April 11, 2018

ALL-COUNTY INFORMATION NOTICE NO.: I-20-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MANAGERS

SUBJECT: MODIFICATIONS TO THE CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM FOR THE IN-HOME SUPPORTIVE SERVICES HEALTH CARE CERTIFICATION REGULATIONS

REFERENCE: ALL COUNTY LETTER NO. 16-78 (September 28, 2016)

The purpose of this All-County Information Notice (ACIN) is to provide information regarding the Case Management, Information and Payrolling System (CMIPS) modifications that were implemented on December 15, 2017, to support the In-Home Supportive (IHSS) Program Health Care Certification regulations.

BACKGROUND

Senate Bill (SB) 72 (Chapter 8, Statutes of 2011), added Welfare and Institutions Code (WIC) Section 12309.1 which requires that, as a condition of receiving IHSS, an applicant for or the recipient of services must obtain a certification from a Licensed Health Care Professional (LHCP) that they are in need of IHSS, and submit a completed IHSS Program Health Care Certification form or alternative documentation before services are authorized.

HEALTH CARE CERTIFICATION SCREEN

A new Health Care Certification screen has been added to CMIPS to allow users to manage the creation, delivery and receipt of the In-Home Supportive Services (IHSS) Program Health Care Certification form (SOC 873). This screen, and the associated
workflow, have replaced the fields previously contained on the Program Evidence screen. Those fields have been removed, and the data contained on the Program Evidence screen has been moved to the Health Care Certification screen.

**HEALTH CARE CERTIFICATION**

The IHSS applicants can submit a completed State of California (SOC) 873 – Health Care Certification or alternative documentation before IHSS services are authorized. The Health Care Certification can be completed by two different methods:

- Form SOC 873 Provided by Other Organization
- Form SOC 873 Generated by County

**Health Care Certification Form (SOC 873) Provided By Other Organization**

When an organization, other than the county, provides the applicant or recipient with the SOC 873 and this form accompanies the IHSS application, the county can access the Health Care Certification screen, which will display as blank, by selecting the “Health Care Certification” link in the left navigation located in the “Evidence & Authorization” tab on the recipient case. (See Figure 1).

![Figure 1: Health Care Certification Screen](image)

To enter the Health Care Certification record in CMIPS when the documents are returned to the county the user must select the “Edit Health Care Certification” link and the Modify Health Care Certification – No Form Printed screen is displayed. (See Figure 2).
For approvals, the county should select the “Health Care Certification Type” field and select either Alternative Documentation or Health Care Certification in the drop-down menu and enter the “Document Received Date”. If the SOC 873 indicates no need then the county should select “No Need” in the “Health Care Certification Type” field, and a denial Notice of Action (NOA) for No Need will automatically be generated by the system.

The “Comments” field is required and must be updated to save the screen. It is also recommended that users indicate the organization which provided the SOC 873 to the applicant, if known. This information is editable until the end of the business day.

The screen will become non-editable through a nightly batch job. If erroneous information is found to have been entered, the record may be inactivated, but only before the case is authorized. Once an authorization has been processed against the Health Care Certification the inactivate action is no longer allowed.

HEALTH CARE CERTIFICATION FORM (SOC 873) GENERATED BY COUNTY

The county provides the Health Care Certification documents to the applicant by generating them in CMIPS when the user selects either the IHSS Program Health Care Certification and Requirements form (SOC 873 & SOC 874) or the IHSS Program Health Care Certification – English Only form (SOC 873) from the Create Forms screen and the screen is saved. When the SOC 873 & 874 checkbox is selected, if the
recipient’s written language is one of the threshold languages, (Armenian, Chinese, English or Spanish) both the SOC 873 & SOC 874 will print in the indicated language for the applicant.

If the recipient’s written language is one of the threshold languages the user will also need to select the SOC 873, IHSS Health Care Certification – English Only checkbox so the applicant can take the SOC 873 form to their LHCP for completion. If the applicants written language is not one of the threshold languages, the forms will automatically print in English.

If the county user wants to create the Health Care Certification screen but does not want the form to be printed, then the “Print” indication on the Create Form screen should be set to “Generate”, which will create a PDF copy of the forms rather than print them.

When the Health Care Certification screen is accessed the screen will display the system generated data, including the “SOC 873 & 874 Printed Date” and the “Due Date”. The “Due Date” is a system calculated field that displays the day the Health Care Certification is due back from the applicant. A link to “Edit Health Care Certification” will also display. (See Figure 3).

![Figure 3: Health Care Certification Screen](image)

Should an unforeseen incident occur where the county is unable to mail or give the forms to the applicant immediately, the “SOC 873 & 874 Mailed/Given To Recipient” field may be updated to reflect the actual date the forms were provided to the applicant. The county will have up to 10 business days from day the system generated “SOC 873 & 874 Print Date” to edit this field and the system will recalculate the “Due Date” when the screen is saved.

When the completed SOC 873 is returned to the county, the user can access the existing Health Care Certification record by selecting the “Health Care Certification” link in the left navigation menu located in the “Evidence and Authorization” tab on the
recipient case and select the “Edit Health Care Certification” link. By clicking on the “Edit Health Care Certification” link the Modify Health Care Certification – Form Printed screen is displayed (See Figure 4).

![Figure 4: Modify Health Care Certification – Form Printed Screen](image)

**HEALTH CARE CERTIFICATION – EXCEPTIONS**

There are two exceptions which permit the authorization of IHSS services prior to the receipt of the SOC 873 or alternative documentation. Those exceptions are:

1. The IHSS services may be authorized when services have been requested on behalf of an individual being discharged from a hospital or other health care facility and IHSS services are needed to enable the individual to return safely to their own home or into the community.

2. Services may be authorized temporarily pending receipt of the certification when the county determines that there is a risk of out-of-home placement.

Populating the “Exception Granted Date” on the Health Care Certification screen will allow the county to authorize the case prior to receipt of the SOC 873 or alternative documentation.

The Health Care Certification Exception is temporary and the SOC 873 or alternative documentation must be received by the county, from LHCP, within 45 calendar days.
from the date the certification is requested by the county. Ten (10) calendar days prior to the 45-day Due Date a Task will be triggered to the Case Owner as a reminder that the due date is approaching.

**HEALTH CARE CERTIFICATION – GOOD CAUSE EXTENSION**

The initial 45-day due date can be extended, with county approval, for an additional 45 calendar days for good cause, giving the recipient a total of 90 calendar days to return the SOC 873 form. This extension must be requested before the initial 45-day due date has passed. After the initial 45-day due date has passed the extension may no longer be granted.

**HEALTH CARE CERTIFICATION TASKS**

Health Care Certification tasks require action by a user. There are two tasks associated with the health care certification process.

- The first task is triggered ten (10) business days before either the Due Date or the Good Cause Extension Due Date. This task will notify the case owner of the upcoming due date and allows the case owner the chance to follow-up with the applicant/recipient.

- The second task is generated one business day before the Due Date or the Good Cause Extension Due Date. At this point, the case owner should either deny or terminate the case because the appropriate documentation has not been received. This task may only be closed when the case is either terminated or denied or if the health care certification type and documentation received date are entered.

The CDSS has requested, due to some areas of California with extended mailing times (United States Postal Service), that CMIPS allow an additional ten (10) business days after a due date for entry of all Health Care Certification data. However, any communication to applicants or recipients should communicate the standard 45 calendar day timeframe.

**HEALTH CARE CERTIFICATION INACTIVATION**

A Health Care Certification record may be inactivated and a new record created at any time prior to the authorization of a case. However, counties should use caution when utilizing this functionality. Inappropriate use of the inactivation functionality may result in either an approval or a denial of the case.
HEALTH CARE CERTIFICATION NOA MESSAGES

There are four Notices of Action (NOAs) associated with the health care certification process. These NOA messages are for the denial or termination of a case when either the SOC 873 indicates there is no need for services or when the SOC 873 or alternative documents are not received by the county within the required timeframe.

- **Manual NOA Codes:**
  - DN22 NOA: Denial – Health Care Certification – Not Received
  - DN23 NOA: Denial – Health Care Certification – No Need

- **Automated NOA Codes:**
  - TR22 NOA: Termination – Health Care Certification – Not Received
  - TR23 NOA: Termination – Health Care Certification – No Need

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies of the SOC 873 and SOC 874 in English, contact the Forms Management Unit at FMU-FormsManagementUnit@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: CDSS Website. When any form or letter are translated per Manual of Policies and Procedures (MPP) Section 21-115.2, they are then posted on our website. Copies of the translated forms can be obtained at: Translated Forms and Publications. For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, counties should send recipients who have elected to receive materials in languages other than English, the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact.

As already required by law, the County Welfare Departments shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event CDSS does not provide translations of a form, it is the county’s responsibility to provide the translation or appropriate interpretive services. More information regarding translations can be found in the CDSS’ MPP Section 21-115.
If you have questions or comments regarding this ACIN, please contact the Adult Programs Division, County Assistance Line at (916) 551-1003.

Sincerely,

*Original Document Signed By:*

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

c: CWDA