blank screens, and other errors experienced by users logged into SSL secure sites.

This article is found on Microsoft's knowledge base web site at the following URL; <http://support.microsoft.com/default.aspx?kbid=831167>. After you have read the article, you can download the patch by clicking on the link provided in the document. The file name is Q831167.exe (32-bit)

5. The Hit List returned is only a partial list, how do I view everything? (i.e. Documents: 1 to 10 of 100 (Partial Results)).

The [Max Results](#) indication defaults to 100 increase the Max Results indication. Each time a New Search is initiated, the Max Results resets to the default.

6. The PDF doesn't print.

To correctly print a report, the **Print Document** button at the bottom of the screen must be used. Using the Print Icon on the Toolbar or selecting File>Print will not correctly print the PDF.

7. I sent a report to someone, but the recipient cannot open the attached file.

Does the recipient have Adobe Acrobat loaded on their PC? If not, the County IT staff will need to load Adobe to the PC.

8. When I try to email a report, it doesn't work. What's wrong?

Depending upon the version of Adobe Acrobat or Adobe Acrobat Reader loaded on the PC, there are different email instructions.

If Acrobat or Acrobat Reader 6.0 is being used, see "[Emailing Reports Adobe Acrobat Reader 6.0](#)".

If Acrobat or Acrobat Reader 5.0 or earlier is being used, see "[Emailing Reports Adobe Acrobat Reader 5.0](#)".

9. How can I find out when the next run of a report will appear on the website?

Each county has designated a contact that will be notified when the latest version of a report has been produced by EDS.

In addition, the *QUARTERS* Newsletter will contain a quarterly list of when reports are due to appear on the website. If you would like to be added to the email distribution list of *QUARTERS*, send an email request to ihsshelppdesk@eds.com placing *QUARTERS* in the subject line. If a county wants several individuals added please provide the names and email address of each individual to be added.

10. How do I know which Group contains the report that I need?

[Appendix A](#) lists reports (Document Type) by name with the Group designations. Remember, each report may appear in more than one group.

11. How do I know when a report will be on the website?

[Appendix B](#) is provided as an example of when reports will be available on the IHSS-CMIPS Online Reports website. There are two sort listing in Appendix B. The first is sorted alphabetically by [report name](#). The second is sorted by [availability date](#).

APPENDIX A – DOCUMENT TYPE (REPORT) – GROUP DESIGNATIONS

Each Document Type or Report on the IHSS-CMIPS Online Reports website is associated with at least one Group. The list of Document Types below indicates the Group(s) in which a Report may be found. Not all users will have access to Document Types (Reports) in all Groups.

Document Type (Report Name)	Included in Group	Also included in
Advance Vouchers – Alpha	Management	Payroll
Advance Vouchers – Alpha County Summary	Management	Summary
Advance Vouchers – Alpha District Office Summary	Management	Summary
Advance Vouchers – Alpha Statewide Summary	Management	Summary
Advance Vouchers – Social	Management	Payroll
Advance Vouchers – Social County Summary	Management	Summary
Advance Vouchers – Social District Office Summary	Management	Summary
Advance Vouchers – Social Statewide Summary	Management	Summary
Application/Approval/Denial/Termination	Caseload Detail	
Application/Approval/Denial/Termination – County Summary	Summary	
Application/Approval/Denial/Termination – District Office Summary	Summary	
Assessment Due Report – Alpha	Caseload Detail	Management
Assessment Due Report – Alpha – County Summary	Management	Summary
Assessment Due Report – Alpha – Statewide Summary	Management	Summary
Assessment Due Report – Social	Caseload Detail	Management
Assessment Due Report - Social – County Summary	Management	Summary
Assessment Due Report - Social – Statewide Summary	Management	Summary
Caseload Disaster Preparedness Assessment Profile	Caseload Detail	
Checkwrite Balance Sheet	EDS Internal	
CMIPS Warning Alert Listing	Caseload Detail	
Contractor Hours Served Less than 80% - Social	Contractor Interface	
Contractor Hours Served Less than 80% - Social – County Summary	Contractor Interface	
Contractor Hours Served Less than 80% - Social – District Office Summary	Contractor Interface	
Contractor Payment Auth Report – Alpha	Contractor Interface	
Contractor Payment Auth Report – Alpha – County Summary	Contractor Interface	
Contractor Payment Auth Report – DO	Contractor Interface	
Contractor Payment Auth Report – DO – County Summary	Contractor Interface	
Contractor Payment Auth Report – DO – District Office Summary	Contractor Interface	
Contractor Payment Auth Report – Social	Contractor Interface	
Contractor Payment Auth Report – Social – County Summary	Contractor Interface	
Contractor Payment Auth Report – Social – District Office Summary	Contractor Interface	
Contractor Payment Rejects Report – Alpha	Contractor Interface	
Contractor Payment Rejects Report – Alpha – County Summary	Contractor Interface	
Contractor Payment Rejects Report – Alpha – District Office Summary	Contractor Interface	
Contractor Payment Rejects Report – Social	Contractor Interface	
Contractor Payment Rejects Report – Social – County Summary	Contractor Interface	
Contractor Payment Rejects Report – Social – District Office Summary	Contractor Interface	

IHSS-CMIPS Online Reports User's Manual

Document Type (Report Name)	Included in Group	Also included in
County Forced Reconciliation	Payroll	
County Monthly Payment Voucher – Alpha	Future Use	
County Monthly Payment Voucher – Alpha – County Summary	Future Use	
County Monthly Payment Voucher – Alpha – District Office Summary	Future Use	
County Monthly Payment Voucher – Alpha – Statewide Summary	Future Use	
County Payment Voucher – Alpha	Management	Payroll
County Payment Voucher – Alpha County Summary	Management	Summary
County Payment Voucher – Alpha District Office Summary	Management	Summary
County Payment Voucher – Alpha Statewide Summary	Management	Summary
County Payment Voucher – Social	Management	Payroll
County Payment Voucher – Social County Summary	Management	Summary
County Payment Voucher – Social District Office Summary	Management	Summary
County Payment Voucher – Social Statewide Summary	Management	Summary
Discontinuance From IHSS Eligibility By Reason	Management	Summary
Homemaker Detail Time Report	Homemaker	
Homemaker Summary Time Report – County	Homemaker	
Homemaker Summary Time Report – Statewide	Homemaker	
Management Statistics Summary	Management	Summary
Management Statistics Summary – Statewide Summary	Management	Summary
Monthly Characteristics	Caseload Detail	Management
No Timesheet Activity for 60 days	Management	Payroll
No Timesheet Activity for 60 days – LA Version	Management	Payroll
No Timesheet Activity for 60 days – LA Version – County	Management	Summary
Office Caseload	Caseload Detail	Management
Out of State Warrants	Payroll	
Out of State Warrants – State Summary	Management	Summary
Overdue Assessment Listing – Alpha	Caseload Detail	Management
Overdue Assessment Listing – Alpha – County Summary	Management	Summary
Overdue Assessment Listing – Alpha – Statewide Summary	Management	Summary
Overdue Assessment Listing – Social	Caseload Detail	Management
Overdue Assessment Listing – Social – County Summary	Management	Summary
Overdue Assessment Listing – Social – Statewide Summary	Management	Summary
Payment Voucher Daily Report – Alpha	Future Use	
Payment Voucher Daily Report – Alpha – County Summary	Future Use	
Payment Voucher Daily Report – Alpha – District Office Summary	Future Use	
Payment Voucher Daily Report – Alpha – Statewide	Future Use	
Payroll Warning Alert Listing – Alpha	Management	Payroll
Payroll Warning Alert Listing – Alpha (Advance)	Management	Payroll
Payroll Warning Alert Listing – Social	Management	Payroll
Payroll Warning Alert Listing – Social (Advance)	Management	Payroll
PCSP Adjustment Report	Management	Payroll
PCSP Adjustment Report – County Summary	Management	Summary
PCSP Adjustment Report – Statewide Summary	Management	Summary
Provider 300+ Paid Hours Report	Caseload Detail	Management

IHSS-CMIPS Online Reports User's Manual

Document Type (Report Name)	Included in Group	Also included in
Quarterly Tax Disbursement	Taxes/Accounting	
Rate Change Exception Report	Management	
Rate Change Warning Report	Management	
Reason Code Report	Management	Summary
Reason Code Report – Statewide Summary	Management	Summary
Recipient Summary Characteristics Listing	Management	Summary
Recipient Summary Characteristics Listing – Statewide Summary	Management	Summary
Reconciliation of Advance Payments – Alpha	Management	Payroll
Reconciliation of Advance Payments – Social	Management	Payroll
Referrals By Source By County	Management	Summary
Service Assessment Summary	Caseload Detail	
Service Assessment Summary – County Summary	Management	Summary
Service Assessment Summary – District Office Summary	Management	Summary
Service Assessment Summary – Statewide Summary	Management	Summary
Share of Cost Report For Arrears Payments	Payroll	
Share of Cost Report For Arrears Payments – County Summary	Management	Summary
Share of Cost Report For Arrears Payments - Statewide Summary	Management	Summary
SOC COLA Exceptions FPL	Annual Reports	
SOC COLA Exceptions Non-FPL	Annual Reports	
SOC COLA Warning Report	Annual Reports	
SSI/SSP Terminations – Social	Caseload Detail	
SSI/SSP Terminations – Social District Office Summary	Management	Summary
SSI/SSP Terminations – Social Statewide Summary	Management	Summary
Tax Disbursement – Combined	Taxes/Accounting	
WPCS Monthly Payment Voucher	Management	Payroll
WPCS Monthly Payment Voucher – County Summary	Management	Summary
WPCS Monthly Payment Voucher – District Office Summary	Management	Summary
WPCS Monthly Payment Voucher – Statewide Summary	Management	Summary
WPCS Payment Voucher	Future Use	
WPCS Payment Voucher – County Summary	Future Use	
WPCS Payment Voucher – District Office Summary	Future Use	
WPCS Payment Voucher – Statewide Summary	Future Use	
WPCS Tax Disbursement Report – Quarterly	Taxes/Accounting	

APPENDIX B – 4TH QUARTER 2004 IHSS-CMIPS ONLINE REPORT SCHEDULE

Below is a list of monthly reports available on the IHSS-CMIPS Online Report website. There are two sorts of the list. The first is Alphabetical by Report Name. The following page is sorted by Available Date.

Alphabetical Sort by Report Name

Report Name	September Available	October Available	November Available	December Available
Advance Payment/EFT	9/30	10/29	11/30	12/31
Application/Approval/Denial/Termination Listing		10/01	11/01	12/01
Assessment Due Report	9/30	10/29	11/30	12/31
Caseload Disaster Preparedness Assessment		10/01	11/01	12/01
CMIPS Warning Alert Listing		10/01	11/01	12/01
County Forced Reconciliation	9/28	10/27	11/24	12/29
County Payment Voucher	9/30	10/29	11/30	12/31
Discontinuance IHSS Eligibility by Reason		10/01	11/01	12/01
Homemaker Detail Time Report		10/12	11/11	12/13
Management Statistics Summary		10/12	11/11	12/13
Monthly Characteristics Listing	9/29	10/28	11/29	12/30
No Timesheet Activity for 60 Days	9/30	10/29	11/30	12/31
Office Caseload	9/29	10/28	11/29	12/30
Out of State Warrants Report		10/22	11/22	12/23
Overdue Assessment Listing		10/08	11/08	12/07
Payroll Warning Alert Listing	9/30	10/29	11/30	12/31
PCSP Adjustment Report		10/01	11/01	12/01
Provider 300+ Paid Hours Report	9/27	10/24	11/22	12/27
Reason Code Report		10/01	11/01	12/01
Recipient Summary Characteristics Listing	9/29	10/28	11/29	12/30
Reconciliation of Advance Payments	9/28	10/27	11/24	12/29
Referral by Source by County	9/29	10/28	11/29	12/30
Service Assessment Summary Report		10/01	11/01	12/01
Share of Cost for Arrears Payments	9/28	10/27	11/24	12/29

Availability by Date

Report Name	September Available	October Available	November Available	December Available
Application/Approval/Denial/Termination Listing		10/01	11/01	12/01
Caseload Disaster Preparedness Assessment		10/01	11/01	12/01
CMIPS Warning Alert Listing		10/01	11/01	12/01
Discontinuance IHSS Eligibility by Reason		10/01	11/01	12/01
PCSP Adjustment Report		10/01	11/01	12/01
Reason Code Report		10/01	11/01	12/01
Service Assessment Summary Report		10/01	11/01	12/01
Overdue Assessment Listing		10/08	11/08	12/07
Homemaker Detail Time Report		10/12	11/11	12/13
Management Statistics Summary		10/12	11/11	12/13
Out of State Warrants Report		10/22	11/22	12/23
Provider 300+ Paid Hours Report	9/27	10/24	11/22	12/27
County Forced Reconciliation	9/28	10/27	11/24	12/29
Reconciliation of Advance Payments	9/28	10/27	11/24	12/29
Share of Cost for Arrears Payments	9/28	10/27	11/24	12/29
Monthly Characteristics Listing	9/29	10/28	11/29	12/30
Office Caseload	9/29	10/28	11/29	12/30
Recipient Summary Characteristics Listing	9/29	10/28	11/29	12/30
Referral by Source by County	9/29	10/28	11/29	12/30
Advance Payment/EFT	9/30	10/29	11/30	12/31
Assessment Due Report	9/30	10/29	11/30	12/31
County Payment Voucher	9/30	10/29	11/30	12/31
No Timesheet Activity for 60 Days	9/30	10/29	11/30	12/31
Payroll Warning Alert Listing	9/30	10/29	11/30	12/31

**SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 08-07
ADDENDUM A**

July 1, 2009

SUBJECT: Phase One In-Home Supportive Services (IHSS) Social Worker Training Questions/Comments and Answers

EFFECTIVE DATE: Immediately

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: ALL COUNTY LETTER NO. 09-30 and 08-18

I. PURPOSE

The purpose of this Special Notice is to correct or clarify some of the answers provided in the All County Letter (ACL) and IHSS Special Notices referenced above. Some answers previously provided by the California Department of Social Services (CDSS) have been reexamined and are presented in the attachment as either clarified or corrected.

II. POLICY

For answers that have been corrected the current most recent ACL and Special Notice are to be considered the current guideline. The responses are answers to general questions in broad terms and may vary with specific situations or cases.

III. REVIEW STATEMENT

This document was not reviewed by an Organizational Review Committee (ORC) since it is informational in nature.

IV. FILING STATEMENT

Special Notices are archived at the following location of the S drive:

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

**IHSS SPECIAL NOTICE 08-07
Addendum A
Social Worker Training Questions/Comments and Answers**



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

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

ATTACHMENT

Question 5: Are Common Law Spouses considered spouses for the purposes of IHSS?

Clarified: The IHSS program has two parts to its definition for spouse found in the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 30-701(s)(4). The second part of the definition, "legally married under the laws of the state of the couple's permanent home at the time they lived together" (legally married criteria), is intended only to determine whether or not services are provided by a spouse. This determines which program is appropriate, the Personal Care Services Program (PCSP), which prohibits a recipient's spouse from acting as the provider, or the IHSS Plus Waiver (IPW), which does not.

For *all* other purposes, including the assessment of hours for services, especially when assessing hours for Domestic and Related services, all three sub-programs apply the IHSS Residual (IHSS-R) definition. The IHSS-R definition is the first part of MPP Section 30-701(s) (4), and defines a spouse as a "member of a married couple, or considered to be a member of a married couple for SSI/SSP purposes." The SSI/SSP definition can be found in Title 20 of the Code of Federal Regulations (20 CFR) 416.1806. It includes the holding out criteria, which is created when two unrelated people of the opposite sex are living together in the same household, and present themselves to the community (hold themselves out) as a married couple. When authorizing hours for services, an individual will be considered a spouse for the purposes of MPP Section 30-763.41 (Able and Available Spouse) whether the couple is legally married under the laws of the State, entitled to each other's Social Security insurance benefits as spouses, or a holding-out spousal relationship exists according to SSI/SSP rules.

This is based in part on Welfare and Institutions Code Sections 14132.95(f), (i) and 14132.951(e), which indicate that determination of need and authorization for services for PCSP and IPW cases shall be performed in accordance with IHSS-R rules.

Example:

A social worker is evaluating an IHSS application for an FFP Medi-Cal recipient who will receive services from his "Common Law Spouse" who meets the holding out criteria. The applicant does not meet the legally married definition, and thus is eligible for services under PCSP instead of IPW. The social worker then begins assessing hours for services. The assessment will show that the need for Domestic and Related services is met by an alternative resource because the couple meets the holding out criteria and the Able and Available Spouse exceptions listed in MPP Section 30-763.41 are applicable.

Question 10: Can Meal Preparation and Meal Clean-up be performed outside of the recipient's home?

Corrected: To the extent feasible, services shall be provided in the recipient's home, per MPP Sections 30-700.1, 30-701 (o) (2), 30-755.11, and 30-780.2 (b). There are unusual circumstances which could occasionally arise, necessitating that Meal Preparation and Meal Clean-Up services temporarily take place outside of the recipient's home. Should such circumstances arise, measures should be adopted as necessary to ensure that authorized services are provided without interruption. It is assumed that Meal Preparation and Meal Clean-Up services provided outside the recipient's home, if required at all, would be a temporary solution to a situation such as a broken stove or clogged sink in the recipient's home, and not the regular means of providing those services. No time can be added for delivering meals prepared elsewhere.

Question 12: Is there a Rank 6 for Bowel and Bladder?

Clarified: No, rank 6 is not used for Bowel and Bladder. The recipient should be ranked from one to five based on level of function, irrespective of any related Paramedical services.

Question 20: Can the maintenance exercise of assistive walking (MPP 30-757.14(g) (2) (A)) be performed outside of the recipient's home?

Corrected: Yes, assistive walking as part of a maintenance program can be performed outside the home; however no time can be authorized for travel or assistance into or out of a vehicle for this service.

Question 24: How do we assess people with seizures who are unable to do anything after they have one?

Clarified: Time assessed in that scenario would be based on the frequency of seizures; severity of seizures, as well as the need for IHSS covered services during the seizures and seizure recovery periods. Thorough and accurate case documentation is crucial. A recipient may experience seizures and have varying degrees of need for IHSS covered services, and it is expected that, though hours are authorized based on a realistic worst case scenario, the provider's timesheet will accurately reflect hours for services actually provided.

Question 25: How do we assess stand-by time?

Clarified: We do not assess stand-by time. A recipient should be assessed and authorized that amount of time which is needed to provide the level of assistance required for authorized services.

Question 30: Can the provider provide services to the recipient while the recipient is temporarily absent from the home?

Clarified: Under some circumstances, yes. There are services which are necessarily provided outside the home, such as Accompany to Medical Appointments and Alternative Resources, Laundry when no laundry facilities are available in the home, Food Shopping, and Other Shopping and Errands. If, in the course of accompaniment to a medical appointment, the recipient needs assistance with Dressing, or Bowel and Bladder, it is conceivable that personal care services could be performed outside the home. Common sense and clear case documentation will be important in answering this question on a case by case basis.

Question 36: Can we accept a mental health diagnoses from other medical professionals or should the diagnoses be provided by mental health professionals only?

Corrected: We can accept a diagnosis from any medical professional who is acting within the scope of his or her license. Service hours are authorized based on assessed need, never solely based on a diagnosis. Mental function shall be assessed in accordance with MPP Section 30-756.37. While any diagnosis may be accepted and considered in the course of the process, the diagnosis would only be considered as a part of the whole, in conjunction with the social worker's observations.

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-06**

June 17, 2009

SUBJECT: STATUTORY CHANGES TO THE SOC BUYOUT

EFFECTIVE DATE: July 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) Staff of changes to the Medi-Cal Recognized Expense (MRE) program known as the Share-of-Cost (SOC) Buyout.

II. BACKGROUND

The 2009 Senate Bill X36 amended the Welfare and Institutions Code Section 12305.1. Prior to the statutory changes, recipients of the IHSS Personal Care Services Program (PCSP), the IHSS Independence Waiver (IPW) program, and the IHSS Residual Program (IHSS-R) were eligible for the SOC Buyout Program.

III. POLICY

Individuals who are or become eligible for IHSS PCSP, IHSS-R, or IHSS IPW on or after July 1, 2009, will not be eligible for the monthly SOC Buyout. Individuals who were eligible and received services under those programs before July 1, 2009, and who continued to receive those services, will continue to receive the monthly SOC Buyout.

IHSS recipients who leave any of the above programs, or lose eligibility and subsequently regain eligibility for services through these programs, will no longer be eligible for the SOC Buyout Program.

Current recipients of the SOC Buyout will receive notification of the change July 1, 2009. If the buyout is discontinued due to any reason, the recipient will be given notice and have the ability to file a request for Fair Hearing, and/or a Conlan II Claim, if appropriate.

Effective July 1, 2009 Notice of Action (NOA) 350 will no longer be included with the SOC NOA generated by the CMIPS system.

V. REVIEW STATEMENT

This document was not reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

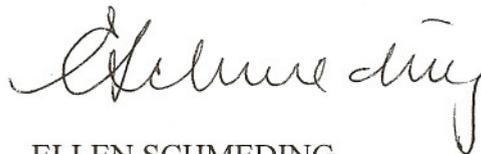
Special Notices are archived at the following location of the S drive:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedures-Automated\IHSS Special Notices.



WILFRED QUINTONG

Assistant Deputy Director



ELLEN SCHMEDING

Assistant Deputy Director

For questions contact: Gina Brown (858) 495-5554

Attachments

Distribution Codes 7 & 8



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
AGING & INDEPENDENCE SERVICES
P O Box 23217, SAN DIEGO CA 92193-3217
(858) 495-5858 FAX (858) 495-5080

IHSS FRAUD REFERRAL

To: PAFD Investigator		Referral Date:	
Social Worker Name:		Worker Number:	Phone Number:
Case Name: <small>(Include Middle Initial)</small>		Case Number: 37-	
Client Address:		Client Phone No.:	
Contact Person:		Language:	Relationship to Client:
Contact Address:		Contact Phone No.:	

Provider(s) Name <small>(Include Middle Initial)</small>	Status <small>(E L T)</small>	Phone No.	Fraud Participant?
			Yes <input type="checkbox"/> NO <input type="checkbox"/>
			Yes <input type="checkbox"/> NO <input type="checkbox"/>

See attached SOC 311 for additional provider information.

CASE STATUS

Date Opened:	Active <input type="checkbox"/>	Leave <input type="checkbox"/>	Closed <input type="checkbox"/>	Date:
Provider Status:	Active <input type="checkbox"/>	Leave <input type="checkbox"/>	Closed <input type="checkbox"/>	Date:

FRAUD TYPE

Recipient <input type="checkbox"/>	Provider <input type="checkbox"/>	County Employee <input type="checkbox"/>	Other <input type="checkbox"/>
Suspected <input type="checkbox"/>	Confirmed <input type="checkbox"/>		
Period of Fraud: From	To	<small>(If fraud is ongoing leave date open.)</small>	
OVERPAYMENT REFERRAL STATUS: Pending PAFD results <input type="checkbox"/> Sent <input type="checkbox"/> Date sent:			
Estimated Overpayment Amount: <small>(Leave amount open if fraud is ongoing and dates are unclear. Do not submit a fraud referral if the resulting overpayment is less than \$1500.00.)</small>			

Briefly describe the fraud occurrence and list all other parties involved. Provide all available information (name, address, SSN, phone). Automated form will allow additional pages if needed.

Reporting Party: _____
Facts: _____

SUPPORTING DOCUMENTATION

<input type="checkbox"/> SOC 293(s)	<input type="checkbox"/> SOC 293A	<input type="checkbox"/> 12-58(s)	<input type="checkbox"/> CMIPS RHISS	<input type="checkbox"/> NARRATIVE(S)	<input type="checkbox"/> OTHER
<input type="checkbox"/> SOC 311(s)	<input type="checkbox"/> SOC 295	<input type="checkbox"/> 12-42(s)	<input type="checkbox"/> PSUM	<input type="checkbox"/> CLEARANCES	<input type="checkbox"/> WARR

SW SIGNATURE: _____ DATE: _____

SWS SIGNATURE: _____ DATE: _____

PROGRAM MANAGER'S SIGNATURE: _____ DATE: _____



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

AGING & INDEPENDENCE SERVICES
P O Box 23217, SAN DIEGO CA 92193-3217

Dear _____

Thank you for submitting the provider enrollment forms/documentation for your new provider. We are unable to complete the enrollment process, and add your new provider to our payroll system for one or more of the reasons indicated below:

- A signed copy of your provider's Social Security card was not included.
- A copy of your provider's Employment Authorization from the Department of Homeland Security, Immigration and Naturalization was not included (if required).
- Sections of the 12-58A were incomplete and/or not signed by your provider. I am returning this form for completion.
- Part I of the SOC 426 was incomplete and/or not signed by your provider. I am returning this form for completion.
- Part II of the SOC 426 was not signed and/or dated by you. I am returning this form for completion.
- Other: _____

For your convenience, I have included a postage paid envelope, or you may fax it to my attention at _____. Please call me if you have additional questions.

Thank you,

Social Worker
In-Home Supportive Services
Phone No.: _____ Date: _____



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

AGING & INDEPENDENCE SERVICES
P O Box 23217, SAN DIEGO CA 92193-3217

Estimado/a _____

Gracias por suministrar las formas de inscripción/documentación de su nuevo/a proveedor/a. No podemos completar el proceso de inscripción y agregar a su nuevo/a proveedor/a a nuestro sistema de pago por una o más de las razones indicadas a continuación:

- No incluyó una copia firmada de la Tarjeta del Seguro Social de su proveedor.
- No incluyó una copia de la autorización de trabajo de su proveedor del Departamento de Seguridad Nacional, Inmigración y Naturalización (DHS por sus siglas en inglés- Department of Homeland Security), si es requerida.
- Secciones de la forma 12-58A estuvieron incompletos y/o no fue firmada por su proveedor. Estoy regresando esta forma para ser completada.
- Parte I de la forma SOC 426 estuvo incompleta y/o no fue firmada por su proveedor. Estoy regresando esta forma para ser completada.
- Parte II de la forma SOC 426 no fue firmada y/o fechada por usted. Estoy regresando esta forma para ser completada.
- Otro: _____

Para su conveniencia, he incluido un sobre con franqueo pagado, o puede enviar la documentación por fax, atención a mi, al _____. Favor de llamarme si tiene preguntas adicionales.

Gracias,

Trabajador Social
Programa de Servicios de Ayuda en Casa (IHSS, por sus siglas en inglés)
Número de Teléfono.: _____ Fecha: _____



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

AGING & INDEPENDENCE SERVICES
P O Box 23217, SAN DIEGO CA 92193-3217

This letter is to inform you that I am the Social Worker assigned to your In-Home Supportive Services (IHSS) application. I will be contacting you to schedule an appointment to see you in your home.

Thank you,

Social Worker
In-Home Supportive Services

Phone No.: _____

Worker No.: _____

Date: _____



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417

AGING & INDEPENDENCE SERVICES
P O Box 23217, SAN DIEGO CA 92193-3217

Esta hoja es para informarle que soy el/la trabajador/a social asignado/a a su solicitud para el Programa de Servicios de Ayuda en Casa (IHSS, por sus siglas en ingles). Me comunicare con usted dentro de una semana para programar una cita en su hogar.

Gracias,

Trabajador Social
Programa de Servicios de Ayuda en Casa (IHSS)

Número de Teléfono:_____ Número de Trabajador.:_____ Date:_____



**COUNTY OF SAN DIEGO
IN-HOME SUPPORTIVE SERVICES
Client/Employer Responsibilities**

CASE NAME: _____ **CASE NUMBER:** _____ **PHONE:** _____

As a recipient of In-Home Supportive Services (IHSS), I understand I have the following responsibilities:

- ◆ To provide the documentation required to determine if I am eligible to, and have a need for, services.
- ◆ To cooperate with Quality Control regulations and reviews.
- ◆ To inform my Social Worker within ten calendar days of any changes including:
 - Change in income of any household member (including myself) or if someone is paying my expenses;
 - Change in my address, phone number, marital status, or if household members move in or out;
 - Being out of my home for more than a day (Examples: hospital stay, vacation);
 - Acquiring or giving away any property including a house, land, cars, cash, etc.;
 - Moving out of San Diego County, so that my case can be transferred to another county;
 - Any change in my need for IHSS services.

I understand that there is a property limit of \$2,000.00 for one person and \$3,000.00 for two persons. People with income over the SSI level of \$_____for one person or \$_____for two persons may have to pay a portion, or share, of the cost for their services. This Share-of-Cost must be paid each month.

I understand that failure to provide necessary information, giving false information or not reporting changes timely can result in the denial or discontinuance of my IHSS benefits and an investigation of my case for fraud. I will be responsible to pay the County back if I receive services for which I am not eligible.

I understand that I am the employer of any Individual Provider (IP) whom I hire to provide IHSS services. My responsibilities include:

- ◆ Finding, hiring, training, supervising and firing any Individual Provider I employ, and reporting these changes to my Social Worker, including the start and end dates of my individual provider’s employment.
- ◆ Obtaining a work permit if I hire anyone under the age of 18.
- ◆ Verifying that my Individual Provider is a legal resident and keeping an I-9 form for each Provider for 3 years.
- ◆ Informing my Individual Provider about their pay, work schedule, working conditions, services authorized and the time given to perform those services, and any changes in my authorized hours.
- ◆ Informing my Individual Provider that the County will send them a packet that includes information about Workers Compensation, State Disability Insurance (SDI), and Unemployment Insurance Benefits (UIB).
- ◆ Providing the completed and signed copy of form 12-58A (IHSS Provider Responsibilities) to my Social Worker. I understand that my provider will not receive timesheets until my Social Worker receives a completed form. When I change providers, a new form must be completed and returned to my Social Worker.
- ◆ Informing my Individual Provider of Social Security and State Disabilities tax deductions and the need to complete form W-4 so that form W-2 will be sent to him/her every January.
- ◆ Verifying and signing provider timesheets only if accurately completed.

I affirm under penalty of perjury that I understand my responsibilities and that I have received a copy of the Civil Rights information.

Recipient/Authorized Representative Signature: _____ **Date:** _____

Social Worker Signature: _____ **Date:** _____

Recipient/Authorized Representative email address: _____



**CONDADO DE SAN DIEGO
SERVICIOS DE AYUDA EN EL HOGAR
Responsabilidades del Cliente/Patrón**

NOMBRE DEL CASO: _____ **NÚMERO DEL CASO:** _____ **TEL:** _____

Como beneficiario de los servicios de IHSS, comprendo que mis responsabilidades son las siguientes:

- ◆ Proveer todos los documentos requeridos para determinar mi elegibilidad y necesidad de los servicios.
- ◆ Cooperar con las regulaciones y revisiones de Control de Calidad.
- ◆ Informar a mi Trabajador(a) Social dentro de diez (10) días de cualquier cambio, incluyendo:
 - Cambio de ingreso por parte de cualquier persona en mi hogar (incluyéndome a mí) o si alguien esta cubriendo mis gastos;
 - Cambio de mi domicilio, número de teléfono, estado civil o si personas se han mudado a/de mi hogar;
 - Vivir fuera de mi hogar por más de un día (Ejemplos: estancia en un hospital o vacaciones);
 - Adquirir o donar cualquier propiedad, incluyendo una casa, terreno, automóviles, dinero en efectivo, etc.;
 - Mudarme fuera del condado de San Diego, para que mi caso se transfiera a otro condado;
 - Cualquier cambio de servicios que requiero por parte de IHSS.

Entiendo que hay un límite de bienes/propiedades por parte del programa IHSS que es de \$2,000 para una persona y \$3,000 para dos personas. Personas que rebasen el límite de ingresos SSI de \$_____ para una persona o \$_____ para dos personas, se les podría requerir pagar parte del costo de los servicios. Este “Share of Cost” o Costo Compartido tiene que pagarse cada mes.

Comprendo que puedo perder total o temporalmente los beneficios de IHSS por no proporcionar la información necesaria, dar información falsa o no reportar cambios a tiempo. Además, se iniciaría una investigación de mi caso por fraude. Si recibo servicios por los cuales no califico, seré responsable de devolverle el dinero al condado.

Entiendo que yo contrato y soy el patrón del proveedor de cuidado (IP por sus siglas en inglés) que me proporcione los servicios de IHSS. Mis responsabilidades al respecto incluyen:

- ◆ Encontrar, contratar, entrenar, supervisar y despedir al proveedor de cuidado que emplee, y reportar estos cambios a mi Trabajador(a) Social, incluyendo las fechas de inicio y terminación de mi proveedor de cuidado.
- ◆ Obtener un permiso de trabajo si empleo a una persona menor de dieciocho (18) años de edad.
- ◆ Verificar que mi proveedor de cuidado es un residente legal de Estados Unidos y retener el formulario I-9 para cada proveedor, por tres (3) años.
- ◆ Informar a mi proveedor de cuidado de los términos de pago, horarios, condiciones laborales, servicios autorizados, tiempo autorizado para desempeñar los servicios, y cambios en horas autorizadas de servicio.
- ◆ Informar a mi proveedor de cuidado que el Condado le enviará un paquete con información referente a Compensación al Empleado (“Workers Compensation”), Seguro del Estado en Caso de Incapacidad (“State Disability Insurance” o SDI) y Seguro de Beneficios en Caso de Desempleo (“Unemployment Insurance Benefits” o UBI).
- ◆ Proporcionar una copia del formulario 12-58A (Responsabilidades del Proveedor de IHSS) completo a mi Trabajador(a) Social, junto con fechas de inicio y terminación. Entiendo que mi proveedor de cuidado no recibirá hojas de tiempo hasta que mi Trabajador(a) Social reciba el formulario completo. Si cambio de proveedor debo completar un nuevo formulario y regresarlo a mi Trabajador(a) Social.
- ◆ Informar a mi proveedor de cuidado de las deducciones de impuestos estatales de Incapacidad y del Seguro Social, que se harán de su sueldo. También informarle que debe llenar un formulario W-4 para que se le envíe un formulario W-2 cada enero.
- ◆ Verificar y firmar las hojas de tiempo del proveedor sólo si la información esta correcta y completa.

Declaro bajo pena de perjurio que comprendo mis responsabilidades y he recibido copia de mis Derechos Civiles.

Firma del beneficiario: _____ **Fecha:** _____

Firma de Trabajador(a) Social: _____ **Fecha:** _____

Recipient/Authorized Representative email address: _____



**COUNTY OF SAN DIEGO
IN-HOME SUPPORTIVE SERVICES
Provider Responsibilities**

CASE NAME: _____ **CASE NUMBER:** _____ **PHONE:** _____

As an IHSS Individual Provider I am responsible for:

- ◆ Providing all services for which I was hired and accurately reporting hours worked on my timesheets. I am aware that I am not paid to perform work when the IHSS recipient I work for is away from his/her home (Examples: hospital stay, vacation).
- ◆ Complying with Quality Control regulations and reviews.
- ◆ **Providing this form and showing my Social Security card and a photo ID, or providing a photo copy of both to an IHSS employee before timesheets will be issued to me.**
- ◆ Reporting any suspected elder or dependent adult abuse to Adult Protective Services at 1-800-510-2020. Persons who are paid or volunteer caregivers, including IHSS Individual Providers, are Mandated Reporters (W&I Code 15630(b) (1)).

I understand that giving false information or reporting hours I did not work on my timesheets can result in an investigation for fraud. I am responsible to pay back the County of San Diego for the overpayment.

Individual Provider Signature: _____ **Date:** _____

Relationship to IHSS Recipient: _____

Social Security Number: _____ Birth date: _____

Address: _____ Telephone: _____

City, Zip: _____ Start Date: _____

I have viewed the Social Security Card and a valid, current photo identification of my care provider listed above. Client Signature: _____ **Date:** _____

COUNTY USE ONLY

SUMMARY OF INFORMATION FROM EVIDENCE VIEWED

Complete the information only when a photocopy is not provided.

Original documents must always be viewed.

Name on Social Security Card: _____

Social Security Number: _____

Resident Alien Number: _____

Employment Authorization Expiration Date: _____

Photo Identification: _____

	Name	Type	Number	Expiration Date
--	------	------	--------	-----------------

This is to certify that the above evidence was viewed on _____
(date)

by: _____
Worker Name and Number



**COUNTY OF SAN DIEGO
IN-HOME SUPPORTIVE SERVICES
Provider Responsibilities**

CASE NAME: _____ **CASE NUMBER:** _____ **PHONE:** _____

Como proveedor de cuidado de IHSS, tengo las responsabilidades de:

- ◆ Proporcionar todos los servicios por los que se me contrató y correctamente reportar las horas que trabajé en las hojas de tiempo.
- ◆ Cooperar con las regulaciones y revisiones de Control de Calidad.
- ◆ **Proporcionar este formulario y mostrar mi Tarjeta de Seguro Social o proporcionarle una copia de la misma a un empleado de IHSS, antes de que se me proporcionen hojas de tiempo.**
- ◆ Reportar toda sospecha de abuso de personas mayores o dependientes a la oficina de Servicios de Protección al Adulto (“Adult Protective Services” - APS) al 1-800-510-2020. Personas que cuidan de un anciano o persona dependiente, ya sea de manera voluntaria o por pago, incluyendo a los proveedores de cuidado de IHSS, son considerados informantes por ley (“Mandated Reporters”) (W & I Code 15630(b)(1)).

Entiendo que dar información falsa o reportar horas que no trabajé en mis hojas de tiempo puede resultar en una investigación por fraude. Seré responsable de pagar el sobre pago al Condado de San Diego.

Firma del Proveedor de Cuidado: _____ **Fecha:** _____

Mi Relación al Beneficiario: _____

Numero de Seguro Social: _____ Fecha de Nacimiento: _____

Domicilio: _____ Número de Teléfono: _____

Ciudad, Código Postal: _____ Fecha de Inicio: _____

He revisado la Tarjeta de Seguro Social y una identificación válida con fotografía válida y actual de mi Proveedor de Cuidado anotado arriba.

Firma del Cliente: _____ **Fecha:** _____

COUNTY USE ONLY

SUMMARY OF INFORMATION FROM EVIDENCE VIEWED

Complete the information only when a photocopy is not provided.
Original documents must always be viewed.

Name on Social Security Card: _____

Social Security Number: _____

Resident Alien Number: _____

Employment Authorization Expiration Date: _____

Photo Identification: _____

	<small>Name</small>	<small>Type</small>	<small>Number</small>	<small>Expiration Date</small>
--	---------------------	---------------------	-----------------------	--------------------------------

This is to certify that the above evidence was viewed on _____
(date)

by: _____

Worker Name and Number

INDIVIDUAL PROVIDER ENROLLMENT INSTRUCTIONS

The enclosed forms and information are needed *before* your care provider can be added to the In-Home Supportive Services (IHSS) payroll system, and receive timesheets or payment.

Enrollment Forms

1.) **SOC 426 Personal Care Services Program Provider/Enrollment Form**

Your care provider must read, complete, and sign part I. You must read, complete, and sign part II. Return the signed copy to IHSS. Give one copy to your provider. Keep one copy for your records.

2.) **12-58A Provider Responsibilities**

Your care provider must read, complete, sign, and date the form. Return the signed original to IHSS. The second copy is for your provider to keep.

3.) **I-9 Employment Eligibility Verification**

Complete and *keep* this form for your records. This form explains how to make sure that your care provider has the legal status to be employed.

Evidence of Identity and Employment Eligibility

Original documents must be viewed by you, and a photo copy provided by your provider to return with the completed forms.

1. **California Drivers License or Photo ID**

2. **Original, signed Social Security Card**

The Social Security card must have the same name as the identification provided, and must be signed to be valid.

3. **Work Authorization**

If the Social Security card indicates that a work authorization is needed, your care provider must also provide that document for your viewing, and a photo copy of both sides must be returned with the forms and other documents.

Timesheet Tips and Practice Worksheet

This form is for you to keep as you will be responsible for signing your care provider's timesheets. It explains how to complete a timesheet and shows a sample of what your care provider's timesheets look like. The backside of this form contains a practice worksheet that you and your care provider can use to log daily hours worked.

Please return the following items:

- SOC 426 Personal Care Services Program Provider/Enrollment Form
- 12-58A Provider Responsibilities

Photocopies of the Following Documentation

- California Drivers License or Photo ID
- Signed Social Security Card
- Work authorization, if needed.

INSTRUCCIONES PARA INSCRIPCION DEL PROVEEDOR INDIVIDUAL

La información y formas adjuntas son necesarias *antes* que su proveedor pueda ser agregado al sistema de nominas de el Programa de Servicios de Ayuda en Casa (IHSS, por sus siglas en ingles) y reciba hojas de tiempo o pago.

Formas de inscripción

- 1.) **SOC 426 Programa de Servicios de Cuidado Personal Acuerdo/Inscripción del Proveedor**
Su proveedor de cuidado debe leer, completar, y firmar la Parte 1. Usted debe leer, completar, y firmar la Parte II. Regrese la copia firmada a IHSS. Dé una copia a su proveedor. Conserve una copia para sus archivos.
- 2.) **12-58A Responsabilidades del Proveedor**
Su proveedor de cuidado debe leer, completar, firmar, y fechar la forma. Regrese la copia original firmada a IHSS. La segunda copia pertenece a su proveedor.
- 3.) **I-9 Verificación de Elegibilidad para Empleo**
Complete y *conserv*e esta forma para sus archivos. Esta forma explica como asegurarse que su proveedor de cuidado tiene el estado legal para ser empleado.

Comprobantes de Identidad y Elegibilidad para Empleo

Documentos originales deben ser verificados por usted, y fotocopia(s) proporcionada(s) por su proveedor para entregar con las formas de inscripción completas.

- 1.) **Licencia de Manejar de California o Identificación con Foto**
- 2.) **Tarjeta del Seguro Social original, firmada**
La Tarjeta del Seguro Social debe tener el mismo nombre que la identificación proporcionada, y debe estar firmada para ser valida.
- 3.) **Autorización de trabajo**
Si la Tarjeta del Seguro Social indica que autorización de trabajo se necesita su proveedor de cuidado también debe mostrarle tal documento, y una fotocopia de ambos lados debe ser enviada con las formas y demás documentos.

Sugerencias para la hoja de tiempo y hoja de ejercicios para practicar

Esta forma es para que la conserve, pues usted será responsable de firmar las hojas de tiempo de su proveedor de cuidado. Explica como completar la hoja de tiempo y muestra un ejemplo de cómo se miran las hojas de tiempo de su proveedor. El reverso de esta forma contiene una hoja de práctica que usted y su proveedor pueden usar para registrar las horas trabajadas a diario.

Por favor regrese los artículos siguientes:

- SOC 426 Programa de Servicios de Cuidado Personal Acuerdo/Inscripción del Proveedor
- 12-58A Responsabilidades del Proveedor

Fotocopia(s)

- Licencia de Manejar de California o Identificación con Foto
- Tarjeta del Seguro Social firmada
- Autorización de Trabajo, si es necesario.

Q. Who is going to pay me?

A. The pay warrants (checks) for providers come from the State of California in Sacramento. A Public Authority Provider Services Representative enters your timesheet into the state pay rolling system.

Q. How often will I be paid?

A. There are two pay periods per month: The 1st through the 15th and the 16th through the last day of the month. Turn in your timesheet when you and your employer have signed and dated it at the end of each pay period.

Q. How do I get the timesheets?

A. Your initial timesheet comes from the IHSS Social Worker in San Diego. Future timesheets will be attached to your paychecks. Timesheets are only good for the days and month indicated.

Q. Do I have to reside in San Diego County to be a provider?

A. You do not have to live in San Diego, but if, for example, you live in Baja California, you will have to verify that you may legally work in the United States, and that you have a Post Office box in San Diego County where your checks can be mailed.

Q. May I sign for the recipient if she/he is unable to sign the timesheet?

A. No, you may not sign for the recipient unless previously authorized by the IHSS Social Worker.

Q. If I work for more than one IHSS recipient, will I have more than one timesheet?

A. Yes, you will have a separate timesheet and check issued for each person you are employed by. If you work for two IHSS recipients, you will have two timesheets each pay period.

Q. Can I use a timesheet issued to a different recipient or provider?

A. No, never use a timesheet issued to a different recipient or provider.

Q. How much money can I earn?

A. The hourly pay for a provider is \$9.25 per hour. If you have more than one employer, the maximum monthly hours you can work are 300.

Q. Can I work for IHSS if I am under 18 years of age?

A. Yes, but you must provide verification that you have a Permit to Work. Give a copy of the Permit to Work to the IHSS recipient, who will forward it to the IHSS Social Worker.

Q. Can I save up my timesheets for several pay periods and turn them in all at once?

A. No, please send in your timesheet as soon as the pay period has ended.

Q. Can I be paid for services done when the recipient is not in his/her home?

A. Payments will not be made for work done during the recipient's absence from the home. The only exception is if the recipient is employed and has been approved for IHSS in

the workplace. The Social Worker must approve the services that are provided in the workplace before payment for those services can be made.

Q. Do you automatically withhold taxes from my paycheck?

A. No, the withholding is your choice. You are responsible for paying taxes on your income. If you want us to withhold taxes, complete the W-4 form and return it to the payroll office. Verified family members are exempt from certain withholdings.

Q. Where do I mail the timesheet once I've completed it?

A. You mail the timesheet to:

**PUBLIC AUTHORITY PAYROLL
In-Home Supportive Services
780 Bay Blvd. Ste 200
Chula Vista, CA 919101
866-351-7722**

Q. When do I mail the completed timesheet?

A. You mail the completed timesheet on the last day of the pay period. Your pay could be delayed if your timesheet is not mailed timely. If you mail the timesheet prior to the end of the pay period, it will be returned to you, which may hold up your pay.

Q. Who do I call if my check is late?

A. If you have not received your paycheck within 10 working days of the date you mailed in your timesheet, call the number(s) listed on the back. Have the recipient number and the provider number (the last 6 digits of your Social Security number) ready.

Q. What can I do to make sure I will get paid on time?

A. Make sure your name and address are correct. If either shows wrong information on the timesheet, check the “change address” box and write in the corrected information on the back of your timesheets. Submit the timesheets promptly, make sure both signatures and all boxes are complete and make sure all the information is legible and easy to read.

Q. What is direct deposit?

A. Direct Deposit is an optional way for you to receive your IHSS payroll check by having it deposited directly into your checking or savings account instead of being sent through the mail.

Q. What are the advantages of having direct deposit?

A. Your paychecks will not be lost in the mail or stolen from your mailbox. You may have access to your money sooner, since you don’t have to wait for the check to come in the mail.

Q. Who is eligible for Direct Deposit?

A. You are eligible for Direct Deposit if you have a checking or savings account, are presently receiving paper checks twice a month, and have worked for the IHSS program for at least 90 days. If your recipient pays you directly (Advance Pay) you are not eligible for Direct Deposit.

Q. How do I enroll in Direct Deposit?

A. To enroll, you must complete the Direct Deposit Enrollment/Change/Cancellation Form. Follow the directions provided on the form. You can get the enrollment form by going to www.dss.cahwnet.gov or calling 1-866 376 7066.

Q. What happens if I stop working for a recipient?

A. If you stop working for a recipient, you will be paid by Direct Deposit if your timesheet is submitted within sixty days of the last pay period you worked. Your Direct Deposit will be automatically cancelled, and you will receive a paper check by mail for any timesheet submitted after the sixty day period.

If you are cancelled from Direct Deposit and want to use Direct Deposit again, you will be required to re-enroll by submitting a new enrollment form.

Q. If I lose my timesheet, how can I get a new one?

A. Call Public Authority (1-866-351-7722) and request a replacement timesheet. Make sure you have the recipient and the provider number ready.

COUNTY OF SAN DIEGO



In-Home Supportive Services

**PAYROLL
QUESTIONS & ANSWERS
FOR
IHSS PROVIDERS**

**PUBLIC AUTHORITY PAYROLL
In-Home Supportive Services
780 Bay Blvd. Ste 200
Chula Vista, CA 91910
1-866-351-7722**

The County of San Diego IHSS Public Authority manages payroll for In-Home Supportive Services (IHSS) providers.

The Public Authority will process your timesheets and track your payments. County Social Workers are responsible for assessing the IHSS recipient and determining the hours of service for the recipient.



Helpful Tips To Complete A Timesheet

Recipient Address Change
Cliente/Cambio de Direccion

Provider Address Change
Proveedor/Cambio de Dirección

Authorized Hours
Horas Autorizadas

Total Hours Worked
Total de Horas trabajadas

Daily Hours Worked
Horas Trabajadas al Día

Recipient Signature
Firma del Cliente

Provider Signature
Firma del Proveedor

Recipient Number 37-11111111 Doe John 1010 W. 1st St San Diego CA 91950	Provider Number 222222 Doe Jane 2020 S. 1st ST San Diego CA 91950
Address Change Yes <input type="checkbox"/>	Address Change Yes <input type="checkbox"/>
Sign, Date and Mail Timesheet After All Work Completed In Pay Period.	
You Are Authorized 80 Hours For The Month Of May 2001	
Day of Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 Total
Hours Worked	
Share of Cost	Other Liability Provider Overpayment
SW NO. SS99 DO. 88 County of San Diego 780 Bay Blvd STE 200 Chula Vista, CA 91910-5260	37-111111 Recipient Signature X _____ 222222 Provider Signature X _____

DON'T NO DEBE :

- Cut off the top portion of your timesheet.
Cortar la parte de arriba de su hoja de tiempo
- Try to erase and write over on your timesheet.
Intentar borrar o sobrescribir en su hoja
- Cross-out or write over on timesheet.
Tachar o sobrescribir en su hoja
- Use pencil on your timesheet.
Usar lapiz al llenar su hoja
- Use White out on your timesheet
Usar corrector

DO DEBE DE:

- Use a pen (Blue or Black Ink)
Usar pluma (Tinta Azul o Negra)
- Use a calculator to figure worked hours.
Usar calculadora para calcular sus horas trabajadas.
- Include Provider and Recipient signature.
Incluir las firmas de proveedor y Cliente
- Remember to stop and carefully look over your timesheet before mailing it in.
Favor de revisar cuidadosamente su hoja de tiempo antes de enviarla



IHSS PRACTICE WORKSHEET TO LOG DAILY HOURS

*PLEASE USE THIS PRACTICE WORKSHEET TO LOG DAILY HOURS WORKED BEFORE TRANSFERRING THEM ON TO YOUR TIMESHEET.

REPORT HOURS WORKED FOR RECIPIENT: _____
(NAME)

MONTH OF _____

First Two Weeks Of Month

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15

1st – 15th MONTH TOTAL: _____

Second Two Weeks Of Month

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

16th – END OF MONTH TOTAL: _____

Timesheet Conversion Chart

0-2	Min. = .0
3-9	Min. = .1
10-14	Min. = .2
15-20	Min. = .3
21-26	Min. = .4
27-32	Min. = .5
33-38	Min. = .6
39-44	Min. = .7
45-50	Min. = .8
51-56	Min. = .9
57-60	Min. = 1.0

Fractions to Decimals

1/4 hr. (15 Minutes)	= .25
1/2 hr. (30 Minutes)	= .50
3/4 hr. (45 Minutes)	= .75

Paycheck Deductions

FUTA	= Federal Unemployment Insurance
SUI	= State Unemployment Insurance
FICA	= Social Security
FIT	= Federal Income Tax
LIEN	= Wage Garnishment
SDI	= State Disability Tax
UDW	= United Domestic Workers Union Dues



TABLA PARA LLEVAR UN CONTROL DE SUS HORAS TRABAJADAS EN IHSS (SERVICIOS DE AYUDA EN EL HOGAR).

*Favor de usar esta Hoja para practicar antes de transferir sus horas a la hoja de tiempo.

Total de Horas mensuales de trabajo para su cliente: _____

MES de: _____

Primer Quincena Del Mes

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15

Total de horas trabajadas del 1ro al 15: _____

Segundo Quincena Del Mes

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

Total de horas trabajadas del 16 al final del mes: _____

Minutos a decimales

- 0-2 Min. = .0
- 3-9 Min. = .1
- 10-14 Min. = .2
- 15-20 Min. = .3
- 21-26 Min. = .4
- 27-32 Min. = .5
- 33-38 Min. = .6
- 39-44 Min. = .7
- 45-50 Min. = .8
- 51-56 Min. = .9
- 57-60 Min. = 1.0

Fracciones a Decimales

- ¼ hr. (15 Minutos) = .25
- ½ hr. (30 Minutos) = .50
- ¾ hr. (45 Minutos) = .75

Deducciones

- FUTA = seguridad Federal de Desempleo
- SUI = seguridad Estatal de Desempleo
- FICA = Seguro Social
- FIT = Impuestos Federales
- SIT = Impuestos Estatales
- LIEN = Embargo sobre Salario
- SDI = Impuestos Estatal De Desempleo
- UDWA = Sindicato De Trabajadores Domésticos

IHSS Tool Box



Phone Script

Standard Phone Message

“Alternate phone numbers will be included in this message. You have reached In-Home Supportive Services at office, this is Social Worker Name. If this is a payroll or timesheet question or concern, please hang up and call the Public Authority Payroll, toll free at (866) 351-7722; if you need the paperwork for a new provider call _____. If you are calling outside of normal business hours because you urgently need a care provider, hang up and call 1-800-510-2020 a representative will determine if a referral to urgent services is appropriate for you. Otherwise, please leave your phone number and a message, and I’ll return your call as soon as I can.”

Alternative Message

“Please listen this message has changed, alternate phone numbers will be included. If you are calling outside of normal business hours because you urgently need a care provider, hang up and call 1-800-510-2020, a representative will determine if a referral to urgent services is appropriate for you. You have reached In-Home Supportive Services at office, this is Social Worker Name. I will be away from the office from ___ until _____; I will/will not be checking messages during my absence. If this is a payroll or timesheet question or concern, please hang up and call the Public Authority Payroll, toll free at (866) 351-7722; if you need the paperwork for a new provider or need to speak with someone right away call _____.”

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-05**

June 15, 2009

SUBJECT: UPDATED IHSS INDIVIDUAL PROVIDER FORMS AND PROCEDURES

EFFECTIVE DATE: July 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide In-Home Supportive Services (IHSS) staff with instructions for implementing revised procedures and forms related to the enrollment and payment of an IHSS individual provider.

II. BACKGROUND

To reduce the average length of time that an IHSS provider waits for his/her initial paycheck, a *Payroll Business Process Re-engineering* (BPR) work group was initiated. This document implements the workgroup's recommendations and also includes new and/or revised forms that were not a result of the BPR.

III. POLICY

Enrollment and payment of IHSS Individual Providers must be made in compliance with State and federal laws and regulations.

IV. REVISED FORMS

Forms

In order to maintain current and consistent forms and information for recipients, providers and staff, the attached forms have been created or revised. It is the responsibility of all staff to ensure that the forms and the informational materials used are the most current version. All IHSS staff is responsible for making sure that forms used are current versions, and for recycling hard copies of obsolete forms. IHSS forms are available electronically on the "S" drive at the following link:

<S:\AIS\Operations\IHSS\Automated Forms>

The following is an updated list of the forms that will be included in the *IHSS Provider Enrollment Packet*, the *IHSS Initial Timesheet Packet*, and the *IHSS Intake/Recertification Forms Packet*. The asterisk (*) indicates that the form listed is new or has been updated. Only updated or new forms will be included as attachments with this Special Notice since the forms are currently available on the S drive.

IHSS Provider Enrollment Packet

SOC 426 Personal Care Services Program Provider/Enrollment Agreement
Form 1-9 Employment Eligibility Verification
IHSS Provider Criminal Record Check Information Sheet
Occupational Health and Safety Notice

**SPECIAL NOTICE 09-05
UPDATED IHSS INDIVIDUAL PROVIDER FORMS AND PROCEDURES**

- *12-58A HHSA *Provider Responsibilities*
- *Timesheet Tips (Sample Timesheet)
- *12-78 HHSA *Individual Provider Enrollment Instructions*
- *IHSS Practice Worksheet (to log daily hours)

Initial Timesheet Packet

- Timesheet Tips (Sample Timesheet)
- IHSS Practice Worksheet (to log daily hours)
- Form W-4 *Employee's Withholding Allowance Certificate*
- 12-04 HHSA *IHSS Payroll Instructions*
- 12-24 HHSA *IHSS Provider Instructions*
- Elder and Dependent Adult Abuse
- New Employees Guide to Workers Compensation*
- Employee's Predesignation of Personal Physician*
- Instructions for Predesignation of Personal Physician form
- State of California HHSA DSS Publication 104 *Individual Providers Benefits and Services Information*
- *12-81 HHSA *IHSS Payroll Questions and Answers for IHSS Providers*

Intake/Recert Packet (Home Visit)

The following forms and informational brochures are required for intake and renewal home visits.

The *IHSS Provider Enrollment Packet* and:

Forms

- 12-43A *Intake/Recertification Narrative*
- 12-58 *Recipient Responsibilities*
- 12-37 HHSA *Client Medical Release*
- 12-42 *IHSS Worksheet*
- SOC 450 *Voluntary Services Certification*
- SOC 827 *Emergency Back-up Plan*
- HHSA 20-46 *Language Needs Determination*
- SOC 295 *Application for Social Services*
- SOC 293A *Face Sheet*

Informational Brochures

- PUB 13 - *Your Rights under California Welfare Programs*
- PUB 190 - *How to Hire & Supervise Your IHSS Provider*
- 12-74 HHSA *Applicant Information about Service Providers*
- Voter Registration Brochure*
- Tobacco Cessation Information*
- 20-44 HHSA *Civil Rights Information*

Specific Use Forms

- 12-37A *Able & Available Spouse Medical Verification*
- 12-89 *24/7 Care Plan (Protective Supervision)* or
- SOC 825 *24 Hour Care Plan*

SOC 821 *Assessment of Need for Protective Supervision for IHSS*
HHSA 20-49 *Civil Rights/Interpreters*

Recertification Packet

The *Recertification Packet* contains the same forms, information, and brochures as the *Intake Packet* with the following modifications:

- Form 20-46 HHSA (Language Needs Determination) should be completed or re-signed at each recertification by any clients whose primary language is not English.

Individual Forms-New and Updated

The following information and forms have also been updated and are included as attachments:

- *HHSA 12-58 Recipient Responsibilities
- *12-50 HHSA PAFD Fraud Referral Form

The following forms were created for use as indicated below:

- *12-53A HHSA Individual Provider Enrollment Information Request

This form is used to request information that has not been included with the provider enrollment forms.

- *12-53B HHSA Recipient Intake Contact Letter (Clerical)

This form has been simplified for clerical to send to new IHSS applicants.

- *Sample Phone Script

This sample script details the information that *must be* included in outgoing voice-mail messages, including the information on referrals for “urgent” services.

Instructions for PDF Documents

The *IHSS Provider Enrollment Packet* and the *Initial Timesheet Packet* are now available as PDF documents for printing by staff.

- Each electronic document packet contains all of the forms and information that are required by IHSS Policy and Procedure.
- The correct number of copies of each form is within each packet
 - E.g., three copies of the SOC 426 Personal Care Services Program Provider/Enrollment Agreement, one for the recipient, one for the provider, and one for the case file.
- Both packets are available in English and Spanish
- Both packets are available in a version for duplex copying (“Photocopy” version)
- Both packets are available in a version for direct printing and are available on the S drive in the IHSS forms "Social Worker" and "Clerical" folders

For direct printing, use the electronic documents:

- *IP Enrollment Packet 3-09* or *IP Enrollment Packet SP 3-09*

For duplex printing or for duplex photocopying use the electronic documents:

- *IP Enrollment Packet Photocopy 3-09* or *IP Enrollment Packet 3-09 SP Photocopy*

If your printer does not enable duplex printing, print the above packet and photocopy as “two-sided”. The inserted blank pages will keep forms from duplexing incorrectly.

The *IHSS Provider Enrollment Packet* must be provided to recipient(s) at the initial home visit, but can also be provided by mail, or by email. The forms will soon be available on the AIS Web

SPECIAL NOTICE 09-05

UPDATED IHSS INDIVIDUAL PROVIDER FORMS AND PROCEDURES

site. The *Initial Timesheet Packet* must be mailed to the provider with the initial timesheet.

V. STAFF RESPONSIBILITIES AND INSTRUCTIONS

Clerical Responsibilities

Clerical staff is responsible for the following:

- Recycling hard copies of previous versions of the above forms
- Providing a limited amount of pre-printed forms and packets "as needed" when workload permits
- Providing the *Provider Enrollment Packet* to the recipient or provider upon request

Social Worker Responsibilities

Social Workers are responsible for the following:

- Recycling hard copies of previous versions of the above forms
- Providing the *Provider Enrollment Packet* to the recipient or provider at the initial home visit, or upon subsequent requests
 - The forms must be provided at the initial home visit, but can also be provided by mail, email or (when the web site has been updated) printed from the AIS Web site.
- Explaining the forms to both the recipient and the provider
- Explaining the payroll process to both the recipient and the provider
- Verifying/viewing the provider's original identification and Social Security Card
- Making sure that the SOC 311 is complete and legible with the PCSP status indicated as either Y or N, before submitting to clerical for data entry

VI. REVIEW STATEMENT

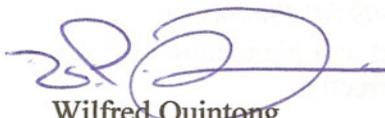
This Special Notice has been reviewed by an organizational review committee.

VII. FILING STATEMENT

IHSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

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



Wilfred Quintong
Assistant Deputy Director

Contact: Mary Harrison (858) 505 6952



ELLEN SCHMEDING
Assistant Deputy Director

Distribution Codes 7 & 8

**SPECIAL NOTICE 09-05
UPDATED IHSS INDIVIDUAL PROVIDER FORMS AND PROCEDURES**

**SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-04**

June 3, 2009

SUBJECT: JULY 2009 SSI/SSP PAYMENT STANDARD UPDATE

EFFECTIVE DATE: JULY, 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: EBB 09005-- JULY 2009 SSI/SSP PAYMENT STANDARD UPDATE

I. PURPOSE

This Special Notice is to inform IHSS staff of the upcoming additional decrease in the Supplemental Security Income and State Supplemental Payment (SSI/SSP) payment standard and the changes to IHSS Share-of-Cost (SOC) cases resulting from the update.

II. BACKGROUND

Senate Bill X3 6 (Chapter 13, Statutes of 2009) was signed into law by the Governor of the State of California on February 20, 2009. Under this new law, SSI/SSP payment standards were reduced back to the December 2008 levels effective May 1, 2009 and subject to a further reduction of 2.3% effective July 2009. As a result, Social Security recipients will receive an additional decrease in their SSI/SSP benefits effective July 1, 2009. The change in payment standard will not update the current exclusion amounts which are: One parent for Parent to Child Deeming \$674.00; for two parents \$1011.00; and the Ineligible Child Exclusion of \$337.00

The payment adjustment will update case information on SOC cases in the Case Management and Payrolling System (CMIPS) that meet the conversion criteria. The adjustment update will be completed on Saturday, June 13, 2009.

III. NEW BENEFIT LEVEL/PAYMENT STANDARDS

01	\$ 850.00
02	914.00
03	739.00
04	643.52
05	722.66
06	520.42
07	934.00
08	1489.00

08	1489.00
09	1711.00
10	1628.00
11	1204.64
12	1426.42
13	1342.40
14	1657.00
15	744.50
16	855.50
17	814.00
18	828.50
19	602.32
20	713.21
21	671.20

IV. SOC UPDATES TO CMIPS

The following fields on SOC 293 will be updated:

- Line I Field 1, SOC Begin Date 07/01/2009.
- Line J Field 3, Benefit Level to the updated values.
- Line K Field 3, Share-of-Cost recomputed based on the updated benefit level.
- Line M Fields 2, 3, and 6, Beginning Date, Ending Date, and Share-of-Cost will show the new eligibility and SOC segment.

SOC cases with providers coded 1 on line E field 3 on the SOC 311, and in E status at the time of the conversion, will show a new eligibility and SOC segment (line F fields 2, 3, and 5).

V. EXCEPTION REPORTS

An exception report that lists the SOC cases that did not get updated during conversion will be available on Monday afternoon, June 15, 2009. The Social Workers must review and update these cases manually.

The report is available on the IHSS-CMIPS Online Reports website at. <https://cmips-reports.documentportal.com>

Detailed information on IHSS CMIPS Online Reports can be found in the Users Manual in the IHSS Program Guide Chapter 8, Attachment 8-P at the following link:
http://hhsa_intranet/manuals/ais/ihss/toc.pdf

VI. IHSS STAFF PROCEDURES

Clerical Staff

- Print the following documents in the order of priority as follows:
 - Notice of Action (NOAs)
 - SOC 293's
 - SOC 311's

- Mail the NOAs to the IHSS recipients no later than Friday, June 19, 2009.

IHSS Social Workers

- Log onto the IHSS-CMIPS Online Reports website.
- Click on “Annual Reports,” then click on “SOC COLA Exceptions Non FPL” to access reports for individual Social Worker.
- Enter On or after 06/15/2009 for Cycle Date.
- The Exception Reason states why the case did not update automatically. You may refer to the online CMIPS User’s Manual for additional information at:
http://hhsa_intranet/ais/ihss/CMIPS2000UsersManual.pdf
- Enter the necessary updates (SOC Begin Date, Benefit Level, eligibility and SOC segments as needed) that should have been changed automatically on the SOC 293 and/or SOC 311.
- Submit the updated SOC 293 and/or SOC 311 to the designated clerical staff for data entry.

Note: The SSI/SSP turnaround documents must be filed in the case folder to document the payment history for the recipient.

VI. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

VII. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Attachments: Online Report User’s Manual
SSI/SSP Payment Standards Chart

Contact: Susan Pullido (858)505-6366

**SUPPLEMENTAL SOCIAL SECURITY INCOME/STATE SUPPLEMENTAL PAYMENT (SSI/SSP)
PAYMENT STANDARDS
EFFECTIVE JULY 1, 2009**

	Independent Living		Reduced Needs		Non-Medical Out-of-Home Care (NMOHC)	
	Residing in Own Household	Household of Another With In-Kind Room & Board	Household of Relative With In-Kind Room & Board and Certified NMOHC	In Licensed Facility or Household of Relative Without In-Kind Room and Board	TOTAL SSI/SSP	TOTAL SSI/SSP
Individual:						
<u>Aged or Disabled</u> -Without Cooking Facilities	\$850.00 934.00	\$643.52 N/A	\$856.34 N/A	\$1086.00 N/A	TOTAL SSI/SSP	TOTAL SSI/SSP
<u>Blind</u>	913.00	722.66	856.34	1086.00		
<u>Disabled Minor</u> -Living with parent(s) -Living with non-parent relative or non relative guardian	739.00	520.42	856.34	1086.00		
Couple:						
<u>Aged or Disabled</u> -Per couple (Both are aged or disabled)	\$1489.00	\$1204.64	\$1719.66	\$2172.00		
-Without Cooking Facilities	1657.00	N/A	N/A	N/A		
<u>Blind</u> -Per couple (Both are blind)	1711.00	1426.42	1719.66	2172.00		
<u>Blind / Aged or Disabled</u> -Per couple (Couple one is blind, the other is aged or disabled)	1628.00	1342.40	1719.66	2172.00		
Title XIX Medical Facility						
Individual	\$50.00	Individual	\$84.00			
Couple	100.00	Couple	168.00			

Data Readiness Reporting Tool

User Guide

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Revision History:

Version	Date	Author(s)	Reason for Change
0.1	03/18/09	Jeff C. Lloyd	Initial Draft
0.2	04/12/09	Jeff C. Lloyd	Second Draft after Initial Review
0.3	04/24/09	Jeff C. Lloyd Greg Nolan	Third Draft after Second Review
1.0	04/27/09	Jeff C. Lloyd Greg Nolan	Initial Release

1 INTRODUCTION

The Data Readiness Reporting Tool is a Microsoft Access based application that allows county IHSS case workers to review errors in the CMIPS 2000 application. The errors are identified by the CMIPS II data conversion team using a variety of sources such as existing reports, system documentation, user interviews and general business rule analysis. If not corrected in CMIPS 2000, these errors would cause significant problems during the conversion process to CMIPS II.

The Data Readiness Reporting Tool will also be used to track error remediation efforts by county case workers. As each error is corrected in CMIPS 2000, it will be marked in the tool as "worked". This approach allows project management to track overall readiness activities and ensure that the county remains on track to prepare their caseload for conversion to CMIPS II.

County case workers who currently maintain case data in CMIPS 2000 are likely candidates for using the Data Readiness Tool. It is designed and built with ease of use in mind and requires only basic computer skills to navigate through the menus and screens. Workers who are already familiar with CMIPS 2000 screens will have little trouble finding their way around the Data Readiness Tool.

This manual presents an overview of each of the screens available within the tool, along with a description of its intended purpose and suggested use.

Data Readiness Reporting Tool Features:

- Multiple screens
 - Multiple screens are available allowing error information to be grouped and viewed in a variety of useful ways
- The tool includes information from the following sources:
 - MEDS - Monthly Renewal Exception Report (aka MEDS Alerts)
 - WARN - CMIPS Warning Alert Listing
 - ODAS - Overdue Assessment Listing
 - ODAF - Overdue Assessment Face-to-Face Listing
 - CMDR - Case Management Data Readiness programs
 - PAYD - Payroll Data Readiness programs
- Summary Statistics
 - The tool tracks the total number of high priority problems, how many are fixed and how many are remaining to be fixed.
 - History of these statistics is also maintained in the tool as each new set of errors is received by the county

2 APPROACH

The Data Readiness Reporting tool contains the errors that need to be worked in order to assure a smooth transition from CMIPS 2000 to CMIPS II. When using the tool, errors are displayed in priority order – the lower the number of the priority, the higher the importance to correct the error. For example, a priority 5 error is of higher importance to be corrected than a priority 15.

The following list describes the priority numbers associated with errors in the Data Readiness Reporting tool:

Priority	Priority Short Description	Priority Long Description
5	Business Rule Violation	Business Rule Violation errors will cause a case to reject during the conversion process. These primarily include cases where a mismatch of identifying information exists between legacy CMIPS and the MEDS system. The reject is necessary because items such as Date of Birth, Social Security Number and Client Index Number are used to positively identify a recipient before multiple records are combined into a single record in CMIPS II.
10	General Case Reject	This type of message identifies cases that did not meet the required case construct for CMIPS II. Since case construct is critical to defining a valid case, these types of errors cause a case to be rejected.
15	Eligibility Impact	Cases that have MEDS eligibility issues will reject during the conversion process. CMIPS II will enforce eligibility rules more strictly than CMIPS 2000 and cannot convert cases that violate these rules.
20	Table Row Reject	Table Row Reject errors will cause logical groupings of data to reject for a case. For example, some legacy systems will store an address if any one of Street, City, State or Zip Code are entered into a screen. However, the new system might require that ALL of the items are entered before an address can be stored. If any of the required items are missing, the conversion process will reject the entire address.
30	Table Element Reject	Table Element reject errors will cause specific pieces of information to be rejected. For example, if a Zip+4 field in the legacy system contains non-numeric data such as "ABC", it will not be converted into the new system. In this scenario, the field is typically cleared or may be replaced with a default value.
40	Warning	Warning messages do not pose significant problems to processing of the data during the conversion process. However, these messages should be reviewed by county personnel to ensure that the information is correct and accurate. This process helps ensure that the new application will function properly.
50	Message	Messages are produced for informational purposes only. There is no need to work messages as part of data readiness.

3 MAIN MENU

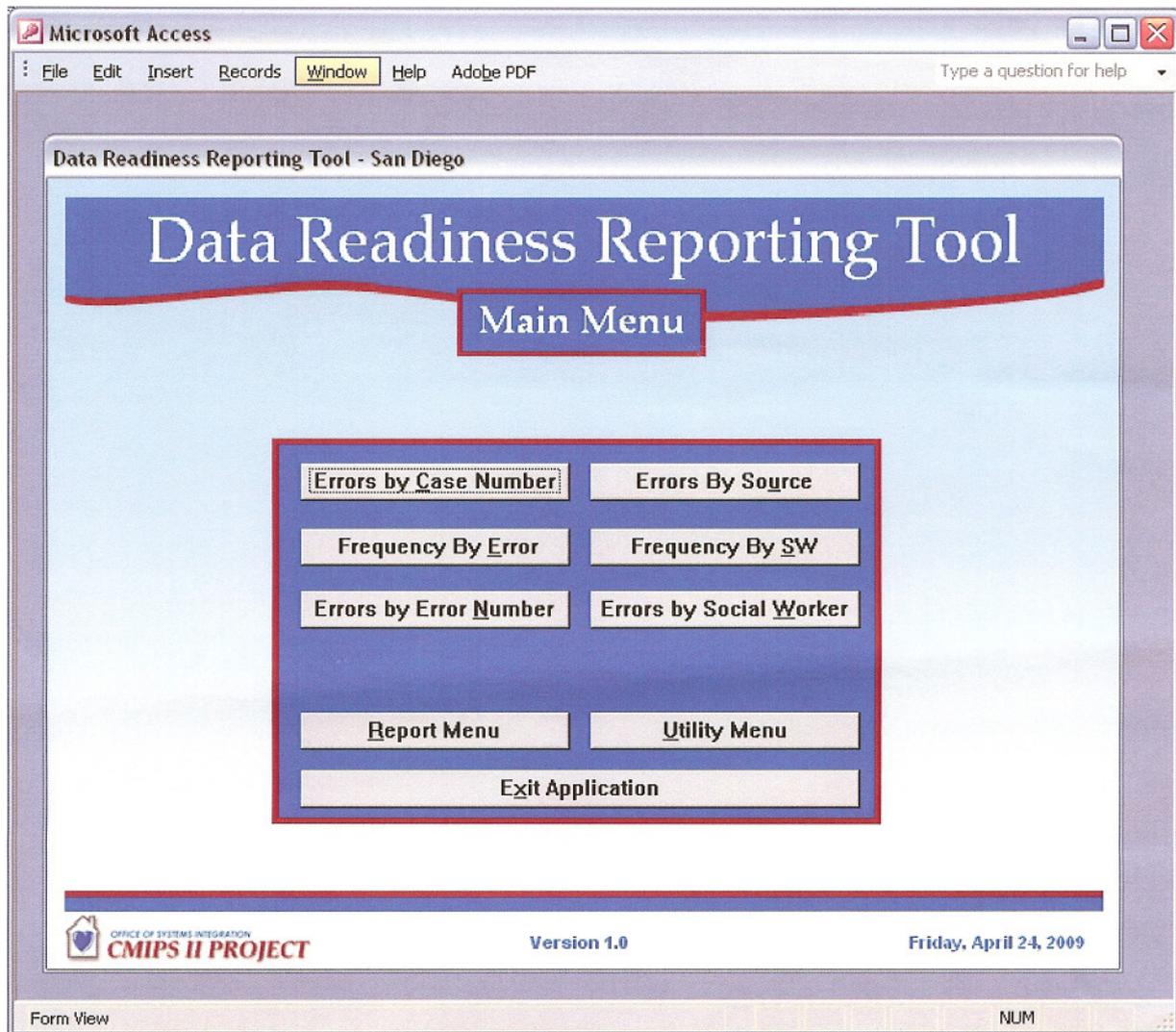


Figure 1: Data Readiness Reporting Tool – Main Menu

After double-clicking on "Data Readiness Tool.mdb" you will be presented with the main screen for the application. Figure 1 depicts the main menu screen, below is a description of the purpose for each of the menu items:

3.1 Errors by Case Number

The Errors by Case Number screen allows users to view errors associated with specific cases. The user can perform searches using either the Recipient's Name or a Case Number.

3.2 Frequency by Error

The Error Frequency by Error Number screen allows users to view the quantity of errors sorted by priority. The user can select a specific priority of errors to display or all errors can be displayed.

3.3 Errors by Error Number

The Errors by Error Number screen allows users to view the occurrences of a specific error number. The resulting error list can be filtered by district office and/or by social worker.

3.4 Errors by Source

The Errors by Source screen allows users to view errors contained in a specific source. The resulting list of errors from a specific source can then be filtered to show errors associated with a specific case and/or error priority.

3.5 Frequency by SW

Error Frequency by Social Worker is a summary level screen which lists, for each social worker, the quantity of errors associated with their cases. Users can view and/or print the errors for any or all social workers.

3.6 Errors by Social Worker

The Errors by Social Worker screen allows users to view errors associated with specific social workers. The resulting list of errors for a specific social worker can then be filtered to show errors associated with a specific case and/or error priority.

3.7 Report Menu

From the Report menu, users can select to print a list of tips of how to correct specific errors or print a summary of statistics. The summary statistics report provides information about numbers of errors and their breakdown by priority and is a convenient way to see how many errors have been worked and how many are remaining to be worked.

3.8 Utility Menu

The Utility menu is intended to be used by the county IT person or department responsible for administering the Data Readiness tool. From the Utility menu, administrators can load the error file which will be distributed on a monthly basis. New tips and error definitions will be distributed on an as-needed basis and can be loaded via the appropriate Utility menu item.

3.9 Exit Application

The Exit Application menu item closes the Data Readiness Tool. To re-open the tool, double-click on the "Data Readiness Tool.mdb" file.

4 ERRORS BY CASE NUMBER

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Case Number - 102865

Find By Recipient Name:
Find By Case Number:

Recipient: Last Name 102865, First 102865
Provider: .

Filters
Priority
Worked

Pri.	Source	Error	Error Location	Short Description	Detailed Description	Worked
5	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19430701 MEDS: 19430107	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	<input type="checkbox"/> Tips

Friday, April 24, 2009 Total errors: 1 Errors worked: 0 Print Close

Form View FLTR NUM

Figure 2: Errors by Case Number screen

4.1 Using the Errors by Case Number screen

Clicking on the Errors by Case menu item from the Main Menu launches the Errors by Case screen shown in Figure 2 above.

To display the errors associated with a specific case, users can select either a recipient name or case number from the drop down lists at the top left of the screen.

Once this is done, the screen will be populated with the errors associated with the selected case. Note the case number will be displayed in the heading of the screen.

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

To the right of the "Tips" button is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter.

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors related to the case and the number or errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

5 ERROR FREQUENCY BY ERROR NUMBER

Data Readiness Reporting Tool - San Diego

Error Frequency By Error Number

Display by Error Priority:

----- Printing Options -----

Pri.	Source	Error	# Times Error Occurred	Error Location	Short Description	View Errors	Destination	Print	Show Worked
3	RNEW	CM 500	113		MEDS CIN DOES NOT MATCH IHSS CIN		PDF File	<input type="checkbox"/>	<input type="checkbox"/>
5	RNEW	CM 501	1867		MEDS DOB DOES NOT MATCH IHSS DOB		PDF File	<input type="checkbox"/>	<input type="checkbox"/>
5	RNEW	CM 502	70		MEDS SSN DOES NOT MATCH IHSS SSN		PDF File	<input type="checkbox"/>	<input type="checkbox"/>
10	WARN	CM 001	596		Recipient (Recipient Case Number) in (Status) status in (County Name) County with		PDF File	<input type="checkbox"/>	<input type="checkbox"/>
15	WARN	CM 015	1		Parent – AA not allowed		PDF File	<input type="checkbox"/>	<input type="checkbox"/>
40	WARN	CM 003	318		Application pending over ____ days		PDF File	<input type="checkbox"/>	<input type="checkbox"/>

Print Error Frequency Report Print Selected Errors Close

Friday, April 24, 2009

The severity of the error NUM

Figure 3: Frequency By Error screen

5.1 Using the Frequency By Error Screen

Clicking on the Frequency by Error menu item from the Main Menu launches the Frequency by Error screen shown in Figure 3 above.

The screen launches with all errors displayed. Users can elect to display a specific error priority by selecting the error priority of interest from the drop-down menu labeled “Display by Error Priority”.

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Times Error Occurred – a number indicating the quantity of occurrences of a specific error

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

View Errors – a button when clicked launches a separate window listing the errors associated with a specific error number

Printing Options – on the right side of screen are three columns – Destination, Print and Show Worked. These are used to assist in manipulating which errors get printed and in what format when the user elects to print a subset of the error frequency report.

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

The "Short Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the description is lengthy.

The "View Errors" button when clicked will launch a separate "Errors by Error Number" screen. For a description of how to use the "Errors by Error Number" screen, see section 6 of this document.

There are many options available for printing error reports. First, by clicking on the "Print Error Frequency Report" a window will be launched containing the errors listed. Note that this report can contain one specific error or fall errors depending on what is selected from the "Display by Error Priority" drop-down prior to clicking on the "Print Error Frequency Report" button.

Next, under the "Destination" column, there is a button that can be used to globally manipulate the format that all the errors listed will be printed to; the three choices for destination are "RTF" (Rich Text Format), "Printer", or "PDF". RTF format is useful for saving the error(s) to a file that can be imported into another application. Selecting "Printer" allows the report to be printed to any defined printer available to the computer. Selecting PDF allows the report to be printed in a portable document format; this requires that a version of Adobe Acrobat is installed on the computer.

Under the "Print" column, there is button that can be used to select/deselect all the errors listed for printing; there are two choices, "All" and "None".

Under the "Show Worked" column, there is a button that can be used to indicate whether or not to include errors that have been checked as worked when generating the report. There are two choices, "Show" and "None".

Depending on how the printing options are manipulated, a "Write Conflict" pop-up window may appear, if this happens, left-click on "Save Record".

Once the printing options are manipulated, left-click on the "Print Selected Errors" button at the bottom of the screen. If the "PDF File" or "RTF File" option is selected for printing, the documents produced will be placed in a folder titled "Errors By Error Reports". This folder will be a sub-folder located in the same directory as the Data Readiness Tool.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

6 ERRORS BY ERROR NUMBER

Errors By Error Number

Find By Error Number:

Priority: Error Location:

Source: **Tips**

Error: **Filters**

S. Worker Dst. Office Worked

Detailed Description

Includes any case where the CIN on the IHSS case does not match the CIN on the Monthly Renewal File being processed

Case Number	Recipient Name	Short Description	Worked
122177	Last Name 122177, First 122177	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 90813056 MEDS: 91094026	<input type="checkbox"/>
123267	Last Name 123267, First 123267	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 96496389 MEDS: 90857926	<input type="checkbox"/>
126508	Last Name 126508, First 126508	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 99927181 MEDS: 94181104	<input type="checkbox"/>
127051	Last Name 127051, First 127051	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 94788360 MEDS: 94168564	<input type="checkbox"/>
131155	Last Name 131155, First 131155	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 99210489 MEDS: 90685963	<input type="checkbox"/>

Friday, April 24, 2009 Total errors: 113 Errors worked : 0

A short description of the error FLTR NUM

Figure 4: Errors by Error Number screen

6.1 Using the Errors by Error Number screen

Clicking on the Errors by Error Number menu item from the Main Menu launches the Errors by Error Number screen shown in Figure 4 above.

To display the errors associated with a specific error number, users can select the error number of interest from the drop-down list labeled "Find by Error Number" at the top of the screen.

Once this is done, the screen will be populated with the errors associated with the selected error number. Note the case number will be displayed in the heading of the screen.

The following is a description of the contents of the screen:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Detailed Description – a more verbose statement describing the error

Case Number – the number assigned to the case

Recipient Name – the last and first name of the recipient separated by a comma

Short Description – brief statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

The “Short Description” can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the description is lengthy.

The yellow “Tips” button can be left-clicked on to display information regarding how to correct the error.

On the right side of the screen is a check box under the “Worked” column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the “Errors Worked” total at the bottom of the screen will be incremented each time a “Worked” check-box is clicked on.

In the upper right of the screen there is an area labeled “Filters”. In order to see just the errors associated with cases of a specific social worker, select the social worker of interest from the drop down list labeled “S. Worker”. To re-display all errors, left-click in the “S. Worker” field and hit the backspace key to clear the numbers then hit enter.

For counties that have district offices, the errors associated with cases belonging to a specific district office can be displayed by selecting the district office of interest from the drop down list labeled “Dst. Office”. To re-display all errors, left-click in the “Dst. Office” field and hit the backspace key to clear the numbers then hit enter.

In the “Filters” area there is also a check box labeled “Worked”. Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the “Worked” check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a “Print” button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the “Print” button is clicked. Once the report window is displayed it can be sent to a printer by selecting the “File” menu item at the top left of the MS Access window then selecting “Print”.

In addition to the current date, the total number of errors of the specified error number along with the number of those errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the “Close” button to dismiss the screen.

7 ERRORS BY SOURCE

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Source - RNEW

Find By Source: RNEW

Filters
Case Number Priority Worked

Pri.	Case Number	Source	Error	Error Location	Short Description	Detailed Description	Worked
5	100154	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19220622 MEDS: 19220612	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	102865	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19430701 MEDS: 19430107	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	102939	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19531130 MEDS: 19481129	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	10294	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19531130 MEDS: 19481129	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>

Friday, April 24, 2009 Total errors: 5629 Errors worked: 0

Print Close

Form View FLTR NUM

Figure 5: Errors by Source screen

7.1 Using the Errors by Source screen

Clicking on the Errors by Source menu item from the Main Menu launches the Errors by Source screen shown in Figure 5 above.

To display the errors associated with a specific source, users can select the source of interest from the drop-down list labeled "Find By Source" at the top left of the screen.

Once this is done, the screen will be populated with the errors associated with the selected source.

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Case Number – the number assigned to the case

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view

the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

To the right of the "Tips" button is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just the errors associated with a specific case number, select the case number of interest from the drop down list labeled "Case Number". To re-display all errors, left-click in the "Case Number" field and hit the backspace key to clear the numbers then hit enter.

In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter.

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors related to the source and the number or errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

8 ERROR FREQUENCY BY SOCIAL WORKER

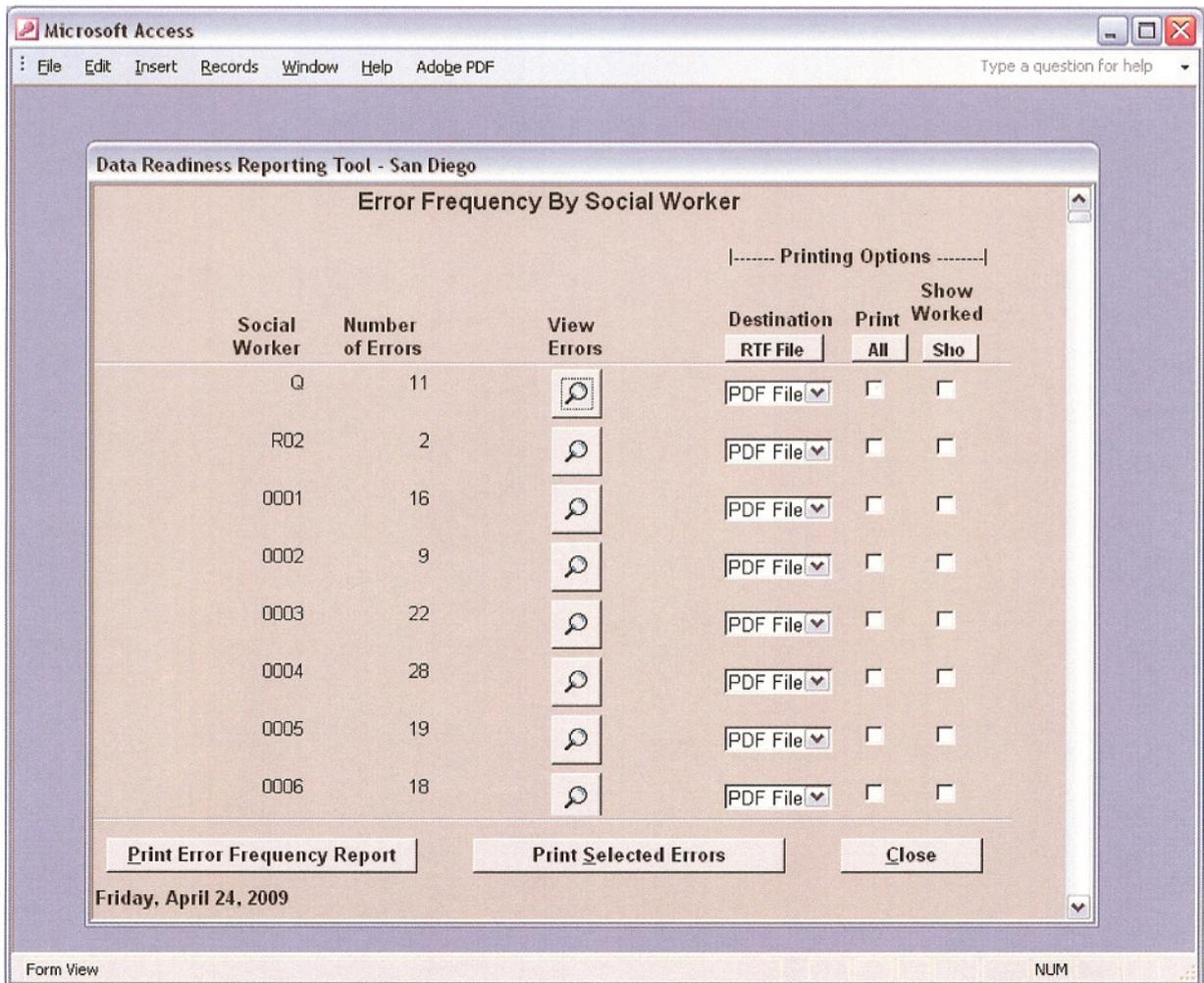


Figure 6: Frequency by SW screen

8.1 Using the Frequency by SW screen

Clicking on the Frequency by SW menu item from the Main Menu launches the Frequency by SW screen shown in Figure 6 above.

The screen launches with all errors displayed indicating the number of errors associated with cases owned by a specific social worker.

The following is a description of the column headings:

Social Worker – an alpha-numeric string assigned to a specific social worker

Number of Errors – a number indicating the quantity of errors associated with specific social workers cases

View Errors – a button when clicked launches a separate window listing the errors associated with a specific error number

Printing Options – on the right side of screen are three columns – Destination, Print and Show Worked. These are used to assist in manipulating which errors get printed and in what format when the user elects to print a subset of the error frequency report.

The "View Errors" button when clicked will launch a separate "Errors by Social Worker" screen. For a description of how to use the "Errors by Social Worker" screen, see section 9 of this document.

There are many options available for printing error reports. First, by clicking on the "Print Error Frequency Report" a window will be launched containing the errors listed. Note that this report can contain one specific error or fall errors depending on what is selected from the "Display by Error Priority" drop-down prior to clicking on the "Print Error Frequency Report" button.

Next, under the "Destination" column, there is a button that can be used to globally manipulate the format that all the errors listed will be printed to; the three choices for destination are "RTF" (Rich Text Format), "Printer", or "PDF". RTF format is useful for saving the error(s) to a file that can be imported into another application. Selecting "Printer" allows the report to be printed to any defined printer available to the computer. Selecting PDF allows the report to be printed in a portable document format; this requires that a version of Adobe Acrobat is installed on the computer.

Under the "Print" column, there is button that can be used to select/deselect all the errors listed for printing; there are two choices, "All" and "None".

Under the "Show Worked" column, there is a button that can be used to indicate whether or not to include errors that have been checked as worked when generating the report. There are two choices, "Show" and "None".

Depending on how the printing options are manipulated, a "Write Conflict" pop-up window may appear, if this happens, left-click on "Save Record".

Once the printing options are manipulated, left-click on the "Print Selected Errors" button at the bottom of the screen. If the "PDF File" or "RTF File" option is selected for printing, the documents produced will be placed in a folder titled "Errors By SW Reports". This folder will be a sub-folder located in the same directory as the Data Readiness Tool.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

9 ERRORS BY SOCIAL WORKER

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Social Worker - 0003

Find By Social Worker Number:

Filters
Case Number Priority Worked

Pri.	Case Number	Source	Error	Error Location	Short Description	Detailed Description	Worked
40	217334	ODFF	CM	700	OVERDUE ASSESSMENT FACE TO FACE IHSS: 20040115 MEDS: E	The Overdue Assessment Face to Face reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case Face to	<input type="checkbox"/> Tips
40	217334	ODAS	CM	600	OVERDUE ASSESSMENT IHSS: 20031231 MEDS: E	The Overdue Assessment Listing reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case End Date (SOC 293 or	<input type="checkbox"/> Tips
40	258277	ODAS	CM	600	OVERDUE ASSESSMENT IHSS: 20080131 MEDS: E	The Overdue Assessment Listing reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case End Date (SOC 293 or	<input type="checkbox"/> Tips
40	258277	ODFF	CM	700	OVERDUE ASSESSMENT FACE TO FACE IHSS: 20080131 MEDS: E	The Overdue Assessment Face to Face reports IHSS recipient cases for which the IHSS assessment has expired	<input type="checkbox"/> Tips

Friday, April 24, 2009 Total errors: 22 Errors worked: 0

Print Close

Form View FLTR NUM

Figure 7: Errors by Social Worker screen

9.1 Using the Errors by Social Worker screen

Clicking on the Errors by Social Worker menu item from the Main Menu launches the Errors by Social Worker screen shown in Figure 7 above.

To display the errors associated with the cases of a specific social worker, users can select the social worker of interest from the drop-down list labeled “Find by Social Worker Number” at the top of the screen.

Once this is done, the screen will be populated with the errors associated with the cases of the selected social worker. Note the social worker number will be displayed in the heading of the screen.

The following is a description of the contents of the screen:

Pri. – the priority number corresponding to the error

Case Number – the number assigned to the case

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

On the right side of the screen is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just the errors associated with a specific case number, select the case number of interest from the drop down list labeled "Case Number". To re-display all errors, left-click in the "Case Number" field and hit the backspace key to clear the numbers then hit enter. In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter..

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors of the specified error number along with the number of those errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

10 UTILITY MENU

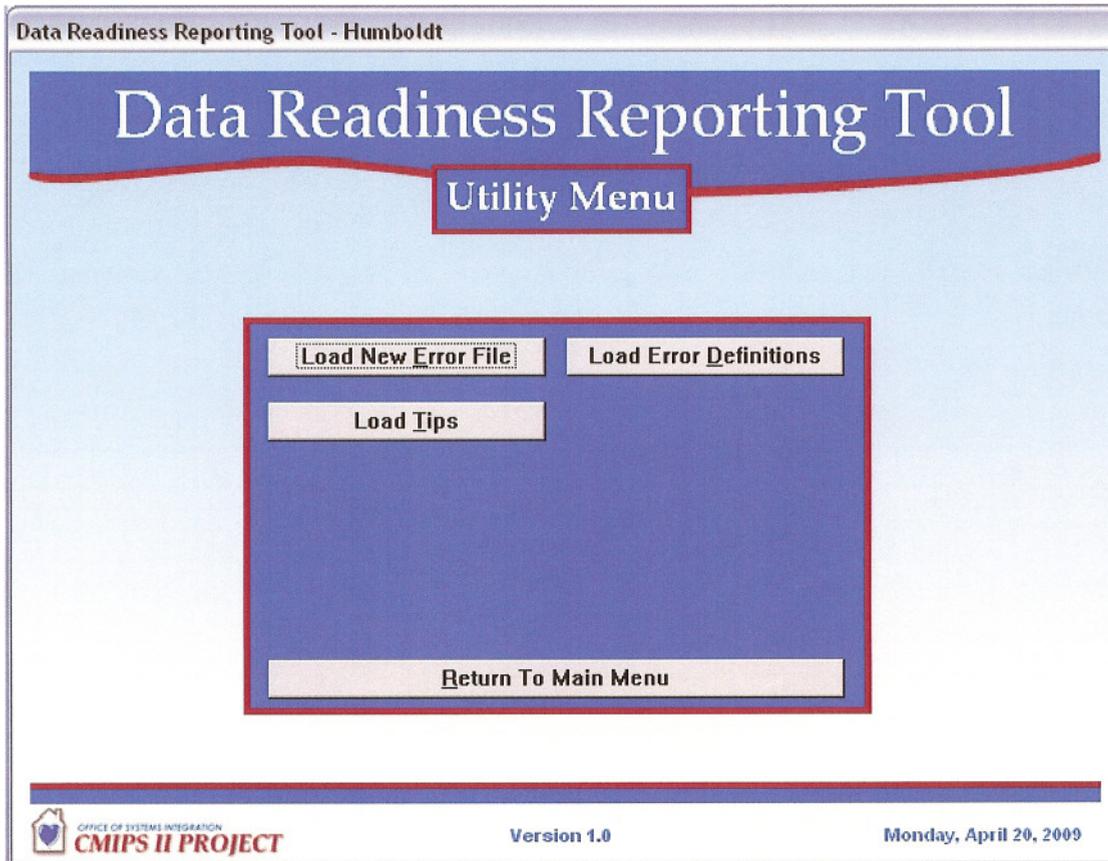


Figure 8: Utility Menu screen

10.1 Concept of Loading Data Files

On a monthly basis, the CMIPS II conversion team will run all error detection programs and produce a new Error Log file for each county. In addition to the Error Log, a Control File is produced that contains information such as Go Live date, county caseload and number of errors produced. Both files will be compressed and encrypted into a single zip file for secure transport to the counties.

Once a zipped file is received, the Error Log and Control File should be unzipped to the same directory as the Data Readiness Tool. This not mandatory, but helps keep track of all data files received over the course of the project. **Note that the Control File must be kept in the same directory as the Error Log file.** If they are not, the Data Readiness Tool will not load.

Occasionally there will be a need to load updated Error Definitions and Tips. When necessary, the files will be included in the encrypted zip file. Once again, unzipping all files to the same directory will assist in keeping track of all files needed to properly run the Data Readiness Tool.

10.2 Load New Error File

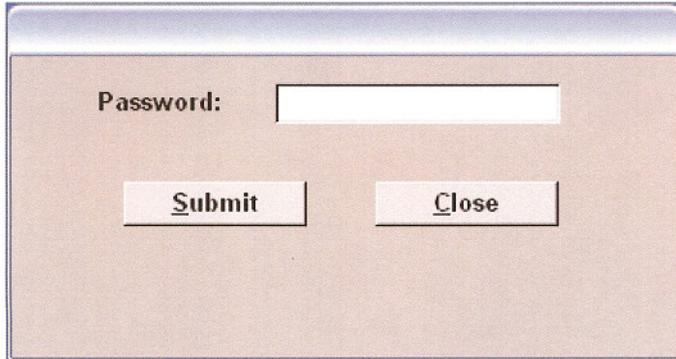


Figure 9: Load Error Log Password Pop-up

When a new Error Log file is loaded into the Data Readiness Tool, all existing errors are replaced. This is a complete refresh as opposed to an update of existing errors in the tool. Since all errors are replaced, and all "Worked" checkboxes are reset, it is important that only a select few people have access to perform the load function.

When the **Load New Error File** button is pressed, a password screen appears. Enter the password that was given to the CMIPS II project manager by the Pre-Engagement Implementation Coordinator.

Assuming the password is accepted, a message appears warning that an Error Log is about to be loaded and that the existing Error Log will be replaced.

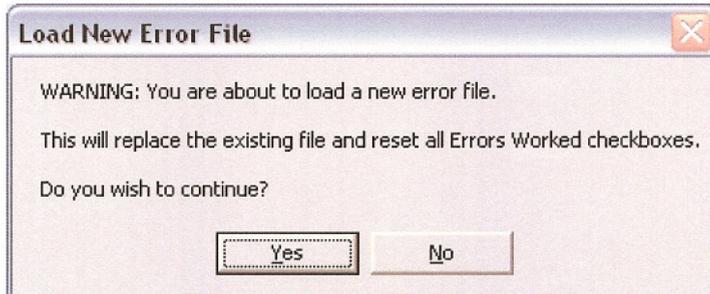


Figure 10: Load Error Log Warning Pop-up

Click **Yes** to continue or **No** to cancel the Error Log load operation. After clicking the **Yes** button, an Open File dialog box appears.

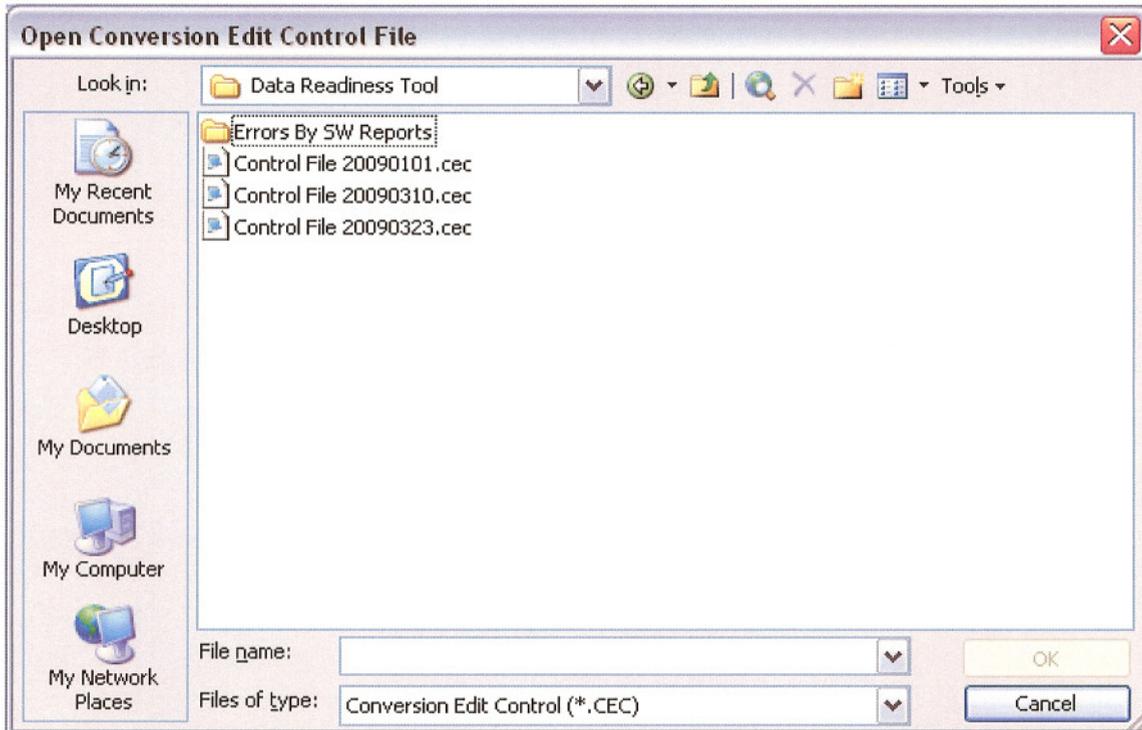


Figure 11: Load Error Log Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Error Log and Control File were unzipped to this directory, the Control File will appear. Click on the Control File with the most current date and then click on **OK**.

The Error Log load routine begins and the following splash screen appears during the entire load process.

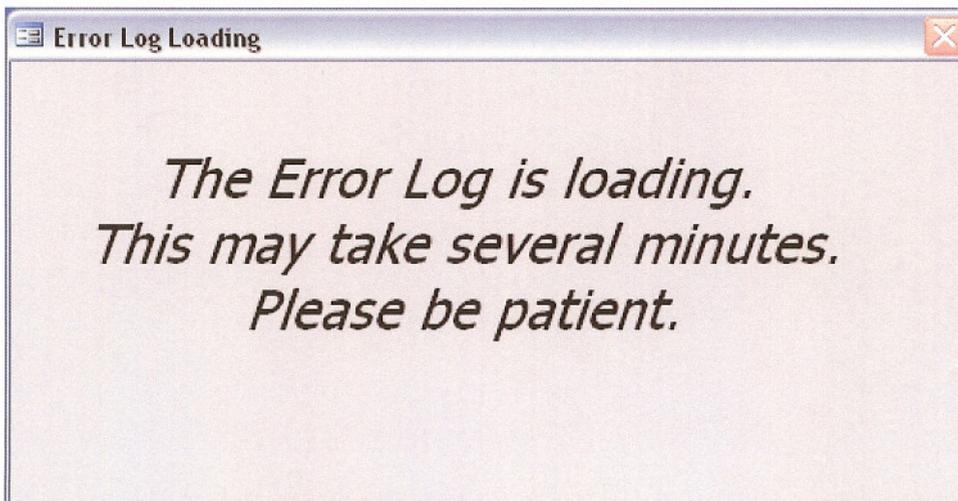


Figure 12: Load Error Log Splash Screen

As the Error Log load process runs, a status bar will be present in the lower left-hand side of the screen. It tracks several routines that execute in sequence in order to load and properly format all screens in the Data Readiness Tool.

After the Error Log load process is complete, you will receive the following pop-up screen.

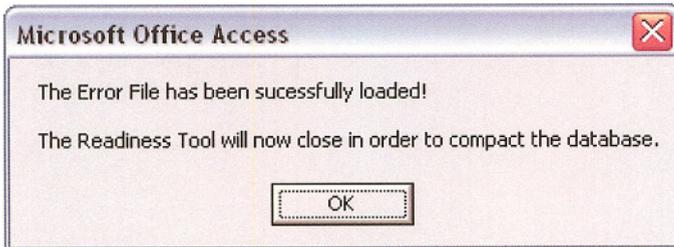


Figure 13: Load Error Log Complete Pop-up

Click on the OK button to initiate the database compression module. The application will close after the compression is complete. The Data Readiness Tool is now ready for use.

10.3 Load Error Definitions

Occasionally, a new Error Definition file is included with the monthly zip file sent by the CMIPS II data conversion team. To load an Error Definition file, go to the Utility Menu and click the **Load Error Definitions** button.

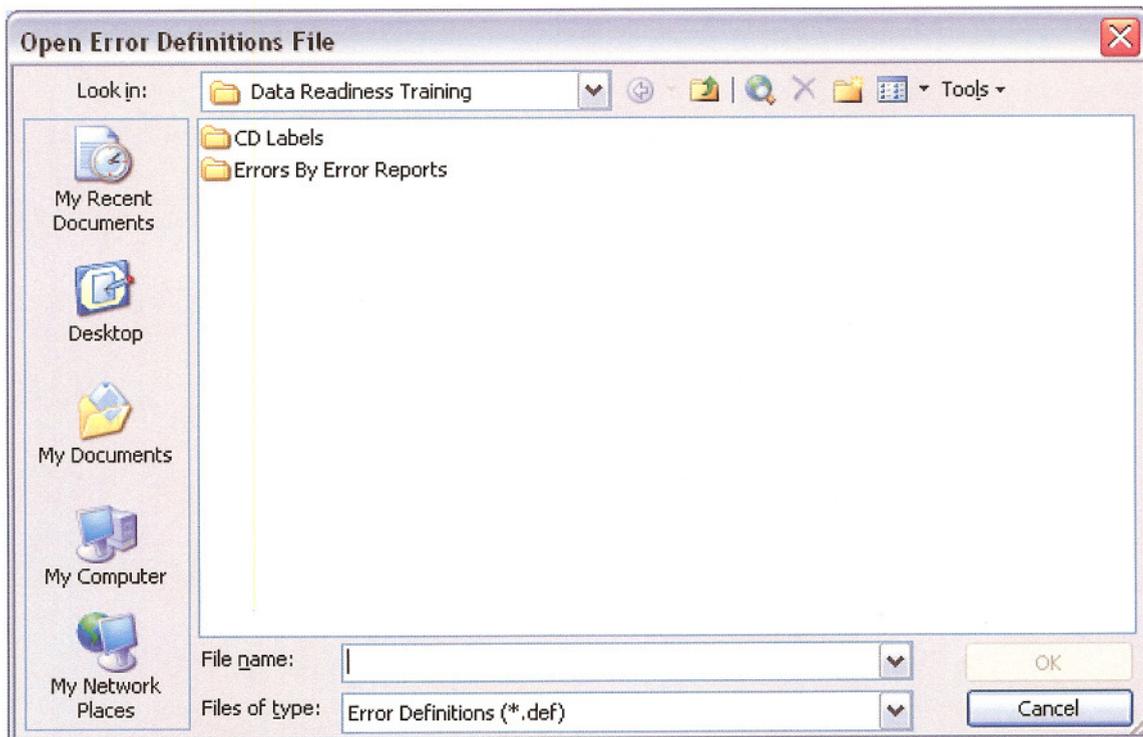


Figure 14: Load Error Definitions Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Error Definitions file was unzipped to this directory, it will appear as "Error Definitions.def". Click on the Error Definitions file and then click on **OK**. The new Error Definitions file will load to the Data Readiness Tool.

10.4 Load Tips

Occasionally, a new Tips file is included with the monthly zip file sent by the CMIPS II data conversion team. To load an Tips file, go to the Utility Menu and click the **Load Tips** button.

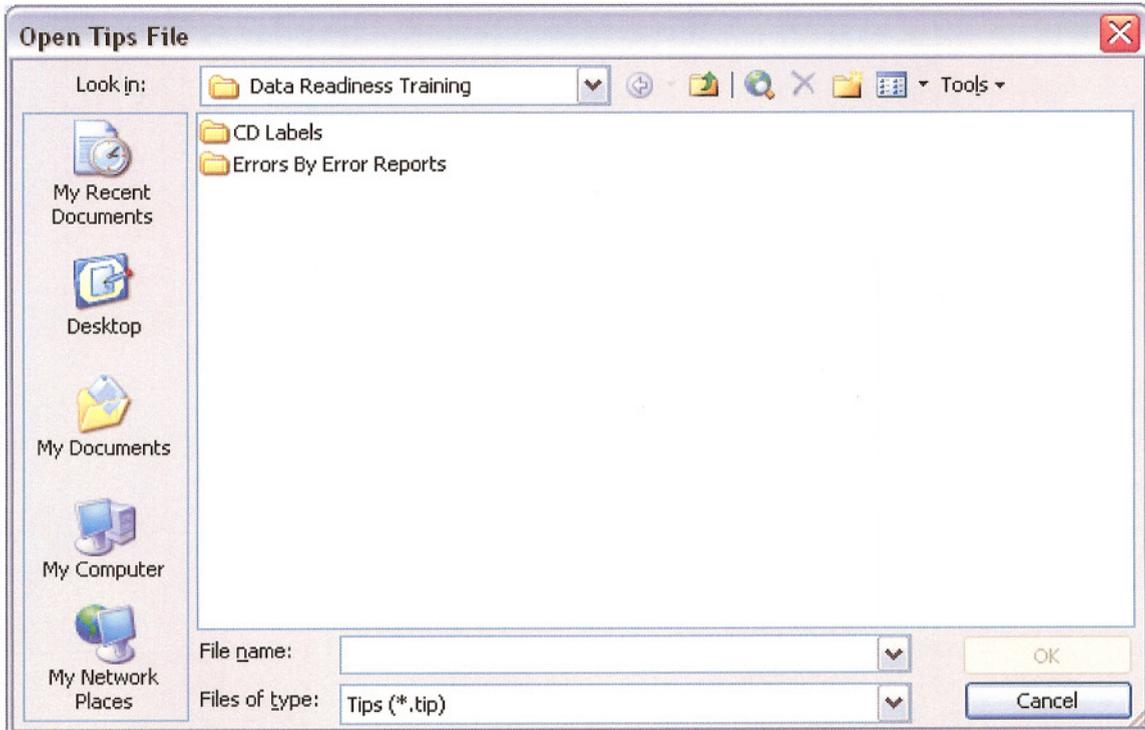


Figure 15: Load Tips Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Tips file was unzipped to this directory, it will appear as "Tips.tip". Click on the Tips file and then click on **OK**. The new Tips file will load to the Data Readiness Tool.

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-03**

May 22, 2009

SUBJECT: CMIPS II DATA READINESS INSTRUCTIONS

EFFECTIVE DATE: June 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

I. PURPOSE

The purpose of this Special Notice is to provide instructions for the “**Data Readiness Reporting Tool**” to In-Home Supportive Services (IHSS) staff. The Data Readiness Tool is a Microsoft based computer application that will allow IHSS Social Workers to review errors in the Legacy Case Management Information and Payrolling System (CMIPS).

The Data Readiness Reporting Tool User Guide contains information on how to identify and correct high priority errors currently contained in CMIPS, that would prevent the conversion of case information to CMIPS II.

II. BACKGROUND

CMIPS is a statewide database and central payroll processing mechanism for IHSS. The primary functions of CMIPS are case management, payroll, and the recording of administrative information. The conversion to CMIPS II will provide the same functions with enhanced features that will improve accessibility. CMIPS II will be more user-friendly through automated assistance.

III. POLICY

IHSS Social Workers *must* use the Data Readiness Reporting Tool to identify and correct high priority errors currently in CMIPS. High priority errors are defined as incorrect data that would prevent the entire case file from converting to CMIPS II and are numbered 1-30. The Data Readiness Reporting Tool will also be used to track the total number of cases corrected in CMIPS in preparation for conversion to CMIPS II. The Data Readiness Tool is not permanent and will only be used during the conversion period.

IV. PROCEDURES

IHSS Social Worker Instructions:

1. IHSS Social Workers will access the Data Readiness Reporting Tool on the S drive at the following location:
S:\Projects\CMIPS II\Data Readiness\Data Readiness Tool.mdb
2. Use the Data Readiness Reporting Tool to identify and correct errors. Errors will be listed in the order of highest priority and must be corrected in that order.
3. As each error is corrected it must be “checked” as worked in the Data Readiness Reporting Tool.
4. The Data Readiness Tool will be refreshed the tenth of each month. Any errors not corrected, will appear the following month *even if the errors have been checked as “worked.”*
5. Report any technical difficulties experienced when using the Data Readiness Reporting Tool to Rod Stine, CMIPS II Implementation Coordinator, at 619-476-6214.

V. REVIEW STATEMENT

This document was reviewed by an Organizational Review Committee (ORC).

VI. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide. Special Notices are archived at the following location of the S drive:

S:\AIS\Operations\IHSS\Automated Forms\IHSS Policy and Procedures-Automated\IHSS Special Notices.



WILFRED QUINTONG

Assistant Deputy Director



ELLEN SCHMEDING

Assistant Deputy Director

For questions contact: Gina Brown (858) 495-5554

Attachments

Distribution Codes 7 & 8

Data Readiness Reporting Tool

User Guide

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Revision History:

Version	Date	Author(s)	Reason for Change
0.1	03/18/09	Jeff C. Lloyd	Initial Draft
0.2	04/12/09	Jeff C. Lloyd	Second Draft after Initial Review
0.3	04/24/09	Jeff C. Lloyd Greg Nolan	Third Draft after Second Review
1.0	04/27/09	Jeff C. Lloyd Greg Nolan	Initial Release

1 INTRODUCTION

The Data Readiness Reporting Tool is a Microsoft Access based application that allows county IHSS case workers to review errors in the CMIPS 2000 application. The errors are identified by the CMIPS II data conversion team using a variety of sources such as existing reports, system documentation, user interviews and general business rule analysis. If not corrected in CMIPS 2000, these errors would cause significant problems during the conversion process to CMIPS II.

The Data Readiness Reporting Tool will also be used to track error remediation efforts by county case workers. As each error is corrected in CMIPS 2000, it will be marked in the tool as "worked". This approach allows project management to track overall readiness activities and ensure that the county remains on track to prepare their caseload for conversion to CMIPS II.

County case workers who currently maintain case data in CMIPS 2000 are likely candidates for using the Data Readiness Tool. It is designed and built with ease of use in mind and requires only basic computer skills to navigate through the menus and screens. Workers who are already familiar with CMIPS 2000 screens will have little trouble finding their way around the Data Readiness Tool.

This manual presents an overview of each of the screens available within the tool, along with a description of its intended purpose and suggested use.

Data Readiness Reporting Tool Features:

- Multiple screens
 - Multiple screens are available allowing error information to be grouped and viewed in a variety of useful ways
- The tool includes information from the following sources:
 - MEDS - Monthly Renewal Exception Report (aka MEDS Alerts)
 - WARN - CMIPS Warning Alert Listing
 - ODAS - Overdue Assessment Listing
 - ODAF - Overdue Assessment Face-to-Face Listing
 - CMDR - Case Management Data Readiness programs
 - PAYD - Payroll Data Readiness programs
- Summary Statistics
 - The tool tracks the total number of high priority problems, how many are fixed and how many are remaining to be fixed.
 - History of these statistics is also maintained in the tool as each new set of errors is received by the county

2 APPROACH

The Data Readiness Reporting tool contains the errors that need to be worked in order to assure a smooth transition from CMIPS 2000 to CMIPS II. When using the tool, errors are displayed in priority order – the lower the number of the priority, the higher the importance to correct the error. For example, a priority 5 error is of higher importance to be corrected than a priority 15.

The following list describes the priority numbers associated with errors in the Data Readiness Reporting tool:

Priority	Priority Short Description	Priority Long Description
5	Business Rule Violation	Business Rule Violation errors will cause a case to reject during the conversion process. These primarily include cases where a mismatch of identifying information exists between legacy CMIPS and the MEDS system. The reject is necessary because items such as Date of Birth, Social Security Number and Client Index Number are used to positively identify a recipient before multiple records are combined into a single record in CMIPS II.
10	General Case Reject	This type of message identifies cases that did not meet the required case construct for CMIPS II. Since case construct is critical to defining a valid case, these types of errors cause a case to be rejected.
15	Eligibility Impact	Cases that have MEDS eligibility issues will reject during the conversion process. CMIPS II will enforce eligibility rules more strictly than CMIPS 2000 and cannot convert cases that violate these rules.
20	Table Row Reject	Table Row Reject errors will cause logical groupings of data to reject for a case. For example, some legacy systems will store an address if any one of Street, City, State or Zip Code are entered into a screen. However, the new system might require that ALL of the items are entered before an address can be stored. If any of the required items are missing, the conversion process will reject the entire address.
30	Table Element Reject	Table Element reject errors will cause specific pieces of information to be rejected. For example, if a Zip+4 field in the legacy system contains non-numeric data such as "ABC", it will not be converted into the new system. In this scenario, the field is typically cleared or may be replaced with a default value.
40	Warning	Warning messages do not pose significant problems to processing of the data during the conversion process. However, these messages should be reviewed by county personnel to ensure that the information is correct and accurate. This process helps ensure that the new application will function properly.
50	Message	Messages are produced for informational purposes only. There is no need to work messages as part of data readiness.

3 MAIN MENU

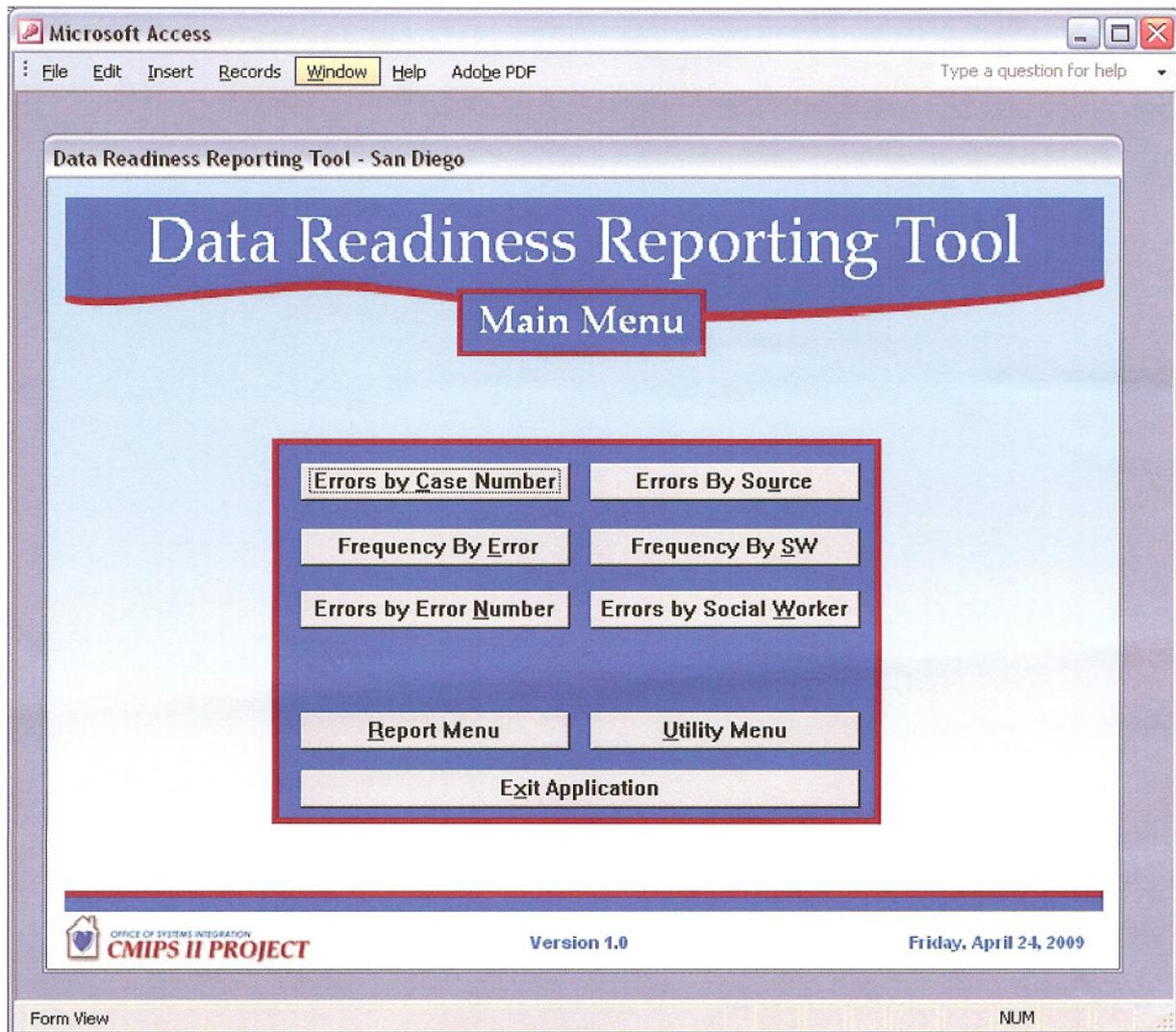


Figure 1: Data Readiness Reporting Tool – Main Menu

After double-clicking on "Data Readiness Tool.mdb" you will be presented with the main screen for the application. Figure 1 depicts the main menu screen, below is a description of the purpose for each of the menu items:

3.1 Errors by Case Number

The Errors by Case Number screen allows users to view errors associated with specific cases. The user can perform searches using either the Recipient's Name or a Case Number.

3.2 Frequency by Error

The Error Frequency by Error Number screen allows users to view the quantity of errors sorted by priority. The user can select a specific priority of errors to display or all errors can be displayed.

3.3 Errors by Error Number

The Errors by Error Number screen allows users to view the occurrences of a specific error number. The resulting error list can be filtered by district office and/or by social worker.

3.4 Errors by Source

The Errors by Source screen allows users to view errors contained in a specific source. The resulting list of errors from a specific source can then be filtered to show errors associated with a specific case and/or error priority.

3.5 Frequency by SW

Error Frequency by Social Worker is a summary level screen which lists, for each social worker, the quantity of errors associated with their cases. Users can view and/or print the errors for any or all social workers.

3.6 Errors by Social Worker

The Errors by Social Worker screen allows users to view errors associated with specific social workers. The resulting list of errors for a specific social worker can then be filtered to show errors associated with a specific case and/or error priority.

3.7 Report Menu

From the Report menu, users can select to print a list of tips of how to correct specific errors or print a summary of statistics. The summary statistics report provides information about numbers of errors and their breakdown by priority and is a convenient way to see how many errors have been worked and how many are remaining to be worked.

3.8 Utility Menu

The Utility menu is intended to be used by the county IT person or department responsible for administering the Data Readiness tool. From the Utility menu, administrators can load the error file which will be distributed on a monthly basis. New tips and error definitions will be distributed on an as-needed basis and can be loaded via the appropriate Utility menu item.

3.9 Exit Application

The Exit Application menu item closes the Data Readiness Tool. To re-open the tool, double-click on the "Data Readiness Tool.mdb" file.

4 ERRORS BY CASE NUMBER

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Case Number - 102865

Find By Recipient Name:
Find By Case Number:

Recipient: Last Name 102865, First 102865
Provider: .

Filters
Priority
Worked

Pri.	Source	Error	Error Location	Short Description	Detailed Description	Worked
5	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19430701 MEDS: 19430107	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	<input type="checkbox"/> Tips

Friday, April 24, 2009 Total errors: 1 Errors worked: 0 Print Close

Form View FLTR NUM

Figure 2: Errors by Case Number screen

4.1 Using the Errors by Case Number screen

Clicking on the Errors by Case menu item from the Main Menu launches the Errors by Case screen shown in Figure 2 above.

To display the errors associated with a specific case, users can select either a recipient name or case number from the drop down lists at the top left of the screen.

Once this is done, the screen will be populated with the errors associated with the selected case. Note the case number will be displayed in the heading of the screen.

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

To the right of the "Tips" button is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter.

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors related to the case and the number of errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

5 ERROR FREQUENCY BY ERROR NUMBER

The screenshot shows the 'Error Frequency By Error Number' screen in Microsoft Access. The window title is 'Data Readiness Reporting Tool - San Diego'. The screen has a menu bar (File, Edit, Insert, Records, Window, Help, Adobe PDF) and a search bar. Below the menu is a title bar 'Error Frequency By Error Number'. A dropdown menu 'Display by Error Priority:' is set to 'All'. On the right, there are 'Printing Options' for 'Destination', 'Print', and 'Show Worked'. The main area contains a table with the following data:

Pri.	Source	Error	# Times Error Occurred	Error Location	Short Description	View Errors	Destination	Print	Show Worked
3	RNEW	CM 500	113		MEDS CIN DOES NOT MATCH IHSS CIN	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>
5	RNEW	CM 501	1867		MEDS DOB DOES NOT MATCH IHSS DOB	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>
5	RNEW	CM 502	70		MEDS SSN DOES NOT MATCH IHSS SSN	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>
10	WARN	CM 001	596		Recipient (Recipient Case Number) in (Status) status in (County Name) County with	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>
15	WARN	CM 015	1		Parent – AA not allowed	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>
40	WARN	CM 003	318		Application pending over ____ days	[View]	PDF File	<input type="checkbox"/>	<input type="checkbox"/>

At the bottom of the screen, there are three buttons: 'Print Error Frequency Report', 'Print Selected Errors', and 'Close'. The date 'Friday, April 24, 2009' is displayed. A status bar at the very bottom shows 'The severity of the error' and 'NUM'.

Figure 3: Frequency By Error screen

5.1 Using the Frequency By Error Screen

Clicking on the Frequency by Error menu item from the Main Menu launches the Frequency by Error screen shown in Figure 3 above.

The screen launches with all errors displayed. Users can elect to display a specific error priority by selecting the error priority of interest from the drop-down menu labeled "Display by Error Priority".

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Times Error Occurred – a number indicating the quantity of occurrences of a specific error

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

View Errors – a button when clicked launches a separate window listing the errors associated with a specific error number

Printing Options – on the right side of screen are three columns – Destination, Print and Show Worked. These are used to assist in manipulating which errors get printed and in what format when the user elects to print a subset of the error frequency report.

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

The "Short Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the description is lengthy.

The "View Errors" button when clicked will launch a separate "Errors by Error Number" screen. For a description of how to use the "Errors by Error Number" screen, see section 6 of this document.

There are many options available for printing error reports. First, by clicking on the "Print Error Frequency Report" a window will be launched containing the errors listed. Note that this report can contain one specific error or fall errors depending on what is selected from the "Display by Error Priority" drop-down prior to clicking on the "Print Error Frequency Report" button.

Next, under the "Destination" column, there is a button that can be used to globally manipulate the format that all the errors listed will be printed to; the three choices for destination are "RTF" (Rich Text Format), "Printer", or "PDF". RTF format is useful for saving the error(s) to a file that can be imported into another application. Selecting "Printer" allows the report to be printed to any defined printer available to the computer. Selecting PDF allows the report to be printed in a portable document format; this requires that a version of Adobe Acrobat is installed on the computer.

Under the "Print" column, there is button that can be used to select/deselect all the errors listed for printing; there are two choices, "All" and "None".

Under the "Show Worked" column, there is a button that can be used to indicate whether or not to include errors that have been checked as worked when generating the report. There are two choices, "Show" and "None".

Depending on how the printing options are manipulated, a "Write Conflict" pop-up window may appear, if this happens, left-click on "Save Record".

Once the printing options are manipulated, left-click on the "Print Selected Errors" button at the bottom of the screen. If the "PDF File" or "RTF File" option is selected for printing, the documents produced will be placed in a folder titled "Errors By Error Reports". This folder will be a sub-folder located in the same directory as the Data Readiness Tool.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

6 ERRORS BY ERROR NUMBER

Errors By Error Number

Find By Error Number:

Priority: Error Location:

Source: **Tips**

Error: **Detailed Description**

Includes any case where the CIN on the IHSS case does not match the CIN on the Monthly Renewal File being processed

Filters

S. Worker Dst. Office Worked

Case Number	Recipient Name	Short Description	Worked
122177	Last Name 122177, First 122177	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 90813056 MEDS: 91094026	<input type="checkbox"/>
123267	Last Name 123267, First 123267	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 96496389 MEDS: 90857926	<input type="checkbox"/>
126508	Last Name 126508, First 126508	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 99927181 MEDS: 94181104	<input type="checkbox"/>
127051	Last Name 127051, First 127051	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 94788360 MEDS: 94168564	<input type="checkbox"/>
131155	Last Name 131155, First 131155	MEDS CIN DOES NOT MATCH IHSS CIN IHSS: 99210489 MEDS: 90685963	<input type="checkbox"/>

Friday, April 24, 2009 Total errors: 113 Errors worked : 0

A short description of the error FLTR NUM

Figure 4: Errors by Error Number screen

6.1 Using the Errors by Error Number screen

Clicking on the Errors by Error Number menu item from the Main Menu launches the Errors by Error Number screen shown in Figure 4 above.

To display the errors associated with a specific error number, users can select the error number of interest from the drop-down list labeled "Find by Error Number" at the top of the screen.

Once this is done, the screen will be populated with the errors associated with the selected error number. Note the case number will be displayed in the heading of the screen.

The following is a description of the contents of the screen:

Pri. – the priority number corresponding to the error

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Detailed Description – a more verbose statement describing the error

Case Number – the number assigned to the case

Recipient Name – the last and first name of the recipient separated by a comma

Short Description – brief statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

The “Short Description” can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the description is lengthy.

The yellow “Tips” button can be left-clicked on to display information regarding how to correct the error.

On the right side of the screen is a check box under the “Worked” column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the “Errors Worked” total at the bottom of the screen will be incremented each time a “Worked” check-box is clicked on.

In the upper right of the screen there is an area labeled “Filters”. In order to see just the errors associated with cases of a specific social worker, select the social worker of interest from the drop down list labeled “S. Worker”. To re-display all errors, left-click in the “S. Worker” field and hit the backspace key to clear the numbers then hit enter.

For counties that have district offices, the errors associated with cases belonging to a specific district office can be displayed by selecting the district office of interest from the drop down list labeled “Dst. Office”. To re-display all errors, left-click in the “Dst. Office” field and hit the backspace key to clear the numbers then hit enter.

In the “Filters” area there is also a check box labeled “Worked”. Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the “Worked” check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a “Print” button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the “Print” button is clicked. Once the report window is displayed it can be sent to a printer by selecting the “File” menu item at the top left of the MS Access window then selecting “Print”.

In addition to the current date, the total number of errors of the specified error number along with the number of those errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the “Close” button to dismiss the screen.

7 ERRORS BY SOURCE

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Source - RNEW

Find By Source:

Filters
Case Number Priority Worked

Pri.	Case Number	Source	Error	Error Location	Short Description	Detailed Description	Worked
5	100154	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19220622 MEDS: 19220612	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	102865	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19430701 MEDS: 19430107	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	102939	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19531130 MEDS: 19481129	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>
5	10294	RNEW	CM	501	MEDS DOB DOES NOT MATCH IHSS DOB IHSS: 19531130 MEDS: 19481129	Includes any case where the recipient DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.	Tips <input type="checkbox"/>

Friday, April 24, 2009 Total errors: 5629 Errors worked: 0

Print Close

Form View FLTR NUM

Figure 5: Errors by Source screen

7.1 Using the Errors by Source screen

Clicking on the Errors by Source menu item from the Main Menu launches the Errors by Source screen shown in Figure 5 above.

To display the errors associated with a specific source, users can select the source of interest from the drop-down list labeled "Find By Source" at the top left of the screen.

Once this is done, the screen will be populated with the errors associated with the selected source.

The following is a description of the column headings:

Pri. – the priority number corresponding to the error

Case Number – the number assigned to the case

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view

the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

To the right of the "Tips" button is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just the errors associated with a specific case number, select the case number of interest from the drop down list labeled "Case Number". To re-display all errors, left-click in the "Case Number" field and hit the backspace key to clear the numbers then hit enter.

In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter.

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors related to the source and the number or errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

8 ERROR FREQUENCY BY SOCIAL WORKER

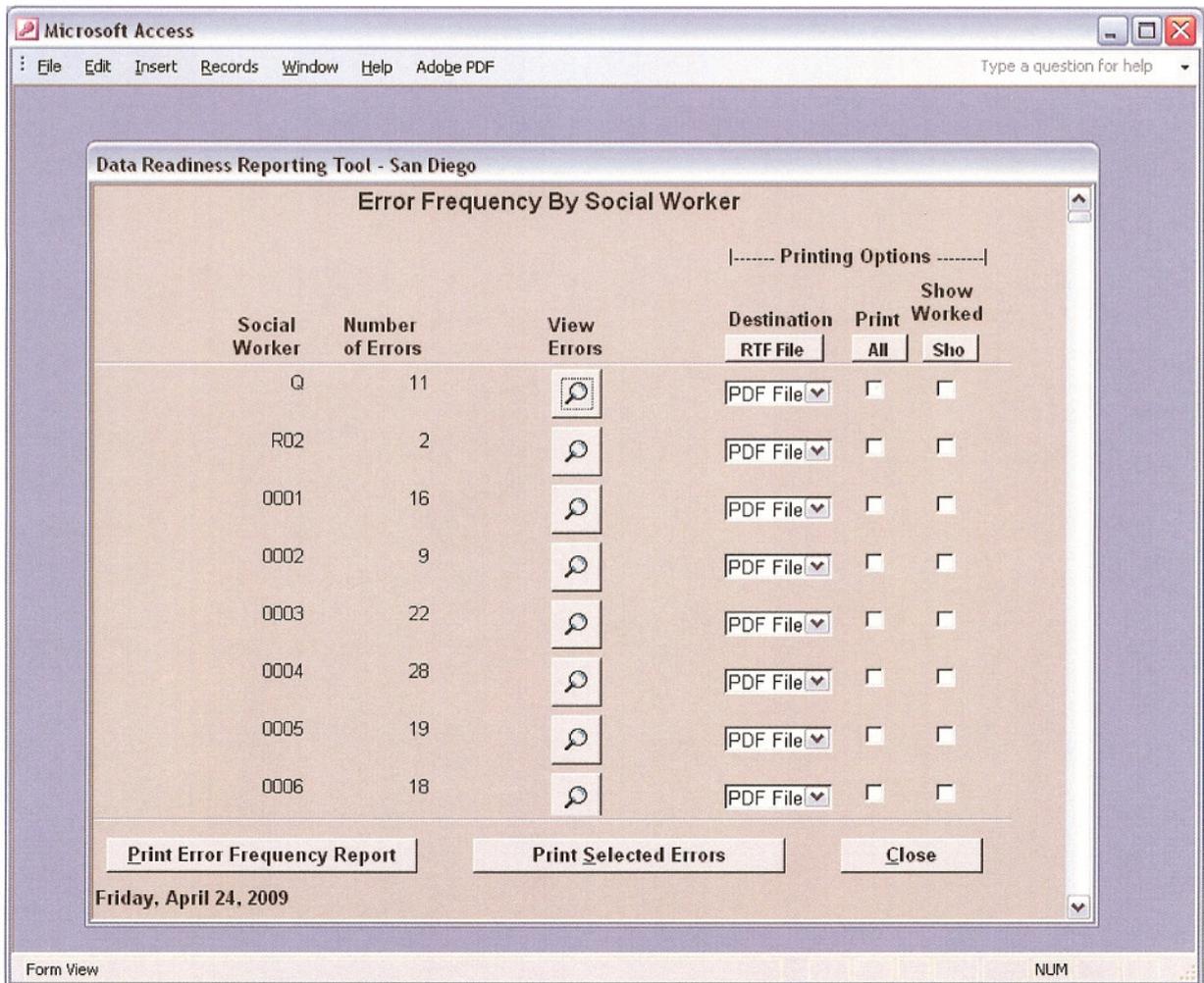


Figure 6: Frequency by SW screen

8.1 Using the Frequency by SW screen

Clicking on the Frequency by SW menu item from the Main Menu launches the Frequency by SW screen shown in Figure 6 above.

The screen launches with all errors displayed indicating the number of errors associated with cases owned by a specific social worker.

The following is a description of the column headings:

Social Worker – an alpha-numeric string assigned to a specific social worker

Number of Errors – a number indicating the quantity of errors associated with specific social workers cases

View Errors – a button when clicked launches a separate window listing the errors associated with a specific error number

Printing Options – on the right side of screen are three columns – Destination, Print and Show Worked. These are used to assist in manipulating which errors get printed and in what format when the user elects to print a subset of the error frequency report.

The "View Errors" button when clicked will launch a separate "Errors by Social Worker" screen. For a description of how to use the "Errors by Social Worker" screen, see section 9 of this document.

There are many options available for printing error reports. First, by clicking on the "Print Error Frequency Report" a window will be launched containing the errors listed. Note that this report can contain one specific error or fall errors depending on what is selected from the "Display by Error Priority" drop-down prior to clicking on the "Print Error Frequency Report" button.

Next, under the "Destination" column, there is a button that can be used to globally manipulate the format that all the errors listed will be printed to; the three choices for destination are "RTF" (Rich Text Format), "Printer", or "PDF". RTF format is useful for saving the error(s) to a file that can be imported into another application. Selecting "Printer" allows the report to be printed to any defined printer available to the computer. Selecting PDF allows the report to be printed in a portable document format; this requires that a version of Adobe Acrobat is installed on the computer.

Under the "Print" column, there is button that can be used to select/deselect all the errors listed for printing; there are two choices, "All" and "None".

Under the "Show Worked" column, there is a button that can be used to indicate whether or not to include errors that have been checked as worked when generating the report. There are two choices, "Show" and "None".

Depending on how the printing options are manipulated, a "Write Conflict" pop-up window may appear, if this happens, left-click on "Save Record".

Once the printing options are manipulated, left-click on the "Print Selected Errors" button at the bottom of the screen. If the "PDF File" or "RTF File" option is selected for printing, the documents produced will be placed in a folder titled "Errors By SW Reports". This folder will be a sub-folder located in the same directory as the Data Readiness Tool.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

9 ERRORS BY SOCIAL WORKER

Microsoft Access
File Edit Insert Records Window Help Adobe PDF Type a question for help

Data Readiness Reporting Tool - San Diego

Errors By Social Worker - 0003

Find By Social Worker Number:

Filters
Case Number Priority Worked

Pri	Case Number	Source	Error	Error Location	Short Description	Detailed Description	Worked
40	217334	ODFF	CM	700	OVERDUE ASSESSMENT FACE TO FACE IHSS: 20040115 MEDS: E	The Overdue Assessment Face to Face reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case Face to	<input type="checkbox"/> Tips
40	217334	ODAS	CM	600	OVERDUE ASSESSMENT IHSS: 20031231 MEDS: E	The Overdue Assessment Listing reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case End Date (SOC 293 or	<input type="checkbox"/> Tips
40	258277	ODAS	CM	600	OVERDUE ASSESSMENT IHSS: 20080131 MEDS: E	The Overdue Assessment Listing reports IHSS recipient cases for which the IHSS assessment has expired based upon the recipient case End Date (SOC 293 or	<input type="checkbox"/> Tips
40	258277	ODFF	CM	700	OVERDUE ASSESSMENT FACE TO FACE IHSS: 20080131 MEDS: E	The Overdue Assessment Face to Face reports IHSS recipient cases for which the IHSS assessment has expired	<input type="checkbox"/> Tips

Friday, April 24, 2009 Total errors: 22 Errors worked: 0

Print Close

Form View FLTR NUM

Figure 7: Errors by Social Worker screen

9.1 Using the Errors by Social Worker screen

Clicking on the Errors by Social Worker menu item from the Main Menu launches the Errors by Social Worker screen shown in Figure 7 above.

To display the errors associated with the cases of a specific social worker, users can select the social worker of interest from the drop-down list labeled “Find by Social Worker Number” at the top of the screen.

Once this is done, the screen will be populated with the errors associated with the cases of the selected social worker. Note the social worker number will be displayed in the heading of the screen.

The following is a description of the contents of the screen:

Pri – the priority number corresponding to the error

Case Number – the number assigned to the case

Source – the source reporting the error

Error – a combination of the error type and error code

Error Location – information to help locate where in CMIPS 2000 to find the error

Short Description – brief statement describing the error

Detailed Description – a more verbose statement describing the error

Worked – a check box that when checked makes the error drop off the list of errors

Notice that the priority, source and error fields associated with each listed error have a yellow background. Fields with a yellow background indicate that there is additional information available about the field. To view the additional information related to any field with a yellow background, left click anywhere within the field and a pop-up window will display the additional information.

Both the "Short Description" and "Detailed Description" can be left-clicked on to display a scroll bar which can be used to scroll down to see the rest of the description in cases where the descriptions are lengthy.

The yellow "Tips" button can be left-clicked on to display information regarding how to correct the error.

On the right side of the screen is a check box under the "Worked" column. Left-click on the check box once the error is corrected so it will be taken off the list. Note the "Errors Worked" total at the bottom of the screen will be incremented each time a "Worked" check-box is clicked on.

In the upper right of the screen there is an area labeled "Filters". In order to see just the errors associated with a specific case number, select the case number of interest from the drop down list labeled "Case Number". To re-display all errors, left-click in the "Case Number" field and hit the backspace key to clear the numbers then hit enter. In order to see just a specific priority of error, select the priority of interest from the drop down list labeled "Priority". To re-display all errors, left-click in the "Priority" field and hit the backspace key to clear the numbers then hit enter..

In the "Filters" area there is also a check box labeled "Worked". Checking this check box will re-display errors that have been checked off as being worked. This can be useful in case a listed error is mistakenly checked off as worked. To correct this locate the error and un-check the "Worked" check box.

Though it is suggested to manage the error remediation effort using the screens within the tool, there is a "Print" button at the bottom of the screen which when clicked will launch a window containing a report of the errors listed. Note that the report will be affected by the filter(s) applied at the time the "Print" button is clicked. Once the report window is displayed it can be sent to a printer by selecting the "File" menu item at the top left of the MS Access window then selecting "Print".

In addition to the current date, the total number of errors of the specified error number along with the number of those errors worked is also displayed along the bottom of the screen.

When finished working in this screen, left-click on the "Close" button to dismiss the screen.

10 UTILITY MENU

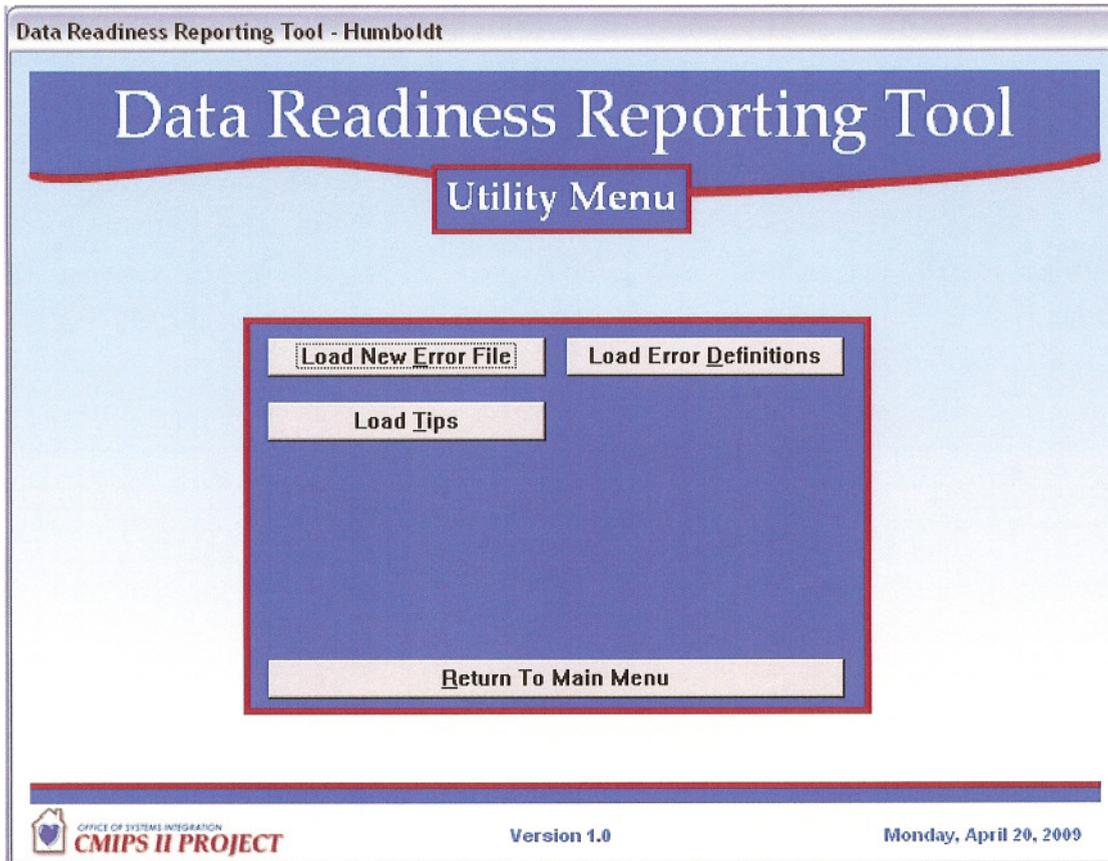


Figure 8: Utility Menu screen

10.1 Concept of Loading Data Files

On a monthly basis, the CMIPS II conversion team will run all error detection programs and produce a new Error Log file for each county. In addition to the Error Log, a Control File is produced that contains information such as Go Live date, county caseload and number of errors produced. Both files will be compressed and encrypted into a single zip file for secure transport to the counties.

Once a zipped file is received, the Error Log and Control File should be unzipped to the same directory as the Data Readiness Tool. This not mandatory, but helps keep track of all data files received over the course of the project. **Note that the Control File must be kept in the same directory as the Error Log file.** If they are not, the Data Readiness Tool will not load.

Occasionally there will be a need to load updated Error Definitions and Tips. When necessary, the files will be included in the encrypted zip file. Once again, unzipping all files to the same directory will assist in keeping track of all files needed to properly run the Data Readiness Tool.

10.2 Load New Error File

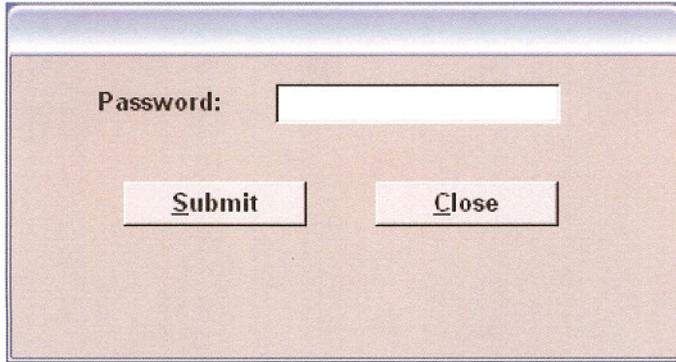


Figure 9: Load Error Log Password Pop-up

When a new Error Log file is loaded into the Data Readiness Tool, all existing errors are replaced. This is a complete refresh as opposed to an update of existing errors in the tool. Since all errors are replaced, and all "Worked" checkboxes are reset, it is important that only a select few people have access to perform the load function.

When the **Load New Error File** button is pressed, a password screen appears. Enter the password that was given to the CMIPS II project manager by the Pre-Engagement Implementation Coordinator.

Assuming the password is accepted, a message appears warning that an Error Log is about to be loaded and that the existing Error Log will be replaced.

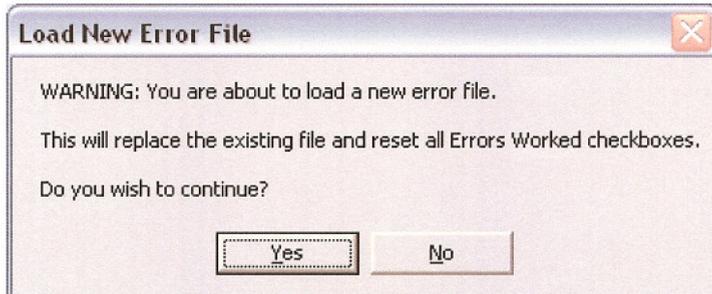


Figure 10: Load Error Log Warning Pop-up

Click **Yes** to continue or **No** to cancel the Error Log load operation. After clicking the **Yes** button, an Open File dialog box appears.

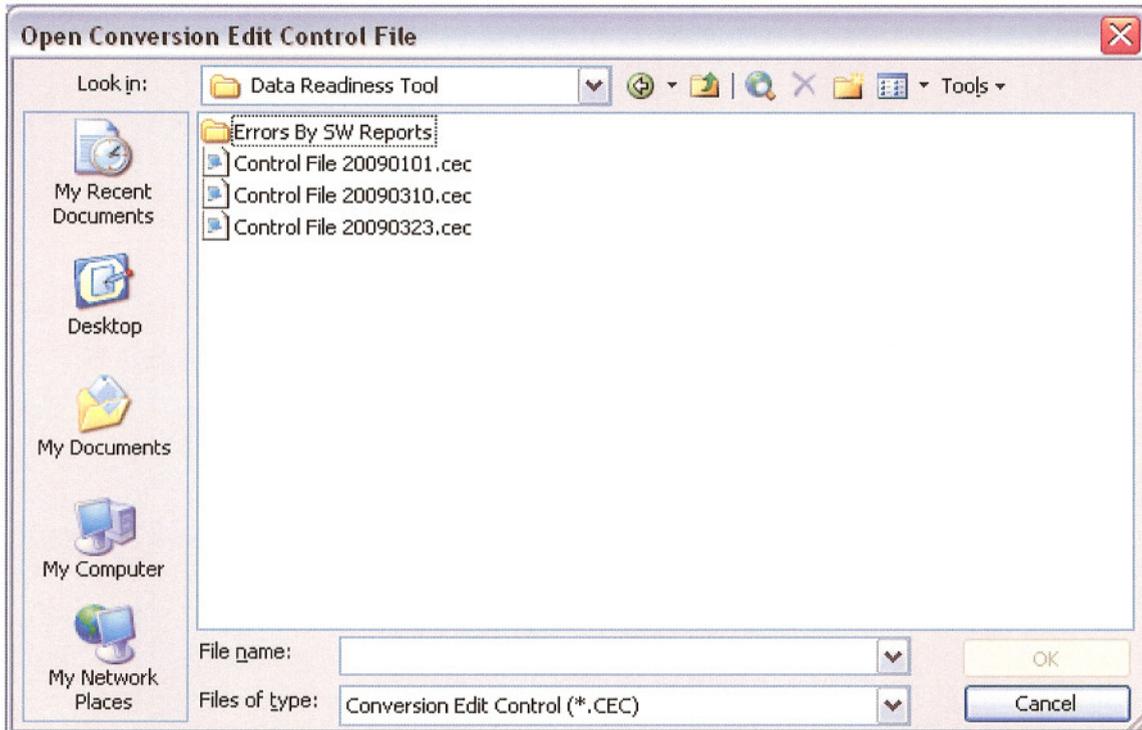


Figure 11: Load Error Log Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Error Log and Control File were unzipped to this directory, the Control File will appear. Click on the Control File with the most current date and then click on **OK**.

The Error Log load routine begins and the following splash screen appears during the entire load process.

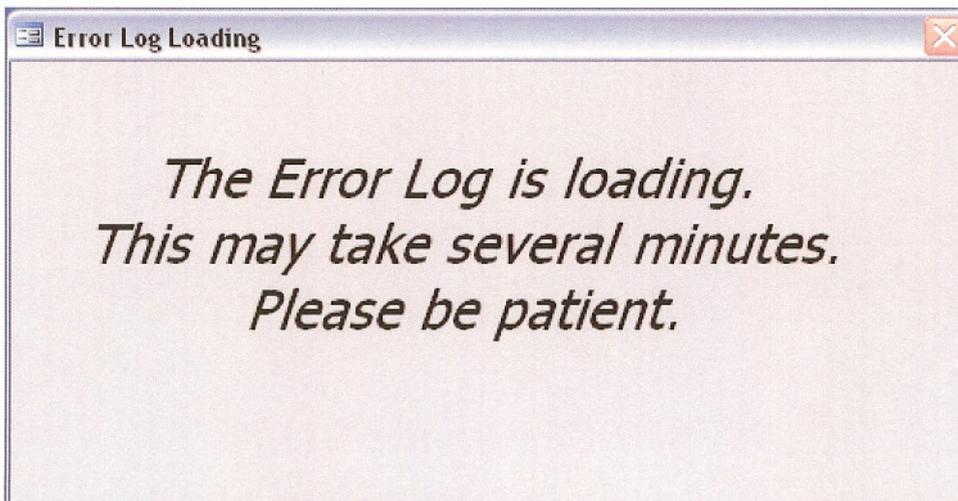


Figure 12: Load Error Log Splash Screen

As the Error Log load process runs, a status bar will be present in the lower left-hand side of the screen. It tracks several routines that execute in sequence in order to load and properly format all screens in the Data Readiness Tool.

After the Error Log load process is complete, you will receive the following pop-up screen.

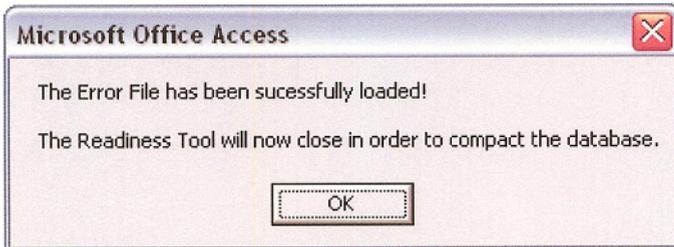


Figure 13: Load Error Log Complete Pop-up

Click on the OK button to initiate the database compression module. The application will close after the compression is complete. The Data Readiness Tool is now ready for use.

10.3 Load Error Definitions

Occasionally, a new Error Definition file is included with the monthly zip file sent by the CMIPS II data conversion team. To load an Error Definition file, go to the Utility Menu and click the **Load Error Definitions** button.

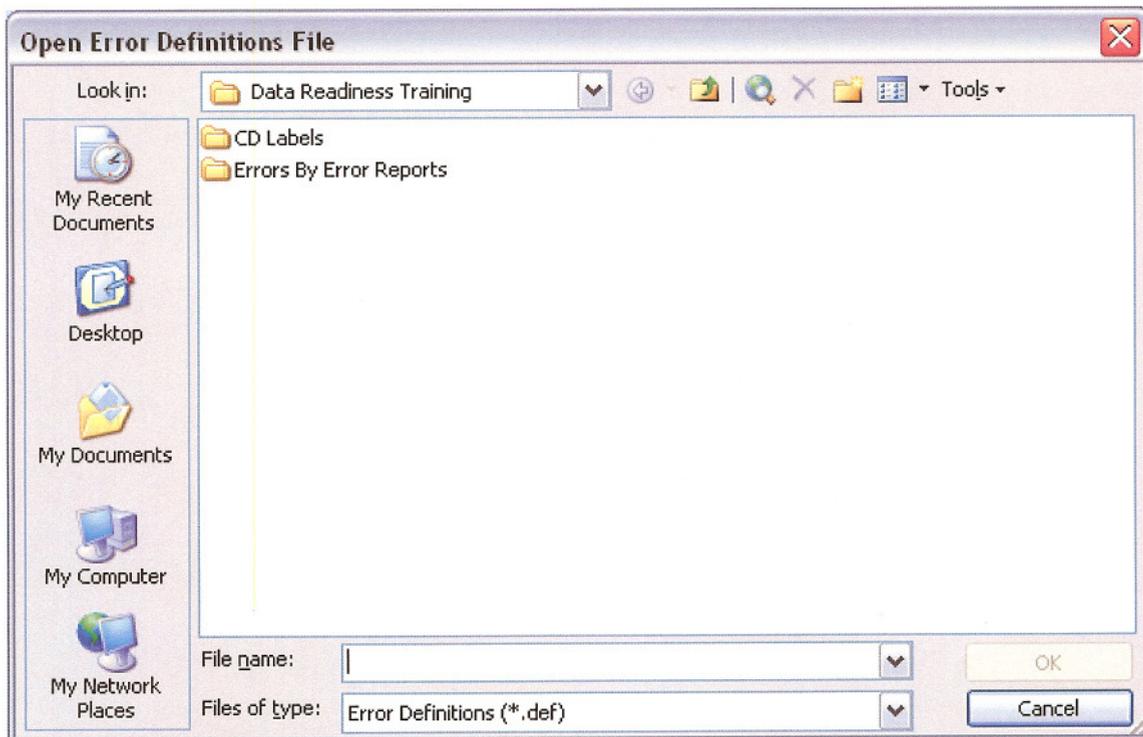


Figure 14: Load Error Definitions Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Error Definitions file was unzipped to this directory, it will appear as "Error Definitions.def". Click on the Error Definitions file and then click on **OK**. The new Error Definitions file will load to the Data Readiness Tool.

10.4 Load Tips

Occasionally, a new Tips file is included with the monthly zip file sent by the CMIPS II data conversion team. To load an Tips file, go to the Utility Menu and click the **Load Tips** button.

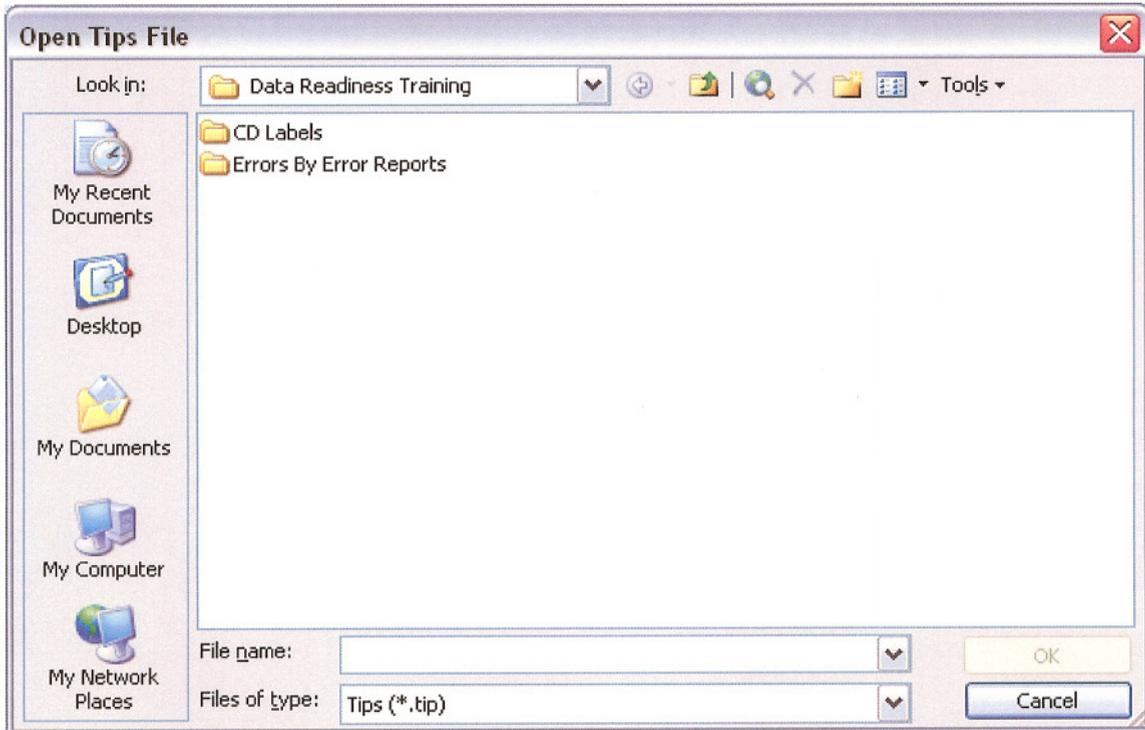


Figure 15: Load Tips Open File Dialog

The dialog box will default to the same directory in which the Data Readiness Tool exists. Assuming the Tips file was unzipped to this directory, it will appear as "Tips.tip". Click on the Tips file and then click on **OK**. The new Tips file will load to the Data Readiness Tool.



IHSS - CMIPS

Online Reports

User's Manual

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INTRODUCTION

Welcome to the IHSS-CMIPS Online Reports website. If you have received this document by email along with your User ID, you should have or will shortly receive another email with the User ID password.

If you have received this document via another means, you must request access to IHSS-CMIPS Online Reports through your county representative. Please see your IHSS Program Manager or other Adult Services Supervisor to determine the contact person for submitting requests.

The contents, directions and screen shots in this manual are based upon the use of Microsoft Windows XP, Outlook 2002 and Internet Explorer (IE) 6.0. Slight variations may occur with the use of other software or versions of the indicated software and will need to be addressed by the user and their county IT staff.

TERMS

The following list of terms will be used throughout this document

Term	Definition
<u>Document Type</u>	A report. A single report may be subdivided into several Document Types. For example the County Payment Voucher – Alpha Sort Report has been subdivided into the following Document Types: <ul style="list-style-type: none">• County Payment Voucher Report – Alpha• County Payment Voucher Report – Alpha – District Office Summary• County Payment Voucher Report – Alpha – County Summary• County Payment Voucher Report – Alpha – Statewide Summary
<u>Group</u>	A set of different reports assembled together or by report function
<u>Hit List</u>	Reports which meet the Index and Search Operator selections indicated by the user
<u>Index</u>	Report designation a user may indicate which uniquely identifies a specific Document Type
<u>Search Operator</u>	A list of operations that allows users to include or exclude certain parameters when searching for a specific report

CONFIDENTIALITY

All information displayed within reports accessed on the IHSS-CMIPS Online Reports website is confidential. This data are not to be shared with sources outside the IHSS Program nor is access to the website to be allowed to unauthorized persons.

Should county staff choose to email reports to IHSS staff, it is their responsibility to inform the recipient of the confidentiality of the reports being distributed.

SYSTEM REQUIREMENTS & SETUP

To access the IHSS-CMIPS Online Reports website a user must have access to a PC which is connected to the internet.

The PC must be **JavaScript** enabled with the following software loaded:

- **Netscape Navigator v4.5** or later or
- **Microsoft Internet Explorer v4.0** or later
- PDF viewer, as **Adobe's Acrobat Reader Version 4.0** or later, Acrobat Exchange, or Acrobat Business Tools

If users are unsure of their system setup or software versions, please contact your county IT staff for assistance. The EDS Help Desk cannot assist users with loading or updating software.

REPORT AVAILABILITY

CMIPS Reports produced on or after September 24, 2004 will be available on the website. Reports will be available for seven (7) years on the website. Reports produced prior to September 24, 2004 will not be made available.

DESKTOP SCREEN RESOLUTION

Desktop screen resolution of 1024 x 768 or higher and Normal Size DPI 96 settings are the best for viewing and use of this site. Settings of 800 x 600 or lower and Large Size DPI 120 limit the user's ability to scroll and view the content of the site.

WEBSITE ACCESS

Access to the IHSS-CMIPS Online Reports website must be authorized by a county representative and submitted to EDS. EDS will add the user and notify the user by email of the User ID and Password to access the website. The website may be accessed at: <https://cmips-reports.documentportal.com>

USER SECURITY & REPORT ACCESSIBILITY

User's have the ability access various reports based upon the security assigned by the County Contact. The following User ID Security Levels are available:

County District Office – Allows user's to access reports which pertain to the District Office in which they work.

County – Allows user's to access reports which pertain to the County, in which they work, including all reports in all District Offices.

Statewide – Allows user's to access all statewide, County and District Office Reports. This access is only available to CDSS staff or may be assigned to County users at the discretion of CDSS.

A user may be able to see the selection for a particular report, but access to the actual report may be denied because the assigned Security setting does not allow access.

USER ID AND PASSWORD

User ID and Passwords will be emailed, separately, to users from EDS when user accounts have been setup. Each User is responsible for the security of the User ID and Password and must not share it with others users. **User ID and Passwords are case sensitive**. Logon will fail if the appropriate case is not used. For example the **User ID = myuser04** with a **Password = winter04** must be entered in the lower case as indicated. If an attempt is made to logon using MyUser04 or Winter04 the message "Login failed for user MyUser04".

Three failed logon attempts will lock the User ID. User ID's locked due to logon failures are locked for 60 minutes. User's may wait the 60 minutes or contact the EDS Help Desk for password reset.

The first time a user logs on to the website with the User ID and Password, s/he will be prompted to change their password. Passwords are valid for 90 days, at which time the user will be prompted to change. Passwords may be changed by the user more frequently if desired.

PASSWORD RULE

- **Change password on first logon** – The first time the website is accessed, the system will prompt the user to change their password.

If the password has been **reset**, the system will not prompt the user to change the password. The user should change their password after a reset. To change a User Password, enter the User ID and current password, then press the "Change Password" button. The system will prompt the user for necessary information to change the password.

- **Password history length** – When User changes his/her password, they may not use the last password used as the new password.
- **Minimum password length** – Passwords must be at least eight (8) alphanumeric characters in length.
- **Reject trivial passwords** – Passwords cannot equal the user name or customer name or other trivial words such as "password". The system will display an edit if a trivial password is entered.
- **Password longevity** – A User Password remains valid for 90 days before it must be changed.
- **Log-in attempts allowed** – A user is allowed three (3) attempts to login before the account will be locked. To reset the User ID and Password, the user must contact the IHSS-CMIPS Help Desk.
- **Lockout duration** – When a user has been locked out contact the IHSS-CMIPS Help Desk to reset User ID and Password or wait 60 minutes before attempting to access the website again.

SITE HELP

Once accessed, there is a HELP option available in the upper right corner of the screen. This HELP is specific to the website, giving users general information about the use of the website functions.

This HELP option is not specific to the IHSS-CMIPS Reports. For detailed descriptions or specific information for an IHSS-CMIPS Reports, see **Section XIV – Reports and County Download** in the CMIPS User's Manual.

IHSS-CMIPS HELP DESK CONTACT

The IHSS-CMIPS Help Desk may be contacted for issues regarding User ID and Password resets. Please remember that User ID Requests must be submitted to EDS by IHSS Program Managers or Supervisors. The IHSS-CMIPS Help Desk phone numbers are 916/636-4280 or 213/387-3521.

The EDS Help Desk cannot assist users with loading or updating software.

SITE NAVIGATION

Once accessed, the following selection options allow users to access online reports:

Group – Reports have been grouped together for ease of access. The following Groups are available to County and County District Office users. A particular report may be found in more than one Group.

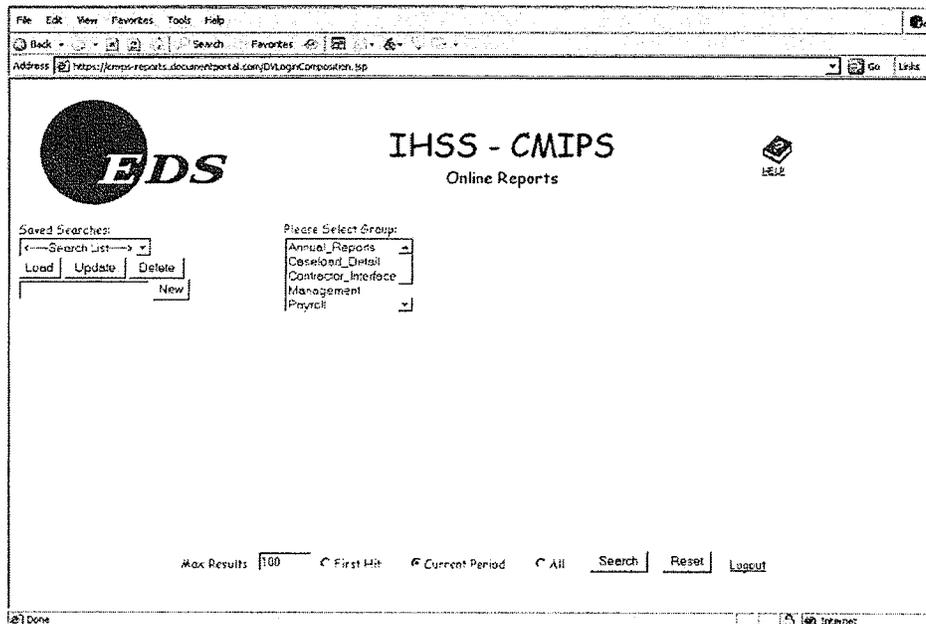


Fig. 1 – Group List selection

- **Annual_Reports** – Reports which are produced annually in conjunction with Share of Cost – Cost of Living Adjustments
- **Caseload_Reports** – Reports which assist County workers in the management of their caseload

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- **Contractor_Interface** – All reports specific to County Contractor Billing Authorization and Rejects
- **Management** – Reports used by County Management
- **Payroll** – Reports related to IHSS provider payroll and recipient payments
- **Summary** – District Office and County Summary reports
- **Taxes_Accounting** – Quarterly Tax Disbursement Reports
- **Homemaker** – Reports specific to Counties that use the Homemaker reports.

Document Types – Within each Group there are a list of reports, these reports are referred to as Document Types. Some groups will not be displayed for users if the group does not apply; for example, counties that do not use the Contractor_Interface reports will not see the Contractor_Interface group. A single CMIPS report may be divided into several Document Types to allow specific parts of a report to be identified with a specific Group.

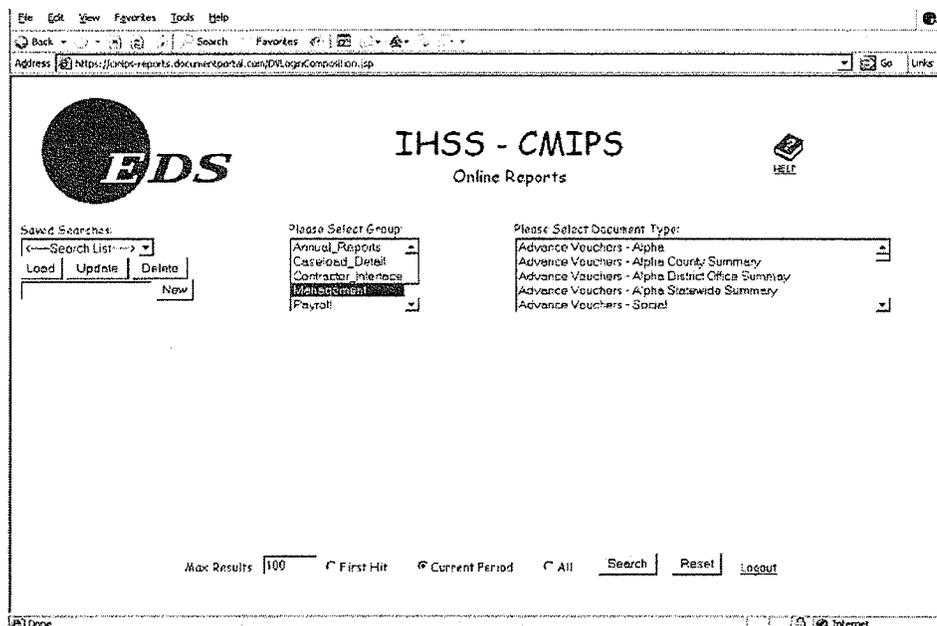


Fig. 2 – Document Type selection

See [Appendix A – Document Type \(Report\) – Group Designation](#) for a list of all Document Types (reports) and the Groups to which they are assigned.

Indexes and Search Operators

When a specific Document Type has been selected from a Group **the user must select at least one index**. However, multiple indexes may be set to narrow the results.

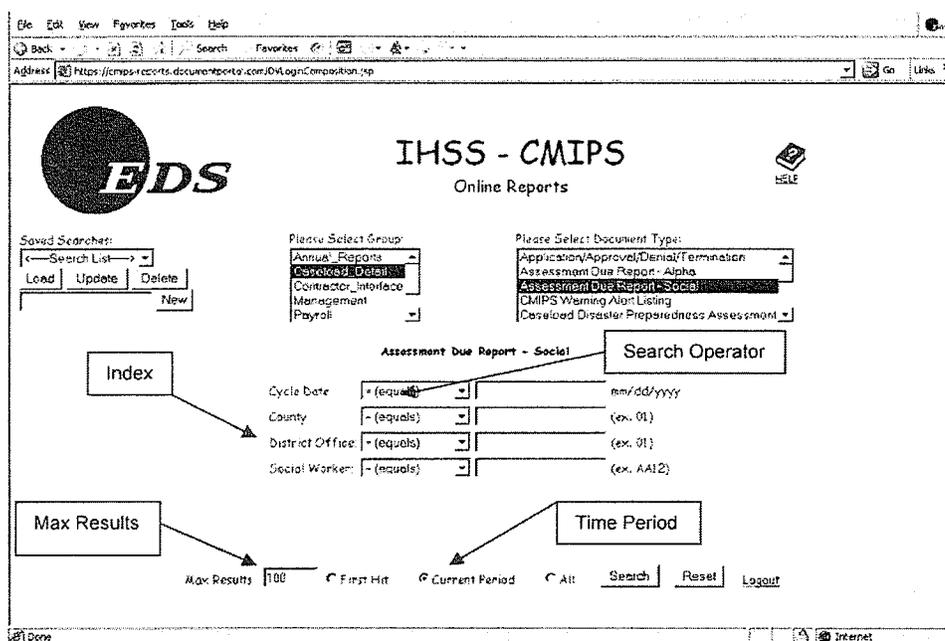


Fig. 3 – Index, Search Operator, Time Period and Max Result designations

Depending upon the Document Type selected various combinations of the following Indexes may be displayed and set by the user to narrow the search results.

- Cycle Date or Run Date
- Report Month or For Month
- County
- District Office
- Social Worker
- Invoice #

Each Index allows users the choice of several Search Operators. The default Search Operator for all Indexes is (=equals). For definitions and use of other Search Operators, see the site HELP>Searching for Documents>Search Operators.

As an example, a county user might have the following index settings:

Cycle date > (greater than) 10/01/2004
 County = (equals) 01

Time Periods

Users may indicate a time period to be searched. At the bottom center of the screen there are three indications:

First Hit – System will display the first document found matching criteria

Current Period – System Default – searches for reports produced in the current month and one month prior which meet Index indications

All – System searches all time frames for reports meeting all Index indications. Depending upon the volume of reports available, selecting this option may cause a delay in the return of the Hit List due to the number of items returned

Max Results

The system defaults to display a maximum number of items on the Hit List of 100. This setting may be manually changed to allow the return of more items to the Hit List. The Max Results maximum indication is 2500. If a particular request returns more than 100 items, but the default Max Results has not been changed from 100, the message “Documents: 1 to 10 of 100 (Partial Results)” will display below the Hit List.

Hit List

When Indexes, Search Operators, Time Periods and Max Results have been set, the user presses **Search**. The system queries the data for items matching the indications and displays the results on a Hit List.

		For Month	County	District Office	Social Worker
<input type="checkbox"/>	View	06/2004	19	01	
<input type="checkbox"/>	View	06/2004	19	01	5100
<input type="checkbox"/>	View	06/2004	19	01	5104
<input type="checkbox"/>	View	06/2004	19	01	5105
<input type="checkbox"/>	View	06/2004	16	01	5112
<input type="checkbox"/>	View	06/2004	35	01	5114
<input type="checkbox"/>	View	06/2004	19	01	5116
<input type="checkbox"/>	View	06/2004	35	01	5120
<input type="checkbox"/>	View	06/2004	19	01	5125
<input type="checkbox"/>	View	06/2004	19	01	5127

Documents: 1 to 10 of 100 (Partial Results)

Fig. 4 – Hit List results

There are several options for sorting and viewing Hit List results.

Sorting

The default sort of the Hit List items is the same as the order of display of Index items. In this case it is “For Month”, County, District Office, and Social Worker. Dates in the For Month designation are sorted in ascending date order with the most recent to oldest. To resort a column, if the A>Z indication appears, click the field title. The system

automatically resorts the field to descending order. To sort by a different column, double click the desired column heading.

Viewing

To view a single indication on the Hit List click the View link associated with the item. To view several, but not all indications, place checks in the box to the left of the item number. To view all items on the Hit List, press the **Select All** button at the bottom of the screen. After selection of items has been made, press the **View Selected** button at the bottom of the screen.

Because the application view data, then compiles the PDF for view, the system will display a page with a clickable link to view the PDF.

Partial Results

If the Max Results setting is less than the number of items returned from the search criteria, the system will return only up the Max Result setting. The message "Documents: 1 to 10 of 100 (Partial Results)" will display below the Hit List.

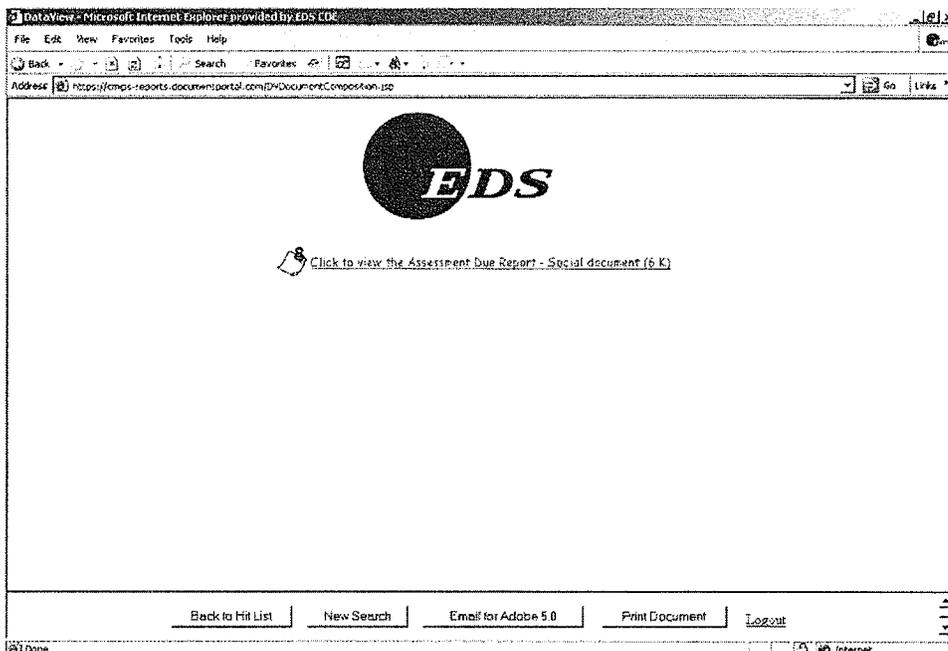


Fig. 5 – Report link to requested report

The displayed link should present with the Document Type (Report) selected. Click the link to view the PDF. The size of the PDF (6K) will determine the time taken to display.

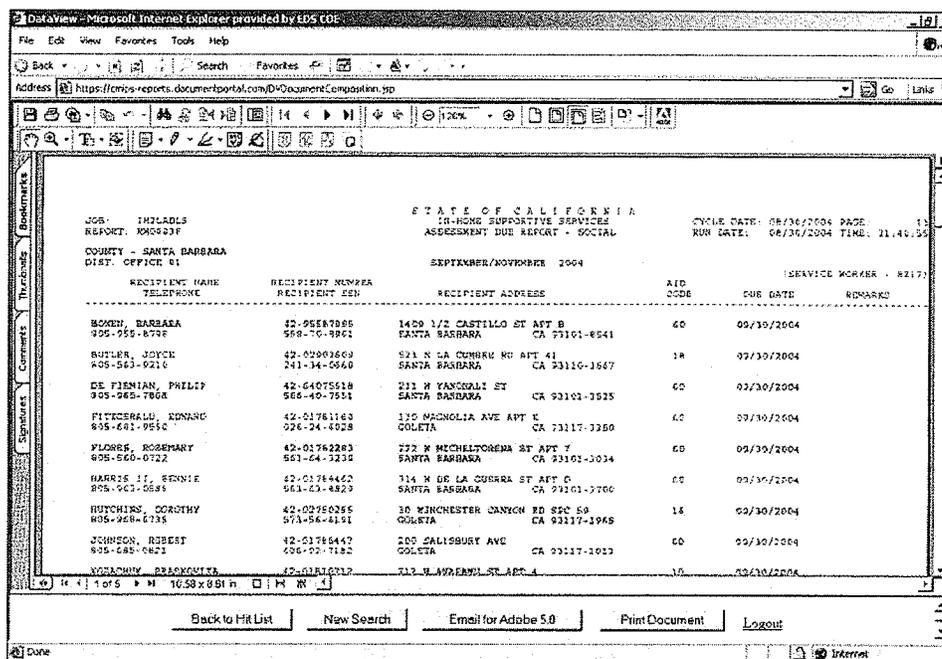


Fig. 6 – CMIPS Report display

When displayed as a PDF, users have available all PDF functions associated with their current version of Adobe Acrobat or Acrobat Reader.

OTHER OPTIONS

There are several navigational and function buttons at the bottom of both the Link and CMIPS Report screens. The following actions are allowed:

Back to Hit List – Returns the user to the Hit List

New Search – Returns the user to the Group and Document Type selection screen

Email for Adobe 5.0 – Allows the user to email the displayed PDF using Adobe 5.0 or earlier

Print Document – Allows the user to print all or part of the displayed PDF

Logout – Allows the user to logout of the IHSS-CMIPS Online Reports website

EMAILING REPORTS

The ability to email reports will allow counties to quickly send the specific part of a report to someone without worrying about having the piece of paper misplaced or lost. With the release of Adobe Acrobat 6.0 there are significant changes to the way emailing will occur on the IHSS-CMIPS Online Reports website.

If you are unsure of the version you are using, please ask your IT staff for assistance. An easy way to do that is to place the Mouse cursor over the Adobe Icon on your desktop or Toolbar. A description will appear something like, "Adobe Acrobat 5.0" or "Adobe Reader 5.0".

After you have determined the version of Acrobat or Acrobat Reader loaded on your PC, then find the correct instructions.

Adobe Acrobat 5.0 or Earlier

Adobe Acrobat 6.0

Adobe Acrobat Reader 5.0 and Earlier

To email a report using a version of Adobe Acrobat 5.0 or earlier, use the following directions:

1. From the Report Link page or the Report Display, press the **Email for Adobe 5.0** button at the bottom of the screen.

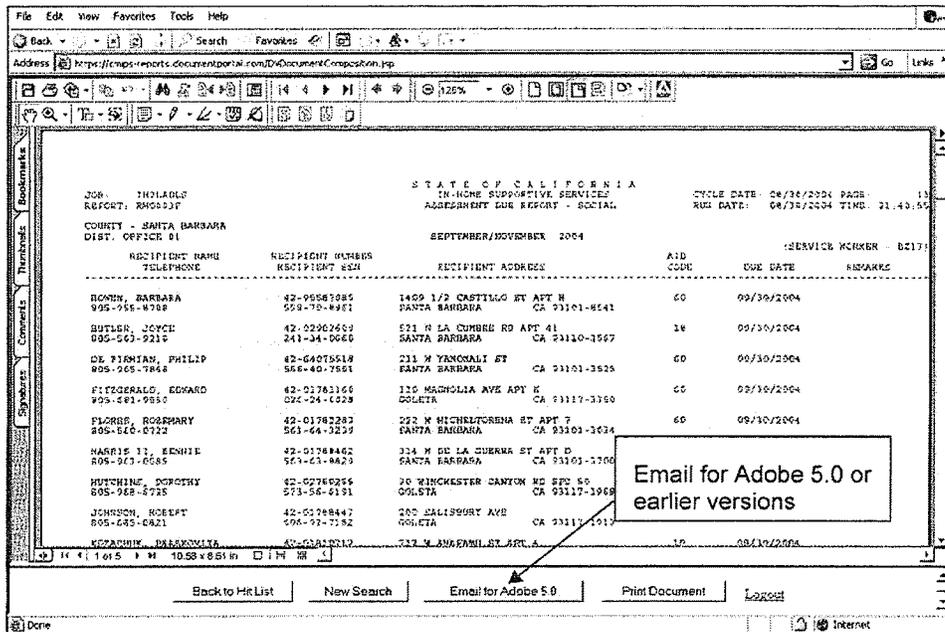


Fig. 7 – Email for Adobe Acrobat or Acrobat Reader 5.0 or earlier

2. The second window will pop-up displaying the following Security Information pop up box. Press “Yes”

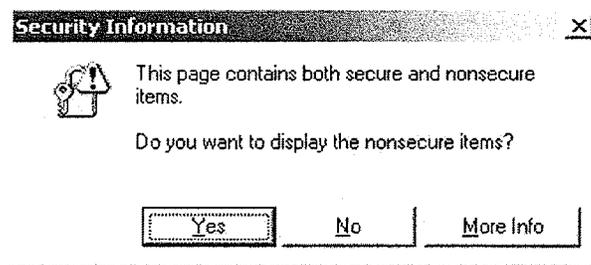


Fig. 8 – Security Information for emailing

The second window displays the report. From the Mail icon on the Adobe toolbar select "Send Page".

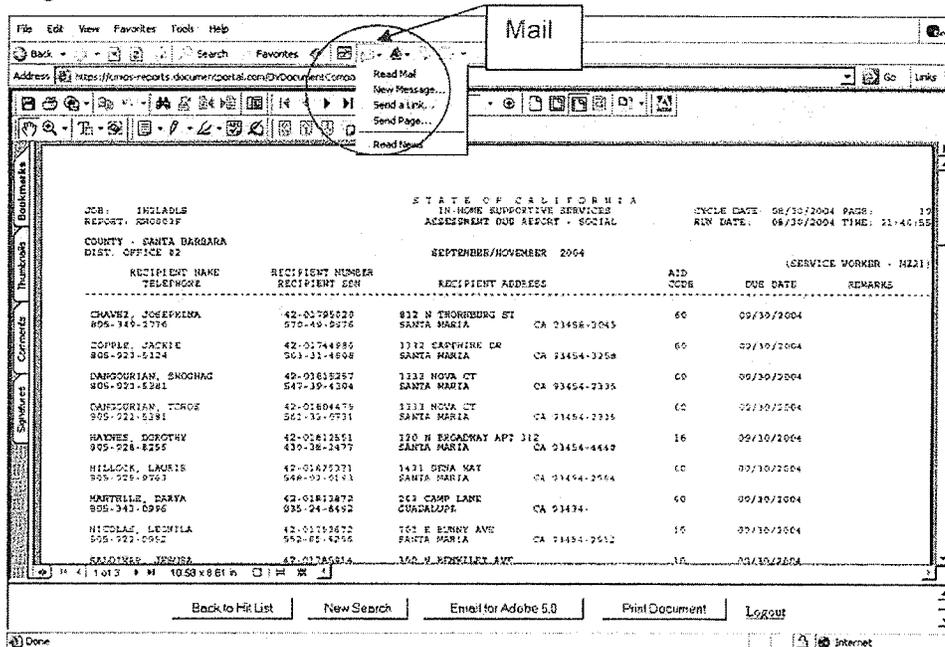


Fig. 9 – Email Icon on Acrobat Toolbar

- Your normal email program will appear with the PDF attached. The name of the PDF will be very long and not at all related to the report being mailed. The name assigned is system generated based upon the input of data (print file) from the report production to Anacomp.

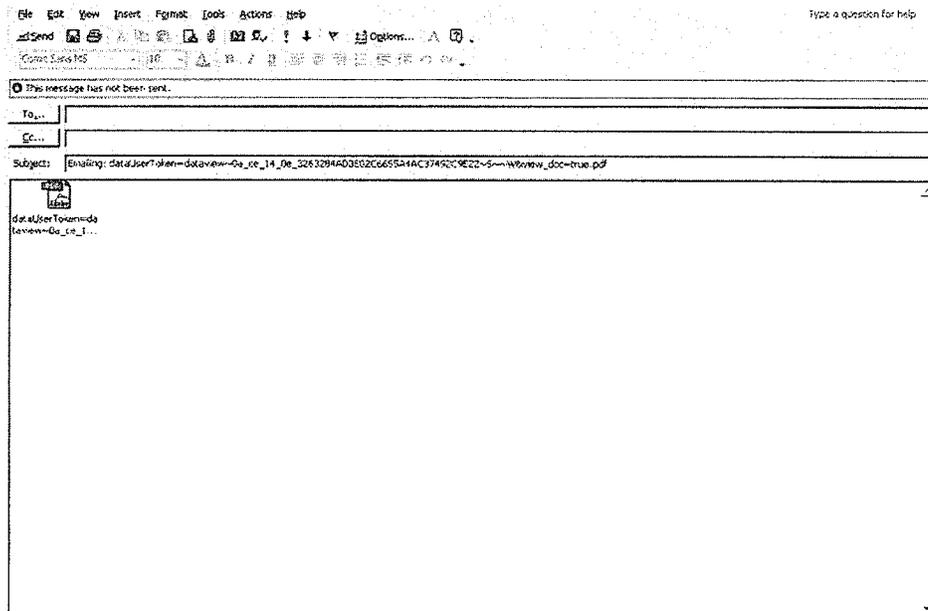


Fig. 10 – User email with report PDF attachment

4. Address the message to the intended recipient. If it is important that the message be titled with the appropriate Report name, change the "Subject:" of the email to the appropriate report name.
5. To change the PDF Report name of the PDF, right click on the PDF in the message and select Properties.

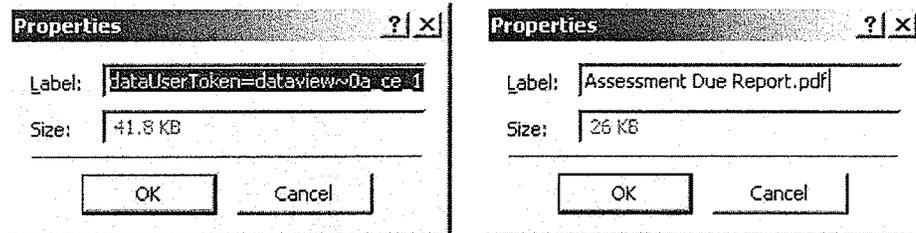


Fig. 11 – Changing the report name on the PDF

6. Change the "Label:" name in the Properties box to Report Name.pdf, and then click OK. It is important the ".pdf" be included in the Label name assigned.

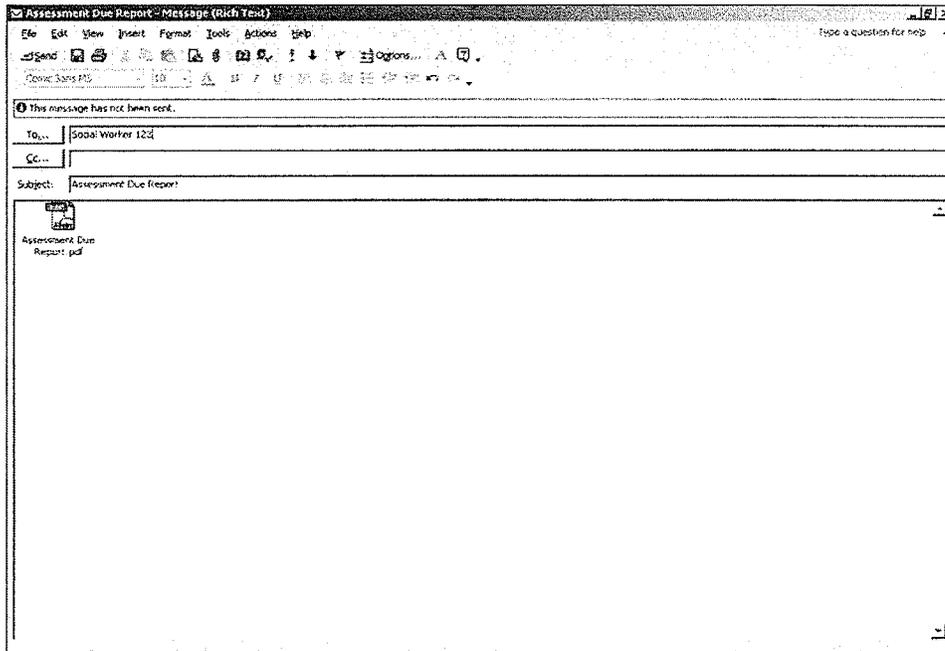


Fig. 12 – Email addressed with document name changed on Subject line and pdf

7. The Subject Line and PDF name should be updated and the email should be ready to send.
8. Press Send to send the email with the PDF attachment to the recipient.

Adobe Acrobat Reader 6.0

1. To email a report using Adobe Acrobat 6.0 or later, from either the [Report Link](#) page or the [Report Display](#), click on the Mail Icon on the Adobe Toolbar.

The Email for Adobe 5.0 button **does not** work correctly if you are using Adobe Acrobat Reader 6.0. The Mail icon on the Adobe toolbar must be used.

2. Click the Mail icon and select "Send Page"

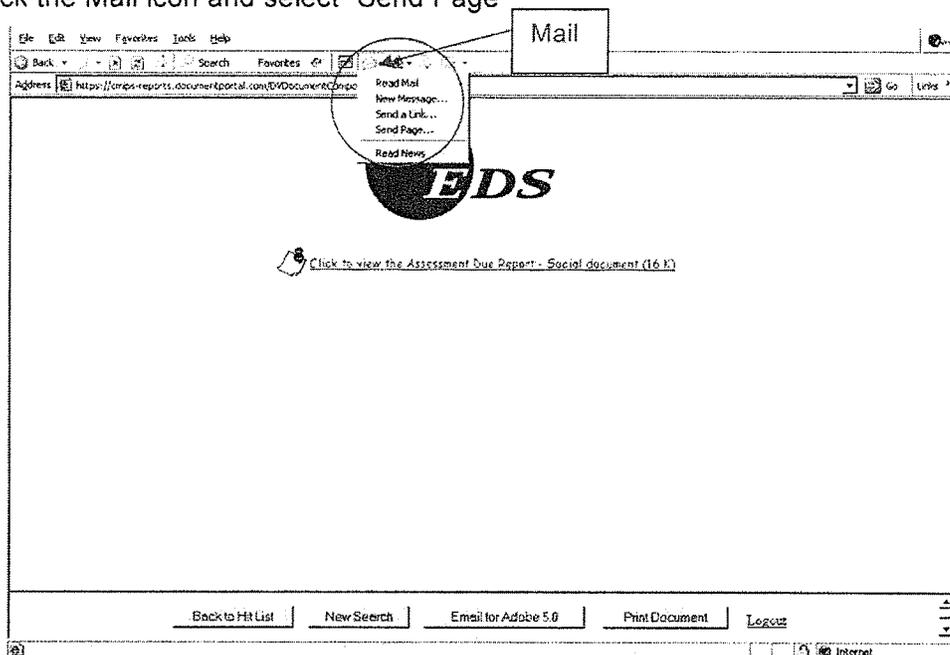


Fig. 13 – Email from Adobe Acrobat or Acrobat Reader 6.0

3. The Security Information pop-up appears, click "Yes"

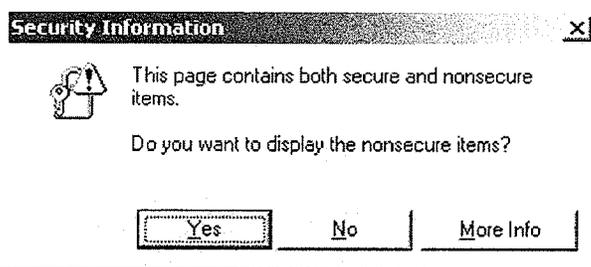


Fig. 14 – Security Information for emailing

4. From this point follow [Step 4 -9](#) as previously described.

FAQ AND TROUBLESHOOTING

1. I can't logon with the User ID and Password I was given.

User ID and Passwords are case sensitive, be sure you are using the case indicated in the email that was sent to you with your user id and password. If problems persist, contact the IHSS-CMIPS Help Desk.

2. I am trying to change my password and the system will not accept the password I am trying to enter.

Check the Password Rules to be sure that the password you are attempting to enter conforms to the rules. If you still have problems, contact the IHSS-CMIPS Help Desk for assistance.

3. Some of the Document Types (Reports) I want to look at return the message "No Document Found".

User's assigned District Office access only will not have access to all Document Types even though they can select them. A rule of thumb for users with District Office access is to look at the Indexes listed. If District Office or Social Worker is not listed, then the user will not be able to access the report. See User Security for a quick review.

4. When I press the New Search button, sometimes the screen does not refresh or repaint correctly. The Document Types box is missing.

This is an identified Internet Explorer problem. Using the following link, users may download an IE patch which will resolve the problem, or you may press the "Refresh" icon on the IE toolbar. To download and apply the patch you may need to contact your county IT staff for assistance.

Subject: Microsoft recently posted an article describing issues with Microsoft's security patch released in February. This includes blank screens, and other errors experienced by users logged into SSL secure sites.

This article is found on Microsoft's knowledge base web site at the following URL; <http://support.microsoft.com/default.aspx?kbid=831167>. After you have read the article, you can download the patch by clicking on the link provided in the document. The file name is Q831167.exe (32-bit)

5. The Hit List returned is only a partial list, how do I view everything? (i.e. Documents: 1 to 10 of 100 (Partial Results)).

The Max Results indication defaults to 100 increase the Max Results indication. Each time a New Search is initiated, the Max Results resets to the default.

6. The PDF doesn't print.

To correctly print a report, the **Print Document** button at the bottom of the screen must be used. Using the Print Icon on the Toolbar or selecting File>Print will not correctly print the PDF.

7. I sent a report to someone, but the recipient cannot open the attached file.

Does the recipient have Adobe Acrobat loaded on their PC? If not, the County IT staff will need to load Adobe to the PC.

8. When I try to email a report, it doesn't work. What's wrong?

Depending upon the version of Adobe Acrobat or Adobe Acrobat Reader loaded on the PC, there are different email instructions.

If Acrobat or Acrobat Reader 6.0 is being used, see "Emailing Reports Adobe Acrobat Reader 6.0".

If Acrobat or Acrobat Reader 5.0 or earlier is being used, see "Emailing Reports Adobe Acrobat Reader 5.0".

9. How can I find out when the next run of a report will appear on the website?

Each county has designated a contact that will be notified when the latest version of a report has been produced by EDS.

In addition, the *QUARTERS* Newsletter will contain a quarterly list of when reports are due to appear on the website. If you would like to be added to the email distribution list of *QUARTERS*, send an email request to ihsshelppdesk@eds.com placing *QUARTERS* in the subject line. If a county wants several individuals added please provide the names and email address of each individual to be added.

10. How do I know which Group contains the report that I need?

Appendix A lists reports (Document Type) by name with the Group designations. Remember, each report may appear in more than one group.

11. How do I know when a report will be on the website?

Appendix B is provided as an example of when reports will be available on the IHSS-CMIPS Online Reports website. There are two sort listing in Appendix B. The first is sorted alphabetically by report name. The second is sorted by availability date.

IHSS-CMIPS Online Reports User's Manual

APPENDIX A – DOCUMENT TYPE (REPORT) – GROUP DESIGNATIONS

Each Document Type or Report on the IHSS-CMIPS Online Reports website is associated with at least one Group. The list of Document Types below indicates the Group(s) in which a Report may be found. Not all users will have access to Document Types (Reports) in all Groups.

Document Type (Report Name)	Included in Group	Also included in
Advance Vouchers – Alpha	Management	Payroll
Advance Vouchers – Alpha County Summary	Management	Summary
Advance Vouchers – Alpha District Office Summary	Management	Summary
Advance Vouchers – Alpha Statewide Summary	Management	Summary
Advance Vouchers – Social	Management	Payroll
Advance Vouchers – Social County Summary	Management	Summary
Advance Vouchers – Social District Office Summary	Management	Summary
Advance Vouchers – Social Statewide Summary	Management	Summary
Application/Approval/Denial/Termination	Caseload Detail	
Application/Approval/Denial/Termination – County Summary	Summary	
Application/Approval/Denial/Termination – District Office Summary	Summary	
Assessment Due Report – Alpha	Caseload Detail	Management
Assessment Due Report – Alpha – County Summary	Management	Summary
Assessment Due Report – Alpha – Statewide Summary	Management	Summary
Assessment Due Report – Social	Caseload Detail	Management
Assessment Due Report - Social – County Summary	Management	Summary
Assessment Due Report - Social – Statewide Summary	Management	Summary
Caseload Disaster Preparedness Assessment Profile	Caseload Detail	
Checkwrite Balance Sheet	EDS Internal	
CMIPS Warning Alert Listing	Caseload Detail	
Contractor Hours Served Less than 80% - Social	Contractor Interface	
Contractor Hours Served Less than 80% - Social – County Summary	Contractor Interface	
Contractor Hours Served Less than 80% - Social – District Office Summary	Contractor Interface	
Contractor Payment Auth Report – Alpha	Contractor Interface	
Contractor Payment Auth Report – Alpha – County Summary	Contractor Interface	
Contractor Payment Auth Report – DO	Contractor Interface	
Contractor Payment Auth Report – DO – County Summary	Contractor Interface	
Contractor Payment Auth Report – DO – District Office Summary	Contractor Interface	
Contractor Payment Auth Report – Social	Contractor Interface	
Contractor Payment Auth Report – Social – County Summary	Contractor Interface	
Contractor Payment Auth Report – Social – District Office Summary	Contractor Interface	
Contractor Payment Rejects Report – Alpha	Contractor Interface	
Contractor Payment Rejects Report – Alpha – County Summary	Contractor Interface	
Contractor Payment Rejects Report – Alpha – District Office Summary	Contractor Interface	
Contractor Payment Rejects Report – Social	Contractor Interface	
Contractor Payment Rejects Report – Social – County Summary	Contractor Interface	
Contractor Payment Rejects Report – Social – District Office Summary	Contractor Interface	

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Document Type (Report Name)	Included in Group	Also included in
County Forced Reconciliation	Payroll	
County Monthly Payment Voucher – Alpha	Future Use	
County Monthly Payment Voucher – Alpha – County Summary	Future Use	
County Monthly Payment Voucher – Alpha – District Office Summary	Future Use	
County Monthly Payment Voucher – Alpha – Statewide Summary	Future Use	
County Payment Voucher – Alpha	Management	Payroll
County Payment Voucher – Alpha County Summary	Management	Summary
County Payment Voucher – Alpha District Office Summary	Management	Summary
County Payment Voucher – Alpha Statewide Summary	Management	Summary
County Payment Voucher – Social	Management	Payroll
County Payment Voucher – Social County Summary	Management	Summary
County Payment Voucher – Social District Office Summary	Management	Summary
County Payment Voucher – Social Statewide Summary	Management	Summary
Discontinuance From IHSS Eligibility By Reason	Management	Summary
Homemaker Detail Time Report	Homemaker	
Homemaker Summary Time Report – County	Homemaker	
Homemaker Summary Time Report – Statewide	Homemaker	
Management Statistics Summary	Management	Summary
Management Statistics Summary – Statewide Summary	Management	Summary
Monthly Characteristics	Caseload Detail	Management
No Timesheet Activity for 60 days	Management	Payroll
No Timesheet Activity for 60 days – LA Version	Management	Payroll
No Timesheet Activity for 60 days – LA Version – County	Management	Summary
Office Caseload	Caseload Detail	Management
Out of State Warrants	Payroll	
Out of State Warrants – State Summary	Management	Summary
Overdue Assessment Listing – Alpha	Caseload Detail	Management
Overdue Assessment Listing – Alpha – County Summary	Management	Summary
Overdue Assessment Listing – Alpha – Statewide Summary	Management	Summary
Overdue Assessment Listing – Social	Caseload Detail	Management
Overdue Assessment Listing – Social – County Summary	Management	Summary
Overdue Assessment Listing – Social – Statewide Summary	Management	Summary
Payment Voucher Daily Report – Alpha	Future Use	
Payment Voucher Daily Report – Alpha – County Summary	Future Use	
Payment Voucher Daily Report – Alpha – District Office Summary	Future Use	
Payment Voucher Daily Report – Alpha – Statewide	Future Use	
Payroll Warning Alert Listing – Alpha	Management	Payroll
Payroll Warning Alert Listing – Alpha (Advance)	Management	Payroll
Payroll Warning Alert Listing – Social	Management	Payroll
Payroll Warning Alert Listing – Social (Advance)	Management	Payroll
PCSP Adjustment Report	Management	Payroll
PCSP Adjustment Report – County Summary	Management	Summary
PCSP Adjustment Report – Statewide Summary	Management	Summary
Provider 300+ Paid Hours Report	Caseload Detail	Management

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Document Type (Report Name)	Included in Group	Also included in
Quarterly Tax Disbursement	Taxes/Accounting	
Rate Change Exception Report	Management	
Rate Change Warning Report	Management	
Reason Code Report	Management	Summary
Reason Code Report – Statewide Summary	Management	Summary
Recipient Summary Characteristics Listing	Management	Summary
Recipient Summary Characteristics Listing – Statewide Summary	Management	Summary
Reconciliation of Advance Payments – Alpha	Management	Payroll
Reconciliation of Advance Payments – Social	Management	Payroll
Referrals By Source By County	Management	Summary
Service Assessment Summary	Caseload Detail	
Service Assessment Summary – County Summary	Management	Summary
Service Assessment Summary – District Office Summary	Management	Summary
Service Assessment Summary – Statewide Summary	Management	Summary
Share of Cost Report For Arrears Payments	Payroll	
Share of Cost Report For Arrears Payments – County Summary	Management	Summary
Share of Cost Report For Arrears Payments - Statewide Summary	Management	Summary
SOC COLA Exceptions FPL	Annual Reports	
SOC COLA Exceptions Non-FPL	Annual Reports	
SOC COLA Warning Report	Annual Reports	
SSI/SSP Terminations – Social	Caseload Detail	
SSI/SSP Terminations – Social District Office Summary	Management	Summary
SSI/SSP Terminations – Social Statewide Summary	Management	Summary
Tax Disbursement – Combined	Taxes/Accounting	
WPCS Monthly Payment Voucher	Management	Payroll
WPCS Monthly Payment Voucher – County Summary	Management	Summary
WPCS Monthly Payment Voucher – District Office Summary	Management	Summary
WPCS Monthly Payment Voucher – Statewide Summary	Management	Summary
WPCS Payment Voucher	Future Use	
WPCS Payment Voucher – County Summary	Future Use	
WPCS Payment Voucher – District Office Summary	Future Use	
WPCS Payment Voucher – Statewide Summary	Future Use	
WPCS Tax Disbursement Report – Quarterly	Taxes/Accounting	

APPENDIX B – 4TH QUARTER 2004 IHSS-CMIPS ONLINE REPORT SCHEDULE

Below is a list of monthly reports available on the IHSS-CMIPS Online Report website. There are two sorts of the list. The first is Alphabetical by Report Name. The following page is sorted by Available Date.

Alphabetical Sort by Report Name

Report Name	September Available	October Available	November Available	December Available
Advance Payment/EFT	9/30	10/29	11/30	12/31
Application/Approval/Denial/Termination Listing		10/01	11/01	12/01
Assessment Due Report	9/30	10/29	11/30	12/31
Caseload Disaster Preparedness Assessment		10/01	11/01	12/01
CMIPS Warning Alert Listing		10/01	11/01	12/01
County Forced Reconciliation	9/28	10/27	11/24	12/29
County Payment Voucher	9/30	10/29	11/30	12/31
Discontinuance IHSS Eligibility by Reason		10/01	11/01	12/01
Homemaker Detail Time Report		10/12	11/11	12/13
Management Statistics Summary		10/12	11/11	12/13
Monthly Characteristics Listing	9/29	10/28	11/29	12/30
No Timesheet Activity for 60 Days	9/30	10/29	11/30	12/31
Office Caseload	9/29	10/28	11/29	12/30
Out of State Warrants Report		10/22	11/22	12/23
Overdue Assessment Listing		10/08	11/08	12/07
Payroll Warning Alert Listing	9/30	10/29	11/30	12/31
PCSP Adjustment Report		10/01	11/01	12/01
Provider 300+ Paid Hours Report	9/27	10/24	11/22	12/27
Reason Code Report		10/01	11/01	12/01
Recipient Summary Characteristics Listing	9/29	10/28	11/29	12/30
Reconciliation of Advance Payments	9/28	10/27	11/24	12/29
Referral by Source by County	9/29	10/28	11/29	12/30
Service Assessment Summary Report		10/01	11/01	12/01
Share of Cost for Arrears Payments	9/28	10/27	11/24	12/29

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Availability by Date

Report Name	September Available	October Available	November Available	December Available
Application/Approval/Denial/Termination Listing		10/01	11/01	12/01
Caseload Disaster Preparedness Assessment		10/01	11/01	12/01
CMIPS Warning Alert Listing		10/01	11/01	12/01
Discontinuance IHSS Eligibility by Reason		10/01	11/01	12/01
PCSP Adjustment Report		10/01	11/01	12/01
Reason Code Report		10/01	11/01	12/01
Service Assessment Summary Report		10/01	11/01	12/01
Overdue Assessment Listing		10/08	11/08	12/07
Homemaker Detail Time Report		10/12	11/11	12/13
Management Statistics Summary		10/12	11/11	12/13
Out of State Warrants Report		10/22	11/22	12/23
Provider 300+ Paid Hours Report	9/27	10/24	11/22	12/27
County Forced Reconciliation	9/28	10/27	11/24	12/29
Reconciliation of Advance Payments	9/28	10/27	11/24	12/29
Share of Cost for Arrears Payments	9/28	10/27	11/24	12/29
Monthly Characteristics Listing	9/29	10/28	11/29	12/30
Office Caseload	9/29	10/28	11/29	12/30
Recipient Summary Characteristics Listing	9/29	10/28	11/29	12/30
Referral by Source by County	9/29	10/28	11/29	12/30
Advance Payment/EFT	9/30	10/29	11/30	12/31
Assessment Due Report	9/30	10/29	11/30	12/31
County Payment Voucher	9/30	10/29	11/30	12/31
No Timesheet Activity for 60 Days	9/30	10/29	11/30	12/31
Payroll Warning Alert Listing	9/30	10/29	11/30	12/31

**SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-02**

April 27, 2009

SUBJECT: SSI/SSP PAYMENT REDUCTION

EFFECTIVE DATE: MAY 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

**REFERENCE: EBB 09004 – MAY 2009 SSI/SSP PAYMENT
STANDARD UPDATE**

I. PURPOSE

This Special Notice is to inform IHSS staff of the upcoming decrease in the Supplemental Security Income and State Supplemental Payment (SSI/SSP) payment standard and the changes to IHSS Share-of-Cost (SOC) cases resulting from the update.

II. BACKGROUND

Social Security recipients will receive a decrease in their SSI/SSP benefits effective May 1, 2009. The change in payment standard did not update the current exclusion amounts which are: One parent for Parent to Child Deeming \$674.00; for two parents \$1011.00; and the Ineligible Child Exclusion of \$337.00

The payment adjustment updated case information on SOC cases in the Case Management and Payrolling System (CMIPS) that met the conversion criteria. The adjustment update was completed on Saturday, April 11, 2009.

III. NEW BENEFIT LEVEL/PAYMENT STANDARDS

01	\$ 870.00
02	935.00
03	756.00
04	658.67
05	739.67
06	532.67
07	954.00
08	1524.00
09	1751.00
10	1666.00

11	1233.00
12	1460.00
13	1374.00
14	1692.00
15	762.00
16	875.00
17	833.00
18	846.00
19	616.00
20	730.00
21	687.00

IV. SOC UPDATES TO CMIPS

The following fields on SOC 293 were updated:

- Line I Field 1, SOC Begin Date 05/01/2009.
- Line J Field 3, Benefit Level to the updated values.
- Line K Field 3, Share-of-Cost recomputed based on the updated benefit level.
- Line M Fields 2, 3, and 6, Beginning Date, Ending Date, and Share-of-Cost show the new eligibility and SOC segment.

SOC cases with providers coded 1 on line E field 3 on the SOC 311, and in E status at the time of the conversion, show a new eligibility and SOC segment (line F fields 2, 3, and 5).

V. EXCEPTION REPORTS

An exception report that lists the SOC cases that did not get updated during conversion became available on Monday afternoon, April 13, 2009. The Social Workers must review and update these cases manually.

The report is available on the IHSS-CMIPS Online Reports website at. <https://cmips-reports.documentportal.com>

Detailed information on IHSS CMIPS Online Reports can be found in the Users Manual in the IHSS Program Guide Chapter 8, Attachment 8-P at the following link:
http://hhsa_intranet/manuals/ais/ihss/toc.pdf

VI. IHSS STAFF PROCEDURES

Clerical Staff

- The following documents were printed in the order of priority as follows:
 - Notice of Action (NOAs)
 - SOC 293's
 - SOC 311's

- The NOAs to the IHSS recipients were to be mailed no later than Friday, April 17, 2009.

IHSS Social Workers

- Log onto the IHSS-CMIPS Online Reports website.
- Click on “Annual Reports,” then click on “SOC COLA Exceptions Non FPL” to access reports for individual Social Worker.
- Enter On or after 04/10/2009 for Cycle Date.
- The Exception Reason states why the case did not update automatically. You may refer to the online CMIPS User’s Manual for additional information at:
http://hhsa_intranet/ais/ihss/CMIPS2000UsersManual.pdf
- Enter the necessary updates (SOC Begin Date, Benefit Level, eligibility and SOC segments as needed) that should have been changed automatically on the SOC 293 and/or SOC 311.
- Submit the updated SOC 293 and/or SOC 311 to the designated clerical staff for data entry.

Note: The SSI/SSP turnaround documents must be filed in the case folder to document the payment history for the recipient.

VI. REVIEW STATEMENT

This Special Notice was not reviewed by the standard review committee due to the informational nature of this notice.

VII. FILING STATEMENT

File this Special Notice in the Special Notice section of the IHSS Program Guide.



WILFRED QUINTONG
Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Attachment: Online Report User’s Manual

Contact: Susan Pullido (858)505-6366

**SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
AGING AND INDEPENDENCE SERVICES
IN-HOME SUPPORTIVE SERVICES
SPECIAL NOTICE 09-01**

January 28, 2009

SUBJECT: IHSS SERVICE CASES AND SUBFILES

EFFECTIVE DATE: January 1, 2009

EXPIRATION DATE: When incorporated into the IHSS Program Guide

REFERENCE: Health and Human Services Agency (HHSA) Strategy Agenda 2009-2014

I. PURPOSE

The purpose of this Special Notice is to inform In-Home Supportive Services (IHSS) staff of changes to filing and sub-filing procedures for cases being sent to Record Room.

II. BACKGROUND

Health and Human Services Agency (HHSA) programs that use Record Room and Iron Mountain to store closed cases are now being converted to *Documentum* electronic storage for the retention of case information. As existing cases are scanned into the Documentum system, the physical files are stored in Record Room until the document retention schedule allows them to be shredded.

III. POLICY

Effective January 1, 2009, subfiles for active cases are no longer being accepted for storage in Record Room. In order to reduce the amount of paperwork in the case file, the Social Worker (SW) and the Social Work Supervisor (SWS) will include in the review process, the removal and shredding of any paperwork in the case file that is unnecessary or redundant. This Special Notice will provide guidelines for documents that can be evaluated for shredding.

IV PAPERWORK FOR REVIEW/EVALUATION

The following items can be shredded if they are not required to document eligibility and/or need for services:

- AIS Suite printouts
 - Retain the SOC 295 and the SOC 293A if it has been completed.
- HHSA 12-90 Safety Checklist
 - This form has been discontinued.
- Fax Cover sheets
- Fax receipts
- Any NCR paper duplicates that are redundant.
 - For example, only one copy of the 293 needs to be retained for each sequence printed. The yellow duplicate of the HHSA 12-37 can be removed once the original form has been returned.

- Email printouts that are not documenting, or directly related to, eligibility and/or authorized hours.
- CalWIN Printouts from previous grantings.

Evaluate the paperwork for current status and any pending information. If the SW and the SWS are in agreement that the paperwork is no longer necessary, it can be shredded.

VI. REVIEW STATEMENT

This Special Notice was reviewed by the standard review committee.

VII. FILING STATEMENT

IHSS Special Notices, Bulletins, and Memos are being archived at the following link:

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

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



Wilfred Quintong

Assistant Deputy Director



ELLEN SCHMEDING
Assistant Deputy Director

Contact: Mary Harrison (858) 505 6952

Distribution Codes 7 & 8