STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

WILL LIGHTBOURNE
DIRECTOR

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GOVERNOR

September 30, 2016

ALL COUNTY INFORMATION NOTICE NO I-71-16

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation
      Change
[ ] Court Order
[ ] Clarification Requested by
      One or More Counties
[x] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
                ALL COUNTY IHSS PROGRAM MANAGERS

SUBJECT: **DATA DOWNLOAD AND REPORT CHANGES IN CASE
                MANAGEMENT INFORMATION AND PAYROLLING SYSTEM**

REFERENCE: CR956, CR1090, CR1141, CR1142, CR1144, CR673, CR795, and
             CR1143

The purpose of this All County Information Notice (ACIN) is to inform counties of the functionality enhancements and modifications in the Case Management, Information and Payrolling System (CMIPS), regarding the Monthly and Daily Data Download (DDL) Naming Conventions, DDL Interim Tracking, Authorized Case Summary and Detail Report, Recipient Summary Characteristics Report, Application, Approval, Denial, Termination Report, Addition of Social Security Number (SSN) Status to Provider Enrollment Report, Addition of Modes of Service to Data Download, and Services Assessment Summary Report Enhancements.

Release 1.12

CR956: Monthly and Daily DDL Naming Conventions

Currently the .zip file for monthly and daily DDLs begin with the processing date/time stamp followed by the file name (i.e., CCYYMMDDHHMM-CombinedMonthlyDD.zip and CCYYMMDDHHMM-CombinedDailyDD.zip). As a result of this naming convention and the variations on run dates because of where the end of month falls counties are unable to adequately automate retrieval of these .zip files using file name criteria.

In addition to this, once the .zip file is retrieved and the individual DDL files are extracted these individual .csv data files begin with a date/time stamp that is not necessarily

indicative of the data contained in the file but rather indicates the date and time the processes are run. As a result a monthly .csv may have a date that is the last day of the report month or the first day of the new month. A daily file may have the applicable run date, or if run after midnight, the next day's date would be used. This can also result in two daily files where the only difference is the time stamp portion for identification.

This change will modify processing for the monthly and daily .zip file to update the file naming convention to meet the standard CMIPS Interface Naming. The new naming convention for the delivered .zip file is:

- MONTHLY: CombinedMonthlyDD-CCYYMMDDHHMMSSnnn.zip
- MONTHLY 11TH: ProviderHoursPaidForMonthDD-CCYYMMDDHHMMSSnnn.zip
- DAILY: CombinedDailyDD-CCYYMMDDHHMMSSnnn.zip

The date used in the date/time stamp (CCYYMMDDHHMMSSnnn) of the file name is the date for which the data was extracted. Monthly files reflect the last day of the month, files for the 11th of the month will reflect that date, and Daily files reflect the date associated with the extract, regardless of whether the actual file was created after midnight. This same date is used for the date/time stamp in the individual .csv files included in the .zip file.

CR1090: LEG – FPO – DDL Changes and End of Interim Tracking

Modifications to the CMIPS II data download(s) occurred as follows.
1. Remove the weekly interim extract processing jobs from CMIPS II. The interim forms and violations tracking extracts will not be necessary after implementation of this Change Request (CR).
2. Create a new daily/monthly County/CDSS data download that will report travel claim information (DATADWLDTCF).
3. Create a new daily/monthly County/CDSS data download that will report special transaction payments (DATADWLDSPEC) and their payroll associated data. This is being included to allow counties to track Advance Pay – Overtime and Travel related special transactions. This DDL will include all other special transactions created in the system for or by the county and CDSS.
4. Create a new daily/monthly County/CDSS data download that will report all provider violation information (DATADWLDVLTN).
5. Modify DATADWLDDTS to:
    a. Remove IS_TRAVEL_TIMESHEET, IS_FLSA_TIMESHEET, TOTAL_TRAVEL_HRS, TRAVEL_HOURS_PAID and TRAVEL_CUTBACK_HRS
    b. Add VIOLATION_IND
6. DATADWLDPROV will have the following data element changes:
    a. FPO_STATUS will be repurposed as TRAVEL_TIME_IND
    b. FPO_ELIG_BEGIN_DATE will be repurposed as ACTIVE_CASES
    c. FLSA846COMPLETE indicator will be added

  d. PROVIDER_SUFFIX will be added
  e. VIOLATION_EXEMPTION_DESC will be added
  f. VIOLATION_EXEMPTION_BEGIN_DT will be added
  g. VIOLATION_EXEMPTION_END_DT will be added
7. DATADWLDREC PART 4 the following data elements will be added:
  a. ACTIVE_PROVIDERS
  b. CURRENT_WW_AGREEMENT_IND
  c. RECIPIENT_OT_AGGREMENT_IND
  d. MONTHLY_OT_MAX
  e. WEEKLY_AUTH_HOURS
  f. RECIP_SUFFIX

CR1141: CO – Authorized Case Summary and Detail Report Enhancements (615.04)

Data Selection Criteria for the Authorized Case Summary and Detail Report is modified to capture all cases, not just those that are authorized in the report month. (See Figure 1 and Figure 2) The count of Leave status cases has been added and included in the total cases for all programs. Averages calculations for the All Programs detail is modified to exclude the leave cases. Cases are reported on by status as follows:

- Eligible / Presumptive Eligible / Leave – report captures the current authorization segment or overdue authorization segment, as applicable, for cases with these statuses.
- Pending – report captures cases with the status of "Pending", even if the case was created in a month prior to the reporting month.
- Denied / Terminated / Application Withdrawn – report will only capture these case statuses if the authorization segment that created the status of Denied, Terminated, or Application Withdrawn has an Authorization Start Date within the reporting month. Terminated case expenditure details and program information will come from the prior eligible segment.
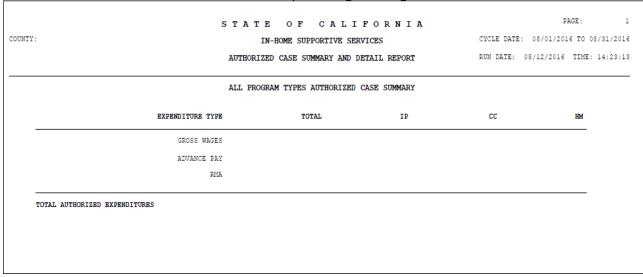
```
                        S T A T E   O F   C A L I F O R N I A            PAGE:        1
COUNTY:                        IN-HOME SUPPORTIVE SERVICES       CYCLE DATE:  08/01/2016 TO 08/31/2016
                        AUTHORIZED CASE SUMMARY AND DETAIL REPORT   RUN DATE:  08/12/2016  TIME: 14:23:13


                        ALL PROGRAM TYPES AUTHORIZED CASE SUMMARY


                EXPENDITURE TYPE              TOTAL           IP           CC           HM


                    GROSS WAGES

                    ADVANCE PAY

                         RMA


    TOTAL AUTHORIZED EXPENDITURES
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Figure 1: *Authorized Case Summary and Detail Report* (Page 1)

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                              S T A T E   O F   C A L I F O R N I A                    PAGE:        2

COUNTY:                          IN-HOME SUPPORTIVE SERVICES              CYCLE DATE:  08/01/2016 TO 08/31/2016

                            AUTHORIZED CASE SUMMARY AND DETAIL REPORT     RUN DATE:   08/12/2016  TIME: 14:23:13


                              ALL PROGRAM TYPES AUTHORIZED CASE DETAIL


         CATEGORY                    TOTAL      PERCENT OF TOTAL         IP             CC             HM


   TOTAL CASES

         MIXED MODES

         ADVANCE PAY

                 RMA

               LEAVE

   TOTAL HOURS

         ADVANCE PAY

   TOTAL
   AUTHORIZED AMOUNT

         GROSS WAGES

         ADVANCE PAY

                 RMA

   AVERAGES

         AVERAGE HOURS

         AVERAGE AMOUNT
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Figure 2: *Authorized Case Summary and Detail Report* (Page 2)

CR1142: CO – Recipient Summary Characteristics Report Enhancements (615.05)

The Recipient Summary Characteristics Listing is a county specific report indicating totals of various recipient characteristics. The listing is useful in obtaining an overview of the IHSS population for a given month. Cases and detail will be reported based on the information available for that case as of the last day of the report month as indicated below:

For "Pending" status:
- Case will be counted in totals but will not be counted in program.
- If the status of a case is "Pending" as of end of business on the last day of the report month it will be counted to the report as "Pending" regardless of the application date.
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- There are no authorization detail counts for this status.

For "Application Withdrawn" and "Denied" statuses:

- Case will be counted in totals but will not be counted in program.
- These cases will only be counted for the report month in which the status was updated to "Application Withdrawn" or "Denied". They will not be counted in subsequent months.
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- There are no authorization detail counts for this status.

For "Eligible" or "Presumptive Eligible" statuses:
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the authorization segment that is current for the last day of the report month or, if there is not an authorization segment that covers the last day of the report month, details will come from the most recent authorization segment for that status.

For "Leave" status:
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the "Eligible" or "Presumptive Eligible" authorization just prior to the 'Leave' status segment.
- If the status of a case is "Leave" as of end of business on the last day of the report month it will be counted to the report as "Leave" regardless of the date the status began.

For "Terminated" status:
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the "Eligible" or "Presumptive Eligible" authorization just prior to the "Terminated" status segment.
- These cases will only be counted for the report month in which the status was updated to "Terminated". They will not be counted in subsequent months.

Note: The Blind and Visually Impaired (BVI), Timesheet Option, and Notice of Action Option sections on the report are not dependent on Case Status changes to report current BVI Option selections. Cases that are in Active Status (Presumptive Eligible, Eligible, or Leave) in the reporting month and have Blind and Visually Impaired, Timesheet Option, and Notice of Action Option selections (either updated in the reporting month or continuing from a previous reporting month) will be reported on.

The description of the Recipient Summary Characteristics report has been modified (See Figure 3). Data Selection Criteria is modified to capture an unduplicated count of cases in the reporting month based on the data for a case as of the last day of the reporting month. The "Presumptive Eligibility" field has been renamed to "Presumptive Eligible".
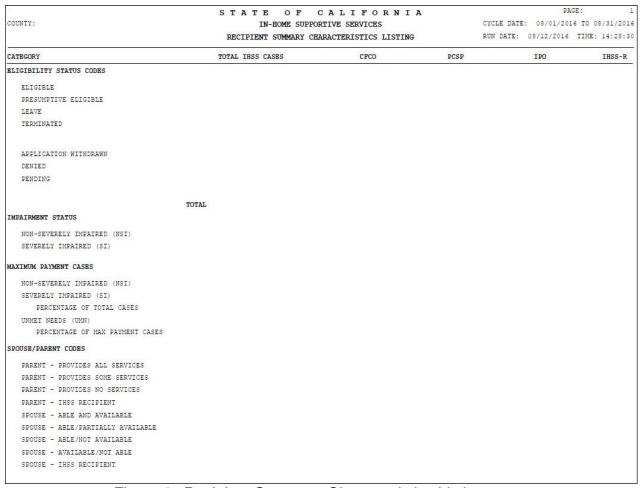
```
                        S T A T E   O F   C A L I F O R N I A              PAGE:        1
COUNTY:                       IN-HOME SUPPORTIVE SERVICES        CYCLE DATE:  08/01/2016 TO 08/31/2016
                         RECIPIENT SUMMARY CHARACTERISTICS LISTING    RUN DATE:  08/12/2016  TIME: 14:28:30

CATEGORY                      TOTAL IHSS CASES        CPCO        PCSP        IPO        IHSS-R
ELIGIBILITY STATUS CODES

   ELIGIBLE
   PRESUMPTIVE ELIGIBLE
   LEAVE
   TERMINATED


   APPLICATION WITHDRAWN
   DENIED
   PENDING


                      TOTAL

IMPAIRMENT STATUS

   NON-SEVERELY IMPAIRED (NSI)
   SEVERELY IMPAIRED (SI)

MAXIMUM PAYMENT CASES

   NON-SEVERELY IMPAIRED (NSI)
   SEVERELY IMPAIRED (SI)
       PERCENTAGE OF TOTAL CASES
   UNMET NEEDS (UMN)
       PERCENTAGE OF MAX PAYMENT CASES
SPOUSE/PARENT CODES

   PARENT - PROVIDES ALL SERVICES
   PARENT - PROVIDES SOME SERVICES
   PARENT - PROVIDES NO SERVICES
   PARENT - IHSS RECIPIENT
   SPOUSE - ABLE AND AVAILABLE
   SPOUSE - ABLE/PARTIALLY AVAILABLE
   SPOUSE - ABLE/NOT AVAILABLE
   SPOUSE - AVAILABLE/NOT ABLE
   SPOUSE - IHSS RECIPIENT
```

Figure 3: *Recipient Summary Characteristics Listing* report

The "Maximum Payment Cases" section has some adjustments associated with the unduplicated count requirement:
- "Percentage of Total Cases" will be moved and modified to sum the Max Payment Severely Impaired (SI) and Non-Severely Impaired (NSI) and then provide the percentage of that to total cases for each program.
- "Unmet Needs" subset of max payment cases is a separate count as these are also included within either the SI or NSI count of max payment cases.
- A new field will be added "Percentage of Max Payment Cases" which will provide the percentage of the sum of SI/NSI max payment cases that have unmet needs.

In the Medi-Cal Aid Code section the following changes have been made:
- A new field "No Medi-Cal" has been added to provide a count of cases with no active Medi-Cal detail.

- New selection criteria for Medi-Cal aid code has been added to validate eligibility status for determining aid code counts. If this criteria is not met the case is counted in the "No Medi-Cal" field.
- The look up table for Medi-Cal aid code descriptions has been removed. It will no longer be used for this report and it is not used for any other reports.
- The description for an aid code is not provided, however, the Medi-Cal eligible aid code is displayed on the report if there is a count greater than zero. This allows MEDS to add and change aid codes without a change being necessary for this report to display appropriate information. If a recipient has Medi-Cal eligibility the aid code associated with that eligibility is displayed.

The "Eligibility Based on Aged, Blind or Disabled" section will continue to display the definitions related to these IHSS eligibility codes.

The "Income Eligible" section has been moved up with the other eligibility items rather than being separated from the other eligibility information by the BVI sections.

In the "Blind or Visually Impaired" section the "Total" field label has been right justified in the label column to match the layout of other total/subtotal/calculation labels on the report.

In the "Ethnicity" section the "Other Asian or Pacific Islander" value on the table has been updated to "Asian or Pacific Islander" to match the case management selection value.

CR1144: CO – Application, Approval, Denial, Termination Report Enhancements (615.03)

The Application/Approval/Denial/Termination – Summary reports summary case counts of Status changes in the report period.

The following three summary reports are available:
- Supervisor Summary: A count of cases, by Social Worker, associated with each Status reported.
- County Summary: A count of cases, by District Office, associated with each Status reported.
- Statewide Summary: A count of cases, by County, associated with each Status reported.

This report is not meant to reconcile. A case may be listed multiple times if the Status changes multiple times in the report month.

Application/Approval/Denial/Termination – Listing (see Figure 5):
- Description of the report has been modified.

- Selection criteria is updated to include cases with a rescinded action and to include Leave to Terminated case action.
- Status details have two sub-columns (current and prior) to identify the change.
- Date of Change has been added to the data elements and be included in the sort criteria.
- Data Element details are updated to clarify the definition of the captured data.

Figure 5: *Application/Approval/Denial/Termination Listing* report

Application/Approval/Denial/Termination – Summary (see Figure 6):
- Description of the report has been modified.
- Version dropdown value of "State" has been changed to "Statewide" for consistency.
- Data Element details are updated to clarify the definition of the captured data.
- Data selection for Carryover applications is updated to include cases that are rescinded in the report month. Entire criteria is better defined.
- Data selection for Terminations is updated to include a change in status from Leave to Terminated.
- New columns have been added to capture a summary of rescind action taken in the report month.

Figure 6: *Application/Approval/Denial/Termination Summary* report

RELEASE 1.13

CR673: Add SSN Status to Provider Enrollment Report

The Provider SSN and Enrollment Status Report identifies provider enrollment and SSN verification status information. The report has two sections that provide the following information:

1. SSN Verified and Enrollment is Completed – A provider is listed in this section if they have completed all enrollment activities (indicated as 'Yes' in the report) and the SSN Verification Response has been returned from Social Security Administration (SSA) as "(V) Verified by SSA".
2. Pending Completion of SSN Verification or Enrollment – A provider will be listed in this section if there are any outstanding enrollment activities (indicated by a blank) and/or the SSN Verification Response indicates any value other than "(V) Verified by SSA".

This report contains system default and generated SSN Status values as well as SSN Status values received from the SSA. SSN verification requests are submitted to SSA twice per week and responses to prior submissions are retrieved at this time. Those responses are processed into CMIPS II and reflected on this report.

For SSN verification, the following data elements are submitted to the SSA for verification:
- Provider Name (Last, First MI)
- Provider SSN
- Provider Date of Birth

For Provider Enrollment activities the following data elements are entered and tracked on the Provider Enrollment Details screen:
- Provider Orientation
- Provider Enrollment (SOC 426)
- Provider Agreement (SOC 846)
- Background Check

The Provider SSN and Enrollment Status Report will be modified to include the SSN Verification Status of "Pending Enrollment" in the list of categories available to generate this report. Report scheduling will be modified so that this report is run in batch on Thursday and Monday (available to the user Friday and Tuesday). (See Figure 7)

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                            S T A T E   O F   C A L I F O R N I A                    PAGE:    1
                                 IN-HOME SUPPORTIVE SERVICES                CYCLE DATE: 09/11/2015 TO 09/17/2015
COUNTY: ALAMEDA                PROVIDER SSN AND ENROLLMENT STATUS REPORT    RUN DATE: 09/18/2015 TIME: 14:12:50
```

PROVIDER NAME	PROVIDER NUMBER	PROVIDER SSN	PROVIDER DOB	PROVIDER GENDER	SOC 846	SOC 426	ORIENTATION	BACKGROUND CHECK	SSN RESPONSES
SSN Verified and Enrollment is Completed									
RODRIGUEZ, SULEMA A	050006351	553-61-8831	09/23/1964	F	Yes	Yes	Yes	Yes	(V)Verified By SSA
WRIGHT, ETOYE	050014560	256-52-7402	01/01/1936	F	Yes	Yes	Yes	Yes	(V)Verified By SSA
Pending Completion of SSN Verification and Enrollment									
BROWN, ALFRED T	050012295	569-90-6939	07/01/1952	M	Yes	Yes	Yes		(V)Verified By SSA
CARPIAUX, ANDRE	050002989	554-64-7280	06/05/1934	M	Yes				(V)Verified By SSA
HUANG, XINHUAN	050022761	621-19-7127	07/25/1955	F	Yes	Yes	Yes		(0)Not Yet Verified
LI, FEI Y	050022760	621-19-5518	12/28/1979	F		Yes		Yes	(V)Verified By SSA
PADILLA, DELIA M	050009952	569-61-5862	01/30/1966	F				Yes	(V)Verified By SSA

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                                        CONFIDENTIAL
                    DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY
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Figure 7: *Provider SSN and Enrollment Status Report*

CR795: Add Modes of Service to Data Download

Currently "Mode of Service" is not a data field on the CMIPS Recipient Data Download. The Mode of Service information only exists on the legacy version DDLs produced by CMIPS.

Mode of Service information and details for the latest Mode of Service segment(s) will be added to the DATADWLDREC PART 4 monthly/daily file to assist those counties that have mixed modes of service (i.e., IP and CC or IP and HM).

Changes will be made to DATADWLDREC PART 4 to add the following:
- MODE OF SERVICE 1 (IP, CC OR HM)
- MODE OF SERVICE FROM DATE 1
- MODE OF SERVICE TO DATE 1
- MODE OF SERVICE RATE 1
- MODE OF SERVICE HOURS AND MINUTES (IP, CC OR HM) 1
- MODE OF SERVICE CASE COST 1
- MODE OF SERVICE 2 (BLANK, CC OR HM)

- MODE OF SERVICE FROM DATE 2
- MODE OF SERVICE TO DATE 2
- MODE OF SERVICE RATE 2
- MODE OF SERVICE HOURS AND MINUTES (CC or HM) 2
- MODE OF SERVICE CASE COST 2

All data elements are already populated to the reporting database.

CR1143: CO – Services Assessment Summary Report Enhancements (615.02)

This report should summarize, by Social Worker, District Office, County or Statewide all active (case status of eligible, presumptive eligible or leave) case assessments in the report month as well as a three-month average.

Cases with a status of Eligible, Presumptive Eligible or Leave in the report month will be included in the report month. Cases with a status of Eligible, Presumptive Eligible or Leave in the report month or in the prior (2) months will be included in the "3 Month Average" section of the report. Detail for Leave status cases will be extracted from the authorization segment prior to the Leave status segment. Cases with a status of Pending, Denied, Application Withdrawn, or Terminated are not reported because cases in these statuses do not have assessment information. (See Figure 8 and Figure 9)

Figure 8: *Service Assessment Summary* – Page 1

STATE OF CALIFORNIA   PAGE: 2

COUNTY: STATEWIDE   IN-HOME SUPPORTIVE SERVICES   CYCLE DATE: 01/01/2016 TO 01/31/2016
                                           SERVICE ASSESSMENT SUMMARY REPORT   RUN DATE: 02/03/2016 TIME: 10:32:54

STATEWIDE SUMMARY - ALL PROGRAMS

			JANUARY								3 MONTH AVERAGE			
SERVICE AUTH	CASES	% OF TOTAL	HOURS ASSESSED	AUTH HOURS	$ AMOUNT	AUTH/ HRS	CASE $ AMT	CASES	% OF TOTAL	AUTH HOURS	$ AMOUNT	AUTH/ HRS	CASE $ AMT
YARD HAZARD ABATEMENT	4	0.00	29:00	27:30	275.00	06:53	68.75	2	0.00	27:10	281.67	11:39	120.71
REMOVAL OF SNOW, ICE	94	0.02	454:27	387:18	3,873.48	04:07	41.21	32	0.02	262:25	2,624.99	08:12	82.03
TEACHING AND DEMONSTRATION	2	0.00	50:19	35:10	351.67	17:35	175.84	2	0.00	29:45	331.11	17:51	198.67
TOTAL CASES	3,278,360	100.00	79,358,462:21	63,505,084:02	636,268,432.55	19:22	194.08	1,109,516	100.00	25,132,723:24	252,487,646.37	22:39	227.57
NON-ESSENTIAL	3,246,554	99.03	52,809,249:03	40,273,125:42	403,206,856.52	12:24	124.20	1,098,349	98.99	15,871,638:49	159,176,375.79	14:27	144.92
DOMESTIC	55	0.00	264:00	249:00	2,567.12	04:32	46.67	21	0.00	111:27	1,161.68	05:18	55.32
MEALS	184	0.01	00:00	00:00	11,408.00	00:00	62.00	70	0.01	00:00	4,360.67	00:00	62.00

	IP			CC			HM			MM			TOTAL		
CASE AVERAGE		HOURS			HOURS			HOURS			HOURS			HOURS	
	CASES	ASSESS	AUTH	CASES	ASSESS	AUTH	CASES	ASSESS	AUTH	CASES	ASSESS	AUTH	CASES	ASSESS	AUTH
SI	89,887	55:43	39:15	26	56:46	49:53	1	32:40	32:40	123	76:29	53:00	90,026	55:45	39:17
NSI	350,664	31:06	19:55	84	22:25	17:29	1	245:51	204:48	513	35:30	19:46	351,246	31:06	19:55
TOTAL	440,551	36:07	23:52	110	30:32	00:00	17	16:23	13:58	636	43:25	26:12	441,272	36:08	23:52

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Figure 9: *Service Assessment Summary* – Page 2

The report is available in the following summaries:

- Social Worker – Provides details of cases assigned to a specific Social Worker (Case Owner).
- District Office – Provides details of cases assigned to all Social Workers associated with a specific District Office.
- County – Provides details of cases assigned to all District Offices in a specific County.
- Statewide– Provides details of cases in all Counties.

The Service Assessment Summary Report in CMIPS will be modified to include:

- Accurately reflect all eligible cases in the report to include the following cases statuses: 1) eligible, 2) presumptive eligible, 3) leave.
- Cases with a status of Eligible or Presumptive Eligible with an Authorization Start Date in the report month will be reported in the report month and the 3 "Months Average" section of the report – an Authorization segment for the report month should not be required.

- 3 month average should include cases that were active in any of the months included in the 3 month average irrespective of current case status.

Changes to the Service Assessment Summary Report are as follows:

- Description of the report will be modified for additional clarity.
- Data Selection Criteria is modified to capture data for cases in Eligible, Presumptive Eligible and Leave status in the current month.
- Data Selection Criteria is modified to capture data for cases in Eligible, Presumptive Eligible and Leave status in the current month or in the first and/or second prior month.
- Cosmetic and spacing issues will be corrected for readability and clarity.
- Data Element details are updated to clarify the definition of the captured data.

If you have questions or comments regarding this ACIN, please contact the Adult Programs Division CMIPS and Systems Operations Unit at (916) 551-1003 or via e-mail at: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

SUE QUICHOCHO, Chief
Systems and Administrative Branch
Adult Programs Division

c: CWDA