

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 14, 1998

ALL-COUNTY LETTER 98-04

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order or Settlement Agreement
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: RESTORATION OF THE DECEMBER 1995 4.9 PERCENT REDUCTION OF TITLE XVI SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT PROGRAM (SSI/SSP) BENEFIT LEVEL AFFECTING IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL

This All-County Letter (ACL) is to provide information on the December 1995 4.9% SSI/SSP reduction that is being restored effective November 1, 1997. In most situations county staff will not have to take any action since most cases will be automated.

A. SSI/SSP Benefit Levels

Welfare and Institution's Code (W&IC) Section 12200.018, which reduced certain SSP rates by 4.9 percent, expired by its own terms on October 31, 1997. Consequently, the SSP reductions made pursuant to that statute must be restored effective November 1, 1997.

This restoration will increase the payment standards for individuals living in the household of another and all couples.

B. IHSS Share of Cost (SOC)

1. Currently, the SOC is calculated based on six different sets of SSI/SSP benefit level tables. Column "C" reflects the new rates effective November 1, 1997. Benefit rates less than the "C" column rates on the "N" and "Y" and "Z" and "A" and "B" columns will be replaced by November 1997 rates (Attachment B).

- The rates in column "N" are used for individuals who have been income eligible for IHSS since prior to September 1, 1993.
- The rates in column "Y" apply to the following recipients:
 - a) Recipients who became income eligible for IHSS between September 1, 1993, and August 1994; and
 - b) Recipients who were status eligible for IHSS/PCSP on August 31, 1994, but became income eligible for IHSS September 1, 1994, or later due to reasons unrelated to the 2.3 percent SSP reduction in September 1994.
- The rates in column "Z" apply to recipients who became eligible for IHSS between September 1, 1994, and November 30, 1995.
- The rates in column "A" apply to recipients who became eligible for IHSS between December 1, 1995, and December 31, 1996.
- The January 1, 1997, rates in column "B" apply to recipients who became eligible for IHSS January 1, 1997, or later.
- The November 1, 1997, rates in column "C" apply to recipients who became eligible for IHSS 11/1/97 or later; and recipients who were effected by the restoration of the December 1995 4.9 percent reduction.

C. CMIPS

The CMIPS will automatically adjust the SOC based on the November 1, 1997, benefit levels. The automation will include plugging an indicator "C" in field I(1) SOC Date, and reason code "354" in field ZZA on the SOC 293 for every recipient affected by this change.

To advise recipients of their new SOC the county will automatically generate and print the Notices of Action (NOA) and 293 turnaround documents. The NOAs will contain the following reason code 354 message:

"Effective ####/##, the amount you must pay for IHSS goes from \$ _____ to \$ _____. The county and state share now goes up, because there was a change in the law." MPP30-755.233 and W&IC Section 12200.018.

An exception report of all shares of cost cases that cannot be automated will be sent to the counties. Counties will be required to review these cases and manually adjust the share of cost. EBB 97-30 was sent out with the exception report on November 12, 1997.

D. Attachments

1. Attachment A to this ACL is November 1997 SSI/SSP Payment Standards.
2. Attachment B is the November 1997 SSI/SSP Benefit Level Tables for determining IHSS share of cost.
3. Attachment C is a copy of the updated page for the IHSS/CMIPS USER'S Manual pages V-A 15 through V-A-20. This information has also been incorporated into the CMIPS SOC automation feature.

For questions regarding CMIPS procedures, please call Josie Powers at (916) 229-4019; policy questions should be directed to your policy analyst.

Sincerely,



DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

c: CWDA

ATTACHMENT A

ESTIMATED SSI/SSP PAYMENT STANDARDS

EFFECTIVE NOVEMBER 1, 1997

Reflects sunset of the December 1, 1995 4.9% of federal minimum SSI/SSP grant reductions

Categories exempted were NMOHC, personal and incidental needs of persons residing in Title XIX Medical Facilities, and RMA

CNI: 2.60% (a)
CPI: 2.90% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)									
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OR RELATIVE WITHOUT IN-KIND ROOM & BOARD			
	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	Total	SSI	SSP	
INDIVIDUAL:																
AGED OR DISABLED	640.40	484.00	156.40	491.13	322.67	168.46	631.67	322.67	309.00	786.00	484.00	302.00				
- without cooking facilities (RMA) 2/	708.40	484.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
BLIND	695.40	484.00	211.40	556.73	322.67	234.06	631.67	322.67	309.00	786.00	484.00	302.00				
DISABLED MINOR	547.40	484.00	63.40	389.50	322.67	66.83	631.67	322.67	309.00	786.00	484.00	302.00				
- living with parent(s)																
- living with non-parent relative or non-relative guardian																
COUPLE:																
AGED OR DISABLED	1,140.71	726.00	414.71	936.02	484.00	452.02	1,302.33	484.00	818.33	1,572.00	726.00	846.00				
- per couple	1,276.71	726.00	550.71	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
- without cooking facilities (RMA) 2/																
BLIND	1,324.18	726.00	598.18	1,119.49	484.00	635.49	1,302.33	484.00	818.33	1,572.00	726.00	846.00				
- per couple																
BLIND/AGED OR DISABLED	1,225.73	726.00	529.73	1,051.05	484.00	567.05	1,302.33	484.00	818.33	1,572.00	726.00	846.00				
- per couple																

TITLE XIX MEDICAL FACILITY

Total.....	Individual	Couple
\$42	\$84	\$84
30	60	60
12	24	24

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum: \$162

Minimum: \$92

2/ RMA - Restaurant Meals Allowance

ATTACHMENT B

IHSS Share Of Cost November 1997 SSI/SSP Benefit Level Table

		<i>SOC 293 Field II Benefit Levels</i>					
<i>Benefit Code</i>	<i>Description</i>	<i>N</i>	<i>Y</i>	<i>Z</i>	<i>A</i>	<i>B</i>	<i>C</i>
01	Ind. Aged or Disabled - Own Home	640.40	640.40	640.40	640.40	640.40	640.40
02	Ind. Blind - Own Home	695.40	695.40	695.40	695.40	695.40	695.40
03	Ind. Disabled Minor - Own Home	547.40	547.40	547.40	547.40	547.40	547.40
04	Ind. Aged or Disabled - Household of Another	491.13	491.13	491.13	491.13	491.13	491.13
05	Ind. Blind - Household of Another	559.00	556.73	556.73	556.73	556.73	556.73
06	Ind. Disabled Minor - Household of Another	389.50	389.50	389.50	389.50	389.50	389.50
07	Ind. Aged or Disabled W/O Cooking Facilities	708.40	708.40	708.40	708.40	708.40	708.40
08	Couple Aged or Disabled - Own Home	1140.71	1140.71	1140.71	1140.71	1140.71	1140.71
09	Couple Blind - Own Home	1333.00	1324.18	1324.18	1324.18	1324.18	1324.18
10	Couple Blind/Aged or Disabled - Own Home	1261.00	1255.73	1255.73	1255.73	1255.73	1255.73
11	Couple Aged or Disabled - Household of Another	944.67	936.02	936.02	936.02	936.02	936.02
12	Couple Blind - Household of Another	1137.67	1119.49	1119.49	1119.49	1119.49	1119.49
13	Couple Blind/Aged or Disabled - Household of Another	1065.67	1051.05	1051.05	1051.05	1051.05	1051.05
14	Couple Aged or Disabled - Independent Living W/O Cooking Facilities	1276.71	1276.71	1276.71	1276.71	1276.71	1276.71
15	Couple Aged or Disabled Own Home, Per Person	570.35	570.35	570.35	570.35	570.35	570.35
16	Couple Blind - Own Home, Per Person	666.50	662.09	662.09	662.09	662.09	662.09
17	Couple Blind/Aged or Disabled - Own Home, Per Person	630.50	627.87	627.87	627.87	627.87	627.87
18	Couple Aged or Disabled - W/O Cooking Facilities, Per Person	638.36	638.36	638.36	638.36	638.36	638.36
19	Couple Aged or Disabled - Household of Another, Per Person	472.34	468.01	468.01	468.01	468.01	468.01
20	Couple Blind Household of Another, Per Person	568.34	559.75	559.75	559.75	559.75	559.75
21	Couple Blind/Aged or Disabled - Household of Another, Per Person	532.84	525.53	525.53	525.53	525.53	525.53

N = Recipients who have been continuously income-eligible for IHSS since prior to 9/1/93.

Y = 1. Recipients who became eligible for IHSS between 9/1/93 and 8/31/94; and
2. Recipients who were status eligible for IHSS/PCSP on 8/31/94 and become income-eligible for IHSS 9/1/94 or later due to reasons unrelated to the 2.3% reduction in September 1994.

Z = Recipients who became eligible for IHSS between 9/1/94 and 11/30/95.

A = Recipients who became eligible for IHSS between 12/1/95 and 12/31/96.

B = Recipients who became eligible for IHSS 1/1/97 or later.

C = 1. Recipients who became eligible for IHSS 11/1/97 or later.
2. Recipients who were effected by the restoration of the December 1995 4.9 percent reduction.

- 1 - Recipient not at risk with services reduction
- 2 - Recipient at risk with services reduction
- 3 - Recipient will require out of home community care
- 4 - Recipient will require out of home medical care
- 5 - Recipient will become unemployed

Field H4: NEED PROVIDER - Required, Numeric
 Length: 2
 Description: Need Provider - Indicates whether IHSS recipient needs help to obtain a service provider.

- 00 - Recipient has own resources to obtain a provider
- 11 - Recipient does need help to obtain a provider

Field I1: SHARE OF COST DATE/*INDICATOR*(The word *INDICATOR* is not printed in this field.) - Optional, Alphanumeric
 Length: 6/1, Format: MM = Month DD = Day YY = Year
 Description: Share of Cost Date - Indicates the effective date of a recipient's share of cost. The date may be mid-month for intake cases but it must be the first of the month when a change is made.

Indicator - Immediately to the right of the date, add one of the following codes which indicates the IHSS share of cost benefit level that applies to a recipient. Refer to the IHSS Share Of Cost December 1995 SSI/SSP Benefit Level Table in ACL 96-70 for the specific data.

- N - Recipients who have been continuously income-eligible for IHSS since prior to September 1, 1993.
- Y - 1. Recipients who became eligible for IHSS between September 1, 1993 and August 31, 1994.
- 2. Recipients who were status eligible for IHSS/PCSP on August 31, 1994 and became income-eligible for IHSS September 1, 1994 or later due to reasons unrelated to the 2.3% reduction in September 1994.
- Z - Recipients who became eligible for IHSS between September 1, 1994 and November 30, 1995.
- A - Recipients who became eligible for IHSS between December 1, 1995 and December 31, 1996.
- B - Recipients who became eligible for IHSS January 1, 1997 or later.
- C - 1. Recipients who were effected by the restoration of the December 1, 1995 4.9 percent reduction.
- 2. Recipients who became eligible for IHSS 11/1/97 or later.

- This field is required for automated share of cost computation.

- Whenever there is an automatic COLA resulting in a change in share of cost, the share of cost date will be updated. This will normally occur yearly on January 1.

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field I2: LINK - Optional, Numeric
 Length: 1
 Description: Link - Enter the code which indicates recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) - Aged, Blind and Disabled. This field is required for automated share of cost computation.

- 1 - IHSS individual
- 2 - IHSS individual/linked spouse
- 3 - IHSS individual/non-linked spouse
- 4 - IHSS individual/non-linked parent
- 5 - IHSS individual/non-linked parents

Refer to Section V-B, Share of Cost Computations - SOC 293.

Field I3: DEP - Optional, Numeric
 Length: 2
 Description: Dependents -The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s) income must be considered. This field is required for automated share of cost computation.

The numbering of the data entry fields on the RHSB and RELB screens differs from the numbering listed here for the SOC 293, beginning at Field I4 through Field L2, although the field name is the same.

Field I4, J1,
 J2, K1, K2: SOURCE/INCOME/DEDUCT - Optional, Numerical
 Length: 1, 7, 7 - Format: X, XXXX.XX, XXXX.XX
 Description: Source/Income/Deduct - Source and amount of deductions from income of the recipient, parent, spouse. This field is required for automated share of cost computation.

Source - These codes indicate the source of the recipient's, spouse's, parent(s) gross income.

- 1 - Retirement, Survivors, Disability Insurance (RSDI) - recipient
- 2 - Veteran's administration - Recipient
- 4 - Railroad retirement - Recipient
- 5 - Other pension - Recipient
- 6 - Other unearned - Recipient
- 7 - Earned - Recipient
- 8 - Unearned - Spouse/parent
- 9 - Earned - Spouse/parent

Income - Amount of gross income available to the recipient, spouse, parent.

Deduct - Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:

- Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).
- Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.

Standard income exclusions that are included in the automatic share of cost computation are:

\$20.00	Standard exclusion
\$65.00	Earned income exclusion
One half remainder of income	- Earned income exclusion
\$242.00	Needs of children/non-linked spouse
\$484.00 or \$726.00	Allowance for parent(s)

Refer to Section V-B, Special Instructions, Share of Cost Computation - SOC 293.

Field I5: COUNTABLE INCOME - Optional, Numeric
 Length: 6
 Description: Countable Income - The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field will be calculated and the countable income figure will be system-generated.

- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.
- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever is the most advantageous to the couple. Enter that sum in I5.

Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.

Field J3: BENEFIT CODE/LEVEL - Optional, Numeric

Length: 2, 8 - Format: XX, XXXXX.XX

Description: Benefit Code/Level - This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

- This field includes both recipients who have countable income which is automatically computed or countable income which is manually computed.
- For those recipients whose share of cost is automated, this field must have a two digit benefit code entered.

<u>Benefit Code</u>	<u>Benefit Level</u>
01 - Individual aged or disabled, own home	\$ 640.40
02 - Individual blind, own home	695.40
03 - Individual disabled minor, own home	547.40
04 - Individual aged or disabled, household of another	491.13
05 - Individual blind, household of another	556.73
06 - Individual disabled minor, household of another	389.50
07 - Individual aged or disabled, independent, living without cooking facilities	708.40
08 - Couple aged or disabled, own home	1,140.71
09 - Couple both blind, own home	1,324.18
10 - Couple blind/aged or disabled, own home	1,255.73
11 - Couple aged or disabled, household of another	936.02
12 - Couple both blind, household of another	1,119.49

13 - Couple blind/aged or disabled, household of another	1,051.05
14 - Couple aged or disabled, independent, living without cooking facilities	1,276.71

- Linked Couple - Both members of a couple are blind, disabled, or over age 65.
- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08 - 14) and the couple's income for the remaining member's share of cost computation
- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15 - 21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

<u>Benefit Code</u>	<u>Benefit Level</u>
15 - Couple aged or disabled - own home, per person	\$ 570.35
16 - Couple both blind - own home, per person	662.09
17 - Couple blind/aged or disabled - own home, per person	627.87
18 - Couple aged or disabled - without cooking facilities, per person	638.36
19 - Couple aged or disabled - household of another, per person	468.01
20 - Couple blind - household of another, per person	559.75
21 - Couple blind, aged or disabled - household of another, per person	525.53

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field K3: SHARE OF COST - System Generated, Numeric
 Length: 6
 Description: Share of Cost - Monthly amount of money to be paid by the recipient before IHSS will be paid by the county.

- For those recipients whose Shares of Cost are automated, this field will have an entry.

- Based on the entries in Fields I5, COUNTABLE INCOME, and J3, BENEFIT CODE/LEVEL, this field will be system-generated and will plug the share of cost into the eligibility segments, Fields M6, N6, and O6, where applicable.

Field L1,

L2: MODE/RATE/HOURS - Required, Alphanumeric

Length: 2, 4, 4 - Format: XX, XX.XX, XXX.X

Description: Mode/Rate/Hours - Indicates service delivery mode, provider's pay rate, and authorized hours of service for the recipient.

Delivery Mode - Code indicates the type of service delivery of IHSS.

IP - Individual Provider

CC - County contract, either private vendor or inter-agency agreement

HM - County-employed homemaker

Hourly Rate of Pay - The rate of pay per authorized service hour for the type of delivery mode.

- If this amount is not entered for individual providers, the system will default to the current county rate.
- If this amount is not entered for contract or county homemaker providers, the system will default to the contract or homemaker base rate.

Hours of Service by Delivery Mode - The hours of authorized service will be system-generated unless there is a mixed mode service delivery.

- If there are two IP modes with different hourly rates, enter IP twice, the hourly rate and the hours of authorized service for one of them. The balance of the hours will be system-generated.
- If there is a mixed mode of service delivery, enter both modes, the hourly rate for each (unless one or both are at the county base rate) and the hours of authorized service for one of them. The balance of the hours will be system-generated.

Refer to Section V-B, Special Instructions: Changing Service Delivery Mode, Rate and Hours - SOC 293.