

Blind and Visually Impaired (BVI) Recipient Reasonable Accommodations Tracking in CMIPS II and Telephone Timesheet System (TTS)

August 19, 2015 - Webinar



**CDSS Adult Programs Division
CMIPS II Systems Bureau**



Opening Remarks



- **CDSS – Sue Quichocho**, Chief
Adult Programs Division,
CMIPS Systems, Research/Data Analysis & Customer
Relations Bureau

Agenda



- Objectives & Background
- Introduction of the New BVI Screens in CMIPS
- Overview of the Large Font Timesheet
- Report & DDL Modifications
- NOA Options
- Telephone Timesheet System Call Flow & Demo
- Training & Outreach References
- Q & A
- Closing

Meeting Objectives



The Objectives for today's meeting:

- Review the two new screens in CMIPS
 - ✓ Blind or Visually Impaired screen
 - Create
 - Modify
 - View
 - History screen
 - ✓ BVI Timesheet Release/Reject History screen
- Recipient Summary Characteristics Listing Report Changes
- Large Font Timesheet
- NOA Options
- Telephone Timesheet System (TTS) Overview

Background

The purpose of this webinar is to inform counties of additional resources that will be available to them, as part of their ongoing responsibility to ensure effective communication with Blind and Visually Impaired (BVI) In-Home Supportive Services (IHSS) applicants and recipients by providing alternative formats for written program documents and materials. As communicated in ACL 15-60, these alternative formats will include making required recipient forms, notices of action (NOAs) and timesheets available in large font size, Braille, and compact disc (CD) audio and data files to allow BVI applicants and recipients the ability to read/listen and/or complete these documents.

IHSS recipients are responsible for reviewing and approving their provider(s) timesheets prior to submission of the timesheet for payment processing.

To assist BVI applicants and recipients, the CDSS is now making reasonable accommodations to IHSS BVI applicants and recipients to ensure meaningful access to the IHSS Program as required by the Americans with Disabilities Act (ADA).

CMIPS has been modified to implement some of these accommodations.



CMIPS Blind and Visually Impaired Screens - SOC 295

Blind and Visually Impaired Screen



CASES

- Home
- + Evidence
 - Medi-Cal Eligibility
 - Contacts
 - Disaster Preparedness
 - Blind or Visually Impaired**
 - Authorization
- + Modes & Hours
- + Providers
- + Overtime
- + Timesheet
- + Payroll
- + Case Maintenance
- + Administration
- + Quality Assurance
 - Unannounced Home Visit
 - Forms/Correspondence
 - Recent Changes
 - Notes
 - Tasks

Blind or Visually Impaired:

[New](#) [History](#)

Action	<u>Blind or Visually Impaired</u>	<u>Timesheet Option</u>
View Edit	Blind	Telephonic System

When the “Blind or Visually Impaired” link is selected from the Cases Left Navigation, the *Blind or Visually Impaired* screen is displayed. This screen displays the current, active BVI record associated with the case.

Create Blind or Visually Impaired screen



CASES

- Home
- Evidence
- Medi-Cal Eligibility
- Contacts
- Disaster Preparedness
- Blind or Visually Impaired**
- Authorization
- Modes & Hours
- Providers
- Overtime

Blind or Visually Impaired:

[New](#) [History](#)

Action	Blind or Visually Impaired	Timesheet Option
View Edit	Blind	Telephonic System

When the “New” link is selected from the *Blind or Visually Impaired* screen, the *Create Blind or Visually Impaired* screen is displayed. This screen is used to create a new BVI record.

Create Blind or Visually Impaired:

[Save](#) [Cancel](#)

Create Blind or Visually Impaired

* Blind or Visually Impaired:	<input type="text"/>	▼	Recipient Authentication Number:	<input type="text"/>
* Notice of Action Option:	<input type="text"/>	▼	* IHSS Required Forms Option:	<input type="text"/>
* Timesheet Option :	<input type="text"/>	▼		

[Save](#)

SOC 295 – New Section 7 Option - *Blind*



Create Blind or Visually Impaired:

[Save](#) [Cancel](#)

Create Blind or Visually Impaired

* Blind or Visually Impaired:	<input type="text" value="Blind"/>	←	Recipient Authentication Number:	<input type="text"/>
* Notice of Action Option:	<input type="text"/>	▼	* IHSS Required Forms Option:	<input type="text"/>
* Timesheet Option :	<input type="text"/>	▼		

[Save](#) [Cancel](#)

These options reflect the same options listed on the SOC 295 Form, section 7. If *Blind* is selected on the "Blind or Visually Impaired" field, then the following accommodations can be chosen:

- **Notice Of Action Option** - No Accommodation is Needed, Braille Documents, Audio CD, Data CD
- **IHSS Required Forms Option** - No Accommodation is Needed, Braille Documents, Audio CD, Data CD
- **Timesheet Option** - No Accommodation is Needed, Telephonic System

Note: The RAN field is not pre-populated field. If a blind recipient chooses TTS for Timesheet Option then they will be required to choose a 4-digit numeric RAN. The county worker will be required to enter this number in the RAN field.

SOC 295 – New Section 7 Option - *Visually Impaired*

Create Blind or Visually Impaired:

Save Cancel

Create Blind or Visually Impaired

* Blind or Visually Impaired:



Recipient Authentication Number:

* Notice of Action Option:



* IHSS Required Forms Option:



* Timesheet Option :



Save Cancel

These options reflect the same options listed on the SOC 295 Form, section 7. If Visually Impaired is selected on the "Blind or Visually Impaired" field, then the following accommodations can be chosen:

- **Notice Of Action Option** - No Accommodation is Needed, Large Font NOA, Audio CD, Data CD
- **IHSS Required Forms Option** - No Accommodation is Needed, Large Font Documents, Audio CD, Data CD
- **Timesheet Option** - No Accommodation is Needed, Large Font Timesheet

Modify Blind or Visually Impaired screen

CASES

- Home
- Evidence
- Medi-Cal Eligibility
- Contacts
- Disaster Preparedness
- Blind or Visually Impaired**
- Authorization
- Modes & Hours
- Providers
- Overtime

Blind or Visually Impaired:

[New](#) [History](#)

Action	Blind or Visually Impaired	Timesheet Option
View Edit	Blind	Telephonic System

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

Modify Blind or Visually Impaired:

[Save](#) [Cancel](#)

Details

Created By: _____

From: 5/5/2015 09:29 To: 12/31/9999 12:00

Modify Blind or Visually Impaired

* Blind or Visually Impaired:

* Notice of Action Option:

* Timesheet Option:

Recipient Authentication Number:

* IHSS Required Forms Option:

[Save](#) [Cancel](#)

View Blind or Visually Impaired screen

CASES

- Home
- Evidence
- Medi-Cal Eligibility
- Contacts
- Disaster Preparedness
- Blind or Visually Impaired**
- Authorization

Blind or Visually Impaired:

[New](#) [History](#)

Action	Blind or Visually Impaired	Timesheet Option	Notice of Action Option
View Edit	Blind	Telephonic System	No Accommodation is Needed

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

View Blind or Visually Impaired:

[Edit](#) [Inactivate](#) [Lock Recipient Authentication Number](#) [Lock Recipient Authentication Number History](#) [Close](#)

Details

Created By:		
From: 7/17/2015 14:41		To: 12/31/9999 12:00

View Blind or Visually Impaired

Blind or Visually Impaired: Blind	Recipient Authentication Number: 6671
Notice of Action Option: No Accommodation is Needed	IHSS Required Forms Option: No Accommodation is Needed
Timesheet Option : Telephonic System	

[Edit](#) [Inactivate](#) [Lock Recipient Authentication Number](#) [Lock Recipient Authentication Number History](#) [Close](#)

View Blind or Visually Impaired screen (cont'd)

View Blind or Visually Impaired:

[Edit](#) [Inactivate](#) [Lock Recipient Authentication Number](#) [Lock Recipient Authentication Number History](#) [Close](#)

Details

Created By:	
From: 7/17/2015 14:41	To: 12/31/9999 12:00

View Blind or Visually Impaired

Blind or Visually Impaired: Blind	Recipient Authentication Number: 6671
Notice of Action Option: No Accommodation is Needed	IHSS Required Forms Option: No Accommodation is Needed
Timesheet Option : Telephonic System	

[Edit](#) [Inactivate](#) [Lock Recipient Authentication Number](#) [Lock Recipient Authentication Number History](#) [Close](#)

The *View Blind or Visually Impaired* screen contains the following links:

- **Edit** – this link to be used to modify the BVI record
- **Inactivate** – this link to be used if the recipient wants to disenroll from the BVI options
- **Lock Recipient Authentication Number** – this link to be used only by the Telephone Timesheet System Assistance Line Agents to lock the RAN if the callers couldn't authenticate themselves (not for County use)
- **Lock Recipient Authentication Number History** – this link to be viewed by users to track the RAN lock history
- **Close** - this link to be used to close the current page

Blind or Visually Impaired History Screen

CASES

- Home
- Evidence
- Medi-Cal Eligibility
- Contacts
- Disaster Preparedness
- Blind or Visually Impaired**
- Authorization
- Modes & Hours
- Providers
- Overtime

Blind or Visually Impaired:

[New History](#)

Action	Blind or Visually Impaired	Timesheet Option
View Edit	Blind	Telephonic System

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

Blind or Visually Impaired History:

[Close](#)

Action	Blind or Visually Impaired	Recipient Authentication Number	Timesheet Option	Notice of Action Option	IHSS Required Forms Option	Created By	From	To
View	Blind	6671	Telephonic System	Audio CD	Data CD		5/26/2015 13:44	7/17/2015 14:41

[Close](#)

View Blind or Visually Impaired:

[Lock Recipient Authentication Number History](#) [Close](#)

Details

Created By: _____
From: 5/26/2015 13:44 To: 7/17/2015 14:41

View Blind or Visually Impaired

Blind or Visually Impaired: Blind	Recipient Authentication Number: 6671
Notice of Action Option: Audio CD	IHSS Required Forms Option: Data CD
Timesheet Option : Telephonic System	

[Lock Recipient Authentication Number History](#) [Close](#)

County User View



County IHSS workers will have view-only access to the *BVI Timesheet Release/Reject History* screen. This screen captures timesheet information that was processed through TTS.

The *BVI Timesheet Release/Reject History* screen can be accessed by all users; however, action can be taken only by TTS Assistance Line Agents to update timesheet information.

If the recipient chooses to speak with a TTS Assistance Line Agent, and the recipient wants to approve or reject the timesheet after reviewing all the hours, a TTS Assistance Line Agent will take the action requested by the recipient calling.

BVI Timesheet Release/Reject History Screen



View Timesheet:

[View Timesheet Details](#)

[History](#)

[BVI Timesheet Release/Reject History](#) ←

Manage

[View Image](#)

[View Payment Details](#)

Details

Provider Number:		Provider Name:	
Recipient Number:		Recipient Name:	
Type: IHSS Arrears		Remaining Hrs (HH:MM): 87:01	
Status: Processed		Status Date: 8/3/2015	
Print Method: Print Now on CMIPS II Printer		Print Date: 7/27/2015	
Service Period From: 7/16/2015		Service Period To: 7/31/2015	
Timesheet Number:		Legacy Timesheet Number:	
Received Date: 8/3/2015		Mode of Entry: TPF	
Large Font Timesheet: No			

BVI Recipient Timesheet Processing Details

Processed Through Telephonic Solution: Yes

Processed By BVI Assistance Line Agent: No

When the “BVI Timesheet Release/Reject History” link is selected from the *View Timesheet* screen, the *BVI Timesheet Release/Reject History* screen is displayed.

BVI Timesheet Release/Reject History:

[View Timesheet Details](#)

[History](#)

[BVI Timesheet Release/Reject History](#)

[Close](#)

<u>Entered By</u>	<u>Creation Date</u>	<u>Text</u>
superuser	8/3/2015 14:07	Released

[Close](#)

Modified Screen List



The CMIPS screens listed below have been modified to display BVI enrollment options:

- *Timesheet Search* screen
- *View Timesheet* screen
- *Timesheet History* screen
- *Forms and Correspondence* screen

Timesheet Search Screen

Timesheet Search:

Search Criteria

Service Period

From Date: To Date:

Timesheet Number:

[Search](#) [Reset](#) [<< Search Previous 6 Months](#) [Search Next 6 Months >>](#)

Search Results (Number of Items: 8)

Action	Timesheet Number	Provider Number	Provider Name	Service Period From	Received Date	Hours Claimed	Type	Large Font Timesheet	Status
View Image	1045653103			4/1/2015	4/16/2015	97:00	IHSS Arrears	No	Processed
View Image	1046216544			4/16/2015	5/4/2015	94:30	IHSS Arrears	No	Processed
View Image	1046876080			5/1/2015	5/18/2015	96:00	IHSS Arrears	No	Processed
View Image	1047633675			5/16/2015	6/3/2015	96:15	IHSS Arrears	No	Processed
View Image	1048261417			6/1/2015	6/17/2015	96:00	IHSS Arrears	No	Processed
View Image	1048804218			6/16/2015	7/2/2015	95:30	IHSS Arrears	No	Processed
View Image	1049337549			7/1/2015	7/16/2015	105:55	IHSS Arrears	No	Processed
View Image	1049943052			7/16/2015	8/3/2015	100:00	IHSS Arrears	No	Processed

When the “Timesheet Search” link is selected from the Cases Left Navigation pane, the *Timesheet Search* screen is displayed. The “Large Font Timesheet” indicator has been added to this screen.

View Timesheet Screen

Search Results (Number of Items: 4)

Action	Timesheet Number	Provider Number	Provider Name	Service Period From	Received Date	Hours Claimed	Type	Large Font Timesheet	Status
View Image	1046876080			5/1/2015	5/18/2015	96:00	IHSS Arrears	No	Processed
View Image	1047633675			5/16/2015	6/3/2015	96:15	IHSS Arrears	No	Processed
View Image	1048261417			6/1/2015	6/17/2015	96:00	IHSS Arrears	No	Processed
View Image	1048804218			6/16/2015	7/2/2015	95:30	IHSS Arrears	No	Processed

When the “Timesheet Number” link is selected from the *Timesheet Search* screen, the *View Timesheet* screen is displayed. Three new indicators have been added to this screen.

View Timesheet:

[View Timesheet Details](#)
[History](#)
[BVI Timesheet Release/Reject History](#)

Manage

 [View Image](#)
 [View Payment Details](#)

Details

<p>Provider Number: _____</p> <p>Recipient Number: _____</p> <p>Type: IHSS Arrears</p> <p>Status: Processed</p> <p>Print Method: _____</p> <p>Service Period From: 6/16/2015</p> <p>Timesheet Number: _____</p> <p>Received Date: 7/2/2015</p> <p>Large Font Timesheet: No</p>	<p>Provider Name: _____</p> <p>Recipient Name: _____</p> <p>Remaining Hrs (HH:MM): 40:56</p> <p>Status Date: 7/3/2015</p> <p>Print Date: 6/17/2015</p> <p>Service Period To: 6/30/2015</p> <p>Legacy Timesheet Number: _____</p> <p>Mode of Entry: TPF</p>
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BVI Recipient Timesheet Processing Details

Processed Through Telephonic Solution: Yes	Processed By BVI Assistance Line Agent: No
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Time Entries [HH:MM]

HH:MM	HH:MM	HH:MM	HH:MM
SUN : 00:00	SUN 21: 00:00	SUN 28: 00:00	SUN : 00:00
MON : 00:00	MON 22: 08:00	MON 29: 00:56	MON : 00:00
TUE 16: 08:00	TUE 23: 00:00	TUE 30: 00:00	TUE : 00:00
WED 17: 00:00	WED 24: 08:00	WED : 00:00	WED : 00:00
THU 18: 08:00	THU 25: 00:00	THU : 00:00	THU : 00:00
FRI 19: 00:00	FRI 26: 00:00	FRI : 00:00	FRI : 00:00
SAT 20: 08:00	SAT 27: 00:00	SAT : 00:00	SAT : 00:00

Weekly Total: 24 : 00	Weekly Total: 16 : 00	Weekly Total: 00 : 56	Weekly Total: 00 : 00
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Hours Claimed (HH:MM): 48:00

Case Hours Paid (HH:MM): 40:56	Case Hours Not Paid (HH:MM): 07:04
Hours Paid at Overtime Rate(HH:MM): 00:00	

Timesheet History Screen



Timesheet History:

[View Timesheet Details](#)[History](#)[BVI Timesheet Release/Reject History](#)

Timesheet History List

Action	Provider #	Provider Name	Service Period From	Received Date	Hours Claimed	Type	Status	Large Font Timesheet	Status Date	Print Date	Print Method	Updated By
View	000187188		7/16/2015	8/3/2015	44:01	IHSS Arrears	Prior to Cutback	No	8/3/2015	7/27/2015	Print Now on CMIPS II Printer	superuser
View	000187188		7/16/2015	8/3/2015	44:01	IHSS Arrears	Issued	No	8/3/2015	7/27/2015	Print Now on CMIPS II Printer	superuser
View	000187188		7/16/2015	8/3/2015	44:01	IHSS Arrears	Prior to Cutback	No	8/3/2015	7/27/2015	Print Now on CMIPS II Printer	superuser
View	000187188		7/16/2015	8/3/2015	44:01	IHSS Arrears	Issued	No	8/3/2015	7/27/2015	Print Now on CMIPS II Printer	superuser
View	000187188		7/16/2015		00:00	IHSS Arrears	Issued	No	8/3/2015	7/27/2015	Print Now on CMIPS II Printer	superuser

[Close](#)

When the “History” link is selected from the *View Timesheet* screen, the *Timesheet History* screen is displayed. The “Large Font Timesheet” column has been added to this screen to indicate the timesheet option.

Forms and Correspondence Screen

Forms:

[New](#)

Search Criteria

From Date:

To Date:

[Search](#) [Reset](#)

Action	Name	Language	Status	Date	BVI NOA Option
View Edit Print	Change NOA with Slip Page	English	Printed	6/19/2015	No Accommodation is Needed
View Edit Print	SOC 858 - Provider Notification - Provider Number Effective Date 02/01/2015	English	Printed	1/5/2015	No Accommodation is Needed
View Edit Print	Change NOA	English	Printed	1/5/2015	No Accommodation is Needed

When the “Forms and Correspondence” link is selected from the Cases Left Navigation pane, the *Forms* screen is displayed. A new column has been added to this screen to indicate what option the recipient chose for NOAs.

Large Font Timesheet – SOC 2261L

Large Font Timesheet

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



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

Total _____

Total _____

Total _____

Total _____

Turn over and sign →

Recipient Summary Characteristics Listing Report

Modified Report

S T A T E O F C A L I F O R N I A
 IN-HOME SUPPORTIVE SERVICES
 RECIPIENT SUMMARY CHARACTERISTICS LISTING

PAGE: 5

COUNTY:

CYCLE DATE: 08/01/2015 TO 08/31/2015

RUN DATE: 08/12/2015 TIME: 11:23:36

CATEGORY	TOTAL IHSS CASES	CFCO	PCSP	IPO	IHSS-R
BLIND OR VISUALLY IMPAIRED					
BLIND	245	119	121	4	1
VISUALLY IMPAIRED	67	25	42	0	0
TOTAL	312	144	163	4	1
TIMESHEET OPTION					
NO ACCOMMODATION NEEDED	235	122	108	4	1
TELEPHONIC SYSTEM	31	6	25	0	0
LARGE FONT TIMESHEET	46	16	30	0	0
NOTICES OF ACTION OPTION					
NO ACCOMMODATION NEEDED	223	119	99	4	1
LARGE FONT NOA	60	20	40	0	0
BRAILLE DOCUMENTS	17	1	16	0	0
AUDIO CD	10	3	7	0	0
DATA CD	2	1	1	0	0

The following new fields have been added to the existing Recipient Summary Characteristics Listing Report, page 5.

- **Blind or Visually Impaired** – the count of recipients enrolled with BVI options at the end of the reporting month.
- **Timesheet Option** – the count of recipients using different timesheet options.
- **Notice of Action Option** – the count of recipients using different NOA options (Large font, Braille, Audio CD or Data CD).

Modified Data Download



The data download has been modified to capture the data elements added to the Recipient Summary Characteristics Listing Report as described in the previous slide. The new columns listed below have been added to the *RECIPIENT_MANAGEMENT_DATA_DATADWLDREC_PART_4.csv* file

- *BVI_TIMESHEET_IND*
- *DELIVERY_OPTION_DESC*
- *BVI_IMPAIRMENT_DESC*
- *REQ_FORM_DESC*

NOAs in Large Font, in Braille and on Audio/Data CD

NOAs in Large Font

COUNTY OF

**NOTICE OF ACTION
IN-HOME SUPPORTIVE
SERVICES (IHSS) APPROVAL**

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

(ADDRESSEE)

[]

NOTE: This notice relates **ONLY** to your In-Home Supportive Services. It does **NOT** affect your receipt of SSI/SSP, Social Security, or Medi-Cal. **KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.**

Notice Date:

Case Name:

Case Number:

Social Worker Name:

Social Worker Number:

Social Worker Telephone:

Social Worker Address:

Large Font NOAs: These documents will be provided in 18-point font to be more easily read by visually impaired recipients.

NOAs in Braille



Braille: These documents will be provided in the raised-dot Braille alphabet to allow blind recipients to read the documents.

The standard PDF version of the NOA is viewable in CMIPS by the county IHSS worker.

Note: Braille option is targeted for implementation on October 1, 2015.



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

NOTICE OF ACTION IN-HOME SUPPORTIVE SERVICES (I H S S) APPROVAL. COUNTY OF <VARIABLE>.

The Date of this Notice is <VARIABLE>.

Your Case Name is <VARIABLE>.

Your Case Number is <VARIABLE>.

Your Social worker Name is <VARIABLE>.

Your Social worker Number is <VARIABLE>.

Your Social worker Telephone Number is <VARIABLE>.

Your Social worker Address is <VARIABLE>.

Note. This notice relates ONLY to your In-Home Supportive Services. It does NOT affect your receipt of S S I / S S P.
Your Address is <VARIABLE>.

The total hours and minutes of I H S S you can get each month is <VARIABLE> hours and <VARIABLE> minutes.

Based on an assessment done on <VARIABLE>, you can get the services in this notice for the amount of time listed for A

If there is a zero for Authorized Amount of Service You Can Get or the amount is less than the Total Amount of Service

Not Needed means that your social worker found that you do not require assistance with this task. (Manual of Policies

Pending means the county is waiting for more information to determine if you need that service. This notice will prov

Services.
Note. Description of each service is later in the notice.

For Domestic Services per Month, the Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Time for Services You Refused or You Get from Others is <VARIABLE> hours and <VARIABLE> minutes. The Authorized A

Related Services per week.

Prepare Meals Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Adjustment Time for Others who Share the Home (proration) is <VARIABLE> hours and <VARIABLE> minutes. The Amount

Meal Clean-up Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Adjustment Time for Others who Share the Home (proration) is <VARIABLE> hours and <VARIABLE> minutes. The Amount

Routine Laundry Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Adjustment Time for Others who Share the Home (proration) is <VARIABLE> hours and <VARIABLE> minutes. The Amount

Shopping for Food Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Adjustment Time for Others who Share the Home (proration) is <VARIABLE> hours and <VARIABLE> minutes. The Amount

Other Shopping/Errands Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes.

The Adjustment Time for Others who Share the Home (proration) is <VARIABLE> hours and <VARIABLE> minutes. The Amount

Non-Medical Personal Services Per week.

Time for the Adjustment for Others who Share the Home (proration) is not applicable for the following services: Respir

Respiration Assistance (Help with Breathing) Service.

The Total Amount of Service Time Needed is <VARIABLE> hours and <VARIABLE> minutes. The Amount of Service Time You Ne

Bowel, Bladder Care.

CD Audio or Data (Text) Files: These documents will be available as an audio file that will allow the blind applicant or recipient to hear the information as it is read or as a data (text) file that can be read to the blind applicant or recipient by specially adapted computer software.

Telephone Timesheet System (TTS)

Telephone Timesheet System 32

During standard IHSS timesheet processing, each timesheet submitted is scanned and analyzed. If the provider's timesheet was **signed** by the recipient, the timesheet is processed using standard CMIPS processes and is generally released for payment.

However, if CMIPS detects a missing recipient signature on a timesheet, the system will determine whether the recipient is enrolled in the TTS. If the recipient is enrolled in the TTS, the recipient will receive an automated call to review and electronically verify or reject the provider's timesheet.

Telephone Timesheet System Assistance Line

Telephone Timesheet System Assistance Line



If a recipient requires assistance while using TTS, a TTS assistance line is available to assist them with timesheet review and the verification/rejection process.

The TTS assistance line scope is limited to support recipients if they need assistance reviewing and electronically signing (approving or rejecting) their timesheet(s). The TTS assistance line can be reached by a toll-free number at **1-844-576-5445**. The TTS assistance line will be available Monday through Friday from 8 a.m. to 5 p.m. excluding holidays.

Telephone Timesheet System Overview

Telephone Timesheet System Overview



- Inbound vs. Outbound
- Language Selection
- Authentication
- Review and Take Action on Timesheet
- Review Actions Taken on Past Timesheets

Telephone Timesheet System Demonstration

Telephone Timesheet System Demonstration Scenarios



Scenarios to be covered in the TTS Demonstration:

- Authentication
 - ✓ Unsuccessful (Incorrect Case Number or RAN)
 - ✓ Unsuccessful (Incorrect Case Number or RAN length)
 - ✓ Successful

- Review of Pending Timesheet
 - ✓ Summary Review
 - Approval
 - ✓ Detailed Review
 - Rejection

- Review of Historical Timesheets
 - ✓ Summary Review
 - ✓ Detailed Review

BVI Services Training and Outreach

BVI Services Training and Outreach

CDSS has provided the below training materials to counties:

- TTS training CDs
- Braille Stickers
- TTS Outreach Scripts

Key Points to remember during training and outreach:

- **Recipient's Case Number:** remind the Recipient the Case Number is 7 digits.
- When using the TTS, the recipient needs to state each number individually.
For example: for number 0001445
Say this: zero zero zero one four four five
Do not say: zero zero zero fourteen forty five
- Recipient's phone number
- Recipient's mailing address
- Recipient Authentication Number (RAN) if already created
- Reminder: County should also notify the assigned Provider(s) that the Recipient has signed up for the TTS.

References

- BVI ACL 15-60
- Informational Notification: IHSS BVI Services Implementation Updates (July 30, 2015)
- Informational Notification: IHSS BVI Services Training and Outreach Materials (July 31, 2015)
- For BVI webinar related questions, please send your inquiries to:
CMIPSII-Requests@DSS.CA.GOV

Questions?



Thank you!