# THE HOME VISIT CHECKLIST

#### Before the Visit:

- Set up appointment by letter or phone.
- Check for current Medi-Cal eligibility in Meds.
- Prepare paperwork packet check if income eligible or status eligible. This will tell you what kind of forms you will need.
- Make sure you have the Health Care Certification Form (SOC 873) for the consumer to complete as it is a requirement for obtaining IHSS services.
- Arrange for an interpreter, if needed.
- Have forms semi-completed before you arrive at the appointment.
- Familiarize yourself with the person's illness or diagnosis check for contagious diseases.
- Familiarize yourself with case. Review narrative notes from last home visit and any notes documenting phone calls to identify any potential issues that will need to be addressed during the home visit. Make notes to take with you or copy information, if necessary.
- Pay special attention to safety alerts, i.e., dogs, illegal activity expected, mental health issues.
- Make any contacts (i.e., APS, etc.) that you feel will help you do a thorough assessment or answer questions that you may have.
- If indicated, get input or discuss concerns with supervisor or peers.
- If possible, review timesheets or CMIPS screens to determine if the provider has been submitting timesheets for all authorized hours.
- Prepare a map.

### **During the Visit:**

- Introduce yourself, show your ID.
- On entry into the home, be sure to inquire as to who is currently present in the home.
- Ask for permission to be seated. This gives them control early on and helps with rapport building.
- Explain the purpose of the visit.
- Observe consumer's abilities. This should begin with observing how the consumer greets you and continue until the interview is concluded.
- Observe environmental safety issues (i.e., throw rugs, lack of handrails, availability of DME, etc.).
- Conduct needs interview:
  - ✤ Give civil rights pamphlet (pub 13).
  - Complete Emergency Back-up plan.
  - Review medications.
  - Explain rights and responsibilities.
  - ✤ All other county and state forms, if applicable.
- If the consumer is new to IHSS, inform him/her regarding the steps required to hire a provider and how they get paid. If this is a reassessment, check with the consumer about how well things are going with the provider. Make appropriate referrals to the Public Authority if the provider needs training or if the consumer wants to change the provider.
- Before leaving, tell the consumer what to expect next:
  - S/he will receive a NOA.
  - Discuss significant changes in authorization, but do not commit to a new service plan while at the home visit.

### **Best Practices (not in regs):**

- View all rooms in the home utilized by the consumer (if reassessing, check that assessed chores are being completed).
- Note DMEs that will improve the safety of the client.
- Suggest/make referrals as needed.
- Assess the need to make referrals.

Cleanse your hands immediately following every visit.

Take precautions while transporting forms that contain consumer information per your county's policy.

# PERSONAL SAFETY TIPS FOR HOME VISITING

### **General Tips:**

- Pay attention to intuitive feelings.
- Be alert to your surroundings.
- Anticipate potential problems.
- Keep a list of your credit card numbers in a safe place.
- Carry only enough money to get through the day.
- Maintain your car;. Make sure you have enough gas.
- Carry a cell phone.
- Obtain any history of clients to be visited (i.e., chemical abuse, history of violence, criminal activity, non-compliance with medication, violent or criminal family members, etc.)

### **Appearance is Everything:**

- Dress practically. Wear clothing that allows you to move freely and wear comfortable walking shoes.
- Avoid wearing expensive jewelry or accessories.
- Walk with confidence and purpose head up, eyes forward.
- Keep your purse or wallet out of sight or lock them in the trunk. Keep car keys handy at all times.

### **Protect Your Health:**

- Learn about any situations that might jeopardize your health.
- Use universal health precautions.
- Carry sanitary wipes or antibacterial lotion.

#### Know Where You Are Going:

- Plan your route and carry maps.
- Learn about the neighborhood you will be visiting.
- Go with assistance if you're concerned (law enforcement or another social worker).
- Consider asking law enforcement to do a "Welfare Check".
- Visit areas of high-risk early in the day.
- Let people know where you are going: Give location, name of consumer, license plate of your vehicle, and time you are expected to leave location with a supervisor or co worker.
- Don't carry any weapons. (In case of emergency, pens, clipboards, keys, etc. could be used for protection.)
- Have supervisor or co-worker make a safety check phone call every 10-15 minutes.

# Before You Get Out of the Car:

- Check out the neighborhood as you drive in.
- 1 Drive around the block, try and see what is happening behind the house.
- I If you don't feel safe, don't get out of the car. Leave.
- Park in a visible area as close to the consumer's residence as possible.
- Think about an escape route.

#### Getting to the Door:

- Lock your car.
- Be prepared to drop items you are carrying.
- Do not stop to speak to strangers. If you must respond, keep walking.
- Before entering a fenced yard, make noise to see if any animals are present.
- Don't enter the home if an animal threatens your safety (ask the consumer to secure the animal).
- After knocking, stand away from the door and to one side if possible hinge side is best for providing protection.
- In an elevator, stand near the control panel.
- Leave the area if your instincts tell you to.

#### **Entering the Consumer's Home:**

- Follow consumers up the stairs. Do not let them behind you.
- Scan the inside of the consumer's home before entering.
- 1 Once in the home, look around for signs of dog. Ask if the dog is safe/friendly if it is locked up.
- 1 Don't enter the home if you suspect that the consumer is under a chemical influence.
- Try to make eye contact with anyone present.
- Sit near an exit door and be prepared to leave at any sign of danger. Do not allow anyone between you and the door.

#### Acknowledge Anger if it Exists:

- People may escalate their anger if they aren't sure you know it exists.
- Remain calm, objective and in control.
- Avoid interviewing hostile people in the kitchen (knives).
- Use a problem-solving approach.

#### After the Visit:

- When returning to your car, have a co-worker or supervisor on the phone until you are in the car and on the road.
- Have your keys in your hand when returning to your car.
- Check the inside of your car before getting in.
- Document any unusual or unsafe conditions.
- Discuss concerns with your supervisor.
- Develop strategies to address concerns for future visits.

#### Vehicle Safety:

- Always check your tires and gas gauge before setting out on a visit.
- Park in a well lit area.
- Keep doors and windows locked.
- Do not leave anything on the seat of the car. Put all items in a trunk prior to arriving at your destination.

#### If a Crisis Arises:

- Talk softly.
- Try to keep calm.
- Tell the person you are expected elsewhere or a co-worker has been instructed to call for help if you are not out at an agreed time.

# SOME SUGGESTIONS ABOUT DOGS

### What to do when approached by or you approach a strange dog:

- ✤ Treat all breeds the same all dogs bite.
- ✤ NEVER look the dog in the eye.
- ✤ NEVER pat the dog on top of its head.
- Don't give the dog undue attention.
- Be aware of your body language and voice tone (do/say nothing threatening).
- ✤ Older dogs are more likely to bite.
- NEVER turn your back on a dog or run away (walk slowly).

#### What to do when approached by an apparently vicious dog:

- Don't get out of your car if you're already in it.
- ✤ Do nothing that seems threatening to the dog. This includes spraying with pepper spray.
- Throw dog treats and/or tennis balls to distract the dog.
- Protect your face and neck. Do not play dead.
- ✤ Larger breeds have larger mouths.
- ✤ If bitten, go to your doctor. Bites must be reported to the Humane Society.





IHSS Training Academy Core: IHSS 101

# THE INTERVIEW

# **Interview Skills**

#### **Establishing Rapport – Warmth, Empathy and Genuineness**

- Warmth conveys a feeling of interest, concern, well-being and affection to another individual. It promotes a sense of comfort and well-being in the other person. Examples: "Hello. It's good to meet you." "I'm glad we have the chance to talk about this." "It's pleasant talking with you."
- Empathy being in tune with how a consumer feels, as well as conveying to that consumer that you understand how she/he feels. Does not mean you agree. Helps consumer trust that you are on their side and understand how they feel. It also is a good way to check to see if you are interpreting what you observe correctly. Mirroring non-verbal can send empathetic messages. Example of leading phrases: "My impression is that..." "It appears to me that..." "Is what you're saying that..." "You seem to be...." "I'm hearing you say that..."
- Genuineness means that you continue to be yourself, despite the fact that you are working to accomplish goals in your professional role. Being yourself and not pretending to be something you are not conveys honesty and makes consumers feel like you are someone they can trust.

#### **General Interviewing Skills**

**Before the Interview** – review the case and think about the possible things you will need to assess with this consumer. Are there any cues from the initial information that help you to come up with an approach to the interview? For example: Is the consumer a native English speaker, blind, mentally-impaired?

#### **Pre-interview Planning – Be Prepared**

- Review case file and gather cues about consumer
- Formulate questions based on cues
- Plan interview approach

#### Meeting the Consumer – Establish Rapport

- Introductions should be formal and cordial
- Small talk to get the conversation going
- Pay attention to verbal and non-verbal cues

#### **Begin Assessment Interview – Explain Process**

- Explain purpose of interview
- Explain your role to the consumer
- Ask the consumer for feedback do they understand the process and purpose?

#### **Concluding the Interview**

- Clarify Next steps
- Explain Additional paperwork needed before authorization of services
- Discuss Notification process of authorized hours
- Answer Questions the consumer may have

# The Interview: Choosing the Right Questions

#### Direct or Closed-ended Questions -

- Are questions that seek a simple "yes" or "no" answer.
- Specifically ask for information. For example: "Are you coming tomorrow?" or "Do you eat three times a day?"
- These questions do not encourage or allow for an explanation of why the answer was chosen, or for an elaboration of thought or feeling about the answer.
- They can be leading -they ask a question in narrow terms such that they seem to be "hinting" at the answer.

### **Open-ended Questions** –

- Cannot be answered by yes or no.
- These questions begin with 'who', 'what', 'where', 'when' or 'how.'
- They give consumers more choice in how they answer and will encourage them to describe the issue in their own words.
- Open-ended questions seek out the consumer's thoughts, feelings, ideas and explanations for answers.
- They encourage elaboration and specifics about a situation. For example: "How are you able to bath yourself?"

#### Indirect Questions -

- Ask questions without seeming to.
- They are not stated as a question.
- In these the interviewer is asking a question without stating it in question format. For example: "You seem like you are in a great deal of stress today."

# **Open-ended Questions for Interviews**

Open-ended questions cannot be answered by yes or no. These questions usually begin with "who", "what", "why", "where", and "when."

- 1. How have you been managing at home since I saw you last/since you got home from the hospital?
- 2. What do you need in the way of help right now?
- 3. Let's talk about things you are able and not able to do.
- 4. Help me understand....
- 5. What do you mean by \_\_\_\_?
- 6. Would you tell me more about...?
- 7. What else can you tell me that might help me understand?
- 8. Could you tell me more about what you're thinking?
- 9. I'd be interested in knowing...
- 10. Would you explain...?
- 11. Is there something specific about \_\_\_\_\_\_ that you are asking for?
- 12. Would you explain that to me in more detail?
- 13. I'm not certain I understand...Can you give me an example?
- 14. I'm not familiar with\_\_\_\_\_, can you help me to understand?
- 15. What examples can you give me?
- 16. You say that you're not able to [cook/bathe/...] . How have you been managing [your meals/bathing/...]?
- 17. When you say \_\_\_\_\_, what do you mean?
- 18. I'd like to help you get the best possible service; what more can you tell me that will help me understand your need?

Adapted from: Understanding Generalist Practice, Kirst-Ashman and Hull Nelson-Hall Publisher

# The Interview: Other Assessment Cues

#### Non-verbal Assessment Cues:

#### Your Body Speaks Your Mind

- Between 60-80% of our message is communicated through our body language, only 7-10% is attributable to the actual words of a conversation.
- Whenever there is a conflict between verbal and non-verbal, we almost always believe the non-verbal messages without necessarily knowing why.

#### Eye Contact

It is important to look a consumer directly in the eye. Hold your head straight and face the consumer. This establishes rapport and conveys that you are listening to the consumer. This is not staring, but being attentive. However, be conscious of cultural differences and respect them.

#### **Facial Expressions**

These are the strongest non-verbal cues in face-to-face communication. Be aware of your own non-verbal – what are my habits that could be interpreted wrongly. Make certain that your facial expressions are congruent with your other non-verbal behavior. (Crossing arms, hands on hips, other...not portraying your interest) What do I see in the other person's face? If unclear, ask for interpretation.

#### **Body Positioning**

Posture, open arms versus crossed. When interviewing consumers look for cues in their body positioning, and be aware of your own. Sitting in an attentive manner communicates you are interested.

#### **Environmental Cues:**

- Discrepancies between the way the environment looks and what consumer reports as service needs.
- Importance of observations (i.e., house condition, cleanliness of consumer, tour house, etc.).

#### **Sensory Cues:**

- Data obtained by smelling.
- Tactile information sticky floors, surfaces.

# The Interview: Clarifying Information

It is important to probe for details and clarify information in order to get the best outcomes from the interview. Look for:

#### 1. Conflicting information.

- What is observed is not consistent with information given
   For example, consumer says she can't feed herself but she has been knitting, an activity that demonstrates manual dexterity. Perhaps the consumer's difficulty is in lack of strength; probing questions would be needed to tease out the basis of the statement that she cannot feed herself.
   Also, consider good days versus bad days. You may be seeing the consumer whose condition and abilities fluctuate.
- What the consumer says is inconsistent
   For example, he says that he has no trouble bathing himself and he tells you that he is unable to
   walk without someone's constant assistance because he can't hold onto the handrails of a walker
   or a cane and he's unsteady on his feet. Perhaps the consumer who is at risk of falling is
   extremely modest and doesn't want anyone to see his naked body.
- What the consumer says and the family says are in conflict. For example, the consumer says that he needs no help in dressing. The daughter with whom he lives and who is also his primary caretaker says that she dresses him every day. Probing questions are needed to determine whether the daughter is dressing her father because it's faster than to let him do it himself or if he is unable to dress himself. Issues to be considered would include his ability to reach, balance when standing, and perform tasks that require manual dexterity such as buttoning and zipping.

#### 2. Unrealistic expectations of the program.

For example, the consumer had fallen and broken her hip. When she fell, she had lain on the floor for 7 hours until a neighbor heard her calling for help. The consumer just returned home from a rehab facility for therapy following hip replacement. She wants round-the-clock care so that if she falls again, she will get immediate help. Her concerns are understandable, but not within the Program scope. An alternative would be to make referrals to organizations that can provide her with a panic button so that she can summon assistance in the event of another fall.

#### 3. Safety issues.

For example, a consumer says she is independent bathing. Thought she's unsteady on her feet, she says that she holds onto the towel rack to aid in stability. You look in the bathroom and confirm that what she's using to stabilize her is not a properly installed grab bar but a towel rack that is starting to come loose from the wall behind the bathtub. She needs help getting into and out of the tub and a grab bar and shower bench. If she discusses this with her physician and obtains a prescription for these items, it's possible that Medi-Cal will pay for these safety devices. Without assistance into and out of the tub, she's at risk of falling.

#### How to Probe to Clarify Information

When probing to clarify information the goal is to check that you have heard the consumer correctly, you are clear on the details of the information, and you have a complete picture of the situation. The following are a few methods that can be used to verify information and to decrease the risk of misunderstanding what the consumer has said.

- 1. <u>Paraphrasing</u> Feedback the consumer's ideas in your own words. For example, the consumer says that he doesn't go to church anymore because he can't be far from a toilet after taking his diuretic. You say, "I see, you take a diuretic in the morning and have to be close to the toilet. How long does that last?"
- 2. <u>Stating your observations</u> Tell the consumer your observations about his behavior, actions and environment to find out if they are on target. For example, if you see that he can't get out of the chair without help, say so.
- 3. <u>Demonstration</u> Have the consumer to show you an activity. For example, you wonder how well the consumer transfers. You ask the consumer to show you the apartment. That gives you the opportunity to see the consumer transfer without specifically asking the consumer to demonstrate.
- 4. <u>Asking clarifying questions</u> These questions are questions that get to details. For example:
  - "What do you mean by that? You said that you were tired a lot; tell me what the mean to you." If the consumer doesn't explain what they mean it is open to interpretation.
  - "Could you explain that, tell me more about that?"
  - "I'm not sure I understand." The simply directs the consumer's comments by letting him know you do not understand.

# The Interview: Handling Difficult Situations

Most of the time the interview will go smoothly, but there are times when things will come up that will make getting good information more difficult. Here are some hints to help make each situation more successful.

- 1. <u>The angry consumer</u> It is best to try to handle the anger at the beginning of the interview. This shows the consumer you care, and aren't there just to get your agenda accomplished. It never helps to ignore the anger; it will be a constant barrier to getting useful information.
  - Acknowledge the anger by gently confronting the consumer by saying something like, "You seem very upset and I am not sure why. Could we talk about what is upsetting you before we start?"
  - To get an angry person to open up explain (or re-explain) your purpose and that you need them to help you so you can best understand their needs and how the program can help them.
- 2. <u>The consumer who is very sad / grieving</u> If the consumer is overcome by sadness and starts to cry.
  - Don't ignore or pretend they are not upset, crying. In some cases, it may not be obvious about the reasons for the sadness/grief, which may not become apparent until you ask a specific question that triggers the grief/sadness. Be direct but polite and sensitive. Let them talk briefly about the reason for the sadness/grief. You may say something like, "I'm sure that is very difficult for you", or "I'm sorry."
  - Try to be reassuring and let them know it is safe to express their feelings. A comment like, "It is OK to cry; we all cry," or, "I understand," can be effective.
  - Validate the situation by saying something like, "I have had other consumers who have the same reaction. It is hard." or, "These are difficult issues you're are dealing with, it is very normal."
  - If the consumer is too distraught about a recent death or other stressful event to focus on the issues you need to discuss for your assessment, it might be most appropriate to offer to reschedule the interview.
- 3. <u>The consumer who rambles without focus</u> These consumers often want to tell long stories and often have a difficult time getting to 'the point'.
  - Remind the consumer of the goal of the interview. "That is very interesting Mrs. Jones, I really need to find out the details of how you get along each day so that I can help you get the services that you need. Can you tell me specifically how you prepare your meals?"
  - Rephrase the question in a more closed ended question, "I understand there have been many issues with your personal care. Do you need help with bathing?", if so you can then probe for specifics.
- 4. <u>The consumer who answers with only a word or two</u> This can be very difficult because without information it is hard to get a good picture of the consumer's need.
  - Use open ended questions to try to get the consumer to give you a better picture.
  - Ask the consumer to paint you a picture of their day, "tell me what your day normally looks like." It is difficult to answer a question like this with one or two words and may get them to open up, or will allow you opportunities to probe for further information.
- 5. <u>The consumer who is embarrassed</u> Some of the questions asked during the interview may be embarrassing to consumers. Especially those related to bowel and bladder care, and menstruation.
  - Reassure the consumer and acknowledge these may be embarrassing questions but that you need the information so they can get the assistance they need. "I know this may be embarrassing for you but I need to find out exactly what your needs are. Now you had said you have problems getting around. I'm wondering if that makes if difficult for you to get to the bathroom in time and causes you to have accidents."

- 6. <u>Communication blocks</u>:
  - Hearing difficulties
    - Ask the consumer if they have a hearing aide. If they do check to see if it is in and if it is on. If the consumer cups his/her hand over the ear, the hearing aid will whistle if it is turned on.
    - Talk slowly without jargon.
    - If the person doesn't seem to understand, paraphrase yourself.
    - Ask if one ear is better that another and position yourself on that side.
    - You may need to follow up with a family member to get clarification of information.
  - Language barriers
    - If they understand and speak some English make sure you go slowly, give them plenty of time to think of their answers and do not compound your questions.
    - Follow State regulations (MPP 21-115) and county procedures to arrange for an interpreter if the consumer does not speak English and you do not speak his/her language.

# **COMMUNICATING IN DIFFICULT SITUATIONS**

- 1. Listen for full understanding of the person's perspective. Allow them the opportunity to give you a clear picture of what they are trying to say.
- 2. Put the person at ease using non-verbal cues that show interest and concern.
- 3. Take the time you need to really understand the situation. In the long run, spending a few more minutes now will save time in avoiding conflict.
- 4. Respond to concerns the consumer may have in an affirming manner. Restate their concerns in a way that shows you have heard their issues.
- 5. Focus on the overall goal of the situation. Avoid personalization of the issues. Keep the conversation professional.
- 6. Understand what you do Today will have an Effect on Tomorrow. The more effective you are in dealing with the issue at hand, the less the issue will grow and consume your energies.

# HANDLING HOSTILITY

The following are suggestions for handling consumer hostility:

- 1. Don't get angry or defensive. Recognize your own reactions. Remember that this is a professional, not personal, issue.
- 2. Don't patronize or lecture. Saying things such as, "why don't you just calm down" will only escalate the problem and is disrespectful to the consumer.
- 3. Allow the consumer to voice his/her concerns. Respond with acceptance and understanding. Be empathetic. Listen to understand the situation from the consumer's perspective.
- 4. Be positive don't attack them. Show them respect for their discomfort.
- 5. Greet anger with calmness set the mood for calm discussion and resolution.
- 6. Understand the facts regarding the situation that is upsetting the consumer. If you don't have the facts, state what you will need to find out and when you will get back to them.
- 7. Focus on present and future. Avoid allowing the consumer to get stuck in the past. Emphasize what can be done positively in the future, not what has happened in the past.
- 8. Ask questions "How can I help?" Often the consumer knows what they want from you. If you understand their wants you will be able to discuss future possibilities with that in mind.
- 9. Summarize for clarification and understanding.
- 10. Be honest about your next steps. If you can't fix the problem outright, don't make promises that you cannot keep. If there are consequences to the behavior, let the consumer know.

Adapted from: *Understanding Generalist Practice*, Kirst-Ashman and Hull Nelson-Hall Publishers and *Connecting with self and others*, Sherod Miller et.al. Interpersonal Communications Programs, Inc.

# THINGS TO CONSIDER WHEN DEALING WITH SOMEONE WHO IS HOSTILE

- 1. Try to evaluate as honestly as you can by reasoning with yourself whether his/her anger is justified.
- 2. Put hostile people in perspective. You are probably nothing but an afterthought to them, so don't take their antics personally. They're not concerned about you because they're too busy worrying about themselves.
- 3. Take your pick positive or negative. You cannot concentrate on constructive, creative alternatives or solutions while you cling to negative feelings. Vent your emotions to a fellow worker or your supervisor and cool off. Think about the result you really want, the consequences or outcome that will benefit the consumer the most.
- 4. Don't expect hostile people to change. They will not, and in a way that is good because their behavior is predictable. They may not change but by choosing a better approach you can change the outcome.
- 5. Learn to respond as well as listen. Ask questions instead of making accusations. If you let others save face, you give them room to change their minds.
- 6. Request feedback. Use open-ended questions to let emotional people vent their feelings before you try to reason with them and explore options.
- 7. Be straightforward and unemotional. The more you remain calm and matter-of-fact, the sooner you gain another's confidence. People want to feel you are leveling with them, that they can trust you. Remember that respect from other begins with self-respect.
- 8. Be gracious. Someone else's rudeness does not give us the right to be rude. Treat the other with the kindness you would like to be shown and allow them to feel important. When our own egos are healthy, we are rich; we can afford to be generous.

9: Shared Living

# SHARED LIVING PRORATION CHART

			Related Ser	vices		
Living Arrangement	Domestic/Heavy Cleaning	Meal Preparation/ Meal Cleanup	Laundry	Food Shopping	Other Shopping/ Errands	
Lives only with A/A Spouse	Not prorated - MPP 30-701(s)(2) provides that	a shared living arrangemen	t does not exist if consumer	resides only with A/A S	Spouse	
Lives with A/A Spouse and Others, or Spouse not A/A	Follow Shared Living rules MPP 30-763.31	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	
Shared	<ul> <li>Assess need in room(s) used exclusively by consumer.</li> <li>No need assessed in rooms used exclusively by others.</li> <li>Determine consumer's share of rooms used in common.</li> </ul>	When need is met in common, divide household need by all housemates involved. MPP 30-763.32	When need is met in common, divide household need by all housemates involved. MPP 30-763.32	When need is met in common, divide household need by all housemates involved. MPP 30-763.32	When need is met in common, divide household need by all housemates involved. MPP 30-763.32	
Live-in Provider	<ul> <li>No need assessed in rooms used solely by provider.</li> <li>Assess need in rooms used by consumer.</li> <li>Determine consumer's share of rooms used in common.</li> </ul>	Prorate if provider and consumer agree and need met in common. MPP 30-763.471	Prorate if provider and consumer agree and need met in common. MPP 30-763.471	Prorate if provider and consumer agree and need met in common. MPP 30-763.471	Prorate if provider and consumer agree and need met in common. MPP 30-763.471	
Consumer moves in with relative to receive IHSS	Need is assessed only in room used solely by consumer. MPP 30-763.43	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	Follow Shared Living rules MPP 30-763.32	
Landlord/Tenant (Consumer is Tenant)	Need is assessed only on the living area used solely by the consumer. MPP 30-763.421	<ul> <li>Follow Shared Living rules taking into account any services landlord is obligated to perform under the rental agreement</li> <li>MPP 30-763.32; 30-763.421</li> </ul>				
Landlord/Tenant (Consumer is Landlord)	Need is assessed for all living areas not used solely by the tenant. MPP 30-763.422	Follow Shared Living rules taking into account any services tenant is obligated to perform under rental agreement. MPP 30-763.32; 30-763.422				

Note: When prorating services, the natural or adoptive children <u>of the consumer</u> who are under 14 are not considered (MPP 30- 763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

# SHARED LIVING PRORATION CHART

Living Arrangement	Personal Care Services/ Paramedical Services	Accompaniment to Medical Appts./ Alt. Resources	Teaching/Demonstration	Yard Hazard Abatement/ Removal of Ice/Snow	Protective Supervision
Lives only with A/A Spouse	Not prorated - MPP	30-701(s)(2) provides that	a Shared living arrangement does	not exist if consumer resides only w	ith A/A Spouse
Lives with A/A Spouse and Others, or Spouse not A/A	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34	<ul> <li>Not assessed unless one or more of following apply to all housemates:</li> <li>Other IHSS recipients unable to provide</li> <li>Other persons physically or mentally unable</li> <li>Children under age 14</li> <li>MPP 30-763.34</li> </ul>	MPP 30-763.33
Shared	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34	<ul> <li>Not assessed unless one or more of following apply to all housemates:</li> <li>Other IHSS recipients unable to provide</li> <li>Other persons physically or mentally unable</li> <li>Children under age 14</li> <li>MPP 30-763.34</li> </ul>	MPP 30-763.33
Live-in Provider	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34 & 30-763.471	Not prorated MPP 30-763.471	MPP 30-763.33
Consumer moves in with relative to receive IHSS	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34	No need assessed MPP 30-763.43	MPP 30-763.33
Landlord/Tenant (Consumer is Tenant)	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34	No need assessed MPP 30-763.421	MPP 30-763.33
Landlord/Tenant (Consumer is Landlord)	Not prorated MPP 30-763.351	Not prorated MPP 30-763.351	Prorate, if feasible, if consumers live together and have a common need which is met in common. MPP 30-763.34	Not prorated unless tenant agrees to provide as part of rental agreement. MPP 30-763.422	MPP 30-763.33

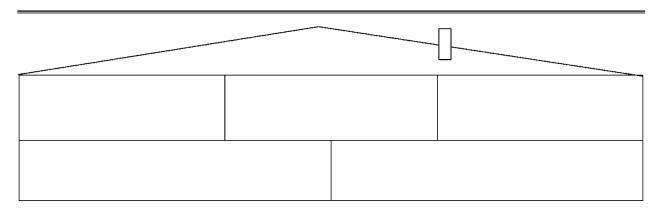
# MARIA AND JANICE

Maria, a 72-year-old woman with osteoporosis, high blood pressure, osteoarthritis and diabetes lives with her best friend, Janice, age 69. Maria is applying for IHSS; Janice has been providing the needed assistance. Maria is unable to perform Domestic, Laundry, and Shopping and Errands. She could prepare her own breakfast and lunch, but her back and hand pain makes it too difficult to cook dinner and wash dishes. However, Janice does all the cooking and dish washing for the two of them because she's a better cook than Maria. Maria also needs help getting into and out of the shower, shampooing and buttoning.

Maria and Janice live in a 2-bedroom, 1-bathroom apartment. Their apartment also has a kitchen with a kitchenette and a living room. Maria and Janice have exclusive use of their own bedrooms but share all other rooms of the apartment. They eat and wash their clothes together. They have a stacked washer/dryer on the back porch.

Janice feels the relationship between her and Maria is becoming strained because of the burden of caregiving. She is getting tired of doing all the housekeeping, cooking, laundry, shopping and errands. She encouraged Maria to apply for IHSS in the hopes of restoring their prior relationship.

As a group, discuss the proration applicable in this case. Assume that it takes 6 hours per month to clean the house (1 hour per room) except the kitchen and bathroom which takes  $1\frac{1}{2}$  hours per month each. Janice spends 5 minutes a day preparing breakfast, 10 minutes a day making lunch and  $\frac{1}{2}$  hour a day making dinner. It takes  $\frac{1}{2}$  hour per day to wash dishes and cleanup the kitchen.



Domes	ti	c:	N	<b>A</b> la	ri	a's	share
	-						

Maria's bedroom
Janice's bedroom
Bathroom
Kitchen
Living room
Maria's Share of Domestic

**Shopping:** 

**Errands:** 

**Meal Prep:** 

**Meal Cleanup:** 

# Laundry:

IHSS Training Academy Core: IHSS 101

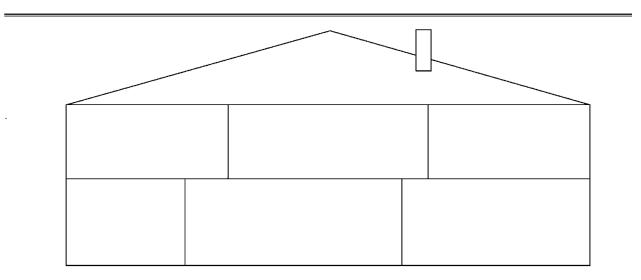
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4/28/09

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

# **MELISSA**

Melissa, a single parent, is an IHSS consumer who has three children, ages 10, 12 and 14. In addition to the personal care she needs, she needs Domestic, Meal Prep, Meal Cleanup, Shopping and Errands, and Laundry. She lives in a three-bedroom house. The two younger children share one of the bedrooms. She and her oldest each have their own bedroom. They also have a living room, a kitchen, and one bathroom. You have determined that the household's need for Domestic is 6 hours for month.



# Domestic: Melissa's share

Melissa's bedroom	
10 & 12-year-olds' bedroom	
14-year-old's bedroom	
Bathroom	
Kitchen	
Living room	
Melissa's Share of Domestic	

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

# **RICK AND ANNE**

Rick and Anne Strand are 87 and 83 years old, respectively, and have been married 22 years. Rick had a stroke in 1999, leaving his left side partially paralyzed, and he is aphasic. Anne recovered from rectal cancer that was diagnosed in 1983. She is able to irrigate her colostomy herself. She has arthritis so bad in her knees that she uses a walker. She also has high blood pressure and currently, she has a flare-up of gout. They both receive IHSS. They live in a onebedroom apartment in a senior housing complex.

You have assessed their needs and have determined that, in addition to the personal care they each need, they have a shared need as follows:

- Domestic 6 hours per month
- Meal preparation 6 hours per week
- Meal cleanup 3 hours per week
- Laundry 1 hour per week because there are laundry facilities in the building
- Shopping 1 hour per week
- Errands  $-\frac{1}{2}$  hour per week

		Ri	ck		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					
		An	ne		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

# Changes to the Scenario

How would authorization and completion of the SOC 293 grid change in the following circumstances? For each, specify the type of living arrangement you are considering, the regulations that apply, and how you would complete lines AA through FF of the SOC 293 grid:

 Same situation as originally written above except that Rick is bedbound and he only uses the bedroom. The provider uses the bathroom on his behalf to empty the urinal and bedside commode and for tasks related to his bed bath and grooming and the kitchen on his behalf to prepare his meals. Assume that cleaning the apartment still takes 6 hours per month, and the bedroom that he shares with his wife takes 1½ hours per month of that time and the bathroom (shared with his wife) takes 1 hour per month and the kitchen, also shared with his wife, 1½ hour per month.

		Ri	ck		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					
		An	ine		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

2. Same situation as originally written above except that Anne's colostomy bag she wears between colostomy irrigation leaks an average of twice a week. About once a week, it leaks when she is in bed, soiling the sheets and her nightgown. About once a week, it leaks when she is up and dressed, soiling the clothing she is wearing. Assume one more load of laundry per week for Anne – and assume that the extra is not shared.

		Ri	ck		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					
		An	ne		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

3. Same situation as originally written above except that Anne is impaired but Rick is not. He does not need IHSS and is feeling quite well. He participates in aerobics classes offered by the housing complex 3 times a week which seems to keep him strong and healthy.

		Ri	¢k		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					
		An	ne		
	Total Need	Adjustments	Individual Assessed Need	Alternative Resources	Auth to be Purch
AA Domestic					
BB Meal Prep					
CC Meal Cleanup					
DD Laundry					
EE Shopping					
FF Errands					

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

4. Same situation as originally written above except that Anne's daughter is worried about her mother and stepfather so they move in with her, her husband and her 10-year-old daughter so she can care for them. Anne's daughter lives in a three-bedroom, two-bath house. The Strands have exclusive use of their bedroom and bathroom and otherwise share the rest of the house with Anne's daughter's family. They eat together as a family all meals on the weekends. They all only share dinner during the week. Anne's daughter shares all meals with her mother and stepfather. Let's assume that the share of Domestic for Rick and Anne's bedroom and bath is 1 hour per month total. It is also important to realize that Meal Prep and Related Services will not be increased substantially for extra household members. Let's assume 7 hours per week for Meal Prep for the household. Let's assume breakfast takes 15 minutes to prepare, lunch 15 minutes and dinner 30 minutes.

		Ri	ck		
			Individual	Alternative	Auth to be
	Total Need	Adjustments	Assessed Need	Resources	Purch
AA Domestic					
BB Meal Prep					
DD Laundry					
EE Shopping					
FF Errands					
		An	ine		
			Individual	Alternative	Auth to be
	Total Need	Adjustments	Assessed Need	Resources	Purch
AA Domestic					
BB Meal Prep					
DD Laundry					
EE Shopping					
FF Errands					

Note: Times used are for ease of exercises. There are no standard times assigned for tasks. Each consumer's needs should be individualized.

IHSS Training Academy Core: IHSS 101



#### STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER GOVERNOR

June 30, 2009

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation
Change
[ ] Court Order
[X] Clarification Requested by
One or More Counties

[] Initiated by CDSS

ALL-COUNTY LETTER NO.: 09-30

# TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY CAPI PROGRAM MANAGERS

# SUBJECT: PHASE ONE IN-HOME SUPPORTIVE SERVICES (IHSS) SOCIAL WORKER TRAINING QUESTIONS/COMMENTS AND ANSWERS

# REFERENCE: ALL-COUNTY LETTER (ACL) NO. 08-18, ISSUED APRIL 23, 2008

The purpose of this All County Letter (ACL) is to clarify or correct some of the answers provided in the referenced ACL. Since the release of ACL 08-18 in April of 2008, we have received several questions concerning services, assessments, and the definition of marriage. Some answers previously provided have been reexamined and are presented in the attached pages, either clarified or corrected. For those responses that are corrected, this current ACL is to be considered the current guideline. Please disregard any conflicting answers provided in ACL 08-18.

These responses are an attempt to answer general questions in very broad terms; specific situations will vary from case to case. For specific guidance on cases, or if you have any questions concerning these answers, please contact the Adult Programs Branch, at (916) 229-3494, or via e-mail at <u>IHSS-QA@dss.ca.gov</u>.

Sincerely,

# **Original Document Signed By:**

EVA L. LOPEZ Deputy Director Adult Programs Division

Attachment

c: CWDA

# **ATTACHMENT**

# Question 5: Are Common Law Spouses considered spouses for the purposes of IHSS?

**Clarified:** The IHSS program has two parts to its definition for spouse found in the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 30-701(s)(4). The second part of the definition, "legally married under the laws of the state of the couple's permanent home at the time they lived together" (legally married criteria), is intended only to determine whether or not services are provided by a spouse. This determines which program is appropriate, the Personal Care Services Program (PCSP), which prohibits a recipient's spouse from acting as the provider, or the IHSS Plus Waiver (IPW), which does not.

For *all* other purposes, including the assessment of hours for services, especially when assessing hours for Domestic and Related services, all three sub-programs apply the IHSS Residual (IHSS-R) definition. The IHSS-R definition is the first part of MPP Section 30-701(s) (4), and defines a spouse as a "member of a married couple, or considered to be a member of a married couple for SSI/SSP purposes." The SSI/SSP definition can be found in Title 20 of the Code of Federal Regulations (20 CFR) 416.1806. It includes the holding out criteria, which is created when two unrelated people of the opposite sex are living together in the same household, and present themselves to the community (hold themselves out) as a married couple. When authorizing hours for services, an individual will be considered a spouse for the purposes of MPP Section 30-763.41 (Able and Available Spouse) whether the couple is legally married under the laws of the State, entitled to each other's Social Security insurance benefits as spouses, or a holding-out spousal relationship exists according to SSI/SSP rules.

This is based in part on Welfare and Institutions Code Sections 14132.95(f), (i) and 14132.951(e), which indicate that determination of need and authorization for services for PCSP and IPW cases shall be performed in accordance with IHSS-R rules.

# Example:

A social worker is evaluating an IHSS application for an FFP Medi-Cal recipient who will receive services from his "Common Law Spouse" who meets the holding out criteria. The applicant does not meet the legally married definition, and thus is eligible for services under PCSP instead of IPW. The social worker then begins assessing hours for services. The assessment will show that the need for Domestic and Related services is met by an alternative resource because the couple meets the holding out criteria and the Able and Available Spouse exceptions listed in MPP Section 30-763.41 are applicable.

# Question 10: Can Meal Preparation and Meal Clean-up be performed outside of the recipient's home?

**Corrected:** To the extent feasible, services shall be provided in the recipient's home, per MPP Sections 30-700.1, 30-701 (o) (2), 30-755.11, and 30-780.2 (b). There are unusual circumstances which could occasionally arise, necessitating that Meal Preparation and Meal Clean-Up services temporarily take place outside of the recipient's home. Should such circumstances arise, measures should be adopted as necessary to ensure that authorized services are provided without interruption. It is assumed that Meal Preparation and Meal Clean-Up services provided outside the recipient's home, if required at all, would be a temporary solution to a situation such as a broken stove or clogged sink in the recipient's home, and not the regular means of providing those services. No time can be added for delivering meals prepared elsewhere.

# Question 12: Is there a Rank 6 for Bowel and Bladder?

**Clarified:** No, rank 6 is not used for Bowel and Bladder. The recipient should be ranked from one to five based on level of function, irrespective of any related Paramedical services.

# Question 20: Can the maintenance exercise of assistive walking (MPP 30-757.14(g) (2) (A)) be performed outside of the recipient's home?

**Corrected:** Yes, assistive walking as part of a maintenance program can be performed outside the home; however no time can be authorized for travel or assistance into or out of a vehicle for this service.

# Question 24: How do we assess people with seizures who are unable to do anything after they have one?

**Clarified:** Time assessed in that scenario would be based on the frequency of seizures; severity of seizures, as well as the need for IHSS covered services during the seizures and seizure recovery periods. Thorough and accurate case documentation is crucial. A recipient may experience seizures and have varying degrees of need for IHSS covered services, and it is expected that, though hours are authorized based on a realistic worst case scenario, the provider's timesheet will accurately reflect hours for services actually provided.

# Question 25: How do we assess stand-by time?

**Clarified:** We do not assess stand-by time. A recipient should be assessed and authorized that amount of time which is needed to provide the level of assistance required for authorized services.

# Question 30: Can the provider provide services to the recipient while the recipient is temporarily absent from the home?

**Clarified:** Under some circumstances, yes. There are services which are necessarily provided outside the home, such as Accompany to Medical Appointments and Alternative Resources, Laundry when no laundry facilities are available in the home, Food Shopping, and Other Shopping and Errands. If, in the course of accompaniment to a medical appointment, the recipient needs assistance with Dressing, or Bowel and Bladder, it is conceivable that personal care services could be performed outside the home. Common sense and clear case documentation will be important in answering this question on a case by case basis.

# Question 36: Can we accept a mental health diagnoses from other medical professionals or should the diagnoses be provided by mental health professionals only?

**Corrected:** We can accept a diagnosis from any medical professional who is acting within the scope of his or her license. Service hours are authorized based on assessed need, never solely based on a diagnosis. Mental function shall be assessed in accordance with MPP Section 30-756.37. While any diagnosis may be accepted and considered in the course of the process, the diagnosis would only be considered as a part of the whole, in conjunction with the social worker's observations.

10: Completing the Assessment Form (SOC 293)

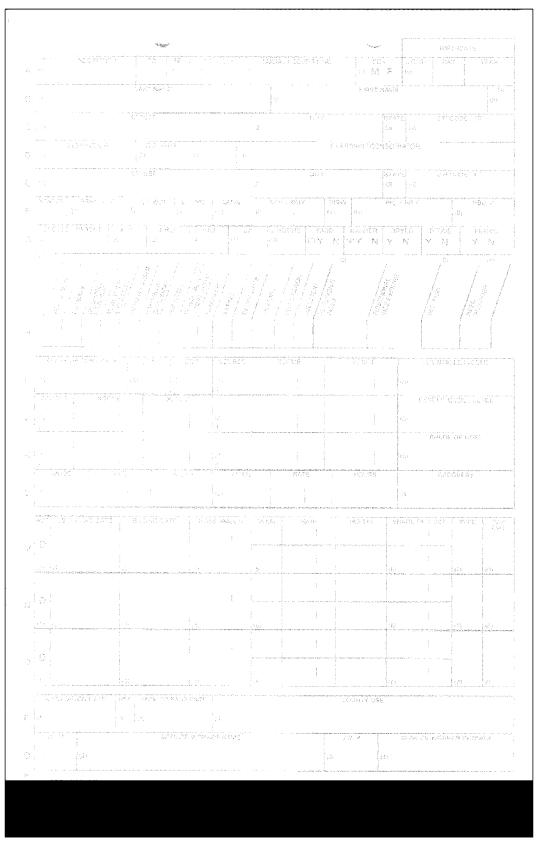


Fig. V-A- 1 – SOC 293 – Page 1

	LASI	R439E & #	SEO #	Size State	ADJUSTMENTS	MERVIDUAL ASSESSED DEED	ALTERMATIVE RESOLACES	AUTH TO BE MURTH	UNMET NEED	COUNTY USE
ÅÅ		Domostic Ser	VICES		(hadron and " Characteria and a c					
88	*	Preparation of	f Meals							
60	**	Meal Clean U	¢							
00		Routine Laure	dry, Etc.							
ĔĔ		Shopping for I	Food							
\$ <i>4</i> 7		Other Shoppir & Errands-	30							
56		Heavy Cleanii	ng							
Жþі	*	Respiration								
	*	Bowel & Blad	der Care							
i. N	*	Feeding			-					
6K	ŵ	Routine Bed F	šains							
L	*	Dressing	999 0001 10 00000 10 0000							
WX	*	Monstrual Car	NÇ.							
¥25	4	Ambulation		-) ()						
30	*	Moving in/Out Bed	. of			u dhan mananan sasan sasan sasan kana dh				
эр	*	Bathing, Oral Grooming	Hygiene.							****
x	*	Rubbing Skin, Repositioning,	ŝia.							
99 199	аналанан Х	Care and Assi with Prosthesi	istance s						and (1991) - 1999 / 1999 / 1997 (1991) - 1997 (1991) - 1997	
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Fig. V-A- 2 – SOC 293 – Page 2 – Assessment Grid

# In Home Supportive Services Assessment, SOC 293

The IHSS SOC 293 is used by the county staff to document recipient specific case details regarding eligibility, need assessment and resources available to the recipient. The SOC 293 is available for purchase by counties. See *Section II-B – Ordering CMIPS Forms* for order details and costs.

# Field-by-Field Description

The following fields appear on the SOC 293 and the RELA, RELB and RELC screens in CMIPS unless otherwise indicated.

# Page 1

Field: Length:	Untitled – CIN – System Generated, Alphanumeric 10
Description:	CIN – Client Index number assigned to an IHSS Recipient by the Statewide Client Index. This field is not titled on the SOC 293 document, but is printed in the upper right corner above Field A1. The RELA screen field name is CIN.
Field: Length:	REPRINT – Optional, Alpha – <b>RELA Screen display only</b> 1
Description:	<ul> <li>Reprint – Allows the reprint of the most recent SOC 293 or NOA. The RELA screen field name is REPRINT. Valid field entry:</li> <li>N – System default</li> </ul>
	<ul> <li>Y – Print SOC 293</li> </ul>
	• A – Print NOA
	Refer to <i>Section V-B - Special Instructions</i> – Producing a Reprint of the Most Recent SOC 293 or Producing a Reprint of the Most Recent Notice of Action for detailed instruction requesting a reprint of an SOC 293 or NOA.
Field:	MC CODE – Required, Alpha – <b>RELA Screen display only</b> 1 Length:
Length: Description:	Medical Certification Code shows whether or not the Recipient has been Certified by a Doctor.
	• blank
	• A – Alternate Documents Received
	<ul> <li>E – Exception Received</li> <li>M – Medical Certification Received</li> </ul>
	<ul> <li>M – Medical Certification Received</li> <li>P – Pending (Documentation requested – waiting to be received)</li> </ul>
Field: Length:	MC DATE – Required, Date – <b>RELA Screen display only</b> 8 Format: MMDDYYYY
Description:	Medical Certification Date is the date the Medical Certification was requested or received.

Field A1: Length: Description:	CNTY / RECIPIENT# / CD – Required, Numeric 10 2/7/1 County/Recipient Number/Check Digit – A ten (10) digit number representing a specific case. The first two digits identify the county, the next seven digits a county-assigned case number, and the 10 <sup>th</sup> digit is a system generated check digit. This field <u>does not</u> appear on the RELA screen, but the case number will appear on the NEXT line in CMIPS.
Field A2: Length: Description:	<ul> <li>SEQ # – System Generated, Numeric</li> <li>3</li> <li>Sequence Number – A system generated chronological number indicating the most recent turnaround document. The RELA screen field name is SEQ#.</li> </ul>
Field A3: Length: Description:	<ul> <li>AID CODE – Required, Numeric</li> <li>Aid Code – The IHSS Aid Code applicable to the recipient. The RELA screen field name is AID.</li> <li>10 Aged, SSI/SSP</li> <li>18 Aged, IHSS Income Eligible</li> <li>20 Blind, SSI/SSP</li> <li>28 Blind, IHSS Income Eligible</li> <li>60 Disabled, SSI/SSP</li> <li>68 Disabled, IHSS Income Eligible</li> <li>68 Aid Codes 10, 20, 60 – Used for status eligible recipients</li> <li>69 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>61 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>70 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>71 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>72 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>73 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>74 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>75 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>76 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>76 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>77 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>78 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>78 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>79 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>70 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>70 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>70 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> <li>70 Aid Codes 18, 28, or 68 – Used for income eligible recipients</li> </ul>
Field A4: Length: Description:	SOCIAL SECURITY NO. – Required, Numeric 9 Social Security Number (SSN) – A nine (9) digit number assigned to the recipient by the Social Security Administration. An SSN pattern match table, created by the Social Security Administration, is loaded into CMIPS, then each SSN entered validated against this table. This SSN Pattern Match table is updated monthly. The RELA screen field name is SSN. Completion of fields F7 and F8 generates the issuance of a Medi-Cal card. If either of these fields is completed and the SSN entered in Field A4 is invalid, eligibility for the Medi- Cal card may be denied or discontinued (Title 22, California Code of Regulations, Section 50187). <b>Refer to Section V-B, Special Instructions, Person List Screen</b> for detailed information regarding the functionality associated with SSN and Name matching in CMIPS.
Field A5: Length: Description:	SEX – Required, Alpha 1 Sex – Circle the code that identifies the recipient's gender. M – Male

	F – Female The RELA screen field name is SEX.
Field A6: Length: Description:	<ul> <li>BIRTHDATE, MONTH/DAY/YEAR – Required, Numeric</li> <li>8 Format: MMDDYYYY</li> <li>Birthdate – The month, day and year of the recipient's birth. The RELA screen field name is BIRTH DATE.</li> </ul>
Field B1, B2 B3: Length: Description:	LAST NAME/FIRST NAME/MI – Required, Alphanumeric/Special Characters (., / - ) 17/12/1 Last Name – A specific recipient's family name (Required). Jr., II, etc., should be included as part of the last name. Enter the single name in this field for those of Samoan descent who only have a single name. The RELA screen field name is LAST NAME. First Name – Name given at birth to identify an individual (Required). When code M = Samoan, is entered in Field F4, Ethnic, entry in this field is Optional. The RELA screen field name is FIRST. MI – The middle initial of a recipient (Optional). The RELA screen field name is MI. <i>Refer to Section V-B, Special Instructions, Person List Screen</i> for detailed information regarding the functionality associated with SSN and Name matching in CMIPS.
Field C1: Length: Description:	<ul> <li>STREET - Required, Alphanumeric 30</li> <li>Street - The street address of the recipient's place of residence. The RELA screen field name is ST.</li> <li>Disaster preparedness requires information about the residence location of all recipients</li> <li>If the recipient has a mailing address different from the residence address, the mailing address is entered in Fields E1 through E4. Counties using CMIPS for MEDS interface should note that the MEDS field length is only 26 characters.</li> <li><i>Refer to Section V-B Special Instructions, Address Verification Screen</i>, for detailed explanation regarding the function of the screen.</li> </ul>
Field C2: Length: Description:	CITY – Required, Alpha 20 City – Recipient's city of residence. The RELA screen field name is CY.
Field C3: Length: Description:	STATE – Optional, Alpha 2 State – Recipient's state of residence. Defaults to "CA" if not entered. The RELA screen field name is ST.

Field C4: Length: Description:	<ul> <li>ZIP CODE – Required, Numeric CT – Optional Numeric</li> <li>9 Format: XXXXX XXXX</li> <li>Zip Code/CT – A nine-digit zip code assigned by USPS that relates to the recipient's address of residence. The RELA screen field name is Z.</li> </ul>					
Field D1: Length: Description:	TELEPHONE # – Optional, Numeric 10 Format: XXX XXX XXXX Telephone Number – The recipient's telephone number. The RELA screen field name is PHONE #.					
Field D2: Length: Description:	<ul> <li>DIS. PREP. – Optional, Alpha</li> <li>Format: XXX</li> <li>Disaster Preparedness – A three letter code that identifies IHSS recipients who require contact by emergency personnel in the aftermath of a disaster.</li> <li>Counties have the option to participate in the Disaster Preparedness program.</li> <li>If they do participate, entry in this field is required. <i>Refer to Section V-B</i>, <i>Special Instructions, IHSS Disaster Preparedness Assessment Plan.</i> The RELA screen field is named DP.</li> </ul>					
	The first letter indicates the deg A Critical	·	Urgent but consumer declines advance			
	A Critical B Urgent	Е	notification of emergency services			
	C Moderate		notification of emergency services			
	D Critical but consumer	F	Moderate but consumer declines advance			
	declines advance	7	notification of emergency services			
	notification of emergency services	Z	Contact by emergency staff not needed			
	The second letter indicates the predominant special impairment					
	A Deaf D Wheelchair bound					
	B Blind	Е	Mental disability			
	C Bed-bound	Ζ	Recipient does not have any listed			
	special impairment The third letter indicates the predominant life support supply need.					
	A Respirator	Е	Dialysis			
	B Oxygen	F	Bowel and Bladder			
	C Insulin	G	Nasal/Gastrointestinal Tubes/Suctioning			
	D Life Support Medications	Z	Recipient does not have any listed supply needs			
Field D3: Length:	BLANK FIELD – System Generated, Alphanumeric 2					
Description:	This field was previously (prior recipient's Medi-Cal categorica	lly ne ous i	lovember 2005) used to reflect the eedy Aid Code. Currently, (October 2007) ndications, but this field is no longer gibility, see <u>Field F2</u> .			

Field D4: Length:	GUARDIAN/CONSERVATOR – Optional, Alphanumeric/Special Characters 30
Description:	Guardian/conservator – Individual legally responsible for a recipient. Designated individual will receive any mail, warrant, or Notice of Action issued to the recipient. If no guardian/conservator, leave blank. If an entry is made for guardian/conservator, Fields E1 through E4 must be completed. The RELA screen field name is GUARDIAN.
Field E1: Length:	STREET – Optional, Alphanumeric 30
Description:	<ul> <li>Street – Guardian/conservator's street number and name, including apartment and/or space number. If there is no guardian/conservator related to the case, but the recipients mailing address differs from residence address, fields C1-C4, enter the mailing address in fields E1-E4. The RELA screen field name is ST. This address will be:</li> <li>Used as the address on any mail, warrant, or Notice of Action issued to a</li> </ul>
	<ul> <li>recipient if a guardian/conservator is entered in Field D4.</li> <li>Used as the mailing address of the recipient when there is no</li> </ul>
	guardian/conservator in Field D4 and residence address is present
	• Counties using CMIPS for MEDS interface should note the MEDS street field length is 26 characters.
	See Section V-B Special Instructions, Address Verification Screen.
Field E2: Length:	CITY – Optional, Alpha 20
Description: Field E3:	City – Guardian/conservator's city of residence or the city of the recipient's mailing address. The RELA screen field name is CY. STATE – Optional, Alpha
Length:	2
Description:	State – Guardian/conservator's State of residence, or the State of the recipient's mailing address. Defaults to "CA". The RELA screen field name is ST.
Field E4:	ZIP CODE – Optional, Numeric
Length: Description:	9 Format: XXXXX XXXX Zip + 4 Code – Guardian/conservator's nine-digit zip code assigned by USPS that relates to the address. The RELA screen field name is Z.
Field F1: Length:	STATUS – Required, Alpha
Description:	<ul> <li>Status – Code which indicates the current eligibility status of the recipient.</li> <li>The RELA screen field name is STATUS. Enter one of the following:</li> <li>R Record – Indicates an application has been taken. May be used for a county's central index reporting purpose. Generate an alert message that a recipient's eligibility status must be completed. If Status R is used, only</li> </ul>
	<ul> <li>Fields A1 through F1, P1 and P2, and Q1 through Q4 are valid fields.</li> <li>I Interim Eligible – Provisional approval pending a disability or blind determination. Only Aid Codes 28 and 68 are valid in Field A3 when</li> </ul>

<ul> <li>PRIM. DIAG. – System Generated, Alphanumeric</li> <li>5 Format : XX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIPS system generates the</li> <li>Medi-Cal Primary and Secondary Aid Code. The Primary Aid Code is</li> <li>displayed from the Medi-Cal Eligibility data received from MEDS. The</li> <li>Secondary Aid Code is derived from Medi-Cal Eligibility data and IHSS</li> <li>Recipient and Provider data. The RELA screen field name is MC AID.</li> </ul>					
CITIZEN – Optional, Alphanumeric					
	eld na	me is CITIZEN.			
<ul> <li>ETHNIC – Required, Alphanumeric</li> <li>1</li> <li>Ethnic – Code designating the ethnicity of the recipion</li> <li>field name is ETHNIC.</li> <li>1 White</li> <li>2 Hispanic</li> <li>3 Black</li> <li>4 Other Asian or Pacific Islander</li> <li>5 American Indian or Alaskan Native</li> <li>7 Filipino</li> <li>C Chinese</li> <li>H Cambodian</li> </ul>	ent. T K M N P R T V	Japanese Korean			
LANG – Required, Alphanumeric					
<ol> <li>Language – Code designating the primary language of RELA screen field name is LANG.</li> <li>American Sign Language (AMISLAN or ASL)</li> <li>Spanish – NOA will be issued in Spanish</li> <li>Cantonese</li> <li>Japanese</li> <li>Korean</li> <li>Tagalog</li> <li>Other non-English</li> <li>English</li> <li>Unassigned code</li> <li>Spanish – NOA will be issued in English</li> </ol>	F G H J K L M N P	recipient. The Ilocano Mien Hmong Lao Turkish Hebrew French Polish Russian Portuguese Italian			
	<ul> <li>E Eligible – The recipient is approved for services</li> <li>Leave of absence – Temporarily without need for hospitalized</li> <li>D Deny – Eligibility has been denied</li> <li>T Terminated – Eligibility has been terminated</li> <li>PRIM. DIAG. – System Generated, Alphanumeric</li> <li>5 Format : XX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIP</li> <li>Medi-Cal Primary and Secondary Aid Code. The Pr</li> <li>displayed from the Medi-Cal Eligibility data receive</li> <li>Secondary Aid Code is derived from Medi-Cal Eligi</li> <li>Recipient and Provider data. The RELA screen field</li> <li>CITIZEN – Optional, Alphanumeric</li> <li>2</li> <li>Citizen – Not currently in use. The RELA screen field</li> <li>ETHNIC – Required, Alphanumeric</li> <li>1</li> <li>Ethnic – Code designating the ethnicity of the recipion</li> <li>field name is ETHNIC.</li> <li>1 White</li> <li>2 Hispanic</li> <li>3 Black</li> <li>4 Other Asian or Pacific Islander</li> <li>5 American Indian or Alaskan Native</li> <li>7 Filipino</li> <li>C Chinese</li> <li>H Cambodian</li> <li>LANG – Required, Alphanumeric</li> <li>1</li> <li>Language – Code designating the primary language of RELA screen field name is LANG.</li> <li>0 American Sign Language (AMISLAN or ASL)</li> <li>1 Spanish – NOA will be issued in Spanish</li> <li>2 Cantonese</li> <li>3 Japanese</li> <li>4 Korean</li> <li>5 Tagalog</li> <li>6 Other non-English</li> <li>7 English</li> <li>8 Unassigned code</li> </ul>	<ul> <li>E Eligible – The recipient is approved for services undel.</li> <li>Leave of absence – Temporarily without need for IHS hospitalized</li> <li>D Deny – Eligibility has been denied</li> <li>T Terminated – Eligibility has been terminated</li> <li>PRIM. DIAG. – System Generated, Alphanumeric</li> <li>5 Format : XX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIPS system Generated, Alphanumeric</li> <li>5 Format : XX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIPS system Generated, Alphanumeric</li> <li>2 Format : AX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIPS system Generated, Alphanumeric</li> <li>2 Format : AX/2X</li> <li>Medi-Cal Primary and Secondary Aid Code – CMIPS system Generated, Alphanumeric</li> <li>Catizen – Not currently in use. The RELA screen field name</li> <li>CTTIZEN – Optional, Alphanumeric</li> <li>1</li> <li>Ethnic – Code designating the ethnicity of the recipient. Trield name is ETHNIC.</li> <li>1 White</li> <li>J</li> <li>2 Hispanic</li> <li>3 Black</li> <li>4 Other Asian or Pacific Islander</li> <li>N</li> <li>5 American Indian or Alaskan Native</li> <li>P</li> <li>7 Filipino</li> <li>R</li> <li>C Chinese</li> <li>T</li> <li>H Cambodian</li> <li>V</li> <li>LANG – Required, Alphanumeric</li> <li>1</li> <li>Language – Code designating the primary language of the RELA screen field name is LANG.</li> <li>0 American Sign Language (AMISLAN or ASL)</li> <li>F</li> <li>Spanish – NOA will be issued in Spanish</li> <li>G</li> <li>Cantonese</li> <li>H</li> <li>Japanese</li> <li>I</li> <li>4 Korean</li> <li>J</li> <li>5 Tagalog</li> <li>K</li> <li>6 Other non-English</li> <li>M</li> <li>8 Unassigned code</li> <li>N</li> <li>9 Spanish – NOA will be issued in English</li> <li>P</li> </ul>			

- B Mandarin
- C Other Chinese Languages
- D Cambodian
- E Armenian

- R Arabic
- S Samoan
- Т Thai
- U Farsi
- Vietnamese V

Field F6: OTH./COV. – Optional, Alphanumeric

Length: 5 Format: X,XXXX

Description: Other Coverage – The first digit indicates insurance coverage, if any, of the recipient. Other digits are reserved for future use and may be used to indicate Medi-Cal cost avoidance codes. The RELA screen field name is OTH/COV. Only the following company codes are valid:

- Any carrier other than Blue Shield or Α Blue Cross (Partial Coverage
- Blue Cross В
- С **CHAMPUS**
- D Prudential
- Ε Aetna
- F Medicare HMO
- G American General
- Η Mutual of Omaha
- Ι Metropolitan Life
- J John Hancock Mutual Life Ins. Co.
- Κ Kaiser
- Μ Two or more carriers (partial coverage)
- Ν None
- Prepaid Health Plan or Health Р
- Maintenance Organization
- Equicor/Equitable Q
- R Ross Loos

- S Blue Shield
- Т Travelers
- U **Connecticut General**
- V Variable – any other carrier
- Great West Life Assurance Company W
- Х Blue Shield (partial coverage)
- Y Blue Cross – North
- Ζ Blue Cross – South
- 2 Provident Life and Accident
- 3 Principal Financial Group
- 4 Pacific Mutual Life Insurance
- 5 Alta Health Strategies Inc.
- 6 American Association of Retired Persons
- 7 Allstate Life Insurance
- 8 New York Life Insurance
- 9 Crown Life Insurance Company
- Field F7: SSNV – Optional, Numeric

Length:

Description: Social Security Number Verification - Code indicating how the recipient SSN was verified or why it was not verified. The RELA screen field name is SSNV. For Medi-Cal card issuance, the SSN must be verified.

- 0 SSA-VER previously submitted to MEDS
- SSN verified by SSA (MC 194 Completed) 1
- Confirmed by county on SSA district office application 2
- Sight verified by county welfare office 3
- 4 SSN not verified by SSA
- SSN not sight verified, recipient sent to SSA office 5
- No SSN, recipient sent to SSA office 6
- No valid input from county 7
- SSN not attainable, undocumented person 8
- 9 SSN not attainable, pre-adoptive person

Field F8: Length: Description:	HIC./RR. # – Optional, Alphanumeric 12 Health Insurance Coverage/Railroad Retirement Number – This is used for Medi-Cal purposes. Do not leave spaces between numbers. The RELA screen field name is HIC./R.R #.
Field F9: Length: Description:	<ul> <li>FBU. # - Optional, Numeric</li> <li>Family Budget Unit Number - Designates who in the family will be included in Medi-Cal eligibility. In addition, enter Person # in field as well. The RELA screen field name is FBU #.</li> <li>Family Budget Unit is a one-digit number assigned by the county to each recipient as part of a unique recipient identifier</li> <li>Person # is a two-digit number assigned by the county to each recipient as part of a unique recipients identifier</li> <li>Enter 101 if the county does not wish to use this field.</li> </ul>
Field G1: Length: Description:	<ul> <li>SPOUSE/PARENT - Required, Numeric</li> <li>Spouse/Parent - Indicates the status of the spouse or parent in terms of providing services. The parent code is used only when the IHSS recipient is under age 18. The RELA screen field is SPOUSE/PARENT.</li> <li>Enter one of the following codes:</li> <li>None</li> <li>Spouse - able and available</li> <li>Spouse - able/partially available due to employment, other unavoidable absence</li> <li>Spouse - able/not available</li> <li>Spouse - available/not able</li> <li>Spouse - IHSS recipient</li> <li>Parent - provides all services</li> <li>Parent - provides no services</li> <li>Parent - IHSS recipient</li> </ul>
Field G2: Length: Description:	<ul> <li>#HH – Required, Numeric</li> <li>2</li> <li>Number in Household – The total number of people living in the recipient's household, including other IHSS recipients. Exclude recipient's non-IHSS children under 14 years of age. The RELA screen field name is # HH.</li> </ul>
Field G3: Length: Description:	<ul> <li># RCP – Required, Numeric</li> <li>2</li> <li>Number of Recipients – The number of IHSS recipients in the household.</li> <li>The RELA screen field name is RCP.</li> </ul>

Field G4: Length: Description:	RES – Required, Numeric2Residence – Code indicating the recipient's type of residence. The RELAscreen field name is RES.01House04Hotel02Apartment05Other03Mobile Home
Field G5: Length: Description:	L/A – Required, Numeric2Living Arrangement – Code indicating the recipient's living arrangement. TheRELA screen field name is L/A.01Independent (Living alone or with Able and Available spouse only)02Shared03Live-in provider05Board and room
Field G6: Length: Description:	<ul> <li># ROOMS – Required, Numeric</li> <li>2</li> <li>Number of Rooms – The number of rooms contained in the recipient's residence, include bathrooms. The RELA screen field name is ROOMS.</li> </ul>
Field G7: Length: Description:	YARD – Required, Alpha l Yard – Circle Y (Yes) or N (N0) to indicate whether the recipient's residence has a yard. The RELA screen field name is YARD.
Field G8: Length: Description:	WASHER/DRYER/STOVE/REFRIG – Required, Alpha 8 Washer/Dryer/Stove/Refrigerator – Indicate the appliances in a recipient residence. Circle Y (Yes) or N (No) for each item. There are four separate fields on the RELA screen named WASH, DRY, STOVE, REFRIG. The RELA screen field accepts a Y (Yes) or N (No).
Untitled: Length: Description:	ICT TO, Optional, Numeric 2 Inter County Transfer TO – Allows the indication of the two digit county number to which the recipient case is being transferred. The RELA screen fields is ICT TO (B4).
Untitled: Length: Description:	ICT FM, Optional, Numeric 10 Inter County Transfer TO – Allows the indication of the ten-digit IHSS case number from which the recipient is being transferred. The RELA screen field is FM (B5)

Field H1:	FUNCTIONAL LIMITATIONS – Required, Numeric		
Length:	14		
Description:	Functional Limitations – Each listed item is to be given one numeric ranking indicating the recipient's functional limitation. <i>Refer to the Uniformity</i>		
	Training Guide, Assessment Standards, for more guidance to apply rankings.		
<b>Description</b> of	Numeric Ranking		
Rank 1	Independent – Able to perform functions without human assistance though client may have difficulty. However, completion of the task with or without a device poses no risk to his/her safety		
Rank 2	Able to perform but needs verbal assistance such as reminding, guidance or encouragement		
Rank 3	Can perform with some human help, i.e. direct physical assistance from the provider		
Rank 4	Can perform with a lot of human assistance		
Rank 5	Cannot perform function at all without human assistance		
Rank 6	Paramedical services needed		

# Valid Ranks for Functional Limitations

			~		_	
HOUSEWORK (RELA field name HOUSE)	1	2	3	4	5	
LAUNDRY (RELA field name LNDRY)	1			4	5	
SHOPPING & ERRANDS (RELA field name SHOP)	1		3		5	
MEAL PREP & CLEANUP (RELA field name MEAL)	1	2	3	4	5	6
MOBILITY INSIDE (RELA field name MOBILITY)	1	2	3	4	5	
BATHING & GROOMING (RELA field name BATH)	1	2	3	4	5	
DRESSING (RELA field name DRESS)	1	2	3	4	5	
BOWEL, BLADDER & MENSTRUAL (RELA field name BB/M)	1	2	3	4	5	
TRANSFER (RELA field name TRANSFER)	1	2	3	4	5	
EATING (RELA field name EAT)	1	2	3	4	5	6
RESPIRATION (RELA field name BREATH)	1				5	6
MEMORY (RELA field name MEMORY)	1	2			5	
ORIENTATION (RELA field name ORIENT)	1	2			5	
JUDGMENT (RELA field name JUDGE)	1	2			5	

FUNCTIONAL INDEX/FUNCTIONAL INDEX HOURS - System generated, Field H2: Numeric Length: 8 X.XX/XXX.X Description: Functional Index – System generated number between 1 and 5 which indicates the relative need of a recipient for IHSS. Individual scores from Field H1, Functional Limitations, are weighted to provide the functional index ranking for each recipient. Functional Index Hours – System generated sum of the Total Need Hours (Page 2, Column 2) considered in the Functional Index tasks. These are limited to the values indicated in the table below. The RELA screen field names are INDEX and HOURS. AA Domestic Services BB Preparation of Meals CC Meal Cleanup DD Mending & Laundry

	EE HH JJ LL NN PP RR	Shopping for Food Respiration Feeding Dressing Ambulation Bathing Care & Assistance with H	FF II KK MM OO QQ Prosthe	Other Shopping Bowel & Bladder Routine Bed Baths Menstrual Care Moving In/Out of Bed Rubbing Skin/Range of Motion sis/Medications
Field H3: Length: Description:	<ul> <li>W/O IHSS – Required, Numeric</li> <li>Without IHSS – Rating of recipient's outcome with reduced services. The</li> <li>RELA screen field name is W/O IHSS. Indicate one of the following codes:</li> <li>Recipient not at risk with services reduction</li> <li>Recipient at risk with services reduction</li> <li>Recipient will require out of home community care</li> <li>Recipient will require out of home medical care</li> <li>Recipient will become unemployed</li> </ul>			
Field H4: Length: Description:	2 Need I service 00 R	PROVIDER – Required, l Provider – Indicates whether provider. The RELA scree ecipient has own resources ecipient does need help to	er IHSS een fiel to obta	S recipient needs help to obtain a d name is NEED. ain a provider
Field H Untitled: Length: Description:	3 Indicat Relation the field the Pro-	onship. If the Recipient is a ld right of the NEED PRO	ider an service VIDER	<b>PC 293 Display Only</b> d Recipient have a one-to-one s by a single provider, 1:1 will print in FIELD. This indication pulls from field is blank, the recipient may be

On the RELA screen, there are two dates at the bottom of the screen under the FUNCTIONAL section. Format of the following fields is MMDDYYYY.

- DATE LAST CHANGED The date the last change was made to any of the information that displays on the RELA screen.
- DATE ADDED The date the 293 was keyed.

SHARE OF COST / INDICATOR – Optional, Alphanumeric – The word
INDICATOR is not printed in this field on the SOC 293.
8/1 Format: MMDDYYYY X
Share of Cost Date – The effective date of a recipient's share of cost. The
date may be mid-month for intake cases, but must be the first of the month
thereafter. This date must be greater than or equal to the Share of Cost Benefit

Level Date which coincides with the recipient eligibility segment. See Section II-K - Share of Cost Benefit Level Updates for valid SOC dates. The RELB screen field name is SOC DATE. • When a SOC COLA is processed the date will be updated if the case meets all other update conditions. Indicator – To the right of the date the SOC IND must be entered. As of June 1, 2006 the only value allowed is **D** for any IHSS recipient case with an Aid Code 18, 28 or 68. CMIPS processes an automated share of cost computation when budget data is entered in the Source Income and Benefit Level fields. The RELB screen field name is IND. 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 indicating the 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 an automated share of cost computation. The RELB screen field name is LINK. Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293. **IHSS Individual** 1 2 IHSS individual/linked spouse – Both members of a couple are blind, disabled, or over 65. Disabled means receiving Social Security, SSI/SSP or Medi-Cal based on disability. 3 IHSS individual/non-linked spouse – Only one member of the couple is aged, blind or disabled. IHSS individual/non-linked parent 4 5 IHSS individual/non-linked parents Field I3: DEP – Optional, Numeric Length: 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 RELB screen field name is #DEP. The position of Fields I1 through L2 on the RELB screen differs from the SOC 293. However,

the field names are consistent.

Field I4, J1,	
J2, K1, K2:	SOURCE/INCOME/DEDUCT – Optional, Numeric
Length:	1, 8, 8 Format: X, XXXXX.XX, XXXXX.XX
Description:	Source/Income/Deduct – Source and amount of deductions from income of the
	recipient, parent, or spouse. This field is required for automated share of cost
	computation. The RELB screen field names are SOURCE / INCOME /
	DEDUCT. Refer to Section V-B, Special Instructions, Share of Cost Computation
	<i>– SOC 293.</i>
	Source These codes indicate the source of the recipient's, spouse's, or

	1 2	Retirement, Survivors, Disability Insurance (RSDI) – Recipient 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 Deduct	<ul> <li>Amount of gross income available to the recipient, spouse or parent.</li> <li>Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:</li> <li>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).</li> <li>Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.</li> <li>Standard income exclusions that are included in the automated share of cost computation are:</li> </ul>
		\$20.00 Standard exclusion
		\$65.00 Earned income exclusion
		One half remainder of income – Earned income exclusion
		\$337.00Needs of children/non-linked spouse\$674.00 or \$1,011.00Allowance for parent or parents
Field I5: Length:	8 XXX	ABLE INCOME – Optional, Numeric XX.XX
Description:	<ul> <li>For the counta</li> <li>The arcounta the counta the counta the counta the counta the counta the sum the sum the sum the sum the REL</li> </ul>	e Income – The sum of all net income available to recipient. ose recipients whose share of cost is automated, this field and the able income will be system generated. nount that has been manually computed (for those recipients whose able income is not automated) must be entered in this field to enable rrect share of cost information on an automated Notice of Action. linked couple, both of whom are income eligible IHSS recipients, divide that countable income by 2 or allocate the countable income in al portions, whichever is the most advantageous to the couple. Enter m in 15. B screen field name is CNTBLE INCOME. <i>Refer to Section V-B</i> , <i>astructions: Share of cost computation - SOC 293</i> .
Field J3: Length: Description:	2,8 For Benefit C	Γ CODE/LEVEL – Optional, Numeric mat: XX, XXXXX.XX code/Level – This field indicates the SSI/SSP benefit code and level etermine the recipient's share of cost. The RELB screen field name is

parent(s) gross income.

BNFT LVL allowing entry of a specific Benefit Code from which the Benefit Level will be auto-filled.

- The field includes both recipients who have countable income that is either automatically or manually computed
- For those recipients whose share of cost is automated, this field must have one of the following two digit codes entered.

<u>Ben</u>	efit Code	<u>Benefit Level</u>
01	Individual aged or disabled, own home	830.40
02	Individual blind, own home	885.40
03	Individual disabled minor, own home	737.40
04	Individual aged or disabled, household of another	609.17
05	Individual blind, household of another	664.17
06	Individual disabled minor, household of another	516.17
07	Individual aged or disabled, independent, living without	914.40
07	cooking facilities	
08	Couple aged or disabled, own home	1407.20
09	Couple both blind, own home	1554.20
10	Couple blind/aged or disabled, own home	1498.20
11	Couple aged or disabled, household of another	1075.33
12	Couple both blind, household of another	1222.33
13	Couple blind/aged or disabled, household of another	1166.33
14	Couple aged or disabled, independent, living without cooking	1575.20
14	facilities	

- 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 <u>couple's</u> 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.

Benefit Code Benefit		<u>Benefit Level</u>	
15	Couple aged or disabled – own home, per person 703.		
16	16 Couple both blind – own home, per person 77'		
17	Couple blind/aged or disabled – own home, per person 749.1		
18	8 Couple aged or disabled – without cooking facilities, person 787.6		
19	9 Couple aged or disabled – household of another, per person 537.6'		
20			
21	Couple blind, aged or disabled – household of another, per 583.		583.17
21	person		
Fiel	d K3:	SHARE OF COST – System Generated, Numeric	
Len	gth:	8 XXXXX.XX	
Des	cription:	Share of Cost – This field contains both the IHSS and M	AEDI-CAL Shares of
	-	Cost.	
		• The IHSS Share of Cost is the monthly amount of m	oney to be paid by the
		recipient before IHSS services are paid. The RELB	

SOC.

- ➤ When a SOC IND of "D" is entered in Field I1 combine with the entries in Fields I5 – COUNTABLE INCOME, and J3 – BENEFIT CODE/LEVEL, CMIPS will automatically calculate the IHSS SOC, displaying the calculated Share of Cost into the eligibility segment, fields M6, N6 or O6,
- ➤ If a SOC IND of "E" is entered in the I1, the IHSS SOC amount will not populate to the eligibility segments, Fields M6, N6 or O6.
- The MEDI-CAL Share of Cost is a display only field and is system filled from the MEDS SOC amount indicated on the MEDS Daily Response and Monthly Renewal. The amount shown may be updated each month as the MEDS eligibility and SOC are applied to CMIPS. The RELB screen field is MEDI-CAL SOC.

Field L1, L2: MODE/RATE/HOURS – Required, Alphanumeric

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

- Description: Mode/Rate/Hours Indicates service deliver mode, provider's pay rate, and authorized hours of service(s) for the recipient. *Refer to Section V-B, Special Instructions: Changing Service Delivery Mode, Rate and Hours SOC 293.* Delivery Mode Code indicates the type of service delivery of IHSS. The RELB screen field name is MODE.
  - 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. The RELB screen field name is RATE.

- 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 deliver. The RELB screen field name is HOURS.

- 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 deliver, 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 hours will be system generated.

Field L3:RECOVERY – System generated, NumericLength:6Description:Recovery – Indicates current, balance due by the recipient for prior<br/>overpayment(s). This field is system generated from entries on the OVER<br/>screen from the SOC 330 IHSS Overpayment Collection Transaction. The

field displays the sum of all A-Active Status OVER screen sequences. The RELB screen field name is RECOVERY.

Field: RSTATE HEARING HRS - **RELB Screen Display Only**Length:Description:This field does not currently accept data entry.

The next three lines (M, N and O) are monthly payment segments used when building or updating a recipient's payment eligibility period. The following explanation (M1 through M8) will cover all three eligibility segments. All fields in these segments are system-generated based on entries from the SOC 293. Exceptions may include months that are prorated more than 5 times or recipients who have more than two service delivery modes.

Field: Untitled Length: Description:	<ul> <li>SEGMENT SELECT - RELB Screen Display Only</li> <li>When an eligibility segment (M, N, or O line) displays prorated hours, typically because the cases has been was on L-Leave Status for a period during a month, the user may view the actual eligibility dates and hours by tabbing to the SEGMENT SELECT field and keying one of the following, then press</li> <li><enter> to process to the RELC which displays the grid hours and eligibility dates associated to the designated eligibility segment.</enter></li> <li>1 - M Line eligibility</li> <li>2 - N Line eligibility</li> <li>3 - O Line eligibility</li> <li>If it is necessary to update a prorated segment, see Section V-B - Special Instructions, Reason Code 999.</li> </ul>
Fields M1, N1, and O1: Length: Description:	<ul> <li>ACT – Optional, Alpha</li> <li>1 Format: D</li> <li>Action – Field used by the service worker to indicate the eligibility segment to be deleted. Circle D next to the eligibility segment to be deleted. The RELB screen field name is ACT and always displays as blank.</li> </ul>
Fields M2, N2, and O2: Length: Description:	<ul> <li>BEGINNING DATE – System generated, Numeric</li> <li>8 Format: MMDDYYYY</li> <li>Beginning Date – Date on which recipient begins receiving IHSS. System generated from entry in Field ZZ3. The RELB screen field is BEG DATE.</li> </ul>
Fields M3, N3 or O3: Length: Description:	<ul> <li>ENDING DATE – System generated, Numeric</li> <li>Format: MMDDYYYY</li> <li>Ending Date – Date indicating the time-limited service, a reassessment is due, leave status, or a termination of service. System generated from entry in field ZZ4. The RELB screen field name is END DATE.</li> </ul>

Fields M4, N4 or O4: Length: Description:	<ul> <li>GROSS AMOUNT – System Generated, Numeric</li> <li>6 Format: X,XXX.XX</li> <li>Gross Amount – RATE x HOURS = GROSS. The monthly amount authorized by the county to be paid for a recipient. This amount may be manually changed by the county if there is documented cause in the case record. The RELB screen field name is GROSS AMT.</li> </ul>
Fields M5, N5 or O5: Length: Description:	<ul> <li>MODE/RATE/HOURS – Optional or System generated, Alphanumeric 2/4/4 Format: XX/XX.XX/XXXX</li> <li>Mode/Rate/Hours – Two service delivery modes, pay rates, and monthly service hours are applied to each segment. The system generated information from fields L1 and L2 may be manually overridden. The RELB screen field name is MODE/RATE/HOURS.</li> <li>Mode – Indicates the mode of service delivery. The following may be used:</li> <li>IP – Individual Provider</li> <li>CC – County Contract</li> <li>HM - Homemaker</li> <li>Rate – The hourly rate of pay for the indicated delivery mode</li> <li>Hours – The monthly hours of service, purchased by the county, to be rendered to the recipient. NOTE: The hours displaying on RELB screen are hours after the 3.6 % reduction.</li> </ul>
Fields M6, N6 or O6: Length: Description:	<ul> <li>SHARE OF COST – Optional, Numeric</li> <li>Format: XXXX.XX</li> <li>Share of Cost – Monthly amount of money determined by the county to be paid directly by the recipient. The RELB screen field name is SHR/COST. Two different share of cost figures, based on the mode, may be identified:</li> <li>Where the share of case is automated, these field will be system generated</li> <li>Where the share of case cannot be automated, Share of Cost documents must be completed and the results entered in fields M6, N6 or O6.</li> <li>For cases with mixed modes of service delivery, or the share of cost is to be paid to someone other than the Individual Provider (IP), Reason Codes 533 and 534 will prohibit Field K3, SHARE OF COST, from being system generated into Field M6.</li> <li><i>Refer to Section V-B, Special Instructions, Share of Cost Computations – SOC 293.</i></li> </ul>
Fields M7, N7 or O7: Length: Description:	TYPE – System Generated, Alpha1Type – Designates the recipient's impairment level, determined from theservice assessment hours based upon the Individual Assessed Need column ofthe IHSS needs assessment grid. The RELB screen field name is TYPE.SA severely impaired recipient is one who has been assessed as

requiring 20 or more hours of (\*) services on the Individual Assessed Need column of the IHSS needs assessment grid

- Ν A non-severely impaired recipient is one who has been assessed as requiring less than 20 hours of starred (\*) services on the Individual Assessed Need column of the IHSS needs assessment grid
- С A "C" prints beneath the S or N, in the TYPE field, on the SOC 293, when a recipient is PCSP eligible. PCSP indication is system generated when a "Y" is entered in "PCP?" field in the ZZ field on the **RELC** Screen.
- Blank PCSP eligible indicator default value "N"

Fields M8, N8 or O8: Length: Description:	<ul> <li>PAY OPT – System Generated, Alpha</li> <li>Pay Option – Refers to the way payment is made to either the recipient or the provider. The RELB screen field name is OPT.</li> <li>P Payee is Provider (Arrears) – System default – occurs when no pay option is indicted in fields ZZ5 or ZZ6 and IP Mode is entered in fields L1 or L2</li> <li>R Payee is Recipient (Advance) – Displays when a "Y" Yes is entered in field ZZ5 on the RELC screen.</li> <li>M Restaurant Meal Allowance to Recipient – If Restaurant Meals have been authorized. Field ZZ6 on RELC will indicate "Y".</li> <li>F Direct Deposit (EFT) – When recipient is Advance Payment and case has been authorized for Electronic Funds Transfer. Field ZZ5 on RELC will indicate "Y".</li> </ul>
Field P1: Length: Description:	<ul> <li>APPLICATION DATE – Required, Numeric</li> <li>8 Format: MMDDYYYY</li> <li>Application Date – The day the recipient requested IHSS. This date also indicates the date from which there has been continuous service activity. If a termination has occurred due to an interruption in service activity, change the application date to reflect the re-application date for IHSS. If a case is terminated or denied in error, the original application date should be used with an applicable 400 series NOA code(s). The RELB screen field name is APPLICATION DATE.</li> </ul>
Field P2: Length: Description:	REF – Required, Numeric 2 Referral Source – Indicates the identity of the person or agency which

- contacted the county to begin a referral. The RELB screen field name is REF.
- 01 Self
- 02 Linkage Program
- 03 Multipurpose Senior Services Center
- 04 Adult Day Health Care Center
- Early Hospital Discharge (Diagnostically 05 Related Group)
- 21 Senior Day Care Center
- 22 Senior Center
- 23 Law Enforcement
- 24 Spouse
  - 25 Adult Son

06 Preadmis	sion Screening (Gatekeeper)	26	Adult Daughter
07 Reported	Reported Adult Abuse		Mother
08 County S	County Social Service Worker		Father
09 County E	County Eligibility Worker		Other Relative
10 Medi-Cal	Medi-Cal Review (AB 3398)		Friend
11 Physician	1	31	Neighbor
12 Mental H	lealth Department	32	Conservator
13 Health Se	ervices Department	33	Guardian
14 Rehabilit	ation Department	34	Religious Organization
15 Regional	Center	35	Nutrition Center
16 Hospital	Discharge Planner	36	Social Security Administration
17 Skilled N	lursing Facility Discharge Planner	37	Other Community Agency
18 Intermed	iate Care Facility Discharge Planner	38	Other
19 Commun	ity Care Facility	39	Unknown
20 Area Age	ency on Aging	40	Home Health Agency
-			<b>- -</b>
Field P3:	FACE TO FACE DATE – Required,	, Num	eric
Length:	8 Format: MMDDYYYY		
Description:	Face to Face Date – The date a count	ty wor	ker had face-to-face contact with the
	recipient. The RELB screen field na	me is l	FACE/FACE DATE.
Field P4:	COUNTY USE – Optional, Alphanu	imeric	
Length:	25 Format: Free form entry		
Description:	County Use – For the county's indivi	idual u	se. The RELB screen field name is
	COUNTY USE.		
<b>D</b> : 11.01			
Field Q1:	D/O – Optional, Alphanumeric		
Length:	2		
Description:	District Office – Two digit code indi	-	-
	responsible for the case. System def	aults to	o 01. The RELB screen field name
	is DO#.		
F: 1100			
Field Q2:	SERVICE WORKER NAME – Syst	em ge	nerated, Alphanumeric
Length:	20	÷ •,•	
Description:	Service Worker Name – First name of		
	responsible for the case. There are tw		•
	and L NAME. System generated fro	m enti	ry in field Q3.
Etald O2.	CW/# Desuised Alabamania		
Field Q3:	SW# - Required, Alphanumeric		
Length:	4 Samia Watan Nambar The same		······
Description:	Service Worker Number – The numb		
	worker responsible for this case. The	e kel	B screen field name is #.
Field Q4:	SERVICE WORKER PHONE # – R	equire	d Numeric
Length:	SERVICE WORKER PHONE $\# - R$	equire	a, mullione
Description:	Service Worker Phone # – The telepl	hone •	ame of the service worker identified
Description:	in fields Q2 and Q3. The RELB scree		
	In helds $Q_2$ and $Q_3$ . The KELD set	en ne	IU HAHIT IS I I I#.

Fields R through T <u>do not display</u> on the RELB screen.

Field R: Length: Description:	<ul> <li>ALERT MESSAGE/NOA MESSAGE – System generated, Numeric 31</li> <li>Alert Message/Notice of Action Message – Codes for messages to the service worker and for messages on Notice of Action.</li> <li>Alert Message Codes used to transmit messages to the service worker about the recipient. Refer to Codes 001 through 299 for the actual message that conveys an action that may need to be taken by the service worker. <i>Refer to Section V-E RELA</i>, <i>RELB and RELC Alerts for alert descriptions</i>.</li> <li>Notice of Action Codes that reflect those messages printed on the recipient Notice of Action. Codes 300 through 399 are automated (system generate) messages; 400-599 are worker generated messages. <i>Refer to Section V-F Notice of Action Message for code descriptions</i>.</li> </ul>		
Field S: Description:	AUTHORIZATION/DATE/REMARKS, Optional, Alphanumeric Authorization/Date/Remarks – Optional field for use by county personnel.		
Field T: Description:	VALIDATION/DATE/REMARKS, Optional, Alphanumeric Validation/Date/Remarks – Optional field for use by county personnel.		
Page 2 IHSS	Page 2 IHSS Service Assessment Grid		
Top Row Description:	LAST NAME & #/SEQ #/Fixed Column Headings Top Row – Includes both system generated identifiers: Last Name, Recipient Number and Sequence Number, and the fixed column headings: Total Need, Adjustments, Individual Assessed Need, Alternative Resources, Auth To Be Purch, Unmet Need, and County Use. The RELC screen field names are SEQ# and SEG#.		
Left Column Field AA through YY: Description:	Row Headings Row Headings – The row headings in the column (AA - YY) include all In- Home Supportive Services, which may be authorized for a recipient. Only those services with asterisks (* or **) are included in the computation of those 20 hours of service needs which determine if a recipient is severely impaired and eligible to receive benefits totaling the higher maximum payment and advance payment. The double asterisk (**) service is included in the 20 hours only when assistance with Feeding, Preparation of Meals, and Meal Cleanup		
Shaded Areas: Description:	are <u>all</u> required. The computation is based on the Individual Assessed Need hours. The RELC screen field names are AA – YY. System Generated Shaded Area - The shaded areas of the IHSS assessment grid will be system- generated from those numbers entered in CMIPS. The service worker may		

wish to complete preliminary computations by filling in the shaded areas; however, the system-generated totals will be the accepted hours and dollars from which the payment segments Fields M4 and M5, N4 and N5, and O4 and O5 will be computed. There are no corollary RELC fields.

The following descriptions of the top column headings apply to each of the services (AA - YY) listed in the left column.

Heading: Length: Description:	TOTAL NEED – Optional, Numeric5Format: XXX.XXTotal Need – Total hours of service needed by the household, rounded to the nearest hundredth. Service needs are weekly with the exception of the following monthly services. The RELC screen header name is NEED.AADomestic ServicesUURemove Grass, Weeds, Rubbish XXGGHeavy CleaningXXTeaching Demonstration
Heading: Length: Description:	<ul> <li>ADJUSTMENT - Optional, Numeric</li> <li>5 Format: XXX.XX</li> <li>Adjustments - Hours of service prorated between the recipient and other members of the household, rounded to the nearest hundredth, to be subtracted from Total Need because of a(n)</li> <li>Shared living arrangement</li> <li>Parent Provider</li> <li>Able/Available spouse</li> <li>Other IHSS recipient(s)</li> <li>Other Protective Supervision Recipient(s) - WW Row only The RELC screen header name is ADJS.</li> </ul>
Heading: Length: Description:	INDIVIDUAL ASSESSED NEED – System Generated, Numeric 5 Format: XXX.XX Individual Assess Need – The recipient's total need for IHSS minus adjustments equals the Individual Assessed Need. This is considered the recipient's actual need that determines if he/she is severely impaired. The RELC screen field name is IND ND.
Heading: Length: Description:	<ul> <li>ALTERNATIVE RESOURCES – Optional, Numeric</li> <li>5 Format: XXX.XX</li> <li>Alternative Resources – Hours, rounded to the nearest hundredth, which are not to be considered for purchase with IHSS funds because services are available from another source. Refused services are indicated in this field by preceding the hours with a negative (-) sign. The RELC screen field name is ALT.</li> <li><i>Refer to Section V-B, Special Instructions for Refused Services – SOC 293.</i></li> </ul>
Heading: Length: Description:	<ul> <li>AUTH TO BE PURCH – System Generated, Numeric</li> <li>5 Format: XXX.XX</li> <li>Authorization to be Purchased – The total need for IHSS minus any adjustments, alternative resources, and refused services. The number of IHSS</li> </ul>

	hours to be authorized to be purchased for the recipient. If the total hours authorized to be purchased exceeds the allowable maximum, the excess hours will be displayed in the unmet need column on the printed 293 document for each service. On the RELC screen, the total excess hours will be displayed in field aa7 UNMET NEED. The RELC screen field name is PURCH.
Heading: Length: Description:	<ul> <li>UNMET NEED – System Generated, Numeric</li> <li>5 Format: XXX.XX</li> <li>Unmet Need – This field will be system-generated with the service needs exceed the maximum authorized hours. The unmet need must be documented. This number represents the total amount of unmet need, prorated equally for each service authorized, except protective supervision that can have no unmet need. There is no associated RELC screen field name.</li> </ul>
Heading: Length: Description:	COUNTY USE – Reserved 5 Format: XXX.XX County Use – This column is reserved for future use. The RELC screen field name is CNTY USE.
Field ZZ1: Length: Description:	<ul> <li>NOA – Optional, Alphanumeric <ol> <li>Notice of Action – Circle one to indicate where Notice of Action is to be sent.</li> <li>If an "M" is entered by the changes made are negative and the effective date is not timely, the "M" will be changed to a "C". The system can monitor a timely notice, so as to give the recipient a 13 day notice. Negative changes include a denial or termination, increase in the share of cost amount, or a decrease in total hours to be purchased. The RELC screen field name is NOA.</li> <li>M – Mail to Recipient</li> <li>C – Return to County</li> <li>N – No Notice of Action</li> </ol> </li> <li>If a C is entered and a NOA code is also entered, the NOA will come back to the service worker to enter added information such as the mailing date, dollar amount, ete</li> <li>If a Notice of Action is not timely (13 calendar days from date of entry) due to adverse action and M is circled, the system will print a question mark (?) under M and will print C - Return to County.</li> <li>Occasionally an M or C may have been circled, but the system was unable to complete a Notice of Action – because the action being taken does not meet the criteria for production of a NOA.</li> </ul>
Field ZZ2: Length: Description:	RSN. CD. – Optional, Numeric 3/3/3/3 Format: XXX XXX XXX XXX Reason Codes(s) – Codes for actions described in Notice of Action that must

be generated by a service worker and cannot be automated. This field allows the entry of up to four, three-character, codes. The RELC screen field name is REASON CODE. Refer to Section V-F under Worker Generated Message for specific codes 400 through 600. Field ZZ3: BEGINNING DATE – Required, Numeric Length: 8 MMDDYYYY Description: Beginning Date – Date on which recipient begins receiving IHSS services or when there is a change. This date is system generated to the payment segment, Fields M2, N2 or O2. The RELC screen field name is BEGIN DATE. Field ZZ4: ENDING DATE - Required, Numeric Length: 8 MMDDYYYY Description: Ending Date – Date indicating the last date of any of the following: a time limited service, a reassessment is due, leave, or a termination. This date is system generated to the payment segment fields M3, N3 or O3. The RELC screen field name is END DATE. Field ZZ5: ADVANCE - Optional, Alpha Length: Description: Advance – Indicates the payee has requested and is eligible for advance payment. Advance Pay recipients must be Severely Impaired and non-PCSP. Circle Y (Yes) or N (No). If nothing is entered, the system defaults to "N. The **RELC screen field name is ADVANCE?** Field ZZ6: MEAL ALLOW - Optional, Alpha Length: Description: Meal Allowance – Circle Y (Yes) if a restaurant meal allowance is to be paid to the recipient. A "Yes" response will cause the system to deduct BB -Preparation of Meals, CC – Meal Cleanup, and EE – Shopping for Food, and to enter the M indicator in Pay Option fields M8, N8 or O8. If nothing is circled, the system defaults to N (No). The RELC screen name is ALLOW?. Field ZZ: PCSP INDICATOR – Optional, Alpha - **RELC field display only** Length: Description: PCSP Indicator – Designates whether or not the recipient has been flagged as PCSP eligible. RELC field displays immediately to the right of Field ZZ6, ALLOW?. The RELC screen field name is PCP? Valid indicators are: • N-No-System Default - recipient is not indicated as PCSP eligible. An "N" entry will override other entries on the SOC 293 to ensure the recipient is classified as a Residual IHSS case. • Y – Yes – Indicates recipient as PCSP eligible. A "C" will print below the

 Y – Yes – Indicates recipient as PCSP eligible. A "C" will print below the TYPE, Field M7, N7 or O7, TYPE, on the SOC 293. Fields aa1 through aa5, all part of MONTHLY HRS. AUTHORIZED, illustrate how hours of service authorized are computed.

These fields may be completed by the service worker to determine the hours of service to be ۰ authorized and to ascertain if maximums have been exceeded, unmet need exists, eligibility continues, and/or share of cost will exceed needs assessment.

• There will be a system-generated computation reflected in Fields M5, N5, O5, and aa5 or aa6.		
Field aa1: Length: Description:	<ul> <li>WKLY. HRS. – System generated, Numeric</li> <li>Format: XXX.XX</li> <li>Weekly Hours – Sum of Authorized to be Purchased weekly hours. This computation does not include AA- Domestic Services, GG – Heavy Cleaning or UU – Removal Grass, Weeds, Rubbish. The RELC screen field name is WEEKLY.</li> </ul>	
Field aa2: Length: Description:	<ul> <li>MEAL HRS (BB+CC+EE) – System Generated, Numeric</li> <li>1 Format: XXX.XX</li> <li>Meal Hours (BB+CC+EE) – Sum of BB – Preparation of Meals, CC – Meal Cleanup, and EE – Shopping for Food. This sum will be deducted from Field aa1 if the recipient elects to receive Restaurant Meal Allowance. The RELC screen field name is MEAL. For Field aa2, the total of BB, CC and EE can be manually computed if the service worker wishes. However, there will be an automatic computation to assure BB, CC and EE are subtracted from the total if the recipient elects to receive a Restaurant Meal Allowance.</li> </ul>	
Field aa3: Length: Description:	X 4.33= – System Generated, Numeric 5 X 4.33= – The system multiplies the total weekly hours by 4.33 to determine the monthly service hours. The RELC screen field appears as *4.33.	
Field aa4: Length: Description:	<ul> <li>MO. HRS. – System Generated, Numeric</li> <li>Format: XX.XX</li> <li>Monthly Hours – Total monthly hours including AA – Domestic Services, GG – Heavy Cleaning, and UU – Remove Grass, Weeds, Rubbish. The RELC screen field name is MONTHLY.</li> </ul>	
Field aa5: Length: Description:	<ul> <li>TOTAL – System generated, Numeric</li> <li>Format: XXX.XX</li> <li>Total – Sum of the converted weekly hours and the monthly hours representing the total IHSS hours for the recipient. The RELC screen field name is</li> <li>TOTAL. NOTE: Assessed hours prior to 3.6% reduction.</li> </ul>	
Field aa6: Length: Description:	<ul> <li>AB1612 – System generated, Numeric - <i>RELC field display only</i></li> <li>5 Format: XX.XX</li> <li>3.6% Reduction Hours – The number of hours reduced for the mandated reduction beginning February 1, 2011.</li> </ul>	

Field aa7: Length: Description:	NET HRS – System generated, Numeric - <i>RELC field display only</i> 6 Format: XXX.XX The total hours after the reduction but before the unmet need calculation.
Field aa8: Length: Description:	<ul> <li>PURCHASE – System generated, Numeric</li> <li>5 Format: XX.XX</li> <li>Purchase – Monthly IHSS hours minus the unmet need hours (if applicable) authorized for a recipient. These hours display in Fields M5, N5 or O5 (rounded to the nearest tenth). The RELC screen field name is PURCHASE.</li> </ul>
Field aa9: Length: Description:	<ul> <li>UNMET NEED – System Generated, Numeric</li> <li>Format: XX.XX</li> <li>Unmet need – Hours of services in excess of IHSS benefit maximums. The RELC screen field name is UNMET NEED.</li> </ul>

# COMPLETING THE GRID PORTION OF THE SOC 293 OVERVIEW

All rows indicate hours per week except Domestic, Heavy Cleaning, Removal of Grass, Weeds and Rubbish, and Teaching and Demonstration. Those four tasks are monthly entries.

# **Columns:**

- <u>Total Need</u> is the need for services. For tasks that might be prorated (Domestic, Related [Meal Preparation, Meal Cleanup, Laundry, Shopping, Errands], Heavy Cleaning, Removal of Ice and Snow, Teaching and Demonstration, and Protective Supervision), it is the household's need.
- <u>Adjustment</u> is the portion of the household's need that is not the consumer's portion.
- <u>Individual Assessed Need</u> is calculated by CMIPS. It is the balance when subtracting the Adjustments from the Total Need. That makes it the consumer's share of the household need.
- <u>Alternative Resources</u> is the portion of the Individual Assessed Need that is met by an agency or volunteered by a friend or family member. This column is also where Refused Services are recorded (services you've assessed as being needed for the consumer to live safely in his/her home but s/he declines assistance).
- <u>Auth to be Purchased</u> is also calculated by CMIPS. It is the difference between the Individual Assessed Need and the Alternative Resources. The weekly time from this column is totaled, multiplied by 4.33 weeks per month, and the monthly Auth to be Purchased is added to create the consumer's actual authorization.
- <u>Unmet Need</u> is also calculated by CMIPS. If the total monthly authorization would exceed the allowable maximum, CMIPS calculates the proportion of hours per task to the total hours and applies that proportion to the overage for each task. Cases with Protective Supervision authorized should never have an unmet need.

IHSS Training Academy Core: IHSS 101

#### IX. Refused Services

As part of the Uniformity Assessment process, CMIPS generates an alert message when a need for service is indicated in Field H1, Functional Limitations, but no hours are entered in the Total Need Field on the assessment grid because the IHSS recipient has refused services. Take the following steps to document the need for service and the recipient's refusal of all, or some of the service.

- A. If a service need exists, enter that need on the assessment grid completing the Total Need, Adjustments, and Alternative Resource Fields, as appropriate.
- B. On the SOC 293 form, enter an "R" preceding the number of service hours in the Alternative Resources Fields will indicate refused services. The Alternative Resources Field is thereby a dual use field.
- C. On the RELC screen, enter the hours NEED and ADJ as indicated on the SOC 293. In the ALT Alternative Resources Field, enter a negative (-) sign followed by the service hours that are being refused.
- D. CMIPS does not allow the entry of REFUSED hours greater than the individual assessed need less alternative resources. If such an entry occurs the edit message "REFUSED CANNOT BE > IHSS" displays. The user must correct the entry.
- E. When there is an identified service need for protective supervision and the recipient refuses services, Alert Mcssage 224 "Effective MM/DD/YY functioning rank indicates need for Protective Supervision" will appear on the CMIPS Warning Alert Listing as a reminder that the recipient is potentially at risk.

# X. IHSS Disaster Preparedness Assessment Plan

The IHSS Program serves elderly, disabled, and blind persons who could not live safely in their own homes without assistance. The Caseload Disaster Preparedness (DP) Assessment Plan provides a safety check for thousands of elderly and disabled IHSS recipients who might be unable to care for themselves, or even call for help, in the aftermath of a disaster. Therefore, under ideal conditions, all recipients would receive contact after a disaster.

The DP Plan involves some additional un-reimbursed workload for counties, therefore participation is voluntary.

# A. Purpose

- 1. The primary purpose of Disaster Preparedness coding is to provide responding Emergency Personnel with the special conditions or needs of recipients
- 2. To provide counties with an assessment tool to identify recipients requiring contact in the aftermath of a disaster
- 3. To provide Service Workers with suggested criteria for considerations when assessing a recipient's post-disaster contact needs
- 4. To develop and maintain a CMIPS database identifying the need for contact, special impairments, and medical supply needs of recipients in a disaster situation
- 5. To generate a monthly report listing recipient, by need, for contact in disaster situations. The report indicates the primary language of non-English speaking recipients

# **B. Intent And Limitations**

- 1. The following guidelines are provided for the use of Service Workers in the assessment of IHSS recipients in their need for contact in a disaster situation.
- 2. This DP guide does not attempt to cover all possible factors to be considered when predicting a recipient's contact needs in the aftermath of a disaster.
- 3. Although some criteria refer to the Functional Index, this guide does not use the same assessment approach or principles of the Uniformity Guide. Unlike the Uniformity Guide, determining a recipient's response need after a disaster is not entirely dependent upon functioning level. Instead, the recipient's support network and environment are the primary factors. These include:
  - a. The quality and availability of the recipient's support systems
  - b. The recipient's access to adequate transportation
  - c. Whether or not the recipient lives in a geographically isolated area
- 4. These factors and other applicable criteria, will determine the recipient's level of contact necessary.
- 5. Special impairments, such as blindness, deafness and medical supply needs, do not by themselves determine a recipient's DP coding. These are secondary factors the Service Worker must consider with the recipient's environmental and other support needs.

6. A Service Worker's evaluation of a recipient relies heavily upon independent judgment and unique knowledge of the recipient's circumstances. Consequently, this guide does not replace the Service Worker's expertise and role in decision-making; it is merely an aid.

#### C. IHSS Caseload Disaster Preparedness (DP) Designations

The DP field, on the SOC 293 and in CMIPS, accepts one designation for each of the positions indicated below. All three positions must be filled. Indicate the appropriate designations on the SOC 293 for entry in CMIPS.

1. FIRST POSITION – VULNERABILITY – Indicates of the recipients' vulnerability during or after a disaster.

Α	Critical – recipient authorizes contact			
В	Urgent – recipient authorizes contact			
C	Moderate – recipient authorizes contact			
D	Critical – recipient declines contact by emergency services.			
Е	Urgent - recipient declines contact by emergency services.			
F	Moderate – recipient declines contact by emergency services.			
Z	Non-critical			

2. SECOND POSITION – SPECIAL IMPAIRMENT(S) IDENTIFIERS – Indicates special impairment of the recipient. Enter the letter corresponding to the dominant impairment in Field D2 of the SOC 293.

Α	Deaf	D	Wheelchair Bound
В	Blind	E	Mental Disability
С	Bed bound	Z	Recipient does not have any listed special impairment

3. THIRD POSITION – SUPPLIES – Indicates the life support supplies used by the recipient. Enter the letter corresponding to the most needed life support supply in Field D2 of the SOC 293.

Α	Respirator	В	Oxygen
C	Insulin	D	Life Supporting Medications
E	Dialysis	F	Bowel and/or Bladder
G	Nasal/Gastrointestinal tubes/suctioning	Z	Recipient does not have any listed supply need

# FIRST POSITION -- VULNERABILITY -- EXAMPLES

The following are examples used to determine First Position, VULNERABILITY, designations:

Recipient is vulnerable and needs contact in a major disaster, as adequate support systems for emergencies are not in place (socially isolated, conflicts with family, ctc.).

If any of the following situations apply indicate letter A - F in the first position of Field D2 on the SOC 293 and RELA

- Recipient is severely impaired or bedfast with a Uniformity Functional Index (FI) score of 2.75 or higher (SOC 293 Field H2)
- Recipient relies heavily or completely on IHSS for need. Close to or at maximum hours/dollars (SOC 293 Field aa6)
- Recipient has a Functional Limitation of 4 or above for Meal Preparation, Transfer, Eating, or Bowel & Bladder care. (SOC 293, Field H1)
- Recipient is blind or significantly visually impaired. Aid Code 6A, 20, 24, 26 or 28. (SOC 293 Field A3)
- Recipient has a Functional Limitation of 5 or above for Respiration, Memory, Orientation or Judgment. (SOC 293, Field H1)
- Recipient receives Protective Supervision (SOC 293 Field WW)
- Recipient has a current or past Adult Protective Services (APS) case related to abuse, neglect, or abandonment Not indicated on SOC 293
- Recipient is heavily medicated or a substance abuser Not indicated on SOC 293
- Recipient is deaf or has a disability limiting communication (i.e., speech impairment)
- Recipient lives in a geographically isolated area inaccessible to community emergency services
- Recipient lacks access to adequate transportation
- Recipient's provider(s) or alternate resources are sometimes unreliable
- Other

Recipient does not need contact in a major disaster, as strong, adequate, and reliable support systems are in place. If any of the following situations apply, indicate a "Z" in the first position of Field D2 on the SOC 293 and RELA

- Recipient functions fairly independently and needs minimal IHSS (low hour recipients)
- Recipient's physical or mental functioning does not affect the ability to cope with a disaster to a great degree (has no Functional Limitations greater than 5 for Memory, Orientation or Judgment
- Recipient is non-severely impaired with an FI below 2.75
- Recipient FI is above 2.75, severely impaired, with shared living arrangement, live-in Provider, or dependable, accessible alternate resources.
- Recipient resides in a geographical area accessible to community emergency services.
- Other

#### E. Situations

The following situations are guidelines for the assessment of Position One. These criteria are not all inclusive. Determining a recipient's need for contact requires the Service Worker to use their independent judgment as they assess the recipient's vulnerability, special impairment, and life support supply needs.

**Code A – Critical** – Recipients designated under this category would receive first priority for contact should a major disaster occur. Recipients receiving this priority are bed bound, severely mentally disabled, in need of special life support supplies, and/or have minimal or no social supports. This designation also includes recipients in isolated locations or heavily dependent on IHSS and have problems with continuity of services.

# Example 1

Mrs. S is diagnosed with Organic Brain Syndrome with the following characteristics:

- FI score is 2.75 or higher, mentally impaired and bedfast, and has a Functional Limitation of 4 or higher in Mobility.
- Limited communication ability
- Lives in a geographically isolated area, inaccessible to community emergency services, and lacks access to adequate transportation.
- Lacks adequate support systems for emergencies.
- Uses oxygen
- Recipient indicates desire for contact
- DP Coding = ABB

# Example 2

Mr. H is a deaf, quadriplegic with the following characteristics:

- FI score is 2.75 or higher, severely impaired
- Functional Limitation of 4 or higher in Mobility
- Limited communication ability
- Lacks adequate transportation.
- Support systems are inadequate.
- On oxygen and requires tube feeding and suctioning.
- Provider(s) is sometimes unreliable
- Recipient indicates desire for contact
- DP Coding = AAB

**Code B** – **Urgent** – Recipients placed in this second priority category are considered less severe than critical cases and would receive contact after Code A recipients. These recipients have some reliable social supports. Some Code B's may be bed

bound or severely restricted, but not on critical life supports such as oxygen or dialysis.

#### Example 3

Mr. D is a heart patient on medication and with the following characteristics:

- Depends heavily upon IHSS, but his provider(s) is fairly reliable.
- Functional Limitation of 5 in Memory
- Lacks adequate transportation
- Support systems are somewhat reliable
- Recipient indicates desire for contact
- DP Coding = BED

**Code C - Moderate** – Recipients placed in this category would receive contact after the Critical (A) and Urgent (B) recipients. Typical these recipients may have special impairments (e.g. deafness) but do not have life support supply needs. They may have partially reliable support systems and do not live in geographically isolated areas.

#### Example 4

Mr. D is a heart patient on medication and with the following characteristics:

- Relies fairly heavily on IHSS
- Functional Limitation of 5 in Memory
- Somewhat visually impaired.
- Functional Limitation of 4 in Mobility
- Does not have access to transportation
- Social supports are good, and he does not live in a geographically isolated area
- Recipient indicates desire for contact
- DP Coding = CEZ

Code D – Critical but consumer declines advance notification of emergency services

#### Example 5

Mrs. P is diagnosed with chronic obstructive pulmonary disease, using oxygen with the following characteristics:

- FI score is 2.75 or higher, mentally impaired and bedfast, and has a Functional Limitation of 4 or higher in Mobility
- Limited communication ability
- Lives in a geographically isolated area, inaccessible to community emergency services, and lacks access to adequate transportation
- Lacks adequate support systems for emergencies
- Recipient declines contact

• DP Coding = DBB

Code E – Urgent but consumer declines advance notification of emergency services

# Example 6

Mrs. E is an emphysema patient on oxygen and has the following characteristics:

- Depends heavily upon IHSS, but her provider(s) is fairly reliable.
- Visually impaired.
- Lives in a geographically isolated area but has somewhat reliable support systems
- Recipient declines contact
- DP Coding: EZB

Despite the apparent need for contact, Mrs. E has not given permission to the county to release her name to designated agencies in advance of an emergency. Although Mrs. E is considered vulnerable and in urgent need of contact, her case is coded using an E because she has not given her permission to be contacted.

Code F – Moderate but consumer declines advance notification of emergency service

# Example 7

Mrs. Y is in the first stages of Alzheimer's and with the following characteristics:

- FI score of 2.75 or above, severely impaired, but not bedfast.
- Functional Limitation of 5 in Memory and Judgment.
- Slightly visually impaired.
- Social supports are basically reliable as several family members live with her.
- She has access to transportation
- Recipient declines contact
- DP Coding = FEZ

Despite the apparent need for contact, Mrs. Y has not given permission to the county to release her name to designated agencies in advance of an emergency. Therefore, although Mrs. Y is considered to be vulnerable and in moderate need of advance notification, this field would be coded F because she has not given permission.

**Non-Critical Code "Z"** - Recipients placed in this category would not require an emergency contact should a major disaster occur, primarily because they have strong or adequate support systems, have access to transportation or they do not live in a geographically isolated area.

Also, these recipients do not have physical or mental conditions that would affect their abilities to cope with a disaster. Their FI scores are low or moderate.

# **Example 8**

Mr. T does not have a major medical impairment, or any medical supply needs, and has the following characteristics:

- Functions fairly independently and requires minimal IHSS (low hours).
- Physical and mental functioning do not affect ability to cope with a disaster
- FI score is less than 2.75, non-severely impaired
- Residence is not in a geographically isolated area.
- DP Coding = ZZZ

# Example 9

Tom is a 12 year old child diagnosed with cerebral palsy from birth trauma with the following characteristics:

- Relies heavily on IHSS
- FI scores are well over 2.75 and confined to a bed or wheelchair.
- Functional Limitations of 5 in Judgment.
- Nonverbal
- Functional Limitations of 5 in Mobility
- Uses oxygen periodically
- Mother is the primary attendant, father is very helpful, and the family has other supports.
- The family has transportation and does not live in a geographically isolated area
- DP Coding = ZCB Coding is Z because of the parental and other family support

# F. Caseload Disaster Preparedness Assessment Profile

Each county has access to Caseload Disaster Preparedness Assessment through the CMIPS Online Reports website. Access is by County; or by County then Zip Code. Counties may print and distribute these report as needed to Social Workers and other authorized County Agencies who are responsible as Disaster Responders.

The report lists the recipient's name, address, telephone number, social service worker, and language along with narrative comments about the recipient's degree of risk and any special needs.

It is assumed recipient case files will not be available during an emergency. Counties are urged to integrate the report into a larger countywide emergency response master plan.

# G. Implementation and Updates

Implementation for counties adopting the Disaster Preparedness plan will be discretionary. Cases may be phased-in by completing a guide on all new approved applications and/or when ongoing cases are reassessed. Counties may choose to allocate staff resources to implement the plan as soon as possible on a high priority basis. Thereafter, counties may wish to update the disaster preparedness assessment at least annually.

# SOC 293 Warning Alert Messages

Alert messages notify Social Workers that entries on the SOC 293 require review and/or action. Most Alert messages may require some corrective action; however some may be informational only. The following facts relate to Alert Messages:

- 1. All Alert Messages are assigned a three-character numeric Alert Code value from 001-299
- 2. Alert Codes print in Field R, Alert Messages on the SOC 293 Turnaround Document
- 3. Some Alert Codes display on RHSD See Section IV-A Recipient History Screen
- 4. Cases meeting the criteria for an Alert Code will appear on the monthly CMIPS Warning Alert Listing See Section XIV-D CMIPS Warning Alert Listing.

#### Multiple Eligible Cases

Alert Code	Alert Message	
001	Recipient {Recipient Case Number} in {Status} status in {County Name} County with Worker {Social Worker Name} at {SW Phone Number}.	

# **Time Limited**

Alert Code	Alert Message
003	Application pending over days
004	Provisional approval over days
005	Leave status since MM/DD/CCYY
006	Service (GG, UU, XX) time limited month(s)
008	All services are time-limited. Discontinue case.
Adjustr	nents

Alert Code	Alert Message	
011	Shared Living, AA-GG, services not adjusted. Begin {MM/DD/YY} End {MM/DD/YY}.	, .
012	Review UU, VV, WW, XX. Proration required?	

#### Able & Available Spouse

Alert Code	Alert Message
013	A & A spse. AA, BB, CC, DD, EE, FF, GG, UU, VV, XX not allowed
014	A & A spse. Confirm employment, other unavoidable absence status for auth of BB, SS, TT, WW

#### Parent

Alert Code	Alert Message
015	Parent – AA not allowed
021	Recipient 18 or over, review Spouse/Parent code (G1); Benefit Code (J3).
Aid Co	de
Alert	

Alert Code	Alert Message
023	Recipient becomes 18 during {Month}. Update Spouse/Parent (G1) and SOC Benefit Code (J3).

#### **Electronic Funds Transfer**

Ale Co		Alert Message	
041	The electronic	funds transfer (EFTS) is in Hold Status.	

#### Address Change

Alert Code	Alert Message
052	Address change only. Review fields G1 through G8, and AA through YY for changes
053	Guardian/conservator change. Review address
054	Recipient has an out-of-state address
Income	Claibille.

#### **Income Eligibility**

Alert Code		Alert Message		
060	Share of Cost Date is not current			

#### **Overpayment Adjustment**

Alert Code	Alert Message
072	Recovery amount, Field L3, generated from SOC 330. Issue manual NOA to recipient.

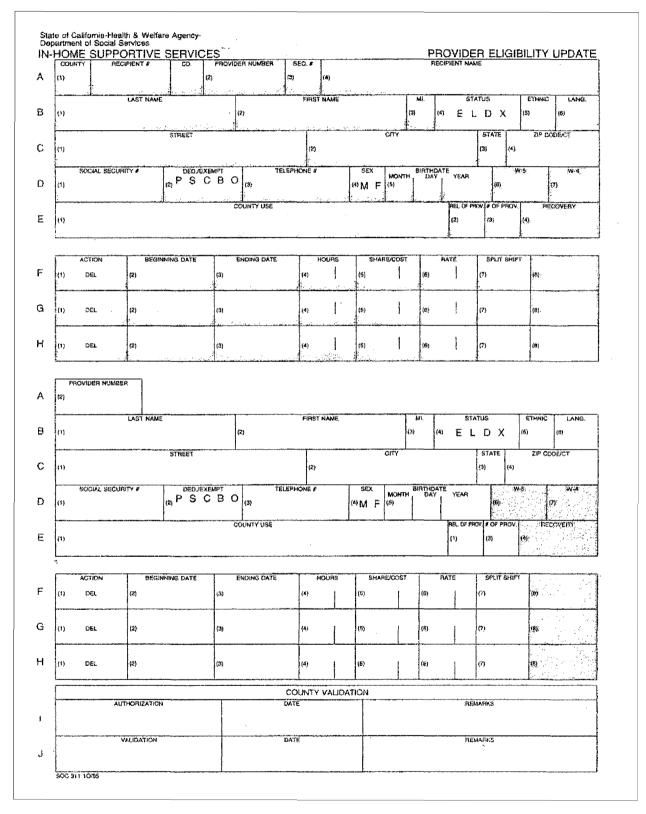
#### Functioning

Alert Code	Alert Message
108	Effective MM/DD/CCYY functioning ranks indicate Meal Preparation assessed as Paramedical Service (tube feeding)
119	Effective MM/DD/CCYY functioning rank indicates Feeding assessed as Paramedical Service (tube feeding)
122	Effective MM/DD/CCYY functioning rank indicates Respiration assessed Paramedical Service (suctioning)
200	Did you overlook the need for Domestic and Related Services?
203	Effective MM/DD/CCYY functioning rank indicates need for Domestic Services
204	Effective MM/DD/CCYY functioning rank indicates need for Laundry Services
205	Effective MM/DD/CCYY functioning rank indicates need for Shopping and/or Errands
207	Effective MM/DD/CCYY functioning rank indicates need for Meal Preparation and/or Cleanup
210	Effective MM/DD/CCYY functioning rank indicates Assistance with Ambulation
211	Effective MM/DD/CCYY functioning rank indicates need for Bathing, Oral, Hygicne and Grooming
214	Effective MM/DD/CCYY functioning rank indicates need for assistance with Dressing
215	Effective MM/DD/CCYY functioning rank indicates need for Bowel and Bladder Care
217	Effective MM/DD/CCYY functioning rank indicates need for assistance Moving In/Out of Bed or Other Transfers
218	Effective MM/DD/CCYY functioning rank indicates need for Feeding
221	Effective MM/DD/CCYY functioning rank indicates need for assistance with Respiration
224	Effective MM/DD/CCYY functioning rank indicates need for Protective Supervision

IHSS/CMIPS User's Manual

11: Provider Eligibility Update Form (SOC 311)

#### Provider Eligibility Update, SOC 311



### **Provider Eligibility Update Form (SOC 311)**

#### Field-by-Field Description

The SOC 311 form and Provider Eligibility (PELG) screen are used to add new or update existing records for In-Home Supportive Services (IHSS) providers. The PELG screen displays IHSS provider information previously keyed from an SOC 311. When a PELG is added or updated a system generated turnaround document (TAD) is produced. This document should be kept in the recipient case file.

#### Data Entry/Display Fields

On the SOC 311 TAD, the district office number (DO), service worker number (SW), and print date are displayed in the top margin, above the A line.

Fields A2 and B1 through H8 are repeated on the SOC 311 for data entry purposes only. The field duplication permits the processing of two separate transactions with separate TADs for either one provider, or individual transactions for two providers working for the same recipient.

The information found on the SOC 311 is listed below. Sometimes the data elements are found under a different name or in a different field on the PELG screen. Where there are differences, the name/location is specified in the field.

Fields A1 through A4 appear as numbered fields on only the SOC 311. The related PELG screen fields are unnumbered fields above Line B.

Field A1: Length: Description:	COUNTY/RECIPIENT #/CD – Required, Numeric 10 Format: X(10) County/Recipient Number/Check Digit – The first two digits designate the county, the next seven digits represent the recipient case number, and the 10 <sup>th</sup> digit is a system generated check digit. On the PELG screen, this number is entered on the NEXT line and displays on the THIS line.
Field A2: Length: Description:	<ul> <li>PROVIDER NUMBER – Required, Numeric</li> <li>6 Format: 999999</li> <li>The provider number is a six-digit number used by the county to identify the provider, usually the last six digits of the provider's social security number. On the PELG screen, this number is entered on the NEXT Line and displayed on the THIS Line after the recipient number.</li> </ul>
Field A3: Length: Description:	<ul> <li>SEQ # – System generated, Numeric</li> <li>Format: 999</li> <li>Sequence Number - A chronological number generated by the system indicating the most recent TAD. The PELG screen field name is SEQ#.</li> </ul>
Field: Length: Description:	<ul> <li>REPRINT – Optional, Alpha – <i>PELG Screen display only</i></li> <li>1 Format: X</li> <li>Reprint – Allows the reprint of the most recent SOC 311. The PELG screen</li> </ul>

	field name is REPRINT. Valid field entry: Blank – System default Y – Yes See Section VI-C-III - Special Instructions – Producing a Reprint of the most recent SOC 311.
Field A4: Length: Description:	<ul> <li>RECIPIENT NAME – System generated, Alphanumeric</li> <li>30 Format: X(30)</li> <li>Recipient Name – Identifies the IHSS recipient with whom the provider is associated. The PELG screen field name is RECIP.</li> </ul>
Field Untitled: Length: Description:	<ul> <li>SW# – System generated, Alphanumeric – <i>PELG Screen display only</i></li> <li>Format: XXXX</li> <li>Service Worker Number – The number of the service worker assigned to this case. The PELG screen field name is SW#.</li> </ul>
	on found in fields B1 through H8 appears on both the SOC 311 and the PELG necessarily in the same field order.
Field B1: Length: Description:	LAST NAME – Required, Alphanumeric 17 Format: X(17) Last Name – The provider's last name, or the single name for those of Samoan descent where culturally only a single name is used. The PELG screen field name is LAST NAME
Field B2: Length: Description:	<ul> <li>FIRST NAME – Required, Alpha</li> <li>12 Format: X(12)</li> <li>First Name – The provider's first name. When code M, Samoan, is entered in</li> <li>Field B (5), a first name is not required because culturally those of Samoan descent only have a single name. The PELG screen field name is FIRST.</li> </ul>
Field B3: Length: Description:	MI – Optional, Alpha 1 Format: X Middle Initial – The provider's middle initial. The PELG screen field name is MI.
Field B4: Length: Description:	<ul> <li>STATUS – Required, Alpha</li> <li>1 Format: X</li> <li>Status – On the SOC 311, circle the code which indicates the provider's eligibility to render services to a recipient. The PELG screen field name is STAT.</li> <li>E Eligible</li> <li>L Leave of absence</li> <li>P Pending – Provider Demographic Information only</li> <li>D Discontinued – No longer a valid code. To discontinue a case enter a "T" on the SOC 311 and key a "T" on the PELG.</li> </ul>

X Delete – When a provider is to be deleted from the system, circle the X on

the SOC 311. Key a D on the PELG screen, followed by the 16 digit case number and press **<Enter>**. The system will **not** allow a delete entry by the county or the State Contractor if any payment activity occurred in the previous 16 months prior to the delete entry. The State Contractor can delete a provider if he/she was enrolled 30 days or more prior to the delete entry, if there is no payment activity in the past 16 months.

Т Terminated – May be manually entered on the SOC 311 and the PELG screen to indicate the termination (discontinuance) of the provider's eligibility.

Field B5: Length: Description:	ETHNIC – Optional, Alphanumeric 1 Format: X Ethnic – The codes listed below identify the provide	er's national origin or
	ethnicity. The PELG screen field name is ETH.1White2Hispanic3Black4Other Agien or Pagific Islander	Japanese Korean Samoan
	<ul> <li>4 Other Asian or Pacific Islander N</li> <li>5 American Indian or Alaskan Native P</li> </ul>	Asian Indian Hawaiian
	7FilipinoRCChineseT	Guamanian Laotian
	H Cambodian V	Vietnamese
Field B6: Length: Description:	<ul> <li>LANG – Optional, Alphanumeric</li> <li>1 Format: X</li> <li>Language – The codes listed below identify the primprovider. The PELG screen field name is LANG.</li> <li>0 American Sign Language (AMISLAN or ASL)</li> <li>1 Spanish – NOA will be issued in Spanish</li> <li>2 Cantonese</li> </ul>	
	3 Japanese	I Lao
	4 Korean 5 Tagalog	J Turkish K Hebrew
	<ul><li>6 Other non-English</li><li>7 English</li></ul>	L French M Polish
	8 Unassigned code	N Russian
	<ul><li>9 Spanish – NOA will be issued in English</li><li>A Other Sign Language</li></ul>	Q Italian R Arabic
	B Mandarin	S Samoan
	C Other Chinese Languages	T Thai U Farsi
	D Cambodian E Armenian	U Farsi V Vietnamese

Address fields C1 through C4 are reviewed by a United States Postal Service (USPS) approved Coding Accuracy Support System (CASS) software. See *Section VI-C Special Instructions, Address Verification Screen,* for detailed explanation regarding the function of the screen.

Field C1: Length: Description:	<ul> <li>STREET – Required, Alphanumeric</li> <li>28 Format: X(28)</li> <li>Street – Provider's residence street address or P.O. Box used for mail delivery.</li> <li>Any mail to be delivered "in care of" must have the address preceded with the entry of c/o and a space for an accurate address verification. All other "in care-of" formats are read as part of the address and may result in erroneous address verification. The PELG screen field name is STR.</li> </ul>
Field C2: Length: Description:	CITY – Required, Alphanumeric 17 Format: X(10) City – Provider's city of residence. The PELG screen field name is CY.
Field C3: Length: Description:	<ul> <li>STATE – Required, Alpha</li> <li>2 Format: XX</li> <li>State – Provider's state of residence. The PELG screen field name is ST.</li> </ul>
Field C4: Length: Description:	<ul> <li>ZIP CODE/CT – Required, Numeric</li> <li>Format: 99999 9999</li> <li>Zip Code/Census Tract – The nine-digit ZIP+4 code associated with the providers mailing address. The PELG screen field name is Z.</li> </ul>
Field D1: Length: Description:	<ul> <li>SOCIAL SECURITY # – Required, Numeric</li> <li>9 Format: 999 99 9999</li> <li>Social Security Number – The number assigned by the federal Social Security Administration (SSA) to identify an individual's account number. The PELG screen field name is SSN. See Section VI-C – Special Instructions – Person List Screen.</li> </ul>
Field D2: Length: Description:	<ul> <li>DED/EXEMPT - Required, Alpha</li> <li>1 Format: X</li> <li>Deduction/Exempt - Indicates the provider's tax status, based on a familial relationship to the recipient, for Social Security and State Disability Insurance only. The PELG screen field name is DED.</li> <li>Note - The code "B", although it still appears on the SOC 311 form, is no longer a valid code. Do not mark B on the SOC 311. Valid Codes are:</li> <li>P Parent</li> <li>S Spouse</li> <li>C Recipient's child, regardless of his/her age</li> <li>O Other</li> </ul>
Field D3: Length: Description:	<ul> <li>TELEPHONE # – Optional, Numeric</li> <li>10 Format: 999 999 9999</li> <li>Telephone Number - The provider's area code and phone number. The PELG screen field name is PH#.</li> </ul>

Field D4: Length: Description:	<ul> <li>SEX – Optional, Alpha</li> <li>1 Format X</li> <li>Sex –The provider's gender. The PELG screen field name is SX.</li> <li>M Male</li> <li>F Female</li> </ul>
Field D5: Length: Description:	<ul> <li>BIRTHDATE – Required, Numeric</li> <li>8 Format: MMDDYYYY</li> <li>Birthdate – The provider's birth date. The PELG screen field name is DOB.</li> </ul>
-	<ul> <li>Birthdate – The provider's birth date. The PELG screen field name is DOB.</li> <li>W-5 – Optional, Alphanumeric – <i>State Contractor Access Only</i></li> <li>Format: X YY/YY</li> <li>W-5 – Earned Income Credit (EIC) Advance Payment Certificate.</li> <li>On the SOC 311, when a W-5 has been processed for a provider, the corresponding information prints on the SOC 311 in the following format, X YY/YY.</li> <li>First character (X) – Display the providers W5 Status</li> <li>Blank – System default – W-5 not submitted</li> <li>S – Single</li> <li>M – Married</li> <li>Next four characters (YY/YY) – The first year (YY) provider submitted a W5. The second year (YY) indicates the year that the current W-5 expires. If the provider has not submitted a W5 the SOC 311 will print with 00/00.</li> <li>On the PELG screen the field name is W5. When a W5 has been entered for a provider the PELG displays in four sections: X CCYY MMDDCCYY X First character (X) – Marital Status - Displays the provider's W5 marital status.</li> <li>Blank – System Default – W-5 not submitted</li> <li>S – Single</li> <li>M – Married</li> <li>Next four characters (CCYY) – Displays the first year the provider submitted a W5 (System Generated)</li> <li>Next eight characters (MMDDCCYY) – Displays the date on which the EIC expires (User Entered). Generally, the date is the end of the calendar year. Example: 12312008</li> </ul>
	<ul> <li>Last character (X) – Spouse Certification Flag - Displays an indicator to show whether the provider's spouse has a Form W5 on file with their employer.</li> <li>Blank – Provider's spouse does not have a form W5 in effect for the year with their employer (System Default)</li> </ul>
	<ul> <li>N – Provider's spouse does not have a form W5 in effect for the year with their employer.</li> <li>Y – Provider's spouse does have a Form W5 in effect for the year with their employer.</li> <li>See Section XIII-E, W-5 Earned Income Credit.</li> </ul>

See Section XIII-E, W-5 Earned Income Credit.

Field D7: Length: Description:	<ul> <li>W-4 – System Generated, Alphanumeric</li> <li>Format: X 99</li> <li>W-4 – The provider's federal withholding allowances from the Federal</li> <li>Withholding Allowance Certificate form (W4). When a provider submits a</li> <li>W-4 to the designations appear on Line H1 of the PELG screen. Only the</li> <li>Federal Withholding Allowance specified on the W-4 will be displayed in</li> <li>Field D7 on the SOC 311. The following are valid indications</li> <li>First Character – Marital Status</li> <li>Blank – Exempt – System Default</li> <li>E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.</li> <li>S – Single</li> <li>M – Married</li> <li>See Section XIII-C, Employee's Withholding Allowance Certificate.</li> </ul>		
Field E1: Length: Description:	COUNTY USE – Optional, Alphanumeric 40 County Use – Used by county for case notations. The PELG screen field name is CNY USE.		
Field E2: Length: Description:	<ul> <li>REL. OF PROV – Optional, Numeric</li> <li>Relationship Of Provider - This code identifies to the recipient. The PELG screen field name is</li> <li>01 Spouse</li> <li>02 Parent of minor child</li> <li>03 Parent of adult child</li> <li>04 Minor child</li> <li>05 Adult Child</li> <li>06 Other relative</li> <li>07 Friend</li> </ul>		
Field E3: Length: Description:	<ul> <li># OF PROV – Optional, Numeric</li> <li>1 Format: 9</li> <li>Number Of Providers – The only code/entry allor provider as the only "E" Eligible status provider Provider records indicated with a "1" are referre entered, the system updates the provider's eligible from the recipient's SOC 293. The PELG screen <i>Section VI-C Special Instructions</i>, for detailed explipitor entries.</li> </ul>	for th d to a ility u n field	he recipient case. s 1:1 providers. When sing the assessment data name is #PROV. See

Field E4: Length: Description:	<ul> <li>RECOVERY – System Generated, Numeric</li> <li>Format: \$9,999.99</li> <li>Recovery – The existing balance to be recovered from the provider for prior overpayments. The PELG screen field name is RCVY and is located on the H1 line Field 7 on the far right. See Section XII-C-III – Add an Arrears Pay Provider for Recovery of an Overpayment.</li> </ul>		
Field Untitled: Length: Description:	<ul> <li>WC – Optional, Alphanumeric – <i>PELG Screen only</i></li> <li>Format: X</li> <li>Worker Compensation Physician Indicator – This indicator allows counties to indicate the provider's intention to use their Personal Physician rather than a Worker's Compensation Physician if an injury should occur on the job. Valid values are:</li> <li>Blank – System Default – Worker Compensation Physician</li> <li>P – Provider's Personal Physician – Indicates provider has completed and returned to the county SCIF Form 15036 or the county's approved version of the form indicating his/her decision to use their personal physician.</li> <li>W – Indicates the provider has decided to change from their personal physician to a Workers' Comp Physician.</li> </ul>		
Fields F1 through F7, on both the SOC 311 form and the PELG screen, are monthly payment segments which are used when building or updating a provider's payment eligibility period. The same descriptions are repeated for fields 1 through 7 on lines F, G and H.			
Field F1, G1 and H1: Length: Description:	ACTION – Optional, Alpha 1 Format: X Action – Circle the DEL on the SOC 311 to indicate an eligibility segment to be deleted. The PELG screen field name is ACTION. To delete the eligibility segment, enter a " <b>D</b> " in the Action field of the corresponding eligibility segment and press <b><enter< b="">&gt;.</enter<></b>		
Field F2, G2 and H2: Length: Description:	<ul> <li>BEGINNING DATE – Required, Numeric</li> <li>8 Format: MMDDYYYY</li> <li>Beginning Date - The Month/Day/Year on which a provider will begin</li> <li>receiving payment according to the eligibility segment entered. The PELG</li> </ul>		

receiving payment according to the eligibility segment entered. The PELG screen field name is BEG DATE.

Field F3, G3 and H3: Length: Description:	<ul> <li>ENDING DATE – Required, Numeric</li> <li>Format: MMDDYYYY</li> <li>Ending Date – The Month/Day/Year after which a provider will no longer be eligible for payment for the corresponding recipient case. If no eligibility end date is entered, the provider continues to be eligible and the ENDING DATE of the most current eligibility segment, Field F3, must be blank (zeroes are not accepted). An ending date is only required when:</li> <li>The provider is to be placed in "L" (leave) or "T" (terminated) status</li> <li>A rate change occurs</li> <li>Hours are changed for a pay period</li> <li>The PELG screen field name is END DATE.</li> </ul>
Field F4, G4 and H4: Length: Description:	<ul> <li>HOURS – Required, Numeric</li> <li>Format: 999.99</li> <li>Hours – The portion of the county authorized monthly hours for the recipient that the provider may work. If the provider is a 1:1 provider, the system will automatically assign the hours from the recipient case. The PELG screen field name is HOURS.</li> </ul>
Field F5, G5 and H5:	SHARE/COST – Optional, Numeric
Length:	6 Format: \$9,999.99
Description:	Share of Cost – The monthly amount of money the county determines the recipient must pay directly to the provider as their share-of-cost for services. Amount displayed on PELG is data from associated recipient case. The PELG screen field name is SHR/COST.
Field F6, G6 and H6: Length: Description:	<ul> <li>RATE – Optional, Numeric</li> <li>Format: \$99.99</li> <li>Rate – The hourly wage rate paid to the provider. When no entry is made on a new segment, the field defaults to the county's lowest hourly rate for the time period entered. The PELG screen field name is RATE.</li> </ul>
Field F7, G7 and H7: Length: Description:	SPLIT SHIFT – SOC 311 Only – <i>For Future Use</i>
	Split Shift - This title only appears on the SOC 311 form. There is no corollary PELG screen field.

Fields F8, G8, and H8 are untitled fields on the SOC 311.

Field F8:	SDI IND/SDI BEG DATE – Optional, Alpha – <i>PELG Screen Only</i>
Length:	1/8 Format: X MMDDCCYY
Description:	<ul> <li>State Disability Insurance Beginning Date – The recipient must complete and submit to the county a SOC 409 – IHSS/CMIPS ELECTIVE STATE DISABILITY INSURANCE (SDI) FORM to enroll the provider in elective SDI. Valid field entries are:</li> <li>Y – Begin Elective SDI withholding.</li> </ul>
	• 1 – Begin Elective SDI withholding. When a "Y" has been entered, the date of entry will display in the SDI BEG
	DATE field in MMDDCCYY format.
	No SDI information prints on the SOC 311 TAD.
	See Section XIII-G – State Disability Insurance for complete information
	regarding Elective State Disability Insurance.
Field G8: Length:	<ul> <li>SDI END DATE – Optional, Alpha – <i>PELG Screen Only</i></li> <li>8 Format: MMDDCCYY</li> </ul>
Description:	State Disability Insurance Ending Date – The date elective SDI contributions will stop. If the provider is a minor child, the SDI END DATE will display as the date of their 18 <sup>th</sup> birthday in MMDDYYYY format. No SDI information prints on the SOC 311 TAD.

#### Federal and State Tax indications

When added to CMIPS all provider records default to "EXEMPT" for Federal Income Tax (FIT) and State Income Tax (SIT) withholding, therefore the PELG fields default to blank. When a W-4 and/or DE-4 has been processed for a provider the results display as indicated.

*Lines H1, H2, H3 and H4 displays on PELG only*. When indicated this information prints to the SOC 311 in the designated area. *These fields are accessible by State Contractor only*. All other users have inquiry access only.

Line H1: Field 1 & 2 Length:	FIT W4 – Optional, Alphanumeric – <i>PELG Screen Only</i> 1/2 Format: X 99
Description:	<ul> <li>Federal Income Tax W-4 – The Federal withholding allowances claimed by the provider. The following may display:</li> <li>First Character – Marital Status claimed by provider</li> <li>Blank – Exempt – System Default</li> </ul>
	<ul> <li>E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.</li> <li>S – Single</li> </ul>
	<ul> <li>M – Married</li> <li>Last two characters – The number of allowances claimed by the provider.</li> <li>Valid entry is 00 to 99. See <i>Section XIII-D – Employee's Withholding Allowance</i></li> <li><i>Certificate</i> for W-4 and DE-4 processing information.</li> <li>Information from field prints in field D7 on the SOC 311.</li> </ul>
Line H1: Field 3 Length:	FIT WHOLD – Optional, Numeric – <b>PELG Screen Only</b> 5 Format: 999.99 Federal Income Tey Withhelding – The additional emount of tey dollars the
Description:	Federal Income Tax Withholding – The additional amount of tax dollars the provider has indicated to withhold over that withheld based upon indications in FIT W4.
Line H1: Field 4 & 5	SIT W4 – Optional, Alphanumeric – PELG Screen Only
Length: Description:	1/2 Format: X 99 State Income Tax W4 or DE-4 – The State withholding allowances claimed by the provider. If the provider submits a W4, but no DE-4, the allowances indicated on the W4 will be applied to State withholding. If a DE-4 is submitted with a different status or withholding allowances than the W4, then the FIT and SIT withholding fields may be different. The following information may display:
	<ul> <li>First Character – Marital Status claimed by provider</li> <li>Blank – Exempt – System Default</li> </ul>
	• E – Exempt – Indicates a provider has submitted a W-4 claiming "Exempt" status after having had taxes withheld under another status.
	<ul> <li>S – Single</li> <li>M – Married</li> </ul>

Last two characters – The number of allowances claimed by the provider. Valid entry is 00 to 99.

Line H1: Field 6: Length: Description:	<ul> <li>SIT WHOLD – Optional, Numeric – <i>PELG Screen Only</i></li> <li>Format: XXX.XX</li> <li>State Income Tax Withholding W-4 or DE-4 – The State withholding claimed by the provider. If the provider submits a W4, but no DE-4, the withholding indicated on the W4 will be applied to the State. If a DE-4 is submitted, Federal and State withholdings fields may be different.</li> </ul>
Line H1: Field 7: Length: Description:	<ul> <li>RCVY – System Generated, Numeric – <i>PELG Screen Only</i></li> <li>Format: \$X,XXX.XX</li> <li>Recovery – The amount being recovered from the provider for prior overpayments. This field displays the remaining outstanding balance due of all SOC 330 processed. This information prints in Field E4 on the SOC 311.</li> </ul>
Line H1: Field 8: Length: Description:	<ul> <li>FIT W4 ENTRY DATE – System generated, Numeric – <i>PELG Screen Only</i></li> <li>8 Format: MMDDYYYY</li> <li>Indicates the date the W-4 information was entered.</li> </ul>
Line H1: Field 9: Length: Description:	<ul> <li>SIT W4 ENTRY DATE – System generated, Numeric – <i>PELG Screen Only</i></li> <li>8 Format: MMDDYYYY</li> <li>Indicates the date the DE-4 information was entered.</li> </ul>
Line H2: Field 1: Length: Description:	<ul> <li>TIMESHEET – Optional, Alpha – <i>PELG Screen Only</i></li> <li>1</li> <li>Timesheet – Request the pre-printed timesheet for the provider. This information prints below the H Fields in the TIMESHEET field on the SOC 311 TAD. Valid values are:</li> <li>Blank</li> <li>N – No – System Default</li> <li>Y – Yes</li> <li>Up to four timesheets may be requested. The requested pay period and three pay periods in the future. <i>See Section VII-B – Initial and Replacement Timesheet instructions.</i></li> </ul>
Line H2: Field 2: Length: Description:	<ul> <li>START DT – Optional, Numeric – <i>PELG Screen Only</i></li> <li>MMDDYYYY</li> <li>Start Date – The first date of the pay period for the timesheet being requested.</li> <li>This date will appear on the timesheet.</li> </ul>

Line H2: Field 3: Length: Description:	<ul> <li>STOP DT – Optional, Numeric – <i>PELG Screen Only</i></li> <li>8 MMDDYYYY</li> <li>Stop Date – The last date of the pay period for the timesheet being requested. This date will appear on the timesheet.</li> </ul>
Line H2: Field 4: Length: Description:	RECIP AIDE # – Optional, Alphanumeric – <i>Future Use</i> 4 Recipient Aide Number – <i>Currently not used</i>
Line H2: Field 5: Length: Description:	<ul> <li>PCSP ELIG – Required, Alpha – <i>PELG Screen Only</i></li> <li>1 Format: X</li> <li>Personal Care Services Program (PCSP) Eligibility – Indicates if the provider is enrolled as Personal Care Services Program provider. Valid entry values are:</li> <li>N – No – System Default – Provider is not PCSP eligible</li> <li>Y – Yes – Provider is PCSP eligible</li> <li>This information prints below the H Fields in the PCP ELG field on the SOC 311. The PELG screen field name is PCSP.</li> </ul>
Line H3: Field 1: Length: Description:	<ul> <li>UPDATE ALL PELG – Optional, Alpha – <i>PELG Screen Only</i></li> <li>Format: X</li> <li>Update All PELG – Allows the automatic update of all PELG associated with current provider, regardless of status, within the initiating county. Action updates the address and/or phone number on all SOC 311 forms and PELG screens with the same social security number. Valid field entry is:</li> <li>N – No – Do not update other PELG screens</li> <li>Y – Yes – System Default</li> <li>This information prints below the H Fields in the UPDATE ALL PELG field on the SOC 311 TAD.</li> </ul>
Line H3: Field 2: Length: Description:	<ul> <li>SSNV – System Generated, Alphanumeric – <i>PELG Screen Only</i></li> <li>Format: X</li> <li>Social Security Number Verification – This field, on the far right side, displays one of the following indications reflecting the status of the Provider SSN as confirmed by the Social Security Administration (SSA).</li> <li>Blank Social Security Number has not yet been sent for verification.</li> <li>Once verified this field will be reset to blank if changes are keyed to PELG fields NAME (B1-B3), SSN (D1), SX (D3), or DOB (D4)</li> <li>Provider records with verification indications other than S or V will be written to the SSN VERIFICATION REPORT. See Section XIV-Y – SSN VERIFICATION REPORT for information regarding processing.</li> </ul>

	<ul> <li>Submitted for verification, no response yet received</li> <li>Verified – SSA confirms Name, SSN, DOB and Gender</li> <li>Person indicate by SSA to be deceased</li> <li>SSN submitted is not on file with the SSA</li> <li>Name and DOB match; Gender code does not match SSA records</li> <li>Name and Gender code match; DOB does not match SSA records</li> <li>Name match; Gender code and DOB do not match SSA records</li> <li>DOB and Gender code match; Name does not match SSA records</li> <li>Contact SSA</li> </ul>
Line H4: Field 1: Length: Description:	<ul> <li>EFT – System Generated, Alpha – <i>PELG Screen Only</i></li> <li>1 Format: X</li> <li>Electronic Funds Transfer indicator for Direct Deposit:</li> <li>• N – No Active Direct Deposit</li> <li>• Y – Active Direct Deposit</li> </ul>
Line H4: Field 2: Length: Description:	<ul> <li>PO EXEMPT – Override Required if using PO Box in Address– <i>PELG Screen Only</i></li> <li>1 Format: X</li> <li>This field allows counties to continue using PO Box in the Provider Address field when the Provider meets the exception criteria provided by the CDSS Policy Group.</li> <li>X – Override PO Box edit.</li> </ul>
Fields I and J a these fields.	ppear at the bottom of the SOC 311 form only. The PELG screen does not display
Field I: Description:	AUTHORIZATION/DATE/REMARKS – Optional – <b>SOC 311 Only</b> Authorization/Date/Remarks – Enter the county authorization signature, the date of the signature and any remarks pertinent to the case provider in the designated fields.
Field J: Description:	VALIDATION/DATE/REMARKS – Optional – <i>SOC 311 Only</i> Validation/Date/Remarks – Enter the county validation signature, the date of the signature and any remarks which pertinent to the case provider in the designated fields.



Department of SOCIAL SERVICES



### How to Become an IHSS Provider

An In-Home Supportive Services (IHSS) provider is someone who provides services to a person(s) who receives in-home supportive services in the IHSS Program. The following is information about the new IHSS Provider Enrollment and Orientation Process, please be sure to read all the information below very carefully. The process includes important information that must be completed by all IHSS providers, both new and current.

#### **IHSS Provider Enrollment and Orientation Process**

# STEP 1. Complete and sign the IHSS Program Provider Enrollment Form (SOC 426), and return it IN PERSON to the location designated by the county IHSS Office or IHSS Public Authority.

- IHSS Program Provider Enrollment Form (SOC 426) (pdf)
  - **Translation:** Spanish (pdf)
- **Please Note:** When you turn this form into the county IHSS office or IHSS Public Authority, **you must also bring** the following: 1. Unexpired government-issued photo ID, and 2. Original Social Security Card.

## STEP 2. Be fingerprinted and go through a criminal background check by the California Department of Justice.

- The background check will show whether you have been convicted of any crimes that make you ineligible to be an IHSS provider.
- Under State law (Welfare and Institutions Code Section 12305.81), if you have been convicted of OR incarcerated following a conviction for one of the following crimes WITHIN THE PAST 10 YEARS, you are NOT eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services:
  - Fraud against a government health care or supportive services program;
  - Abuse of a child under circumstances or conditions likely to produce great bodily harm or death (a violation of subdivision (a) of Section 273a of the Penal Code); or
  - Abuse of an elder or dependent adult (a violation of Section 368 of the Penal Code).
- The county IHSS Office or IHSS Public Authority will give you instructions on how to get fingerprinted when you turn in the completed and signed SOC 426. Do not try to be fingerprinted until you have received instructions from the county.
- You can get fingerprinted at some local law enforcement agencies (Police or Sheriff Department) or at businesses that offer digitally scanned fingerprinting (Live Scan) services. The county IHSS Office or IHSS Public Authority can give you a list of nearby locations.

• State law requires that you pay the costs for fingerprinting and the criminal background check. Fees vary depending on where you choose to get fingerprinted; however, the cost is about \$70.

#### STEP 3. Complete an IHSS Provider Orientation.

- **New IHSS Providers:** A new provider is anyone who was not enrolled as a provider before November 1, 2009. New providers must attend an in-person orientation given by the county.
- **Current IHSS Providers:** A current provider is any provider who was enrolled as a provider any time between January 1, 2009 and October 31, 2009. Current providers have the option of receiving the orientation materials to review rather than attending an inperson orientation.
- The county IHSS Office or IHSS Public Authority will tell you when and where you can attend an orientation session or get orientation materials.
- The orientation will present important information about the IHSS Program and the rules and requirements for being a provider.

### STEP 4. Sign an IHSS Program Provider Enrollment Agreement (SOC 846), and return it to the county IHSS Office or IHSS Public Authority.

- IHSS Program Provider Enrollment Agreement (SOC 846)
  - **Translations:** Armenian (pdf), Chinese (pdf), and Spanish (pdf)
- By signing the SOC 846, you are saying that you understand and agree to the rules and requirements of being a provider in the IHSS Program.

Once you have completed these steps and you have been approved by the county IHSS Office or IHSS Public Authority to be an IHSS provider, as long as you are an active provider and your criminal background check remains clear, you will continue to be eligible to provide services for any IHSS recipient.

If you have any questions about the provider enrollment requirements, contact your county IHSS Office or IHSS Public Authority.

http://www.cdss.ca.gov/agedblinddisabled/PG2083.htm (8-2012)

#### READ THE INFORMATION BELOW CAREFULLY <u>BEFORE</u> YOU BEGIN TO COMPLETE THIS FORM

Under state law, if you have been convicted of, or incarcerated following a conviction, for certain exclusionary crimes within the past 10 years, you are not eligible to be enrolled as a provider or to receive payment from the IHSS program for providing supportive services except as specified below. There are two categories of exclusionary crimes.

- Tier 1 crimes, as set forth in Welfare and Institutions Code (W&IC) section 12305.81, are:
  - 1. Specified abuse of a child (Penal Code [PC] section 273a[a]\*),
  - 2. Abuse of an elder or dependent adult (PC section 368\*), and
  - 3. Fraud against a government health care or supportive services program.
- Tier 2 crimes , as set forth in W&IC section 12305.87, are:
  - 1. A violent or serious felony, as specified in PC section 667.5(c)\*, and PC section 1192.7(c)\*,
  - 2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c)\*, and
  - 3. A felony offense for fraud against a public social services program, as defined in W&IC sections 10980(c)(2)\* and (g)(2)\*.

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

\*See attached form SOC 426C for the text of these PC and W&IC sections.

- As part of the IHSS provider enrollment process, you must submit fingerprints and undergo a criminal background check conducted by the California Department of Justice.
- If your responses on this form or the results of the criminal background check show that you have been convicted of, or incarcerated following a conviction for, either a Tier 1 or Tier 2 crime within the last 10 years, you will not be eligible to be enrolled as an IHSS provider or to receive payment from the IHSS program for providing supportive services.
- For Tier 2 crimes, if you have obtained a certificate of rehabilitation or an expungement (dismissal pursuant to PC section 1203.4), the conviction will not disqualify you from working as an IHSS provider.
- If your conviction is for a Tier 2 crime, you may qualify for an individual waiver or a general exception under certain circumstances which are described below.
- There are no waivers or exceptions allowed for Tier 1 crimes.

PAGE 1 OF 4

#### CONTINUE READING THE INFORMATION BELOW CAREFULLY <u>BEFORE</u> YOU BEGIN TO COMPLETE THIS FORM

#### Individual Waiver of an Exclusion for Conviction for a Tier 2 Crime

If you are found ineligible based on a conviction for a Tier 2 exclusionary crime but an IHSS recipient (or his/her authorized representative) wishes to hire you as his/her provider in spite of your criminal background, you may obtain a waiver as follows.

- The IHSS recipient who wishes to hire you (or his/her authorized representative) will be informed of your conviction and will be directed to keep the information confidential.
- The recipient who wishes to hire you as his/her provider (or his/her authorized representative) must submit an IHSS Recipient Request for Provider Waiver (SOC 862) to the County IHSS Office or IHSS Public Authority.
- The waiver will allow you to be enrolled to provide services only for the recipient who requested the waiver.
- If you, as the provider, are also the recipients' authorized representative, you are NOT allowed to sign the waiver on behalf of the recipient to waive crimes for which you have been convicted. In this case, the waiver must either be signed directly by the recipient or, if that is not possible, another individual must be declared an authorized representative for purposes of signing this waiver.
- For more information about requesting a waiver, the IHSS recipient who wishes to hire you as his/her provider should contact the County IHSS Office or IHSS Public Authority.

#### General Exception of an Exclusion for Conviction for a Tier 2 Crime

If you are found ineligible based on a conviction for a Tier 2 exclusionary crime and you want to be listed on a provider registry or want to provide services for a recipient who has not requested an individual waiver –

- You may apply for a general exception of the exclusion by completing the IHSS Applicant Provider Request for General Exception (SOC 863).
- You will be required to provide backup documentation, (e.g., employment history, personal references, etc.), to support your request for a general exception.
- For more information about requesting a general exception, contact the County IHSS Office or IHSS Public Authority.

Completion of this form satisfies ONE of the IHSS provider enrollment requirements.

 You must complete ALL of the provider enrollment requirements BEFORE you can be enrolled as an IHSS provider or get paid from the IHSS program for providing authorized services for an eligible IHSS recipient.

#### GO ON TO THE NEXT PAGE -

#### **INSTRUCTIONS:**

- Use black or blue ink to fill out. Print information clearly.
- Fill out, sign and return this form in person to the office or location designated by the county. Bring original federal or state government-issued identification and your original Social Security card when returning this form.
- Complete all items in PART A, answer the questions in PART B, and read and sign the declaration in PART C.
- The county will: 1) Review the form to make sure it is complete; 2) Make photocopies of your
- identification and Social Security card; and 3) Provide you with a copy of the completed form for your records.
- You must let the county know if anything you report on this form changes within ten (10) calendar days of the change.

1. Full Name (First Name, Middle Initial, Last Name):	2. Date of Birth:	3. Gender:		
	If you are under 18 years of age, you must submit a valid Work Permit with this form.			
4. Home Address (Must be physical address, not a Post Office box):	City:	State:	ZIP:	
5. Mailing Address (if different from home address):	City:	State:	ZIP:	
6. Telephone Number (with Area Code):	7. Social Security Number*:			
8. a. Driver's License # or Government Issued ID #:	b. Expiration Date:			
	c. Issuing State:			
9. a. Primary Spoken Language:	<b>b.</b> Primary Written Language:			

#### NOTES:

\* The collection of the Social Security Number is required pursuant to W&IC 12305.81(a), and the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), for the purposes of verifying the individual's identity and authorization to work in the United States.

#### PART B: PROVIDER DISCLOSURE

#### ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

#### 1. WITHIN THE PAST 10 YEARS, HAVE YOU BEEN -

- a. Convicted of or incarcerated following a conviction for a Tier 1\* crime?.....

#### **PROVIDER'S NAME:**

#### PART C: PROVIDER DECLARATION

#### I UNDERSTAND AND AGREE THAT -

- I cannot receive IHSS program funds as payment for authorized services I provide to any eligible recipient of IHSS until I have completed the entire provider enrollment process and I have been officially enrolled as a provider by the county.
- As a part of the provider enrollment process, I must provide fingerprints and undergo a criminal background check. I am responsible for paying the costs of fingerprinting and the background check.
- If it is found, either through my responses on this form, the results of the criminal background check, or some other means, that within the past 10 years, I have been convicted of or incarcerated following a conviction for a Tier 1 exclusionary crime, I will not be eligible to be an IHSS provider, and the recipient who wished to hire me will be informed that I am ineligible to be a provider because of a disqualifying criminal conviction which will not be specified.
- If it is found, either through my responses on this form, the results of the criminal background check, or some other means, that within the past 10 years, I have been convicted of or incarcerated following a conviction for a Tier 2 exclusionary crime, and I have not received a certificate of rehabilitation or had the conviction expunged –
  - I will not be eligible to be an IHSS provider, unless an IHSS recipient who wishes to hire me to provide his/her services, requests an individual waiver, or I apply for and I am granted a general exception; and
  - The IHSS recipient who wishes to hire me as his/her provider will be informed of my conviction and the types of crimes for which I was convicted, and he/she will be directed to keep the information confidential.

#### IF I AM ENROLLED BY THE COUNTY AS AN IHSS PROVIDER, I UNDERSTAND AND AGREE THAT -

- If the person I provide services for receives IHSS through the Medi-Cal program, I will be considered to be a Medi-Cal provider of personal care services. Therefore, I will be required to comply with all Medi-Cal program rules relating to the provision of services.
- Payment for the authorized services I provide to an IHSS recipient will be from federal, state and/or county IHSS funds. Any false statement I provide, including false entries on the timesheet or withholding of information, may be prosecuted under federal and/or state laws.
- I will reimburse the IHSS program for any overpayments paid to me and any overpayment, individually or collectively, may be deducted from a future paycheck for services I provide to any recipient of IHSS.
- I will provide all services without discrimination based on race, religion, color, national or ethnic origin, gender, age, sexual orientation, or physical or mental disability.

## I declare, UNDER PENALTY OF PERJURY, that all of the information I have provided on this form is true and correct to the best of my knowledge, and that I agree to all of the statements listed above.

Signature:	Date:		
Printed Name:	v		
FOR COUNTY USE ONLY			
County Representative's Signature (Optional):	DATE:		and the second se
SOC 426 (4/12)		The second	PAGE 4 OF 4



#### STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER GOVERNOR

October 28, 2009

ALL-COUNTY LETTER NO.: 09-54

REASON FOR THIS TRANSMITTAL

[X] State Law Change

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

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

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER ORIENTATION

REFERENCE: ASSEMBLY BILL X4 NO. 19

This All-County Letter (ACL) provides information regarding the new requirement for all providers to complete In-Home Supportive Services (IHSS) Provider Orientation, which resulted from passage of Assembly Bill (AB) X4 19 (Chapter 17, Statutes of 2009). ABX4 19 added Section 12301.24 to the Welfare and Institutions Code (WIC).

#### BACKGROUND

This legislation requires that effective November 1, 2009; all prospective providers must complete a Provider Orientation at the time of enrollment. All current IHSS providers shall receive the same Provider Orientation information before June 30, 2010. It further directs the California Department of Social Services (CDSS) to develop the Provider Orientation in consultation with the counties and include, but not be limited to, the following:

- The requirements to be an IHSS provider;
- A description of the IHSS program;
- The rules, regulations, and provider-related processes and procedures, including timesheets.
- The consequences of committing fraud in the IHSS program; and
- The Medi-Cal toll-free telephone fraud hotline and internet web site for reporting suspected fraud or abuse in the provision or receipt of supportive services.

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#### ORIENTATION CURRICULUM

The orientation curriculum was developed by CDSS in consultation with California State University Sacramento (CSUS). Two meetings were held to obtain stakeholder input during early development. Representatives included:

- County representatives, through the California Welfare Directors Association (CWDA),
- Public Authority representatives, through the California Association of Public Authorities (CAPA),
- Representatives from Service Employees International Union (SEIU),
- Representatives from the United Domestic Workers (UDW),
- Representatives from the IHSS Coalition, and
- Public representatives.

In addition, CDSS solicited input from Select counties on their existing provider training programs and received materials that were used in the development of the Provider Orientation, such as a fraud prevention video developed by the County of Fresno.

CSUS will serve as the clearinghouse for all Provider Orientation materials and distribute copies at no cost to the counties. In the Initial release, which occurred on October 19, 2009, CSUS distributed the following Materials:

- A master copy of the Provider Orientation Training on CD-Rom and instructions for viewing (Estimated viewing time: 40 minutes).
- Handouts (100 copies) that included:
  - 1. Services Covered by IHSS, including a time conversion chart for completing the timesheet
  - 2. Mandated Reporter
  - 3. Medi-Cal Fraud and Abuse
  - 4. Tips for Avoiding Fraud

Translated copies of an Orientation Guide consisting of the information covered in the CD-Rom have been developed and will be distributed to the counties within the week. The Orientation Guide was designed for distribution to existing providers who do not attend the on-site Provider Orientation training and do not have access to a computer.

CSUS is currently completing the translation of the Orientation materials in Armenian, Chinese and Spanish. These materials will also be distributed to the counties within the week. All County Letter No.: 09-54 Page Three

New providers must attend the Orientation Training on-site at the county or Public Authority and receive the handouts. Current providers may attend the on-site training or receive a copy of the CD-Rom for viewing at home or if they cannot view the CD at home, a copy of the Provider Guide when available. Current providers also must receive the required handouts.

#### RELATED ACLS

An ACL addressing the criminal background investigations and the list of criminal offenses that would bar an individual's enrollment as a provider was released for stakeholder comment on October 23, 2009. Once the final ACL is released, the list of criminal offenses will be added to the Provider Orientation hand outs and distributed by CSUS.

ACL 95-02, New In-Home Supportive Services Provider Enrollment Requirements and Revised Provider Enrollment Form (SOC 426), was released on October 1, 2009. The ACL and the Provider Enrollment form are available on the CDSS website. The Provider Agreement form (SOC 846) will be released on October 26, 2009, for stakeholder review and, once finalized, will be posted on the CDSS web site.

#### **COUNTY RESPONSIBILITIES**

- Beginning November 1, 2009, counties are required to ensure that all prospective providers attend a Provider Orientation before they are enrolled and become a paid provider.
- Prior to June 30, 2010, counties must ensure that all current IHSS providers either attend an on-site orientation or receive the Provider Orientation materials.
- Counties are required to use the materials developed by CDSS, but may supplement the Orientation with county-specific information and/or directions.
- Following receipt of the Provider Orientation materials, counties must obtain a signed agreement from each provider stating that they understand and agree to the rules and requirements to be a provider under the IHSS program. This form will be available on-line.
- The county shall indefinitely retain the signed agreement in provider's file.
- Counties must inform providers that their refusal to sign the agreement shall result in their ineligibility as an IHSS provider.

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Counties must document that all providers have received the Orientation. If counties elect to have the Public Authority (PA) conduct the Provider Orientations, they must ensure the PA uses the required materials and provide the same documentation. Each county shall provide needed bilingual/interpretive services and translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and by State regulation (MPP Division 21, Civil Rights Nondiscrimination, section 115).

#### PROVIDER RE-ENROLLMENT

Provided there are no changes in the information that was reported, once an individual has been enrolled as a provider, it remains valid for a period of one year beyond the time that the individual stops providing services, provided that the county/PA has continued to receive the subsequent notices from the Department of Justice (DOJ).

If an enrolled provider stops providing services for a period longer than one year or DOJ was directed to discontinue sending subsequent notices during the one year break in service, the person will be required to complete the Provider Orientation and enrollment forms and go through the standard county review process before he/she can be begin providing services again.

#### **FISCAL INFORMATION**

A County Fiscal Letter (CFL) outlining the allocation of the funds relating to the expenses for this mandatory Provider Orientation training will be forthcoming.

If you have any questions regarding the Provider Orientation, please contact Michele Loftin, Manager, Program Integrity and Training Unit, at (916) 229-4005.

Sincerely,

**Original Document Signed By:** 

EVA L. LOPEZ Deputy Director Adult Programs Division