STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
16) 445-6410

January 5, 1984

ALL-COUNTY LETTER NO. 84-06

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FISCAL YEAR 1983/84 IN-HOME SUPPORTIVE SERVICES (IHSS) MID-YEAR UPDATE

REFERENCE: ALL-COUNTY LETTER NO. 83-74 AND NO. 83-82

All-County Letter No. 83-74 outlined the requirements for submittal of IHSS County Plans to the Department of Social Services. One of the requirements is a mid-year update of actual and forecasted expenditures for Fiscal Year 1983/84. The attached mid-year update material must be submitted by all counties by January 31, 1984.

The Department is now in the process of securing additional IHSS funds. Therefore, if you determine that program reductions, pursuant to Welfare and Institutions Code (WIC) Section 12301, are necessary to maintain the program within your total allocation, we strongly advise early contact with the Adult Services Bureau staff.

By January 31, 1984 counties must submit the following:

1. An updated County Plan Summary

2. A FY 1983/84 Forecast Summary (Section C through C-3)

3. A Program Reduction Forecast, if appropriate

4. A Wage and Benefit Sehedule (Section H), signed by the Welfare Director

5. A cover letter explaining any significant changes from your original plan

Counties should not include the funds designated for the three percent provider wage and benefit increases when determining actual and forecasted expenditures for the mid-year update. Please refer to the schedule attached to All-County Letter No. 83-82; subtract column 5 (COLA allocation) from column 1 (allocation, all funds) to compute your FY 1983/84 services allocation. We are providing a separate wage and benefit form (see Section H attached) which should be used to indicate distribution of COLA funds as applicable.

Mid-year updates must show actual cases, hours, and expenditures (less COLA) for the first six months. County projections for January through June 1984 must be based on the most recent actual data available (less COLA). The mid-year update will constitute an amendment to your initial county plan and, therefore, must be signed by the Welfare Director.

For counties that provide IHSS to Refugee Resettlement Program (RRP) clients, the cost of providing services to these persons should be identified in the other cost column on Section C, as these costs are funded separately from the IHSS appropriation.

Mid-year updates, amendments to County Plans, and any related questions should be addressed to:

Ronald Lee, Chief
Adult Services Bureau
744 P Street, M.S. 5-126
Sacramento, CA 95814
(916) 322-6320

LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachment

cc: CWDA

COUNTY PLAN FOR IN-HOME SUPPORTIVE SERVICES

FISCAL YEAR 1983/84

Attached is:

- [ ] Initial County Plan
- [ ] Mid-Year Update
- [ ] Plan Amendment

The following sections are submitted:

- [ ] Section A - County Plan Summary
- [ ] Section C - FY 1983/84 Summary of Forecasted Expenditures - All Modes
- [ ] Section C1 - FY 1983/84 Individual Provider Forecast
- [ ] Section C2 - FY 1983/84 Contract Forecast
- [ ] Section C3 - FY 1983/84 Welfare Staff Forecast
- [ ] Section F - Program Reduction Forecast
- [ ] Section G - County Contact Roster - if applicable
- [ ] Section H - Wage and Benefit Schedule

COUNTY: _____ Date: _____

Contact Person: _____ Telephone: _____

Title: _____

Preparer's Name: _____ Date: _____

Title: _____

SIGNATURE OF COUNTY WELFARE DIRECTOR: _____

SECTION A. COUNTY PLAN SUMMARY

Wage & Benefit allocation funds: _____
Base allocation funds: _____

100% State & Federal funds: _____
90% State matching funds: + _____
10% County matching funds: + _____
FY 1983/84 Allocation: = _____

County: _____

Date: _____

Month	(1) FY 1938/84 forecast	(2) "a-e" program reductions	(3) Adjusted FY 1983/84 forecast	(4) Cumulative total	(5) Wage and Benefit increase
July ..... (a)					
August ..... (a)					
September .... (a)					
Subtotal 1st qtr. (a)					
October ..... (a)					
November ..... (a)					
December ..... (a)					
Subtotal 2nd qtr. (a)					
January ..... (e)					
February ..... (e)					
March ..... (e)					
Subtotal 3rd qtr. (e)					
April ..... (e)					
May ..... (e)					
June ..... (e)					
Subtotal 4th qtr. (e)					
TOTAL ..... (e)					

Column (1): Taken from Column (4), Section C, FY 1983/84 FORECAST SUMMARY.
Column (2): Taken from Column (4), Section F, PROGRAM REDUCTION FORECAST.
Column (3): Column (1) minus Column (2).
Column (4): Accumulating total of successive months.
Column (5): Monthly wage and benefit increase amounts.

(a) Actual expenditures.
(e) Estimated expenditures.

SECTION C: FY 1983/84 SUMMARY OF FORECASTED EXPENDITURES - ALL MODES

FY 1983/84 Allocation: $_____

Month	Cases (1)	Hours (2)	Other costs (3)	Costs (4)	Cumulative totals Cases (5)	Cumulative totals Hours (6)	Cumulative totals Costs (7)
July .....(a)							
August .....(a)							
September .....(a)							
Subtotal 1st quarter(a)							
October .....(a)							
November .....(a)							
December .....(a)							
Subtotal 2nd quarter(a)							
January .....(e)							
February .....(e)							
March .....(e)							
Subtotal 3rd quarter(e)							
April .....(e)							
May .....(e)							
June .....(e)							
Subtotal 4th quarter(e)							
TOTAL .....(e)							

(a) Actual cases, hours, and expenditures.
(e) Estimated cases, hours, and expenditures.

- See Reverse for Instructions -

SECTION C: FY 1983/84 SUMMARY OF EXPENDITURES - ALL MODES

Instructions:

Column (1): This column represents total number of paid cases from Sections C1-C3.

Column (2): This column represents total number of paid hours from Sections C1-C3.

Column (3): This column represents any other paid costs charged to the IHSS program.

Column (4): This column represents total cost of services from Sections C1-C3.

Column (5): This column represents the accumulating total of successive monthly paid cases in Column (1).

Column (6): This column represents the accumulating total of successive monthly paid hours in Column (2).

Column (7): This column represents the accumulating total of successive monthly paid costs in Columns (3) and (4).

SECTION C1: FY 1983/84 INDIVIDUAL PROVIDER FORECAST

Month	Open Cases (1)	Paid Cases (2)	Hours (3)	Costs (4)
July ..... (a)				
August ..... (a)				
September ..... (a)				
Subtotal 1st quarter .. (a)				
October ..... (a)				
November ..... (a)				
December ..... (a)				
Subtotal 2nd quarter .. (a)				
January ..... (e)				
February ..... (e)				
March ..... (e)				
Subtotal 3rd quarter .. (e)				
April ..... (e)				
May ..... (e)				
June ..... (e)				
Subtotal 4th quarter .. (e)				
TOTAL ..... (e)				

(a) Actual cases, hours, and expenditures.
(e) Estimated cases, hours, and expenditures.

- See Reverse for Instructions -

SECTION C1: FY 1983/84 INDIVIDUAL PROVIDER FORECAST

Instructions:

Column (1): This column represents the total number of cases authorized to receive services during the month. January-June entries should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Cases" (Authorized Caseload Movement).

Column (2): This column represents the count of paid cases. January-June entries should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Recipients".

Column (3): This column represents the number of paid hours during the month. January-June entires should be an estimate of what will appear on the Payrolling Management Statistical Summary - "Total Hours".

Column (4): This column represents the sum of "Total Wages", "Restaurant Meal Allowance", and "Total Social Security and Unemployment" found on the Payrolling Management Statistical Summary.

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST INDIVIDUAL PROVIDER CASES, HOURS, AND COSTS:

SECTION C2: FY 1983/84 CONTRACT FORECAST

Month	Cases			Hours				Total costs paid (8)
	Authorized (1)	Served (2)	Paid (3)	Authorized (4)	Billed (5)	Served (6)	Paid (7)	
July (a)								
August (a)								
September (a) ..								
Subtotal 1st qtr (a)								
October (a)								
November (a) ...								
December (a) ...								
Subtotal 2nd qtr (a)								
January (e)								
February (e) ...								
March (e)								
Subtotal 3rd qtr (e)								
April (e)								
May (e)								
June (e)								
Subtotal 4th qtr (e)								
TOTAL (e) ...								

(a) Actual cases, hours, and expenditures.
(e) Estimated cases, hours, and expenditures.

- See Reverse for Instructions -

SECTION C2: FY 1983/84 CONTRACT FORECAST

Instructions:

Column (1): This column represents the number of cases authorized to receive services during the month regardless of whether a payment will be made or services delivered.

Column (2): This column represents the number of cases that will receive services during the month.

Column (3): This column represents the number of authorized cases for which services will be paid.

Column (4): This column represents the number of service hours authorized during the month regardless of whether a payment will be made or services delivered.

Column (5): This column represents the number of hours that will be billed to the county by the contractor during the month.

Column (6): This column represents the number of service hours that will be provided during the month.

Column (7): This column represents the number of service hours that will be paid for in the month regardless of when provided.

Column (8): This column represents costs that will be paid during the month. These are charges which will be reflected on the quarterly administrative claim (Form DFA 325.3).

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST CONTRACTED CASES, HOURS, AND COSTS:

SECTION C3: FY 1983/84 WELFARE STAFF FORECAST

Month	Cases authorized (1)	Cases served (2)	Recipient hours authorized (3)	Recipient hours served (4)	Time study hours by quarter (5)	Casework costs by quarter (6)	Allocable cost overhead by quarter (7)	Total cost (8)
July ..... (a)								
August .... (a)								
September . (a)								
Subtotal 1st qtr (a)								
October .... (a)								
November ... (a)								
December ... (a)								
Subtotal 2nd qtr (a)								
January .... (e)								
February ... (e)								
March ..... (e)								
Subtotal 3rd qtr (e)								
April ..... (e)								
May ..... (e)								
June ..... (e)								
Subtotal 4th qtr (e)								
TOTAL .... (e)								

(a) Actual cases, hours, and expenditures.
(e) Estimated cases, hours, and expenditures.

- See Reverse for Instructions -

SECTION C3: FY 1983/84 WELFARE STAFF FORECAST

Instructions:

Column (1): This column represents the number of cases authorized to receive services during the month regardless of whether a payment will be made or services delivered.

Column (2): This column represents the number of cases that will be served during the month.

Column (3): This column represents the number of recipient hours authorized to be provided during the month regardless of whether a payment will be made or services delivered.

Column (4): This column represents the number of recipient hours that will be served during the month.

Column (5): This column represents the number of hours time studied, by quarter, for county staff (DFA 47, line A).

Column (6): This column represents the cost of welfare staff charged to the program by the quarter. This column should reflect what will appear on the quarterly administrative claim amount (Form DFA 325.1, line A, Column 3).

Column (7): This column represents the cost of allocable overhead charged to the program by quarter. The allocable overhead should reflect what will appear on the quarterly administrative claim amount (Form DFA 325.1, line A, Column 4).

Column (8): This column represents the totals of Columns (6) and (7) by quarter.

GIVE A BRIEF EXPLANATION DESCRIBING THE METHODOLOGY USED TO FORECAST WELFARE STAFF CASES, HOURS, AND COSTS:

SECTION F. PROGRAM REDUCTION FORECAST

Month	Forecasted savings				
	(1) Individual Provider	(2) Contract	(3) Welfare Staff	(4) Total	(5) Cumulative Total
July					
August					
September					
Subtotal 1st qtr.					
October					
November					
December					
Subtotal 2nd qtr.					
January					
February					
March					
Subtotal 3rd qtr.					
April					
May					
June					
Subtotal 4th qtr.					
TOTAL					

Attach a description of the methodology used to forecast your program reductions. Include a schedule depicting the reductions by mode, service, and reduction categories.

SECTION G. COUNTY CONTACT LIST - ADULT SERVICES

(Update if different from Original Plan)

COUNTY: _____

Address: _____

_____

Title	Contact Person's Name	Telephone
Director	_____	_____
Assistant Agency Director	_____	_____
Adult Services Division Director	_____	_____
Adult Program Specialist	_____	_____
IHSS and APS - Section Supervisor	_____	_____
Fiscal Section Supervisor	_____	_____
Contracts Section Supervisor ..	_____	_____
Payroll Section Supervisor	_____	_____
Program Assistant	_____	_____
Other: _____	_____	_____

SECTION H. WAGE AND BENEFITS SCHEDULE

Wage and Benefit Allocation: $_____

Date Wage and Benefits Instituted: ____/____/____

The Budget Act required the Department of Social Services to control the distribution of wage and benefit funds. All-County Letter No. 83-99 provided you with instructions on how the wage and benefit increases for IHSS providers are to be applied. Counties should include both wages and benefits, if applicable, when completing this section. Therefore, in order for the Department of identify your wage and benefit expenditure level, complete this section. If you are not granting a wage and benefit expenditure or are granting less than your full wage and benefit allocation, the unused funds will be reduced from your total COLA allocation.

Mode	Provider rate before wage & benefit	Provider rate after wage & benefit	Percent change	FY 1983/84 Total COLA expenditures	
				Amount	% of total COLA allocation
INDIVIDUAL PROVIDER	$	$	%	$	%
CONTRACT	$	$	%	$	%
COUNTY WELFARE DEPARTMENT	$	$	%	$	%
TOTAL	$	$		$	%
Unused Wage and Benefit increases:			%	$	%

I CERTIFY THAT THE ABOVE AMOUNTS ARE CORRECT.

SIGNATURE OF COUNTY WELFARE DIRECTOR: _____

Date: _____