



CDSS

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EDMUND G. BROWN JR.
GOVERNOR

September 1, 2014

ALL-COUNTY LETTER NO.: 14-40

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

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

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROVIDER WAGE REIMBURSEMENT FOR UNPAID EXCESS MEDI-CAL SHARE OF COST DEDUCTIONS

REFERENCE: ALL-COUNTY LETTER (ACL) No. 07-11, ACL No. 07-46

This All-County Letter (ACL) provides information to counties regarding the new process developed for reimbursing In-Home Supportive Services (IHSS) providers for incorrect Medi-Cal Share of Cost (SOC) pay warrant deductions when the recipient has not paid the deducted SOC to the IHSS provider.

Background

Currently, some recipients are required to pay a Medi-Cal SOC in order to receive Medi-Cal benefits, including IHSS. When a provider for those individuals submits a timesheet, the IHSS program Case Management, Information and Payrolling System (CMIPS II) interfaces with the Medi-Cal Eligibility Data System (MEDS) to determine if the IHSS recipient has an outstanding Medi-Cal SOC. If so, that amount is deducted from the provider's pay warrant(s) for that time period. CMIPS II then generates letters to the IHSS recipient and provider indicating the recipient is required to pay the amount deducted from the pay warrant for the Medi-Cal SOC to the provider.

If the Medi-Cal SOC listed in MEDS is incorrect when the timesheet is processed, this will cause an erroneous deduction from the provider's pay warrant. Currently, if the Medi-Cal SOC was incorrect and the amount deducted from the provider's pay warrant is greater than the correct SOC and if the recipient has paid the provider the greater amount, the recipient is eligible to file a claim for reimbursement using the Beneficiary Reimbursement Process (Conlan II). However, there is no process to directly reimburse the provider if the recipient has not paid the provider the higher, incorrect Medi-Cal SOC.

New Provider Reimbursement Process

To remedy this issue, the California Department of Social Services (CDSS) has developed a process to directly reimburse providers who have had an erroneous Medi-Cal SOC deduction withheld from their pay warrant if they were not paid by the recipient. The IHSS Provider Wage Reimbursement Claim Form (GEN 1384) was created to facilitate the reimbursement process.

This new process will be available for incorrect Medi-Cal SOC deductions occurring on or after July 1, 2014. When either a recipient or provider contacts the county regarding an incorrect SOC deduction from a provider pay warrant, the county shall:

1. Determine if the provider is due reimbursement for an incorrect Medi-Cal SOC deduction by reviewing both MEDS and CMIPS II to determine if the amount taken from the provider's pay warrant for the pay period in question is greater than the Medi-Cal SOC for the same period.
 - a. If the county determines the **correct** SOC was deducted, the county will notify the requestor that the SOC amount deducted from the IHSS provider's pay warrant for the period in question was correct. If the requestor disputes the county's determination, the recipient should be directed to contact their Medi-Cal eligibility worker.
 - b. If the amount taken from the pay warrant is **greater** than the Medi-Cal SOC **for the pay period in which an incorrect SOC was deducted**, the county will send page one (section A and B) of the GEN 1384 to the requestor. Upon receipt of the completed page one, the county will verify that it has been completed correctly and signed by both the recipient and provider. The county will then complete page two (section C) of the GEN 1384.

The county will notify the requestor that the claim has been forwarded to the California Department of Social Services (CDSS) for review. If the requestor has any questions regarding the status of their claim, they should be directed to contact CDSS at 1-877-508-1327.

Counties should send scanned copies of the completed GEN 1384 to CDSS within 10 business days of receipt to the following secure email address:

ProviderReimbursement@dss.ca.gov

Please note the claim form GEN 1384 will not be available on-line. The GEN 1384 should be provided to the provider or recipient only after the county has determined that there has been an incorrect SOC deducted. Counties may obtain a copy of the GEN

1384 by emailing a request to the secure email address listed above. Counties may copy the form for their use.

CDSS has responsibility for making the final decision regarding the provider's eligibility for reimbursement and for initiating reimbursement of any monies owed to the provider. A copy of the final decision will be mailed to the recipient, provider, and the county.

Each county shall provide bilingual/interpretive services and written 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).

Should you have any questions regarding this ACL, please contact the Claims, Certification and Appeals Bureau at (916) 651-3488.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA