

September 28, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 22-77

The purpose of this All-County Letter is to inform counties of the availability and purpose of the In-Home Supportive Services Case Management, Information, and Payrolling System (CMIPS) In-Patient Hospitalization Report, including the data match information contained therein; and to reiterate county responsibilities regarding the investigation of In-Home Supportive Services data matches and completion of CMIPS task notifications.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

September 28, 2022

ALL COUNTY LETTER NO. 22-77

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

SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT,
INFORMATION, AND PAYROLLING SYSTEM IN-PATIENT
HOSPITALIZATION REPORT AND TASK NOTIFICATIONS

REFERENCE: [SENATE BILL \(SB\) 1104](#); WELFARE AND INSTITUTIONS CODE
[§§12305.7, 12305.71, 12305.82](#); MANUAL OF POLICIES AND
PROCEDURES [§30-702.14](#); [ALL COUNTY LETTER NO. 13-110](#);
[ALL COUNTY INFORMATION NOTICE NO. I-62-21](#)

The purpose of this All-County Letter (ACL) is to remind counties of the availability and purpose of the In-Home Supportive Services (IHSS) Case Management, Information, and Payrolling System (CMIPS) In-Patient Hospitalization Report, including the data match information contained therein; and to reiterate county responsibilities regarding the investigation of IHSS data matches and completion of CMIPS task notifications.

BACKGROUND

Pursuant to [Senate Bill \(SB\) 1104](#), (Statutes of 2004), Sections [12305.7\(a\) and \(b\)](#), and [12305.71\(a\)\(3\)](#) were added to the California Welfare and Institutions Code (WIC) concerning data match requirements in the IHSS program statewide. The California Department of Social Services (CDSS) provides tools for counties to identify potential service authorization errors and fraud in the provision of the IHSS program, in accordance with WIC [Sections 12305.7](#) and [12305.71](#). The CDSS monitors county compliance, via IHSS data matches to identify any duplicate Medi-Cal payments; examine any errors in the application of program regulations and authorization of services; prevent and detect misuse and/or abuse of program funds; and maximize recovery of overpayments.

A data match consists of matching data elements maintained in separate locations/databases. An example of a data match report is the CMIPS In-Patient Hospitalization Report. This report assists counties to investigate possible duplication of services to determine if an overpayment has occurred; specifically, in instances when an IHSS provider has claimed service hours when their assigned recipient(s) was

hospitalized or in Long Term Care (LTC). County staff are notified of a potential duplication of services via tasks in CMIPS. After investigating the data matches, counties should initiate overpayment recovery in instances where they determine a provider has claimed they provided services; and was compensated during the period when the recipient was hospitalized (possibly excluding the day of admission and discharge, or instances where a provider was preapproved by the county to provide authorized services).

THE CMIPS IN-PATIENT HOSPITALIZATION REPORT OVERVIEW

The CMIPS In-Patient Hospitalization Report is generated on a monthly basis and reports cases for which a Medi-Cal Service Match record has been received in the report month for either an In-Patient Hospital or LTC admission. Cases will only be reported when the inpatient admission is greater than two days. The time count begins with the first day the recipient is admitted to the inpatient or LTC facility and concludes on the day of discharge. The purpose of this report is to provide baseline data for prioritizing and directing QA and program integrity efforts at the state and county levels and initiate recovery of any identified overpayments. The CMIPS Report provides the following information/data:

- Recipient Case Number
- Medi-Cal Service Dates To/From
- Duration of Stay
- Facility Name
- Service Type
- Dollar Amount of Stay
- Outcome/Amount
- Outcome Date
- QA Social Worker Number

CMIPS IN-PATIENT HOSPITALIZATION TASK NOTIFICATION

Once a match between a paid Medi-Cal claim (for recipients who received long-term care or inpatient stays(s) greater than one day) and an IHSS paid claim for the same time period is received through a Department of Healthcare Services (DHCS) interface, a task is generated and sent to the QA queue in CMIPS regardless of whether an overpayment has occurred. The county QA staff must then review each case with a task notification to verify if a provider has claimed hours for the dates that a recipient was in a facility and update the Outcome or close the task with comment. Please note, there are instances when a provider may claim hours on the recipient admittance or discharge dates if they provided IHSS authorized services to the recipient on those dates. A provider may also claim additional authorized hours prior to and following a hospital stay, if the recipient required extra care during those times, or may have received prior approval from the county to provide the services claimed while the

recipient was in a facility. In these circumstances, the hours claimed would not be an overpayment. It is up to the county to determine the appropriateness of these claims.

COUNTY USE OF THE CMIPS IN-PATIENT HOSPITALIZATION REPORT

The CMIPS In-Patient Hospitalization Report is designed to assist county managerial staff to monitor the CMIPS tasks to ensure that they are being addressed in a timely manner. County staff should investigate each pending CMIPS task accordingly, as tasks without an outcome selected are contained in the report. Once county staff has selected an outcome, the task will be closed.

Additionally, this ACL supersedes the requirement in ACIN I-62-21 for counties to provide a report of their findings back to DHCS after receiving and utilizing the DHCS Low Dollar Overlap report, as DHCS has paused providing this report to counties as of April 2022. As such, all prior guidance related to the Low Dollar Overlap report no longer applies. Even though the project is now paused, counties should continue to refer fraud complaints involving amounts of \$500 or more to DHCS, unless they have a Memorandum of Understanding (MOU) with DHCS. In those instances, counties should abide by the terms of the MOU. Additionally, counties should continue to initiate overpayment recovery on any identified overpayments.

Information detailing how to use and operate CMIPS IHSS task notifications can be found in the [CMIPS Online Help](#), under Tasks Job Aid, nested under the heading Job Aids.

CDSS MONITORING OF IHSS IN-PATIENT HOSPITALIZATION DATA

In accordance with WIC [12305.7](#), and [12305.71](#) counties are required to resolve data match discrepancies that indicate potential overpayments, including the duplication of Medi-Cal payments, and initiate the appropriate case action after proper investigation (such as case termination and/or initiation of overpayment recovery where appropriate). The CDSS' Adult Programs Division Program Integrity Unit (PIU) intends to use the Total Number of In-Patient Hospitalization cases, the Total Dollar Amount of Stay, and the Total Number of In-Patient Hospitalization cases with Pending Outcome to monitor county In-Patient Hospitalization task resolution. The CDSS will run the statewide report each quarter to track county compliance with IHSS data match requirements.

For questions regarding CMIPS, or if there are any errors in reporting, counties may contact the CMIPS Service Desk at 877-844-5844 or submit a service request using the CMIPS Service Request page: <https://cmipsii.ca.gov/CMIPSIIExtranet/SRPage.jsp>.

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If you have any questions or need additional guidance regarding the information in this notice, please contact the Fiscal, Appeals and Benefit Programs Branch, Benefit Programs and Program Integrity Bureau, Program Integrity Unit at ihss-pi@dss.ca.gov.

Sincerely,

Original Document Signed By

LEORA FILOSENA, P.M.P.
Deputy Director
Adult Programs Division