CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

October 13, 2016

ALL COUNTY LETTER (ACL) NO. 16-89

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

SUBJECT: MODIFICATIONS TO THE CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM TO MANAGE IN-HOME SUPPORTIVE SERVICES AND WAIVER PERSONAL CARE SERVICES OVERTIME AND TRAVEL TIME VIOLATIONS AND FORMS, FORMS FOR BLIND AND VISUALLY IMPAIRED RECIPIENTS, ADVANCE PAY RECONCILIATION, AND AUTHORIZED HOURS EXCEEDED LETTERS

REFERENCES: SENATE BILL 855 (CHAPTER 29, STATUTES OF 2014) AND SENATE BILL 873 (CHAPTER 685, STATUTES OF 2014); ACL NO. 16-44 (MAY 10, 2016), ACL NO. 16-46 (MAY 16, 2016)

This All County Letter (ACL) provides counties with information and changes to the Case Management, Information and Payrolling System (CMIPS) functionality due to implementation of Senate Bill (SB) 855 and SB 873 in the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs. This ACL will discuss new forms and functionality in CMIPS relating to:

- Advance Pay timesheet reconciliation
- Blind and Visually Impaired (BVI) Format for select overtime and travel time forms
- Modification to the Task List in the County Overtime Work Queue
- WPCS Violation and Dispute Forms in CMIPS
- IHSS Violation and Dispute Forms in CMIPS
- Authorized Hours Exceeded Letters

The date of implementation for these changes to be in effect in the system is September 23, 2016.

BACKGROUND

Systems functionality for CMIPS has been modified to continue implementation of SB 855 and SB 873. Violation and Dispute forms that were previously available only through a manual process using data sheets will now be generated automatically out of CMIPS. Counties must continue to mail providers and recipients the proper forms. Certain overtime and travel time related forms have also been made available in BVI format for those recipients who request it. The Advance Pay timesheet reconciliation process has also been modified to reflect the arrears timesheet process.

Advance Pay Functionality

Modifications to the Advance Pay timesheet process will be implemented in CMIPS. In order for overtime compensation to be paid to Advance Pay cases, Advance Pay timesheets will be automatically issued on a semi-monthly basis, on the first and the tenth of the month unless previously issued by a county user. Travel Claim forms will be issued and mailed separately from the Advance Pay timesheets if the provider is eligible for travel time pay.

The IHSS Arrears timesheet (SOC 2261) will be used for the Advance Pay timesheet. Travel Time and Overtime payments for Advance Pay will function on a semi-monthly basis. Overtime pay will not be paid until after the timesheet for the prior pay period has been reconciled. Overtime hours worked and claimed on the Advance Pay timesheet will be paid directly to the provider as a supplemental paycheck.

When assigning a provider to an Advance Pay case, the user has the option to print up to two months of initial Advance Pay Timesheets, either from the CMIPS Printer or through the nightly batch process to print at the Centralized Print Center. If the provider is eligible for travel time pay, Travel Claim forms will print from the Centralized Print Center and be sent to the Provider. Regular Semi-Monthly Advance Pay or Supplemental-IHSS Advance Pay timesheets can be manually issued for up to three months.

Six months after the semi-monthly Advance Pay Reconciling Timesheets are implemented, the Timesheet Processing Facility (TPF) will stop accepting previously issued Monthly Advance Pay Reconciling Timesheets. The implementation date for this release is September 23, 2016. The counties must reissue new semi-monthly timesheets to replace any Monthly Advance Pay Reconciling Timesheets the provider may still have to submit after this six month time period.

In addition to modifying the Advance Pay timesheet reconciliation process to a semi-monthly schedule, the Advance Pay Earning statement (SOC 2260) will be printed on a separate sheet of paper at the county printers for the county to mail to providers (see Figure 1). The batch job to print the Earning Statement will be added to the Recipient Case County Print Queue.

Just as the current functionality exists today for the standard arrears process, the Advance Pay Earnings Statement will not be able to be reprinted, however, the information on the Earnings Statement can be looked up by the counties in CMIPS. Payment Details can be viewed on the *View Payment Detail* screen accessed via the 'View' link on the *Payment Search* screen.

Additionally, Advance Pay reconciliation information for a specific month can be found in the 'Reconciliation of Advance Payments' report accessible via Business Objects. Information for Arrears and Advance Pay providers can also be accessed via the 'Provider Year to Date Payment History' report in Business Objects.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY   CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

County of XXX

1234 Street Name

City, State Zip+4

Provider Name

1234 Provider Mailing Street Name

City, State Zip+4

Your submitted timesheet has been processed and the details are provided below. The Current Advance Pay deduction value is the amount that is due from the recipient. If you have any questions please contact your local County IISS office.

Advance Pay – Earnings Statement					
Recipient	<LAST, FIRST MI>			ID#	<1234567>
Provider	<LAST, FIRST MI>			ID#	<123456789>
Total Advance Pay Monthly Hours		<HHH:MM>	Pay Rate	$	<999.99>
Timesheet #	<1234567890>	<CO DO>	Process Date		<MM/DD/YYYY>
Service Period	<MM/DD/YYYY> to	<MM/DD/YYYY>			
Timesheet Hours Submitted		<HHH:MM>	Hours Paid		<HHH:MM>
Hours Not Paid		<HHH:MM>			

Remittance Advice Detail			Current	YTD
Pay		Total Gross	<$9,999.99>	<$999,999.99>
	Deductions	FICA	<$9,999.99>	<$999,999.99>
		Medicare	<$9,999.99>	<$999,999.99>
		SDI/DIEC	<$9,999.99>	<$999,999.99>
	Provider Payment	Advance Pay	<$9,999.99>	<$999,999.99>
		Net Pay	<$9,999.99>	<$999,999.99>

SOC 2260 (2/16)

Figure 1. Advance Pay Earnings Statement

Screen Changes To Support Advance Pay Functionality

Modifications will be made in CMIPS to certain screens and error messages as a result of the change to the Advance Pay timesheet process. On the *Timesheet Issuance* screen, the 'Print in Nightly Batch' option has been removed for Printing Advance Pay timesheets. No other change has been made to the screen.

The *Timesheet Manual Entry-Time Entries* screen will include the ability to enter semi-monthly Advance Pay timesheet time entries. No other change has been made to the screen.

The *Timesheet Manual Entry-Time Entries Advance Pay* screen will be removed as this functionality will be incorporated in the *Timesheet Manual Entry-Time Entries* screen.

Error Messages To Support Advance Pay Functionality

Modifications will be made to all semi-monthly timesheet error messages to include Advance Pay timesheets. An error and an informational message have been modified due to the removal of the Printing in Nightly Batch option for Advance Pay timesheets.

Screen Name or User Action	Condition	Message
Timesheet Issuance	When a user issues an IHSS Advance Pay or Supplemental-IHSS Advance Pay and the user selects Print/Mail from a Centralize Print Center and the Service Period From and Service Period To range exceeds three months.	Display the error message
Timesheet Issuance	When a user issues an IHSS Advance Pay or Supplemental-IHSS Advance Pay and the user selects Print/Mail from a Centralize Print Center and the Service Period From and Service Period To range is at least one pay period but does not exceed three months.	Count timesheets eligible to print and display the informational message "Timesheet Request for Period [MM/DD/YYYY] to [MM/DD/YYYY] has generated <dynamic – # of timesheets sent for print> timesheets to <dynamic – selected print option>."

Three new error/informational messages will be added to CMIPS.

Screen Name or User Action	Condition	Message
Timesheet Manual Entry – Timesheet Number	When a user tries to issue a timesheet number associated with a Monthly Advance Pay or Monthly Advance Pay Supplemental timesheet, the system will not allow the action and display an error message.	Display the error message "Monthly Advance Pay timesheets are invalid. Please issue a semi-monthly CMIPS II timesheet on the Timesheet Issuance screen."
Timesheet Issuance	When a user issues an Advance Pay or Supplemental Advance Pay timesheet for a period of 1 to 3 months, the action is allowed and an informational message is displayed.	Count timesheets eligible to print and display the informational message "Timesheet Request for Period [MM/DD/YYYY] to [MM/DD/YYYY] has generated <dynamic – # of timesheets sent for print> timesheets to <dynamic – selected print option>."
Timesheet Issuance – Replacement/Reissue Monthly Advance Payment Timesheet as Semi-Monthly Advance Pay Timesheets	When a user requests a replacement or reissuance of a Monthly Advance Pay timesheet but only requests 1 Advance Pay Semi-Monthly timesheet for the whole month, the action is not allowed and an error message will display.	Display the error message "Timesheet request must cover the entire service month for Monthly Advance Pay timesheet replacement."

BVI Format for Select Overtime and Travel Time Forms

Modifications will be made in CMIPS that will allow certain overtime and travel time forms to be produced in BVI format. The following forms will be available in 18-Point Font, Data and Audio CD and Braille in English:

- SOC 2271A – Recipient Notice Of Action Lite
- SOC 2257A – IHSS Program Notice to Recipient of Provider's First/Second Overtime Violation
- SOC 2258A – IHSS Program Notice to Recipient of Providers Third Overtime Violation
- SOC 2259A – IHSS Program Notice to Recipient of Providers Fourth Violation and Termination
- SOC 2264 – IHSS Program Notice to Recipient Rescinding Provider Violation

In the BVI series of screens (*Blind or Visually Impaired*, *Create Blind or Visually Impaired Forms*, *Modify Blind or Visually Impaired Forms*, *View Blind or Visually Impaired*), all non Notice Of Action (NOA) forms, including the above, are referred to as 'IHSS Required Forms'. As BVI format of these forms will be implemented in English only at this time, error messages will be implemented and modified regarding language selection for these forms. When a form is generated in Braille, a standard version of that form will also print out of CMIPS and must be mailed to the recipient by the county.
7

Screen Changes to Support BVI Format for Select Overtime and Travel Time Forms

As a result of implementing BVI format for select overtime and travel time forms, certain screens will be modified in CMIPS as a result of these changes.

Forms
On the *Forms* screen, the column heading 'BVI NOA Option' will be modified to 'BVI Format'. This column displays the BVI format in which the IHSS form was produced (Audio CD, Data CD or Braille).
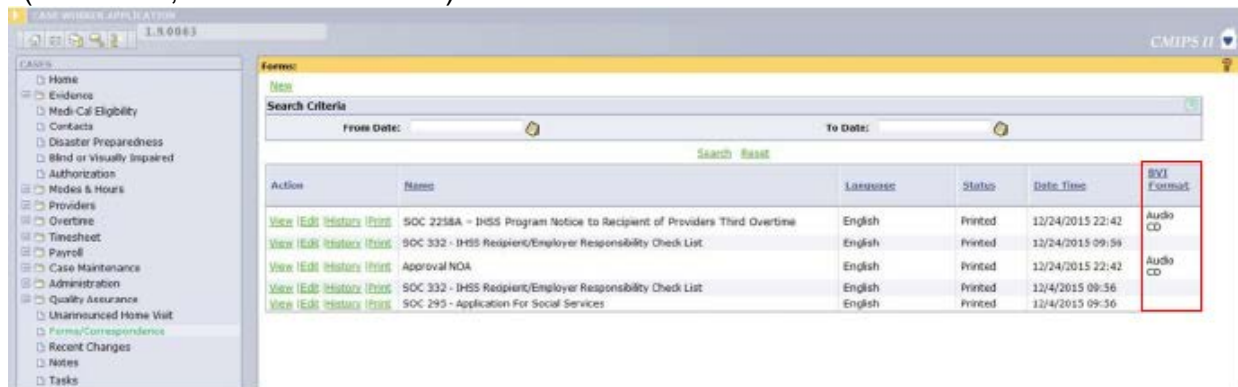

Figure 2. *Forms* screen.

View Form

The 'BVI NOA' cluster name on the *View Form* screen will be changed to 'BVI Format'. The 'BVI Format' cluster will only display for those forms that are in Audio CD, Data CD or Braille format. It will not display for those forms that are in Large Font format.
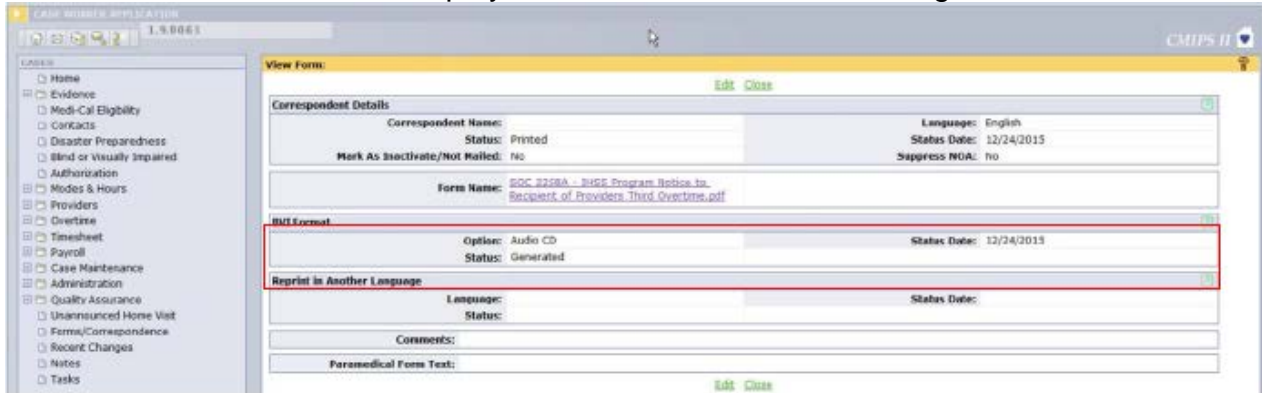

Figure 3. *View Form* screen.

Modify and Inactivate Form

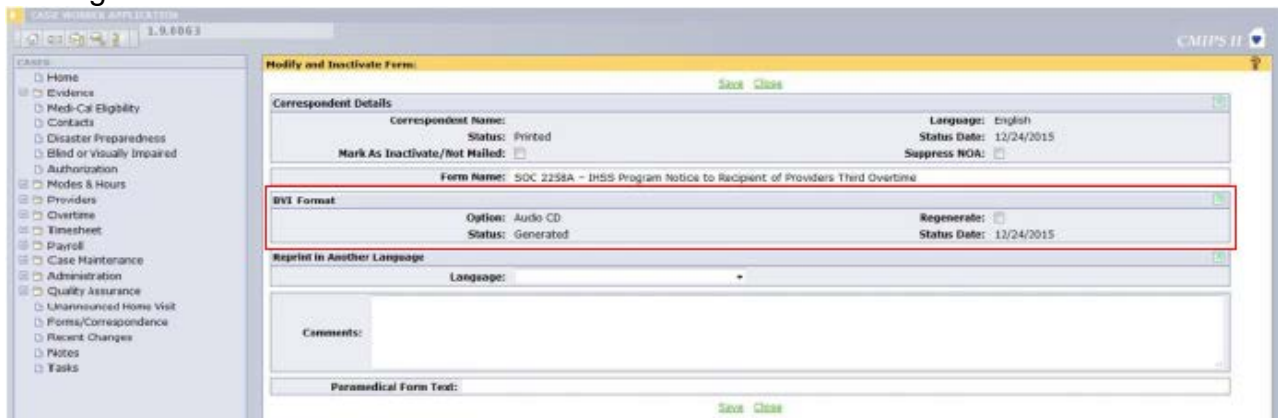The 'BVI NOA' cluster name on the *Modify and Inactivate Form* screen has been changed to 'BVI Format'.

Figure 4. *Modify and Inactivate Form* screen.

Forms History

The 'BVI NOA' field on the *Forms History* screen has been changed to 'BVI Format'.
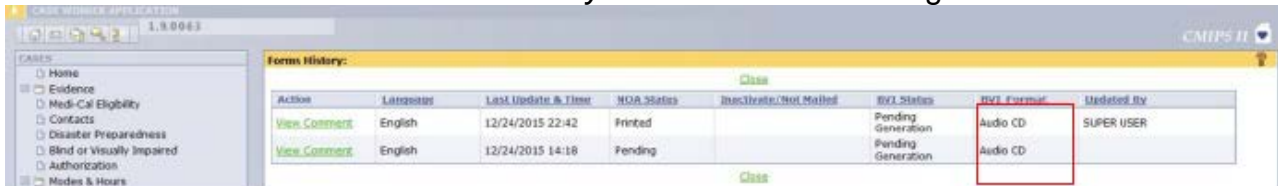

Figure 5. *Forms History* screen.

Blind or Visually Impaired

Two new fields have been added to the *Blind or Visually Impaired* screen: 'Notice of Action Option Language' and 'IHSS Required Forms Option Language'. These two fields display the language of the NOA or IHSS Required forms.

Figure 6. *Blind or Visually Impaired* screen.

Create Blind or Visually Impaired

The previously implemented 'IHSS Required Forms Option' field is now functional on this screen. Previously, this field was non-functional though the user was able to view the field.

Figure 7. *Create Blind or Visually Impaired* screen.

Modify Blind or Visually Impaired

The previously implemented 'IHSS Required Forms Option' field is now functional on this screen. The user will be able to select the following options from the drop down menu:

- No Accommodation Needed
- Large Font Documents
- Braille Documents
- Audio CD
- Data CD
- County Support

Previously, this field was non-functional though the user was able to view the field.

Figure 8. *Modify Blind or Visually Impaired* screen.

View Blind or Visually Impaired

Two new fields have been added to the *View Blind or Visually Impaired* screen: 'Notice of Action Option Language' and 'IHSS Required Forms Option Language'. These two fields display the language of the NOA or IHSS Required forms. The previously implemented 'IHSS Required Forms Option' field is now functional on this screen. Previously, this field was non-functional though the user was able to view the field.
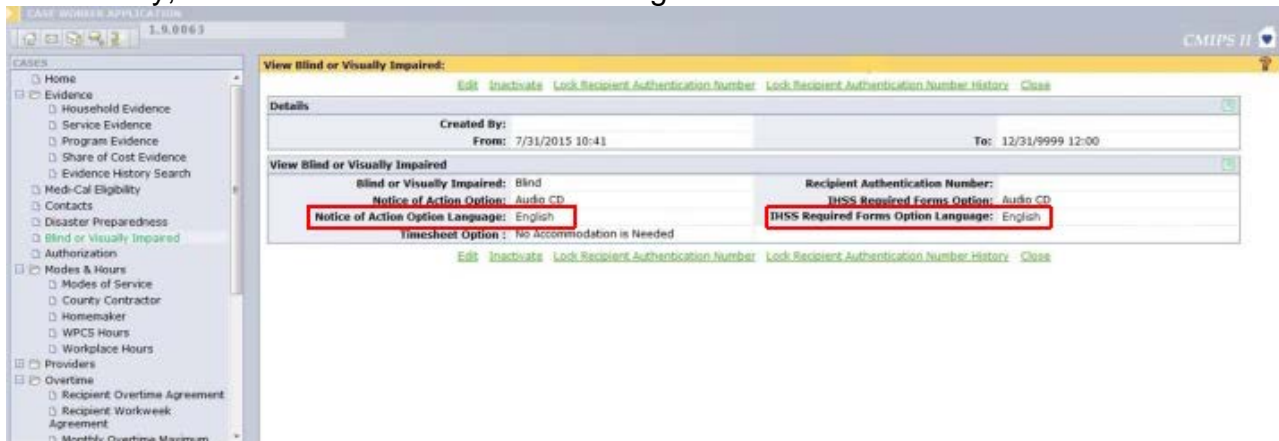

Figure 9. *View Blind or Visually Impaired* screen.

Blind or Visually Impaired History

Two new fields have been added to the *Blind or Visually Impaired History* screen. 'Notice of Action Option Language' and 'IHSS Required Forms Option Language' has been added to the screen. These two fields display the language of the NOA or IHSS Required forms. The previously implemented 'IHSS Required Forms Option' field is now functional on this screen. Previously, this field was non-functional though the user was able to view the field.
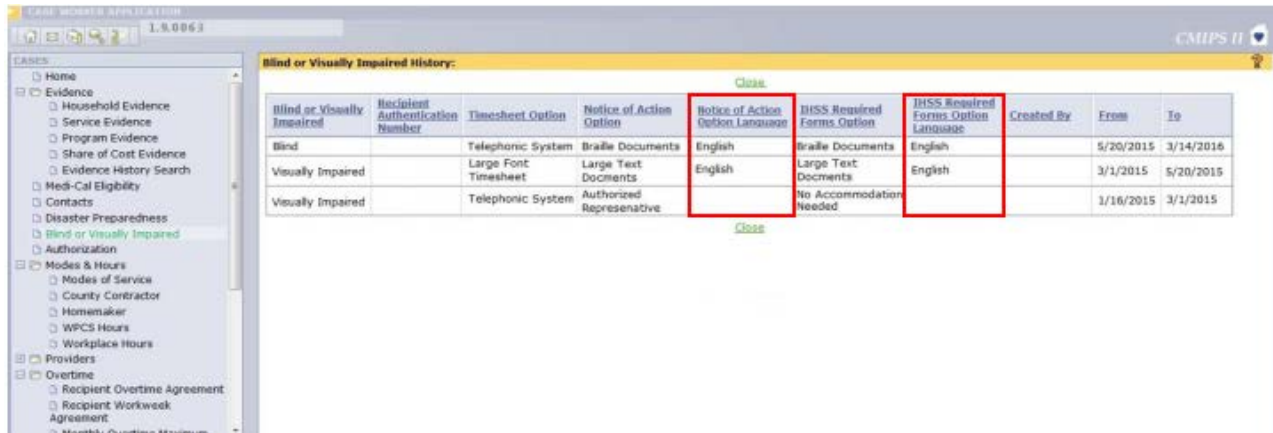
Figure 10. *Blind or Visually Impaired History* screen.

Error Messages to Support BVI Format for Select Overtime and
Travel Time Forms

Fifteen new error/informational messages will be implemented.

Screen Name or User Action	Condition	Error Message
Edit Person Home	When a user saves the Person Home screen for the recipient and the written language is Armenian with an IHSS Required Forms Option of Audio CD, the action is not allowed and an error message displays.	Display the message: "IHSS Required Forms Option currently indicates Audio CD which is not available in Armenian. Please update the IHSS Required Forms Option to other than Audio CD prior to updating the Recipient's written language to
Edit Person Home	When a user saves the Person Home screen for the recipient and the written language is Cantonese with an IHSS Required Forms Option of Audio CD, the action is not allowed and an error message displays.	Display the message: "IHSS Required Forms Option currently indicates Audio CD which is not available in Cantonese. Please update the IHSS Required Forms Option to other than Audio CD prior to updating the Recipient's written language to

Screen Name or User Action	Condition	Error Message
Edit Person Home	When a user saves the Person Home screen for the recipient and the written language is Mandarin with an IHSS Required Forms Option of Audio CD, the action is not allowed and an error message displays.	Display the message: "IHSS Required Forms Option currently indicates Audio CD which is not available in Mandarin. Please update the IHSS Required Forms Option to other than Audio CD prior to updating the Recipient's written language to Mandarin."
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Audio CD and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The audio version of the Recipient's IHSS Required Forms will be generated in English only."
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Audio CD and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	Display the message: "The audio version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Audio CD and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The audio version of the Recipient's IHSS Required Forms will be generated in English only."

Screen Name or User Action	Condition	Error Message
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Audio CD and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	Display the message: "The audio version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Data CD and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The Data CD version of the Recipient's IHSS Required Forms will be generated in English only."
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Data CD and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	Display the message: "The Data CD version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Data CD and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The Data CD version of the Recipient's IHSS Required Forms will be generated in English only."
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Data CD and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	Display the message: "The Data CD version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."

Screen Name or User Action	Condition	Error Message
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Large Font and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The Large Font version of the Recipient's IHSS Required Forms will be generated in English only."
Create Blind or Visually Impaired	When a user saves the Create Blind or Visually Impaired screen and the IHSS Required Forms Option is Large Font and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	Display the message: "The Large Font version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Large Font and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin or Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The Large Font version of the Recipient's IHSS Required Forms will be generated in English only."
Modify Blind or Visually Impaired	When a user saves the Modify Blind or Visually Impaired screen and the IHSS Required Forms Option is Large Font and the Recipient's written language is Spanish, Cantonese, Mandarin or Armenian, the action is not allowed and an error message displays.	"The Large Font version of the Recipient's IHSS Required Forms is not available in the indicated Recipient's Written Language."

Nine Error Messages will be modified to guide selection of Notice of Action Option and BVI IHSS Required Forms Option.

Screen Name or User Action	Condition	Error Message
Modify and Inactivate Form	When a user Saves the Modify and Inactivate Form screen and the Regenerate check box on the BVI Format cluster is selected the Status on the BVI Format cluster is Pending Generation, the action is not allowed and an error message displays.	Display the message: "Regenerate Action not allowed when BVI document is in Pending Generation Status."
Create Blind or Visually Impaired	When a user Saves the Create Blind or Visually Impaired screen and the Notice of Action Option of Audio CD has been selected and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin and Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The audio version of the Recipient's NOAs will be generated in English only."
Modify Blind or Visually Impaired	When a user Saves the Modify Blind or Visually Impaired screen and the Notice of Action Option of Audio CD has been selected and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin and Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The audio version of the Recipient's NOAs will be generated in English only."
Create Blind or Visually Impaired	When a user Saves the Create Blind or Visually Impaired screen and the Notice of Action Option of Data CD has been selected and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin and Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The textual version of the Recipient's Notice of Action will be generated in English only."

Screen Name or User Action	Condition	Error Message
Modify Blind or Visually Impaired	When a user Saves the Modify Blind or Visually Impaired screen and the Notice of Action Option of Data CD has been selected and the Recipient's written language is other than English, Spanish, Cantonese, Mandarin and Armenian, the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "The textual version of the Recipient's Notice of Action will be generated in English only."
Create Blind or Visually Impaired	When a user Saves the Create Blind or Visually Impaired screen and the Notice of Action Option of Audio CD has been selected and the Recipient's written language is Spanish, Cantonese, Mandarin and Armenian, the action is not allowed and an error message displays.	Display the message: "The audio version of the Recipient's Notice of Action is not available in the Recipient's indicated Written Language."
Modify Blind or Visually Impaired	When a user Saves the Modify Blind or Visually Impaired screen and the Notice of Action Option of Audio CD has been selected and the Recipient's written language is Spanish, Cantonese, Mandarin and Armenian, the action is not allowed and an error message displays.	Display the message: "The audio version of the Recipient's Notice of Action is not available in the Recipient's indicated Written Language."
Create Blind or Visually Impaired	When a user Saves the Create Blind or Visually Impaired screen and the Blind or Visually Impaired Option of "Blind" is selected and the Notice of Action Option of "Braille Documents" has been selected, or the IHSS Required Forms Option of "Braille Documents" has been selected the Recipient's written language indication is other than "English", the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "Notice of Actions and IHSS Required Forms will be produced in U. S. English Braille only."

Screen Name or User Action	Condition	Error Message
Set Notice of Action Option – Modify Blind or Visually Impaired	When a user Saves the Modify Blind or Visually Impaired screen and the Blind or Visually Impaired Option of "Blind" is selected and the Notice of Action Option of "Braille Documents" has been selected, or the IHSS Required Forms Option of "Braille Documents" has been selected the Recipient's written language indication is other than "English", the action is allowed and an informational message displays.	Change the Save link to Continue and display the message: "Notice of Actions and IHSS Required Forms will be produced in U. S. English Braille only."

County Overtime Work Queue Modification

As of July 15, 2016 the County Overtime Work Queue has been updated to include a provider's first name, last name and provider number in the task (see Figure 11).
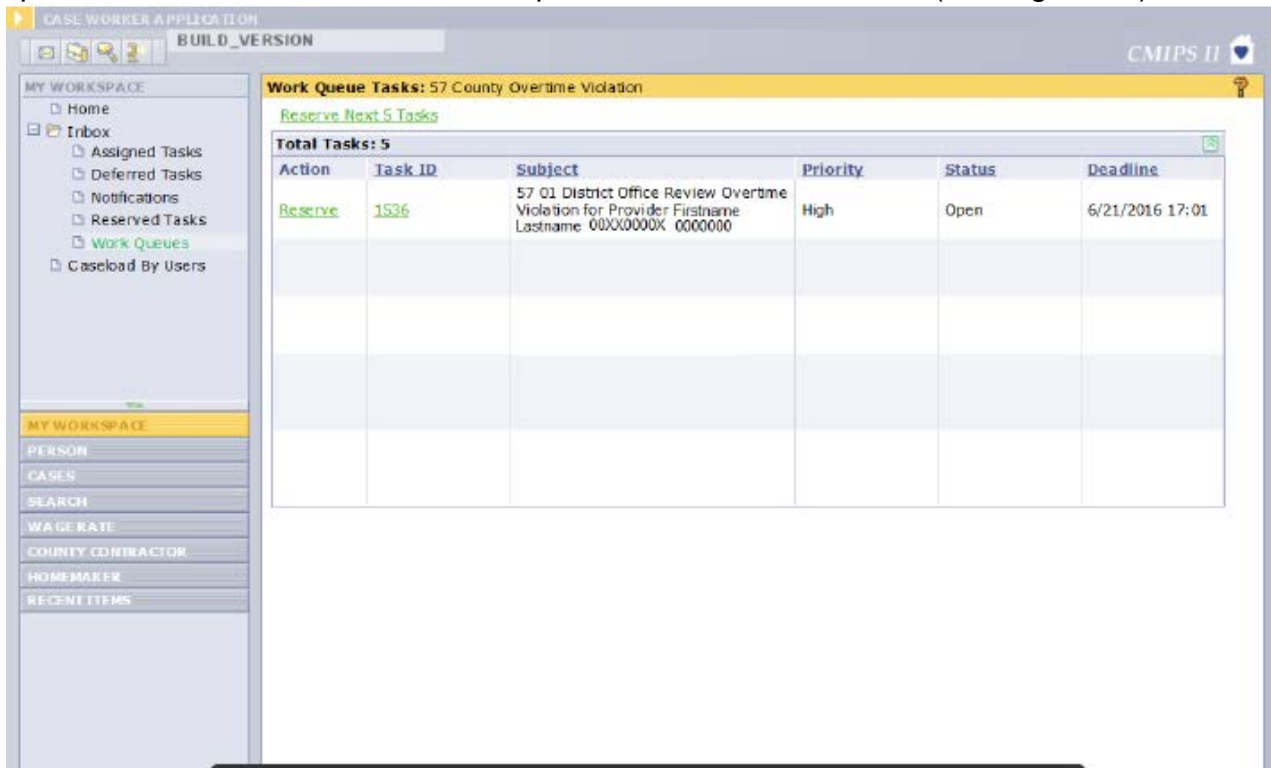

Figure 11. *Work Queue Tasks* screen.

Implementation of forms for IHSS and WPCS Violations in CMIPS

Changes were implemented in CMIPS on September 23, 2016 that enforced the overtime and travel time violations for WPCS providers. As a result, a change has been made to the provider maximum weekly hours for WPCS providers. When a provider works for only one recipient and works only WPCS hours or works for only one recipient and works both WPCS and IHSS hours, the maximum number of hours the provider may work in a workweek is the recipient's maximum weekly hours. A provider may not exceed the recipient's authorized monthly hours divided by 4. For example, if a recipient is authorized to receive 283 hours per month, the maximum number of hours his/her provider would be able to work each workweek is of 70:45. (283 divided by 4 = 70:45). In a one to one relationship, a provider will incur a violation if the provider works more hours in a workweek than the recipient's maximum weekly hours, which causes the provider to work more overtime hours in a month than he/she normally works. For those providers that work for multiple recipients regardless of the program they are working for, the maximum weekly hours are still 66 hours.

A number of forms that were introduced in ACL No. 16-46 and needed to be generated by a manual process will now be generated by CMIPS and printed by the counties in the September release. Please see Attachment A for a full list of forms that will now be system generated and the updated forms matrix from ACL No. 16-46. All forms that were previously datasheets printed by the system will now be fully system generated. Counties will still need to mail the applicable forms to providers and recipients after they are system generated.

Triggers for the IHSS forms in CMIPS have been previously explained in ACL No. 16-46. The forms and screens for Violations 3 and 4 were explained in ACL No. 16-46 and were implemented July 15, 2016. With violations for WPCS providers going into effect as well, forms will be triggered for those providers and recipients with WPCS hours (these are called 'combination' forms, as they cover those providers who work both WPCS and IHSS hours). If a county user takes an action that triggers these forms, these forms will print at the county and need to be mailed by the county. If a WPCS user takes an action that triggers these forms, these forms will print to the IHO printer and need to be mailed by IHO.

There is no difference between the combination forms and the previously introduced non-combination forms in content. The combination forms have the same reference numbers as the non-combination forms but have the moniker of 'DHCS' instead of 'SOC'. These 'combination' forms indicate in the upper right hand side via a checkbox marked 'IHSS' or 'WPCS/In-Home Operations (IHO)' if the violation is applicable to IHSS or WPCS and direct the provider to contact the county or IHO as applicable (see Figure 12 for an example).

Please Note: The forms implemented for September 23, 2016 will be updated in late October 2016. Updates include minor word changes and the inclusion of a recipient signature line for SOC 2272/DHCS 2272 and SOC 2273/DHCS 2273.

A communication will be released in the future alerting counties to the implementation of the updated forms. Though the forms themselves will be updated, the county process regarding the forms will not change.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CDSS/DHCS

IN-HOME SUPPORTIVE SERVICES (IHSS) AND WAIVER PERSONAL CARE SERVICES (WPCS) NOTICE TO PROVIDER OF RIGHT TO DISPUTE VIOLATION FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS

(ADDRESSEE)

IHSS ☐   WPCS/In-Home Operations (IHO) ☐

COUNTY OF: _____

Notice Date: _____

Recipient Name: _____

Recipient Case Number: _____

Office Address: _____

_____

Office Telephone Number: _____

To: IHSS/WPCS Provider

You received a violation because you exceeded your workweek and/or travel time limits. If you believe you should not have been issued a violation because the additional hours you worked met all three of the criteria listed below, please review and respond to the questions on the following pages.

If you provide services to only 1 recipient, you must answer questions 1 through 5. If you provide services to 2 or more recipients, you must answer questions 6 through 8.

You have 10 calendar days from the date indicated on the violation notice to submit this form to the county or IHO requesting an official county review of the circumstances surrounding the additional hours you worked with that led to the violation.

Criteria:

1. The additional hours were necessary to meet an unanticipated need.

2. The additional hours were related to an immediate need that could not be postponed until the arrival of a back-up provider.

3. The additional hours were related to a need that would have had a direct impact on the Recipient and were needed to ensure his/her health and/or safety.

Questions for Providers with Only One Recipient:

1. If you received a violation for exceeding your workweek limits, please state the reason(s) your recipient requested you to work more than your regular hours?

_____

_____

_____

_____

DHCS 2272 (4/16)

Page 1

Figure 12. DHCS 2272

The table below is a guide to what types of forms trigger for Providers and Recipients.

Provider	Recipient has both IHSS and WPCS Hours	Recipient has only IHSS Hours
Prov A – Works only IHSS – IHSS Violation	IHSS (SOC form)	IHSS (SOC form)
Prov B – Works IHSS/WPCS – IHSS Violation	Combination with IHSS marked (DHCS form)	IHSS (SOC form)
Prov B – Works IHSS/WPCS – WPCS Violation	Combination with WPCS marked (DHCS form)	Combination with WPCS marked (DHCS form)
Prov C – Works only WPCS – WPCS Violation	Combination with WPCS marked (DHCS form)	N/A

Provider A: When a provider works only IHSS hours and has an IHSS violation, both the provider and the recipient(s) the provider works for will receive the IHSS form.

Provider B-IHSS Violation: When a provider works both IHSS and WPCS hours and receives an IHSS violation, depending on the recipient(s) a Provider works for, a different type of form will be sent. If the provider works for a recipient with both IHSS and WPCS hours, a combination form will be sent with 'IHSS' checked in the upper right. If the provider works for a recipient with only IHSS hours, an IHSS only form will be sent.

Provider B-WPCS Violation: When a provider works both IHSS and WPCS hours and receives a WPCS violation, a combination form will be sent to any recipient(s) the provider works for, regardless of whether that recipient has WPCS hours, to inform the recipient(s) of the program under which the violation was incurred.

Provider C-WPCS Violation: When a provider only works WPCS hours, both the provider and the recipient(s) the provider works for will receive the combination form.

The table below provides guidance on where violation and dispute notices get printed. This information was originally presented in the August 2016 Release Notes and is being provided as a review.

County Review Process

Action Occurring on Violations	Printer Where Forms Print
Task is not reviewed or worked by County Staff during the 3 day review period.	CMIPS II Printer assigned to the Case Owner of the case associated with the violation.
Task is reviewed by County Staff and the decision is made to uphold the violation (no Supervisor review is required).	CMIPS II Printer assigned to the County Staff person who upheld the violation.
Task is reviewed by County staff and the decision is made to override the Violation, and the Supervisor approves.	No forms are printed since this is the County Review step.
Task is reviewed by County staff and the decision is made to override the Violation, and the Supervisor rejects the override (upholding the violation).	CMIPS II Printer assigned to the Supervisor who rejected the override (upheld the violation).
Task is reviewed by County staff and the decision is made to override the Violation, and the Supervisor doesn't take any action in required timeframe (violation is overridden).	No forms are printed since this is the County Review step.

County Dispute Process

Action Occurring on Violations	Printer Where Forms Print
Dispute is recorded in the system, but no county staff works the dispute before the 10 day window expires (violation is upheld).	CMIPS II Printer assigned to the Case Owner of the case associated with the violation.
County Staff reviews the dispute and decides to uphold the violation (no Supervisor review is required).	CMIPS II Printer assigned to the County Staff person who upheld the violation.
Dispute is reviewed by County staff and the decision is made to override the Violation, and the Supervisor approves.	CMIPS II Printer assigned to the Supervisor who approved the override (dismissed the violation).
Dispute is reviewed by County staff and the decision is made to override the Violation, and the Supervisor rejects the override (upholding the violation).	CMIPS II Printer assigned to the Supervisor who rejected the override (upheld the violation).
Dispute is reviewed by County staff and the decision is made to override the Violation, but no Supervisor takes action within the 10 day window (violation is dismissed).	CMIPS II Printer assigned to the Case Owner of the case associated with the violation.

Screens

These screens were implemented in another release but have been modified to display previously implemented fields differently based on user feedback to make data entry easier. Please reference ACL No. 16-46 for full explanation of the screens and fields.

View Overtime Violations

This screen has been modified with previously implemented fields and one new field of "Override Reason" displayed in different sections of the screen. In the County Dispute Cluster, the following fields will be displayed:

- County Dispute Filed Date
- Dispute Entered Date
- Unanticipated Need
- Immediate Need
- Health and Safety Issue
- Other

In the Dispute Outcome Cluster the following fields will be displayed:

- County Dispute Outcome
- County Dispute Outcome Date
- Override Reason
- Upheld-Need not immediate
- Upheld-Need not anticipated
- Upheld-No Health or Safety Issue
- County Dispute User Name
- County Dispute Outcome Entered Date

In addition, selecting a new link, the 'History' link will cause the '*County Dispute History*' screen to display.
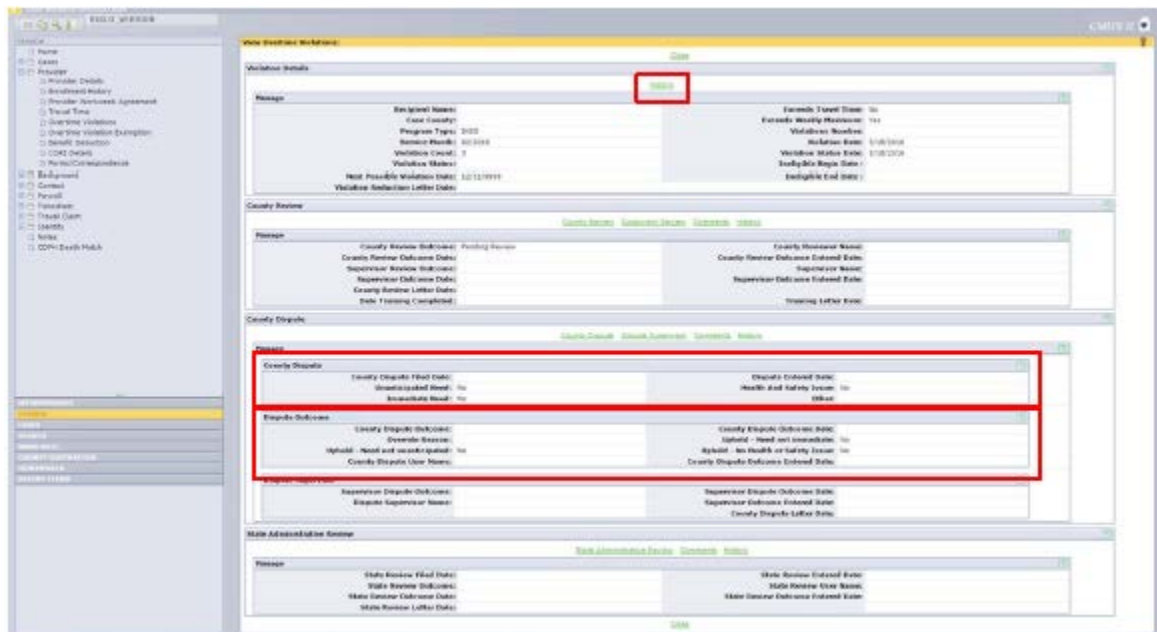
Figure 13. *View Overtime Violations* screen.

Modify County Dispute

The County Dispute cluster on the *Modify County Dispute* screen has been modified to display the following fields:

- County Dispute File Date
- Dispute Entered Date
- Unanticipated Need
- Health and Safety Issue
- Immediate Need
- Other
  For this field, the user may select from the drop down menu either 'Provider Error' or 'Administrative Error'

The County Dispute Outcome Cluster has been modified to display the following fields:

- County Dispute Outcome
- County Dispute Outcome Date
- Override Reason
  For this field, the user may select from the drop down menu either 'Provider Error' or 'Administrative Error'.
- Upheld-Need Not Immediate
- Upheld-Need Not Unanticipated
- Upheld-No Health or Safety Issue
- County Dispute User Name
- County Dispute Outcome Entered Date

Figure 14. *Modify County Dispute* screen.

Modify Dispute Supervisor

In addition to the modifications made on the County Dispute and County Dispute Outcome fields outlined above, the following change has been made to the Dispute Supervisor Cluster on the *Modify Dispute Supervisor* screen. The Dispute Supervisor Cluster has been modified to display the following fields:

- Supervisor Dispute Outcome
- Supervisor Outcome Date
- Dispute Supervisor Name
- Supervisor Outcome Entered Date
- County Dispute Letter Date

Figure 15. *Modify Dispute Supervisor* screen.

County Dispute History

The *County Dispute History* screen has been modified to display the fields on the County Dispute and Dispute Outcome clusters from the *View Overtime Violations* screen that were outlined above.

Figure 16. *County Dispute History* screen.

Error Messages

Screen Name or User Action	Condition	Error Message
Modify County Dispute	When a user saves the Modify County Dispute screen and the "Other" field is indicated as well as: • Unanticipated Need • Health and Safety Issue • Immediate Need The action is not allowed and an error message displays.	Display the error message, "In the County Dispute section of the screen user must select one or more of the checkboxes or select from the "Other" drop-down. Both actions are not allowed."
Modify County Dispute	When a user saves the Modify County Dispute screen and the Override Reason field is indicated *and* any Upheld value is indicated, the action is not allowed and an error message will display.	Display the error message, "County Dispute Outcome must be an Override Reason or one or more of the Upheld reasons. Both actions are not allowed."

Authorized Hours Exceeded Letters

Monthly Authorized Hours Exceeded letters have been created to notify both providers and their respective recipient(s) of incorrect timesheet submissions(s).

Note: These letters are for informational purposes only and are not a part of the workweek and travel time violation process.

These letters are sent when a provider claims hours that are in excess of the recipient's IHSS monthly authorized hours and/or when a provider claims more assigned hours than are indicated on the Recipient Request for Assignment of Authorized Hours to Providers (SOC 838) form.

These new letters are now being generated in CMIPS and will print at the county of the recipient that the provider works for. Counties will need to mail these letters to each recipient and provider when produced out of CMIPS. See Attachment B for examples of the Recipient and Provider Authorized Hours Exceeded Letters.

If you have questions or comments regarding this ACL, please contact the Adult Programs Division, CMIPS II Systems Operations Unit at (916) 551-1003 or via e-mail at: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachments

c: CWDA