

California Department of Social Services
Adult Programs Division

**In-Home Supportive Services Data* to be shared with
Medi-Cal Managed Care Health Plans**

*Data derived from CMIPS II
Prepared by CDSS

Data Elements	Purpose
RECIPIENT INFO	
Name (last, first, MI)	Identifying recipient information for data matching
CIN	Identifying recipient information for data matching
SSN	Identifying recipient information for data matching
SEX	Identifying recipient information for data matching
DOB	Identifying recipient information for data matching
Current Age	Identifying recipient information for data matching
Residence Address	Identifying recipient information for data matching
Mailing Address	Identifying recipient information for data matching
Home Phone	Identifying recipient information for data matching
Cell Phone	Identifying recipient information for data matching
Other Phone	Identifying recipient information for data matching
Medi-Cal Aid Code	Provides Medi-Cal eligibility and Share of Cost info
IHSS Aid Code	Provides IHSS eligibility info
IHSS Case Number	Reference for County Staff
Ethnic Origin (Code)	Identifying recipient information for data matching
Primary Spoken Language (Code)	Determines if a translator is needed
Primary Written Language (Code)	Determines what language written material must be in
Presumptive Eligibility	Indicator of eligibility
Mode of Service (Individual, County Contractor, Homemaker)	Indicates type of provider
Restaurant Meal Allowance	Impacts authorized hours
Recipient needs assistance finding a provider	Indicates the need to assign a provider
ASSESSMENT INFO	
Total Authorized Hours	Provides the total monthly authorized hours
Authorization Begin Date	Date authorized hours begin
Authorization End Date	Date authorized hours end
Total Authorized Hours to Purchase	Indicates hours above what was assessed
Reassessment Due Date	To determine continued qualification for the program and if changes are warranted to existing services and/or hours
RESIDENCE INFORMATION	

Stove	Is factored into the outcome of the authorized hours				
Refrigerator	Is factored into the outcome of the authorized hours				
Washer	Is factored into the outcome of the authorized hours				
Dryer	Is factored into the outcome of the authorized hours				
Yard	Is factored into the outcome of the authorized hours				
HOUSEHOLD INFO					
Number of members living in the home with recipient	Proration of services				
Living arrangement (lives with spouse, shared, live-in provider, tenant, landlord, board and room)	Proration of services				
Relationship to recipient	Proration of services				
Residence type (house, apartment, mobile home, hotel, other)	Proration of services				
PARENT/SPOUSE STATUS					
Parent provider – some services; all services; no services	Impacts payment to the provider				
Parent – IHSS recipient	Impacts assessment and authorized services				
Spouse provider – able and available; able/partially available; able/not available; available/not able	Impacts payment to the provider				
Spouse – IHSS recipient	Impacts assessment and authorized services				
DISASTER PREPAREDNESS					
Degree of Contact	Identifies the level of needed assistance				
Extreme Weather	Identifies the type of weather conditions the recipient requires assistance				
Life Support	Identifies special health devices used/needs				
Special Impairment	Identifies type of health and mental condition of recipient				
SOCIAL WORKER INFO					
Name (last, first, MI)	County contact for recipient				
Identification Number					
Phone Number					
District Office Address					
County					
OTHER CONTACTS ON BEHALF OF RECIPIENT					
Type	Name	Address	Primary Phone	Message Phone	Language
Message					
Emergency					
Conservator					
Guardian					
Authorized Representative					
Power of Attorney					

ACTIVITIES OF DAILY LIVING (ADL) & INSTRUMENTAL ACTIVITES OF DAILY LIVING (IADL)

ADL/IADL	FUNCTIONAL RANKS
Housework	
Laundry	
Shopping & Errands	
Meal Prep & Clean-up	
Ambulation	
Bathing & Grooming	
Dressing	
Bowel, Bladder & Menstrual	
Transfer	
Feeding	
Respiration	
MENTAL FUNCTIONING	FUNCTIONAL RANKS
Memory	
Orientation	
Judgment	

SERVICE EVIDENCE
NEEDS ASSESSMENT (By Category)

AUTHORIZED SERVICES	TOTAL ASSESSED NEED	PRORATION	ALTERNATIVE RESOURCES	TOTAL AUTHORIZED HOURS
Domestic & Related Services				
Personal Care Services		N/A		
Protective Supervision		N/A		
Paramedical		N/A		

SERVICE EVIDENCE
NEEDS ASSESSMENT (Full list)

AUTHORIZED SERVICES	RANK	TOTAL ASSESSED NEED	PRORATION	ALTERNATIVE RESOURCES	TOTAL AUTHORIZED HOURS
Domestic					
Meal Preparation					
Meal Cleanup					
Laundry					
Shopping for Food					
Other Shopping & Errands					
Heavy Cleaning					
Respiration			N/A		
Bowel & Bladder Care			N/A		
Feeding			N/A		
Bed Baths			N/A		
Dressing			N/A		
Ambulation			N/A		
Transfers			N/A		
Bathing, Grooming, Oral Hygiene			N/A		
Menstrual Care	N/A		N/A		
Rubbing Skin, Repositioning	N/A		N/A		
Care & Assistance with Prosthesis (Meds)	N/A		N/A		
Accompaniment to Medical Appointments	N/A		N/A		
Accompaniment to Alternative Resources	N/A		N/A		
Yard Abatement	N/A		N/A		
Remove Ice, Snow	N/A		N/A		
Protective Supervision	N/A		N/A		
Teaching and Demonstration	N/A		N/A		
Paramedical	N/A		N/A		