

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 12, 1993

ALL-COUNTY LETTER NO. 93-04

TO: ALL-COUNTY WELFARE DIRECTORS

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 SDSS

SUBJECT: MILLER v. WOODS II AND I (REOPENED) CLAIMS CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS) INSTRUCTIONS

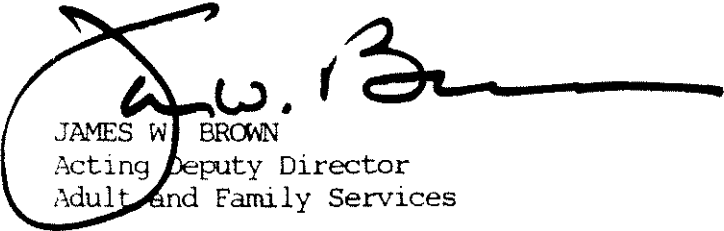
The purpose of this letter is to transmit to Counties the CMIPS instructions for the management and processing of claims resulting from the Miller v. Woods court case. You have already received the final court judgment, proposed draft regulations and other pertinent information in a separate All-County Letter.

Instructions are attached hereto for the completion of the SOC 293, SOC 311 and the applicable judgment screens to be used for the processing of Miller II and Miller I - Reopened claims. Field-by-field descriptions for these forms have been modified to accommodate the unique nature of the claim process.

Contained in the instruction package is a facsimile of a new Notice of Action form NA 690M (02-93). A supply of these forms will be provided each County in quantities sufficient to process expected claims. Additional copies can be obtained from the following:

State Department of Social Services
 Adult Services Branch
 744 P Street, MS 6-500
 Sacramento, CA 95814
 ATTN: Wayman Hindsman

Any questions regarding the management and processing of Miller v. Woods II or Miller v. Woods I - Reopened claims should be directed to Mr. Wayman Hindsman at (916) 657-2134.


 JAMES W. BROWN
 Acting Deputy Director
 Adult and Family Services

Attachments

cc: CWDA

MILLER v. WOODS
 IN-HOME SUPPORTIVE SERVICES
 CASE MANAGEMENT, INFORMATION AND
 PAYROLLING SYSTEM INSTRUCTIONS
 TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE - 1
INSTRUCTION	PAGE - 2
INTRODUCTION	PAGE - 2
MILLER I-REOPENED CLAIMS	PAGE - 2
MILLER II CLAIMS	PAGE - 4
CMIPS SOC 293 AND SOC 311	PAGE - 4
INTERCOUNTY TRANSFERS	PAGE - 5
CLAIM PERIODS	PAGE - 6
ELIGIBILITY DETERMINATION WORKSHEET	PAGE - 7
WARRANT(S)	PAGE - 8
VOID/STOP PAYMENTS	PAGE - 9
REPLACEMENT WARRANTS	PAGE - 10
DUPLICATE WARRANTS	PAGE - 11
FORGERIES	PAGE - 11
CROSS REFERENCE SCREEN	PAGE - 12
EDITS	PAGE - 13
NOTICE OF ACTION	PAGE - 13
FORMS, SCREENS AND FIELD-BY-FIELD DESCRIPTIONS	
IN-HOME SUPPORTIVE SERVICES ASSESSMENT FORM (SOC 293 FORM)	PAGE - 17
FIELD-BY-FIELD DESCRIPTION	PAGE - 19
IN-HOME SUPPORTIVE SERVICES PROVIDER ELIGIBILITY UPDATE (SOC 311 FORM)	PAGE - 26
FIELD-BY-FIELD DESCRIPTION	PAGE - 27
MILLER v. WOODS II RECIPIENT RETROPAYMENT CLAIM SCREEN (MIIR)	PAGE - 33
FIELD-BY-FIELD DESCRIPTION	PAGE - 34
MILLER v. WOODS II PROVIDER RETROPAYMENT CLAIM SCREEN (MIIP)	PAGE - 42
FIELD-BY-FIELD DESCRIPTION	PAGE - 43
MILLER v. WOODS II RETROPAYMENT WAGE AND INTEREST WORKSHEET SCREEN (MIIW)	PAGE - 50
FIELD-BY-FIELD DESCRIPTION	PAGE - 51
MILLER v. WOODS II UNDERPAYMENT WAGE WORKSHEET SCREEN (MIIU)	PAGE - 56
FIELD-BY-FIELD DESCRIPTION	PAGE - 57
NOTICE OF ACTION FORM, MESSAGES AND REASON CODES	PAGE - 61

MILLER v. WOODS
IN-HOME SUPPORTIVE SERVICES (IHSS)
CASE MANAGEMENT, INFORMATION AND
PAYROLLING SYSTEM (CMIPS) INSTRUCTIONS

INTRODUCTION

The following information is provided to facilitate the use of CMIPS in processing reopened Miller v. Woods I (Miller I) and Miller v. Woods II (Miller II) claims. Those parts of the claim process which are automated include:

- o Eligibility Determination Worksheet printouts;
- o Notice of Action (NOA) with "boilerplate" messages including blanks which workers will fill in;
- o Generation of payments to claimants including:
 - withholding of employee/employer taxes when appropriate,
 - notifications of monies paid to the claimants at the end of the year through a W2 (Wage and Tax Statement) and/or a 1099-INT (Statement for Recipients of Interest Income);
- o County (CWD) and State (SDSS) reports.

All Miller II and Miller I-Reopened claims must be processed through an IHSS recipient name and case number. If there is no open or discontinued case record file, a new case record number and file must be established. All documents, including CMIPS documents, must be kept in one case record file.

MILLER I-REOPENED CLAIMS

EDS will send to each affected CWD a listing that identifies each Miller I-Reopened claim by recipient/applicant and/or provider name, case number, address(es) including telephone number(s), original claim filing date and a history of the NOA's issued. The information that was key entered on the CMIPS Miller I recipient/provider judgment screen(s), RCPJ/PRVJ, will be copied over to the Miller II judgment recipient/provider screen(s), MIIR/MIIP respectively.

The CWD will begin processing the Miller I claims immediately upon notification that the claims have been reopened. The Miller I-Reopened claim will be processed by the CWDs as Miller II applications and will determine under the Miller II regulations (MPP 50-018) the claimant's eligibility for both retroactive/interest payment and underpayment.

Miller I claimants, except those claims SDSS are reopening, who submit a claim in Miller II will be denied retroactive/interest payment eligibility but will receive an eligibility determination for underpayment.

During the first implementation of the Miller v. Woods judgment some claims were denied solely because the claim was received after the end of the claim period. As part of the implementation of the Miller II judgment, SDSS will have Electronic Data System (EDS) reopen the claims denied in Miller I solely because the claim was received after the end of the claim period, March 9, 1989 and before October 1, 1993. SDSS will also have EDS send a NOA (Reason Code M090 or M190), to the claimant, which will state the reason for the reopening and will request the claimant to complete either the attached Miller v. Woods or the WRO v. McMahon Standard Claim Form, but only if the claimant desires to make a claim for underpayment. These individuals will not need to file another claim for payment under Miller II.

It is anticipated that some of the Miller I-Reopen NOAs will be returned to SDSS as undeliverable. As undeliverable NOA's are received in SDSS, a floppy disc of the claimant's name and case number will be prepared and sent to EDS. EDS will create a tape that will be sent to TRW Credit, Inc. who will either prepare a mailing label with a different address or a list of those individuals for whom they do not prepare a mailing label. Both the mailing labels and the list will be sent to SDSS. SDSS will remail the reopen NOAs and both the Miller II and WRO Standard Claim Forms. The list and those remailings that are again returned to SDSS as undeliverable will be sent to the appropriate CWD.

Upon receipt of the returned envelopes, the CWD will check their files for an updated address. If an updated address is on file, the CWD will mail the NOA and both the Miller II and WRO Standard Claim Forms to the claimant. If the CWD mailing is returned as undeliverable or if the CWD does not have an updated address on file, the CWD will prepare and mail a NOA of denial, REASON CODE: M091 or M191, as prescribed in MPP 50-018.63.

CMIPS will provide monthly reports on the status of each Miller I claim reopened as a result of being denied due to receipt by the CWD after the end of the Miller I claim period.

MILLER II CLAIMS

SDSS will have individual notices mailed to all providers who lived at the same address as the recipient from January 1, 1980 through November 1988. It is anticipated that some of these notices will be returned as undeliverable. As undeliverables are received at the Franchise Tax Board they will prepare two tapes each week listing the name, address and social security number of the potential Miller II claimant. The tapes will be sent to TRW Credit, Inc. who will match the names against their data base and prepare a mailing label for each address that is different from the address on the tape. TRW Credit, Inc. will mail an explanatory flyer and a Miller v. Woods Standard Claim Form to each claimant for whom a different address label is generated.

SDSS will send both notices, those that are returned as undeliverable from the remailing and those for which a different address was not found, for confidential destruction.

CMIPS SOC 293 and SOC 311

Some fields on the CMIPS forms, SOC 293 and SOC 311, will have different definitions and/or codes than what is currently used. The field-by-field descriptions (attached) and CMIPS instructions below will assist (CWD) staff in processing both Miller II and Miller I-Reopened claim forms. If the claim form is complete, the CWD will continue to process it. Complete only the SOC 293 for recipient/applicant claimants and complete both the SOC 293 and SOC 311 if the claimant is a provider.

After completing the SOC 293 and/or 311, key enter this information on the CMIPS Miller II judgment screen(s), Recipient Retropayment Claim Screen (MIIR) and/or the Provider Retropayment Screen (MIIP) - see the facsimiles of the screens and complete field-by-field descriptions attached.

The Miller I claims that were denied, during the first implementation, solely for the reason that the claim was received after the end of the claim period will be reopened by EDS for processing by CWD staff. The information that was key entered on the CMIPS Miller I judgment screen(s), RCPJ and/or PRVJ, will be copied over to the Miller II judgment screen(s), MIIR and/or MIIP respectively.

Facsimiles of the forms are marked to indicate which fields to complete:

The SOC 293 In-Home Supportive Services Assessment form will be used to collect all the data on the recipient/applicant and guardian if one is involved. This information is to be entered on the MIIR screen. This screen will generate a Notice of Action (NOA) and payment address as well as the Standard and Supplemental Claim Form dates.

The SOC 311 In-Home Supportive Services Provider Eligibility Update form shall be used to collect all the data on the provider. This information is to be entered on the MIIP screen which will generate NOAs and payment address, tax indicator, Standard and Supplemental Claim form dates and the relationship of the provider to the recipient/applicant.

When submitting a Miller claim, some people may be applying for IHSS. If there is no active case except for processing a Miller claim, the CWD can process the usual SOC 293 but you must change the status to do so.

- o on the MIIR screen, in a change (C) mode (using the second line in the top left hand corner - NEXT) enter one of the following codes E, I or R in status field (F1)
- o status M will not change to E, I or R on the MIIR screen but you can move to the RELA screen
- o while in the RELA, RELB and RELC, enter the usual additional applicant information; you will now have an active IHSS case as well as a Miller case.

INTERCOUNTY TRANSFERS

When transferring a claim the first CWD will:

- o send a photocopy of the claim to each CWD affected;
- o generate and send a photocopy of the NOA to each CWD affected; and
- o send a "County Claims Transfer" NOA to the claimant, within 10 calendar days, to advise the claimant which CWD will contact him/her.

The Standard Claim Form filing date (field M2 on the SOC 293 and field F2 on the SOC 311) will be the date postmarked on the envelope. If the claim is filed in person at the CWD, the date of filing will be the date received in the CWD office, and the

date stamped on the claim. If, however, the filing date cannot be determined as detailed above, the filing date will be the date the claim was signed. When a claim must be forwarded to another CWD for processing the first CWD's filing date will apply, see MPP 50-018.32(a), (b), (c), (d) and (e).

When the first CWD must forward a claim, in total, to a second CWD, use Reason Code M005 for provider claimants or M105 for recipient/applicant claimants if transferring to one CWD. If more than one CWD is identified, use Reason Codes M006 and M007 for provider claimants or M106 and M107 for recipient/applicant claimants. These four reason codes (M006, M007, M106 and M107) tells CMIPS that the claim being transferred to a second CWD will also remain in a pending application status in the first CWD.

Add the two digit CWD code to the end of the Reason Code when transferring a claim, partially or in total. The two digit CWD code will tell CMIPS which CWD contact person and telephone number to print in the NOA message and advises the claimant which CWD will contact him/her.

CLAIM PERIODS

The retroactive claim period is from April 1, 1979 through April 30, 1984 for nonspouse claimants and from April 1, 1979 through July 31, 1981 for spouse claimants. The underpayment claim period is from May 1, 1984 through August 31, 1985. The final filing date for Miller II and Miller I-Reopened claims is September 30, 1993.

ANY CLAIM WITH A FILING DATE AFTER 09-30-93 WILL BE DENIED.

Claim dates beyond the retroactive claim period will be processed as an underpayment claim. Claims eligible for underpayment consideration are only those claims where the eligibility for retroactive/interest payment extends through the end of the retroactive claim period, April 30, 1984. All non-spouse recipients/applicants and providers are eligible to file a claim for underpayments.

The CWD will determine eligibility/ineligibility and compute payment due within 45 days of the filing date or promptly after all necessary forms have been completed and received by the CWD. The CWD will input this information into CMIPS so that interest can be computed on approved cases and the computation returned to the CWD within five working days from the date of CWD input.

Spouse recipients/applicants and providers are not eligible to receive underpayments in Miller II. Spouse recipients/applicants and providers making a claim for underpayments in Miller II will have their underpayment claim denied, Reason Code M035 or M135. These spouse recipients/applicants and providers may be eligible for retroactive payments and/or underpayments under the WRO v. McMahon court case, and will receive a WRO Standard Claim Form with their Miller II denial notice - both Reason Codes M035 and M036 for providers or M135 and M136 for recipients must be used together.

ELIGIBILITY DETERMINATION WORKSHEET

The CWD will reviewed the Standard and/or Supplemental Claim Forms and determine eligibility/ineligibility by following the manual instructions on the Eligibility Determination Worksheets, Part I. Part 2 of the worksheet will then be entered into CMIPS on the Judgment Worksheet Screen(s). There is a Retroactive and Interest Payment Worksheet Screen (MIIW) and an Underpayment Worksheet Screen (MIIU). After the information is key entered on the worksheet screen(s), CMIPS will do the calculation to determine the amount of retroactive/interest payment, the amount of underpayment, if applicable and generate a printout that will print at CWDs' print sites. The printout will include:

- o a month by month breakdown of hours claimed
- o amount claimed
- o the difference between the amount claimed and the amount originally authorized
- o amount of past due wages
- o amount of interest to be paid

An example of Part II of the Eligibility Determination Worksheet is attached. CWD staff will be required to complete and enter into CMIPS:

- o Column 1 - Month/Year Claimed: Enter MM YY;
- o Column 2 - Class Eligible: Yes/No: Enter Y or N;
- o Column 3 - Hours Claimed: Enter the hours claimed to the nearest tenth;

- o Column 5 - Amount Originally Authorized: Enter the dollar amount originally authorized, for the period claimed (from the case record); and,
- o Column 7 - NSI/SI: Enter the code that indicates whether the recipient/applicant was or would have been classified as non-severely impaired (N) or severely impaired (S).

CWD staff will review the Worksheet printout for accuracy, then enter a CWD authorization number and NOA code(s) on the bottom of the Worksheet. That information can also then be entered on the MIIW and/or MIIU CMIPS screens which will then generate three copies of the Worksheet, a NOA and warrant(s), when applicable.

The original printout and a copy of the second printout shall be filed in the Recipient/Applicant Case Record file and two copies attached to the appropriate NOA when it is mailed to the claimant.

WARRANT(S)

Two warrants will be issued for each approved retroactive claim and one warrant will be issued for each approved underpayment claim:

Retro- One warrant will include retroactive wages and the second will include any prejudgment interest due. The warrant stub will reflect the employee taxes withheld, if any; and,

Under- One warrant will include underpayment wages due which are not subject to interest. The warrant stub will reflect the employee taxes withheld, if any.

A statement on the bottom of the NOA will advise the claimant:

"The amount of money you receive as a result of this claim may affect your tax liability and/or continuing eligibility for certain programs including, but not limited to: In-Home Supportive Services (IHSS), Aid to Families with Dependent Children (AFDC), Medi-Cal, Food Stamps (FS), Supplemental Security Income and State Supplementary Program (SSI/SSP) and Veterans Benefits."

This statement is made because some claimants may receive lump sums great enough to exceed the exempt resource levels of a program for which they currently qualify. The Miller II regulations states that lump sums will be disregarded as income/resources for the month received and for the month after received as applied to State programs.

To avoid causing ineligibility because claimants do not have adequate time to dispose of those lump sums, Miller v. Woods warrants will be mailed to be received by the claimants before the tenth day of the month.

- o Authorizations for warrants entered by the fifth of the month will meet the mailing criteria.
- o Otherwise, authorizations for warrants will be held on a special CMIPS tape until the fifth of the following month.
- o The intent is to provide at least six to seven weeks for the claimants to make a reasonable decision about how they wish to dispose of the funds they received.

THE IHSS WORKERS DO NOT HAVE THE RESPONSIBILITY TO EXPLAIN HOW LUMP SUMS MAY IMPACT ELIGIBILITY FOR OTHER PROGRAMS. ADVISE THE CLAIMANT TO CONTACT THE PROPER PROGRAM REPRESENTATIVE FOR CORRECT PROGRAM INFORMATION.

VOID/STOP PAYMENTS

A void/stop payment on a Miller v. Woods warrant is initiated by CWDs at the request of the payee. All requests for void/stop payments must be sent from the CWD to the:

State Department of Social Services
Adult Services Branch
744 P Street, MS 6-500
Sacramento, CA 95814
ATTN: Wayman Hindsman

The CWD's request for a void/stop payment must be in writing, have the warrant(s) attached to the request, identify the reason(s) for the stop payment, include the payees name, address, case number, warrant number(s) and state whether a replacement warrant is required. Reasons for placing a void/stop payment on a warrant are incorrect amount, incorrect payee and payee ineligible.

A void/stop payment request will only be processed if the warrant(s) is attached to the CWD's request. If the warrant is not attached to the request, the request will be returned to the CWD unprocessed. The CWD should also draw a line through the warrant and write "VOID" across it.

CWDs will not have the ability to place a stop payment on any Miller warrants, except as mentioned above. The V/R and WAR NUM fields on the MIIW and MIIU screens are accessible to EDS staff only. CWD's request for a void/stop payment will be forwarded from SDSS to EDS who will enter the transaction in CMIPS; the MIIW screen for either retroactive or prejudgment interest warrants and on the MIIU screen for underpayment warrants.

Approximately two days later the State Treasurer's Office will place a void/stop payment on the warrant. The day after EDS enters the transaction for the void/stop payment they will enter the transaction that will generate a replacement warrant (only one warrant request a day).

REPLACEMENT WARRANTS

SDSS will contact the appropriate CWD if any Miller warrants are returned as undeliverable and after the money is redeposited into the IHSS account. To issue a replacement warrant for a warrant that has been redeposited in to the IHSS account, CWDs will have to correct the address on the MIIR or MIIP screen and submit a written request to SDSS. The written request must identify the reason for the replacement warrant(s), the payee's name, address, case number, warrant number and remailing address. Once SDSS is assured that the funds are available and have received a request for a replacement warrant from the CWD, they will submit a request to EDS to issue a replacement warrant for the redeposited warrant. Redeposited warrants will only be replaced if the above procedures are closely followed.

- o Authorizations for replacement warrants entered by the fifth of the month will meet the mailing criteria, to be received by the claimants before the tenth day of the month.
- o Otherwise, authorizations for replacement warrants will be held on a special CMIPS tape until the fifth of the following month.

CWDs will not have the ability to replace any Miller warrants, except as mentioned above. The V/R and WAR NUM fields on the MIIW and MIIU screens are accessible to EDS staff only. CWD's request for a replacement warrant will be forwarded from SDSS to EDS who will enter the transaction in CMIPS.

DUPLICATE WARRANTS

A duplicate warrant is a warrant issued for a warrant that has been lost, stolen or never received by the payee. Any Miller warrants that meet this criteria will be handled in the same way as a replacement warrant. That is, a CWD's request for a duplicate warrant must be in writing, sent to SDSS at the address above, identify the reason for the duplicate warrant, payee's name, address, case number, the original warrant number and the amount of the warrant.

If the written request is not complete SDSS will return the request to the CWD for completion. Duplicate warrants will be issued and mailed, to be received by the claimants, before the tenth day of the month.

- o Authorizations for duplicate warrants entered by the fifth of the month will meet the mailing criteria.
- o Otherwise, authorizations for warrants will be held on a special CMIPS tape until the fifth of the following month.

CWDs will not have the ability to request a duplicate Miller warrant, except as mentioned above. The V/R and WAR NUM fields on the MIIW and MIIU screens are accessible to EDS staff only. CWD's request for a duplicate warrant will be forwarded from SDSS to EDS who will enter the transaction in CMIPS.

CWDs WILL NOT USE THE SOC 312 TRANSACTION TO VOID/STOP PAYMENT, REPLACE OR DUPLICATE ANY MILLER WARRANTS.

If the original warrant is cashed before a stop payment can be placed on the warrant, the duplicate warrant process will be stopped and the warrant will not be duplicated. If the claimant denies cashing the warrant, request a photocopy of the warrant and have him/her review the signature on the photocopy. If the claimant still denies cashing the warrant, begin the forgery process.

FORGERIES

Warrants alleged to be forged will follow the forgery procedures currently in the CMIPS User's Manual. CWDs will submit a completed forgery affidavit package to:

Electronic Data Systems
Attention: IHSS Payroll Clerk
P. O. Box 700
Rancho Cordova, CA 95741-0700

A complete forgery affidavit package (one for each warrant) will include: a photocopy of the forged warrant (front and back); a statement in the payee's own handwriting, after reviewing the signature on the warrant photocopy; and, three completed Forged Endorsement Affidavit forms. A completed Forged Endorsement Affidavit must include the payee's and two witness' signatures (or notarized - first page only) in ink on all three pages of the affidavit.

If the Forgery Endorsement Affidavit or the affidavit package is not complete, EDS will return the package to the CWD to complete. It is recommended that the payee be cautioned that it can take from 90 to 120 days to complete the processing of the forgery affidavit.

Use the PAY 963 form to request photocopies of Miller warrants. To request certified photocopies or original warrants, a type-written request stating why and when you need them must be attached to a completed PAY 963 and sent to EDS at the address above.

CROSS REFERENCE SCREEN

The Judgment Cross Reference Screen (JXRF), accessible through either a name or social security number, will identify:

The claimant's name, social security number, address, telephone number, recipient and/or provider name(s), social security number(s), case number, whether the claimant submitted a claim in Miller I, Miller II, WRO or any future court case and whether the claimant received an underpayment (code 09) from Miller I.

Every CWD will have access to the JXRF information statewide without having to enter a special password. The JXRF information will help CWDs to avoid double case numbers, double payments and/or over payments. You will receive the field-by-field description and a copy of the screen during training.

Any claimant who received payment under the Miller I judgment will only receive an eligibility determination for underpayments. CWD must access the JXRF screen to identify these claimants and to use that information to determine eligibility for additional payment.

Prior to entering the SOC 293/311 information on the MIIR/MIIP screens the CWD should check the JXRF information for a name or social security number match. If the claimant and the recipient is listed the CWD will use the recipient name and case number from the JXRF screen. If the claimant is not listed or there is no opened or discontinued case record file the CWD must establish a new case number and case record file.

EDITS

On-line edits for all four judgment screens (MIIR, MIIP, MIIW and MIIU) will be distributed during the Miller v. Woods and WRO v. McMahon training sessions. On-line edits, or error messages, will be listed alphabetically and as they appear on the judgment screens followed by a brief explanation.

On the MIIP screen, SOC 311 Field E2 'Rel of Prov' is a required field. When attempting to enter that data on the MIIP screen you may receive an edit message that reads:

"Required field; enter on PELG"

If you are entering Miller data on a currently active case, information has "copied over" from the Provider Eligibility File where Field E2 is an optional field. To key the relationship of the provider, it is necessary to exit the MIIP screen, enter the PELG screen and key the relationship of the provider in Field E2, exit the PELG screen and return to the MIIP screen to continue to enter the Miller data.

The final filing date for Miller claims for payment is 09-30-93. An on-line edit will become effective 10-01-93 that will prohibit payments on late claims.

- o MIIR - "Claim DT > 09-30-93, enter NOA M157"
- o MIIP - "Claim DT > 09-30-93, enter NOA M057"

REGARDLESS OF THE CLAIM DATE, PROPERLY PROCESS ALL CLAIMS AND DO NOT DESTROY ANY CLAIM FILED AFTER THE FINAL FILING DATE.

Please carefully review the entire ACL package, including the field-by-field descriptions for additional edits.

NOTICE OF ACTION (NOA)

A NOA (see attached messages and Reason Codes) must be sent to each claimant whenever:

- o a claim is approved
- o a claim is denied
- o a document is returned to the claimant requesting that the document be completed and returned
- o a document is returned identifying contradictions with the information submitted by the claimant.

Provider NOA Reason Codes are numbered M001 through M060, M080, M081, M090 and M091. Specific NOA messages have been designed for claimant action. The purpose of each message is identified.

- o NOA message M008 is to be used in tandem with any adverse action NOA message (M009 through M027) when a CWD has contradictory information in its possession.
- o NOA message M028 is to be used in tandem with any final NOA message (M029 through M060).

All provider NOA Reason Codes are to be written on the SOC 311 in Field F8, G8 and H8. Enter more than one code for each field, if necessary. To generate the NOA, a Reason Code must be key entered on either the MIIP, MIIW or MIIU screens. If a NOA Reason Code has been key entered on the MIIP screen an on-line edit will not allow a NOA Reason Code to be key entered on either the MIIW or MIIU screens in the same day.

Recipient/Applicant NOA Reason Codes are numbered M101 through M160, M180, M181, M190 and M191. The purpose of each message is identified.

- o NOA message M108 is to be used in tandem with any adverse action NOA message (M109 through M127) when a CWD has contradictory information in its possession.
- o NOA message M128 is to be used in tandem with any final NOA message (M129 through M160).

All recipient/applicant NOA Reason Codes are to be written on the SOC 293 in field ZZ2. To generate the NOA, a Reason Code must be key entered on either the MIIR, MIIW or MIIU screens. If a NOA Reason Code has been key entered on the MIIR screen an on-line edit will not allow a NOA Reason Code to be key entered on either the MIIW or MIIU screens in the same day.

NOAs will be automated and some claim dates will be "plugged" in message blanks. CWD staff will be responsible for filling in other information and, when necessary, adding information to the NOA message (Reason Codes M025 through M027, M054 through M056, M059, M060 and M081 for providers; M125 through M127, M154 through M156, M159, M160 and M181 for recipients/applicants).

- o Remember to fill in the NOA Date when mailing when mailing the form NA 690M (2/93) to the claimant.
- o Remember to attach two copies of the worksheet printout to the appropriate NOA before mailing.

While attempting to key enter NOA Reason Codes on any of the judgment screens you may get the message:

"Invalid manual NOA code."

This means you have tried to key enter a NOA Reason Code on the wrong screen.

The following are listings of all the codes and their applicable screen(s):

MIIP: M001 - M060	MIIR: M101 - M160
M090 (EDS only)	M190 (EDS only)
M091	M191

If separate Retroactive payment and Underpayment claims are submitted, then depending on the code (R or U) key entered in the "RETRO/UNDER" field will determine which Reason Code is valid.

IF "R" IS KEY ENTERED

<u>MIIP</u>	<u>MIIR</u>
M001 - M009	M101 - M109
M011	M111
M013	M113
M015	M115
M017	M117
M019	M119
M021 - M036	M121 - M136
M038	M138
M040	M140
M042	M142
M044	M144
M046	M146
M048	M148
M050 - M060	M150 - M160

IF "U" IS KEY ENTERED

<u>MIIP</u>	<u>MIIR</u>
M001 - M008	M101 - M108
M010	M010
M012	M112
M014	M114
M016	M116
M018	M118
M020	M120

MIIP

M022 - M034
M036
M037
M039
M041
M043
M045
M047
M049
M051 - M060
M090
M091

MIIR

M122 - M134
M136
M137
M139
M141
M143
M145
M147
M149
M151 - M160
M190
M191

PAYMENT SCREENS

MIIW:

MIIU:

Prov.

Recip.

Prov.

Recip.

M035
M036
M038
M040
M042
M044
M046
M048
M051 - M056
M059
M080
M081

M135
M136
M138
M140
M142
M144
M146
M148
M151 - M156
M159
M180
M181

M036
M037
M039
M041
M043
M045
M047
M049
M051 - M059
M080
M081

M136
M137
M139
M141
M143
M145
M147
M149
M151 - M159
M180
M181

- o NOA message M081 is to be entered on the MIIW or MIIU judgment screen in tandem with any final NOA message as shown above.
- o NOA message M181 is to be entered on the MIIW or MIIU judgment screen in tandem with any final NOA message as shown above.

State of California - Health and Welfare Agency -
Department of Social Services

IN-HOME SUPPORTIVE SERVICES ASSESSMENT

										BIRTHDATE								
A	CNTY (1) ✓	RECIPIENT # (1) ✓	CD (1) ✓	SEQ.# (2)	AID CODE (3) ✓	SOCIAL SECURITY NO. (4) ✓			SEX (5) M F ✓	MONTH (6) ✓	DAY (6) ✓	YEAR (6) ✓						
B	(1) LAST NAME ✓					(2) FIRST NAME ✓					MI (3) ✓							
C	(1) STREET ✓					(2) CITY ✓			STATE (3) ✓	ZIP CODE / CT (4) ✓								
D	(1) TELEPHONE # ✓		(2)	(3)	(4) ✓ GUARDIAN/CONSERVATOR													
E	(1) STREET ✓					(2) CITY ✓			STATE (3) ✓	ZIP CODE / CT (4) ✓								
F	STATUS (1) ✓	PRIM. DIAG (2) ✓	CITIZEN (3)	ETHNIC (4)	LANG (5) ✓	OTH. / COV. (6)	SSNV (7)	HIC. / RR.# (8)	FBU.# (9)									
G	SPOUSE / PARENT (1)	# HH (2)	#RCP (3)	RES (4)	LA (5)	# ROOMS (6)	YARD (7) Y N	WASHER (8) Y N	DRYER (8) Y N	STOVE (8) Y N	REFRIG. (8) Y N							
H	(1)											(2)		(3)		(4)		
	HOUSEWORK	LAUNDRY	SHOPPING & ERRANDS	MEAL PREP & CLEAN UP	MOBILITY INSIDE	BATHING & GROOMING	DRESSING	BOWEL, BLADDER & MENSTRUAL	TRANSFER	EATING	RESPIRATION	MEMORY	ORIENTATION	JUDGEMENT	FUNCTIONAL INDEX	FUNCTIONAL INDEX HOURS	W/O MISS	NEED PROVIDER
I	SHARE OF COST DATE (1)		LINK (2)	DEP (3)	SOURCE (4)	INCOME		DEDUCT	COUNTABLE INCOME (5)									
J	SOURCE (1)		INCOME		DEDUCT	INCOME		DEDUCT	BENEFIT CODE / LEVEL (3)									
K	SHARE OF COST (1)		INCOME		DEDUCT	INCOME		DEDUCT	SHARE OF COST (3)									
L	MODE (1)	RATE	HOURS	MODE (2)	RATE	HOURS	RECOVERY (3)											
M	ACT (1)	BEGINNING DATE (2) ✓	ENDING DATE (3) ✓	GROSS AMOUNT (4)	MODE (5)	RATE	HOURS	SHARE OF COST (6)	TYPE (7)	PAY OPT (8)								
N	D (1)	✓	✓															
O	D (1)	✓																
P	APPLICATION DATE (1)	REF (2)	FACE TO FACE DATE (3)	(4) ✓ COUNTY USE														
Q	D/O (1) ✓	SERVICE WORKER NAME (2) ✓					SW.# (3) ✓	SERVICE WORKER PHONE # (4) ✓										
R	ALERT MESSAGE																	
S	NOA MESSAGE																	
T	AUTHORIZATION:					DATE:			REMARKS:									
	VALIDATION:					DATE:			REMARKS:									

State of California - Health & Welfare Agency - Department of Social Services

	LAST NAME & #	SEQ. #	TOTAL NEED	ADJUSTMENTS	INDIVIDUAL ASSESSED NEED	ALTERNATIVE RESOURCES	AUTH TO BE PURCH	UNMET NEED	COUNTY USE
AA	Domestic Services								
BB	• Preparation of Meals								
CC	** Meal Clean Up								
DD	Routine Laundry, Etc								
EE	Shopping for Food								
FF	Other Shopping & Errands								
GG	Heavy Cleaning								
HH	• Respiration								
II	• Bowel and Bladder Care								
JJ	• Feeding								
KK	• Routine Bed Baths								
LL	• Dressing								
MM	• Menstrual Care								
NN	• Ambulation								
OO	• Moving In/Out of Bed								
PP	• Bathing, Oral Hygiene, Grooming								
QQ	• Rubbing Skin, Repositioning, Etc.								
RR	• Care and Assistance with Prosthesis								
SS	Accompaniment To Medical Appointment								
TT	Accompaniment To Alternate Resources								
UU	Remove Grass, Weeds, Rubbish								
VV	Remove Ice, Snow								
WW	Protective Supervision								
XX	Teaching & Demonstration								
YY	• Paramedical Services								

ZZ	NOA. <input checked="" type="checkbox"/>	RSN. CD. <input checked="" type="checkbox"/>	RSN. CD. <input checked="" type="checkbox"/>	RSN. CD. <input checked="" type="checkbox"/>	RSN. CD. <input checked="" type="checkbox"/>	BEGINNING DATE (3)	ENDING DATE (4)	ADVANCE (5) Y N	MEAL ALLOW (6) Y N
aa	MONTHLY HRS. AUTHORIZED	WKLY. HRS (1)	MEAL HRS. (BB+CC+EE) (2)	MO. HRS. (3)	TOTAL (4)	PURCHASE (5)	UNMET NEED (6)		
		=	=	x4.33 =	=	=	=		

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS
SERVICES ASSESSMENT FORM (SOC 293)
FIELD-BY-FIELD DESCRIPTION

The SOC 293 must be used whether the claimant is an recipient/applicant or a provider. The SOC 293 is to be used to capture all of a recipient/applicant claimant information and guardian information if applicable. If the claimant is a recipient/applicant, enter all required fields with the correct information. If the claimant is a provider, enter only those fields that are applicable.

Description:

- Field A1 CNTY/RECIPIENT #/CD - Required
- Enter the 2 digit county number, 7 digit recipient number and 1 digit check digit, if known. CMIPS will generate a check digit if the number is unknown.
- Field A2 SEQ # - Automatically Generated
- Each Miller v. Woods case will have its own sequence number series.
- Field A3 AID CODE - Required
- Enter the correct aid code, if known. If unknown, enter aid code 60.
- 10 - Aged, general SSI/SSP
 - 18 - Aged, IHSS income eligible
 - 20 - Blind, general SSI/SSP
 - 28 - Blind, IHSS income eligible
 - 60 - Disabled, general SSI/SSP
 - 68 - Disabled, IHSS income eligible
- Field A4 SOCIAL SECURITY NO. - Required
- Enter the correct 9 digit Social Security Number (SSN). If the claimant is a recipient/applicant, you must enter a valid SSN. If the claimant is a provider and the recipient/applicant SSN is unknown, enter 000-00-0000.
- Field A5 SEX - Required
- Circle M or F if known; if unknown circle F.

Field A6 BIRTHDATE - Required
Enter the birthdate in a MM DD YY format, if known.
If the birthdate is unknown, enter 00 00 00.

Field B1 LAST NAME - Required
Enter the last name of the recipient/applicant.

Field B2 FIRST NAME - Required
Enter the first name of the recipient/applicant.

Field B3 MI - Optional
Enter the middle initial of the recipient/
applicant.

Field C1 STREET - Required
Enter the current street address/P.O. Box, if
known; if unknown, enter 0.

Field C2 CITY - Required
Enter the current city if known; if unknown, enter
0.

Field C3 ST - Required
Enter the current state if known; if unknown, enter
0.

Field C4 ZIP CODE/CT - Required
Enter the current zip code if known; if unknown,
enter 00000.

Field D1 TELEPHONE - Optional
Enter the 10 digit telephone number, including the
area code if known.

THE FOLLOWING FIELDS (D and E) ARE OPTIONAL, EXCEPT WHEN A CLAIM
IS MADE BY A GUARDIAN/CONSERVATOR, AUTHORIZED REPRESENTATIVE OR
EXECUTOR OF THE ESTATE OF A RECIPIENT; THEN THE FOLLOWING FIELDS
(D and E) ARE REQUIRED.

Field D4 GUARDIAN/CONSERVATOR - Optional
Enter the guardian/conservator's name in last name,
first name and middle initial format.

Field E1 STREET - Optional

 Enter the guardian/conservator's current street address or P.O. Box.

Field E2 CITY - Optional

 Enter the guardian/conservator's current city.

Field E3 ST - Optional

 Enter the guardian/conservator's current state.

Field E4 ZIP CODE/CT - Optional

 Enter the guardian/conservator's current zip code.

Field F1 STATUS - Required

 Add code M to the form and circle it. Enter the same code on the MIIR screen.

Field F2 PRIM DIAG - Required (Claimant)

 Enter one of the following codes:
 P = Provider Claimant
 R = Recipient Claimant
 B = Both Provider and Recipient Claimants

Field F5 LANG. - Required

 Enter one of the following codes:
 E = English NOA
 S = Spanish NOA

Field M2 BEGINNING DATE - Optional (Original Standard Claim Form File Date)

 This field will be used to record the file date of the recipient/applicant Miller v. Woods II Standard Claim Form. This date will print with the recipient/applicant boilerplate message. The Miller v. Woods I reopened Claim Form original file date will be entered by EDS and will print with the recipient/applicant boilerplate message. THIS FIELD WILL BECOME A REQUIRED FIELD IF A "R" OR "B" IS ENTERED IN THE CLAIM FIELD (F2) ON THE MIIR SCREEN. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

 Enter the original Standard Claim Form file date as determined by MPP 50-018.32(a), (b), (c) and (d).

This date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

The only two exceptions to the 45/60 day claim process are InterCounty transfers and where the completion of the specified tasks is delayed due to circumstances beyond control of the CWD. In these instances, the reason(s) for the delay(s) shall be documented in the claimant's case file.

CWDs receiving claims forwarded from another CWD shall process the claim, determine eligibility, enter the retroactive/interest payment and underpayment information, issue the necessary Notice of Action and forward the necessary documents to the CMIPS within 45 days of receipt from the original CWD or promptly after all necessary forms/documents are completed/submitted.

THE FILING DATE RECORDED IN THIS FIELD BY THE FIRST CWD WILL ALSO BE THE FILING DATE RECORDED IN THIS FIELD BY THE SECOND CWD.

Field M3

ENDING DATE - Optional (Resubmitted Standard Claim Form File Date)

This field will be used to record the date the recipient/applicant resubmitted his/her Miller v. Woods II or I (reopened) Standard Claim Form only. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M129 IS ENTERED. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

This date begins the second 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the resubmitted Standard Claim Form file date as determined by MPP 50-018.315.

Field N2

BEGINNING DATE - Optional (Original Supplemental Claim Form File Date)

This field will be used to record the date the recipient/applicant filed the original Miller v. Woods Supplemental Claim Form only, if applicable. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M102 IS ENTERED. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

This date begins the third 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the original Supplemental Claim Form file date as determined by MPP 50-018.32(a), (b), (c) and (d).

Field N3

ENDING DATE - Optional (Resubmitted Supplemental Claim Form File Date)

This field will be used to record the date the recipient/applicant resubmitted his/her Miller v. Woods Supplemental Claim Form only, if applicable. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M131 IS ENTERED. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

This date begins the fourth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the resubmitted Supplemental Claim Form file date as determined by MPP 50-018.315.

Field O2

BEGINNING DATE - Optional (Adverse Action Rebuttal File Date)

This field will be used to record the date when the recipient/applicant submitted his/her Miller v. Woods adverse action rebuttal information or documentation. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

This date begins the fifth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the rebuttal date as determined by MPP 50-018.315.

Field P4 COUNTY USE - Optional (CWD Transfer date)

This field will be used to record the date the Miller v. Woods Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first CWD and received by the second CWD. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

First CWD: Enter the date the first CWD transferred (mailed) the Standard Claim Form to the second CWD.

Second CWD: Enter the date the second CWD accepted (received) the transferred Standard Claim Form as determined by MPP 50-018.32(a), (b), (c), (d) and (e).

The second CWD's acceptance date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

THE FILING DATE RECORDED BY THE FIRST CWD (FIELD M2) WILL ALSO BE THE FILING DATE RECORDED (FIELD M2) BY THE SECOND CWD.

Field Q1 D/O - Optional

Enter a digit number if there is more than one district office in your county (ie. 01, 02, etc.,).

Field Q2 SERVICE WORKER NAME - Required

Enter the Social Service Worker name in first name or initial and last name format.

Field Q3 SW.# - Required - (Service Worker #)

Enter the assigned Social Service Worker number.

Field Q4 SERVICE WORKER PHONE # - Required

Enter the 10 digit telephone number, including the area code, of the Social Service Worker named in Field Q2.

Field ZZ1 NOA - Display Only

All Notices of Action will be returned to the CWD for completion of the NOA message(s) - and to attach the computation of wages and interest (or other documents), if applicable - and mailing.

Field ZZ2 RSN CD - Optional

Enter the appropriate reason code(s) when ready to issue a Notice of Action. Unless the NOA message does not so specify, each Notice of Action begins a 45 day period that must be monitored as part of the Miller v. Woods claim process.

Enter reason code M106 when initiating an Inter-County transfer but the first CWD will keep partial responsibility for validation of part of the claim period(s). Refer to Notices of Action InterCounty Transfer procedures for additional instructions.

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

IN - HOME SUPPORTIVE SERVICES

PROVIDER ELIGIBILITY UPDATE

A	COUNTY (1) ✓	RECIPIENT # (2) ✓	CD. (3) ✓	PROVIDER NUMBER (4) ✓	SEQ # (5) ✓	RECIPIENT NAME				
B	LAST NAME (1) ✓			FIRST NAME (2) ✓		MI (3) ✓	STATUS (4) E L D X		ETHNIC (5)	LANG. (6) ✓
C	STREET (1) ✓			CITY (2) ✓		STATE (3) ✓	ZIP CODE/CT (4) ✓			
D	SOCIAL SECURITY # (1) ✓	DED/EXEMPT (2) P S C B O		TELEPHONE # (3) ✓	SEX (4) M F	BIRTHDATE (5) MONTH DAY YEAR			W-5 (6)	W-4 (7) ✓
E	COUNTY USE (1)					REL OF PROV. (2) ✓	# OF PROV. (3)	RECOVERY (4)		

F	ACTION (1)	BEGINNING DATE (2)	ENDING DATE (3)	HOURS (4)	SHARE/COSTS (5)	RATE (6)	SPLIT SHIFT (7)	(8)
	DEL	✓	✓					✓
G	DEL	✓	✓					✓
H	DEL	✓	✓					✓

A	PROVIDER NUMBER (2)										
B	LAST NAME (1)			FIRST NAME (2)		MI (3)	STATUS (4) E L D X		ETHNIC (5)	LANG. (6)	
C	STREET (1)			CITY (2)		STATE (3)	ZIP CODE/CT (4)				
D	SOCIAL SECURITY # (1)	DED/EXEMPT (2) P S C B O		TELEPHONE # (3)	SEX (4) M F	BIRTHDATE (5) MONTH DAY YEAR			W-5 (6)	W-4 (7)	
E	COUNTY USE (1)					REL OF PROV. (2)	# OF PROV. (3)	RECOVERY (4)			

F	ACTION (1)	BEGINNING DATE (2)	ENDING DATE (3)	HOURS (4)	SHARE/COSTS (5)	RATE (6)	SPLIT SHIFT (7)	(8)
	DEL							
G	DEL							
H	DEL							

COUNTY VALIDATION			
I	AUTHORIZATION	DATE	REMARKS
J	VALIDATION	DATE	REMARKS

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS
PROVIDER ELIGIBILITY UPDATE FORM (SOC 311)
FIELD-BY-FIELD DESCRIPTION

The SOC 311 In-Home Supportive Services Provider Eligibility Update form shall be used to collect all the data on the provider/claimant. This information is to be entered on the MIIP screen. The SOC 311 is to be used in tandem with the SOC 293 for provider claimants.

- Field A1 CNTY/RECIPIENT #/CD - Required

 Enter the 2 digit county number, 7 digit recipient number and 1 digit check digit.
- Field A2 PROVIDER NUMBER - Required

 Enter the last 6 digits of the provider's Social Security Number.
- Field A3 SEQ # - Automatically Generated

 Each Miller v. Woods case will have its own sequence number series.
- Field A4 RECIPIENT NAME - Display only

 On the initial document enter the recipient name for identification purposes; afterwards, the recipient name will be displayed on the turnaround document.
- Field B1 LAST NAME - Required

 Enter the last name of the provider.
- Field B2 FIRST NAME - Required

 Enter the first name of the provider.
- Field B3 MI - Optional

 Enter the middle initial of the provider.
- Field B4 STATUS - Required

 Add code M to the form and circle it. Enter the same code on the MIIP screen.

Field B6

LANG. - Required

Enter one of the following codes:

E = English NOA

S = Spanish NOA

Field C1

STREET - Required

Enter the provider's current street address/P.O. Box.

Field C2

CITY - Required

Enter the provider's current city.

Field C3

STATE - Required

Enter the provider's current state.

Field C4

ZIP CODE/CT - Required

Enter the provider's current zip code.

Field D1

SOCIAL SECURITY # - Required

Enter the correct 9 digit Social Security Number (SSN). Only valid SSN's will be acceptable.

Field D2

DED/EXEMPT - Required

Circle the letter that signifies the provider's present tax status, if he/she is currently providing IHSS services; otherwise identify which Ded/Exempt code to circle from the last field in Part 1, Section 4 of the Miller v. Woods Provider Standard Claim Form:

P = provider is parent

S = provider is spouse

C = provider is recipient's child and under 21 years old

O = other

Field D3

TELEPHONE # - Optional

Enter the 10 digit telephone number, including the area code if known.

Field D4

SEX - Required

Circle M or F if known; if unknown circle F.

Field D7

W-4 - Display only

This field will display a W4 if there is an Employer's Withholding Allowance Certificate (W-4) on file to withhold Federal and State Income Taxes.

Field E2

REL. OF PROV. - Required

Enter the correct code:

- 01 = spouse
- 02 = parent of minor child
- 03 = parent of adult child
- 04 = minor child
- 05 = adult child
- 06 = other relative
- 07 = friend
- 10 = housemate
- 11 = live-in provider
- 14 = other

Field F2

BEGINNING DATE - Optional (Original Standard Claim Form File Date)

This field will be used to record the file date of the provider's Miller v. Woods Standard II Claim Form. This date will print with the provider's boilerplate message. The Miller v. Woods I reopened Claim Form original file date will be entered by EDS and will print with the provider's boilerplate message. THIS FIELD WILL BECOME A REQUIRED FIELD IF A "P" OR "B" IS ENTERED IN THE CLAIM FIELD (F2) ON THE MIIR SCREEN.

Enter the original Standard Claim Form file date as determined by MPP 50-018.32(a), (b), (c) and (d).

This date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

The only two exceptions to the 45/60 day claim process are InterCounty transfers and where the completion of the specified tasks is delayed due to circumstances beyond control of the CWD. In these instances, the reason(s) for the delay(s) shall be documented in the claimant's case file.

CWDs receiving claims forwarded from another CWD shall process the claim, determine eligibility, compute retroactive/interest payment, underpayment, issue the necessary Notice of Action and forward the necessary documents to the CMIPS within 45 days of receipt from the original CWD or promptly after all necessary forms/documents are completed/submitted.

THE FILING DATE RECORDED IN THIS FIELD IN THE FIRST CWD WILL ALSO BE THE FILING DATE RECORDED IN THIS FIELD BY THE SECOND CWD.

Field F3

ENDING DATE - Optional (Resubmitted Standard Claim Form File Date)

This field will be used to record the date the provider resubmitted his/her Miller v. Woods II or I (reopened) Standard Claim Form only. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M029 IS ENTERED.

This date begins the second 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the resubmitted Standard Claim Form file date as determined by MPP 50-018.315.

Field G2

BEGINNING DATE - Optional (Original Supplemental Claim Form File Date)

This field will be used to record the date the provider filed the original Miller v. Woods Supplemental Claim Form only. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M002 IS ENTERED.

This date begins the third 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the original Supplemental Claim Form file date as determined by MPP50-018.32(a), (b), (c) and (d).

Field G3

ENDING DATE - Optional (Resubmitted Supplemental Claim Form File Date)

This field will be used to record the date the provider resubmitted his/her Miller v. Woods Supplemental Claim Form only. THIS FIELD WILL BECOME A REQUIRED FIELD IF THE REASON CODE M031 IS ENTERED.

This date begins the fourth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the resubmitted Supplemental Claim Form file date as determined by MPP 50-018.315.

Field H2

BEGINNING DATE - Optional (Adverse Action Rebuttal File Date)

This field will be used to record the date when the provider submitted his/her Miller v. Woods adverse action rebuttal documents.

This date begins the fifth 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

Enter the rebuttal date as determined by MPP 50-018.32.

Field H3

COUNTY USE - Optional (InterCounty Transfer Date)

This field will be used to record the date the Miller v. Woods Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first CWD and received by the second CWD.

First CWD: Enter the date the first CWD transferred (mailed) the Standard Claim Form to the second CWD.

Second CWD: Enter the date the second CWD accepted (received) the transferred Standard Claim Form as determined by MPP 50-018.32(a), (b), (c), (d) and (e).

The second CWD's acceptance date begins the first 45/60 day claim process: 45 days to determine eligibility for Miller v. Woods retroactive/ interest payment, underpayment and 15 days to process through CMIPS and mail a Notice of Action.

THE FILING DATE RECORDED BY THE FIRST CWD (FIELD F2) WILL ALSO BE THE FILING DATE RECORDED (FIELD F2) BY THE SECOND CWD.

Field F8, G8, H8 (RSN. CD.) - Optional

Enter the appropriate reason code(s) when ready to issue a Notice of Action. Enter 2 NOA codes per field, if necessary. Unless the NOA message does not so specify, each Notice of Action begins a 45 day period that must be monitored as part of the Miller v. Woods claim process.

Enter reason code M006 when initiating a County transfer but the first CWD will keep partial responsibility for validation of part of the claim period(s). Refer to Notices of Action County Transfer procedures for additional instructions.

```

=====
THIS MIIR I 1234567890
NEXT MIIR I 1234567890
                                MILLER II RECIPIENT RETROPAYMENT CLAIM

RETRO/UNDER: R
SEQ# 001 AID 60   SSN 999 - 99 - 9999 SEX M BIRTHDATE: MM 99 DD 99 YY 1999
LAST NAME JONES                FIRST CHARLES                MI D
STR 123 STREET NAME            CTY CHULA VISTA                ST CA Z 12345 9999
PHONE # ( 999 ) 999 - 9999    GUARDIAN
STR                                CTY                                ST    Z
STAT M      CLAIM R      LANG E

ORIGINAL CLAIM (M2):  MM DD YY      RESUB STD CLAIM (M3):  MM DD YY
ORIG SUP CLAIM (N2):  MM DD YY      RESUB SUP CLAIM (N3):  MM DD YY
ADV ACT REBUTAL (O2): MM DD YY      COUNTY TRANSFER (P4):  MM DD YY

OFFICE 99  SRV WKR NAME XXXXXXXXXXXXXXXXXXXXXXXX # XXXX PHONE # ( 999 ) 999 - 9999

NOA X  REASON CODES          : (1) XXXX (2) XXXX (3) XXXX (4) XXXX
CNTY TRANSFER NUMBER:      99          99          99          99

RETRO & UNDERPAYMENT REASON CODE HISTORY (CODE/CNTY TRANSFER NBR/PROCESS DATE)
XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY
XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY  XXXX 99 MMDDYY
=====

```

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS II
RECIPIENT RETROPAYMENT CLAIM SCREEN
FIELD-BY-FIELD DESCRIPTION

The IHSS Miller v. Woods II Recipient Retropayment Claim Screen (MIIR) is used to collect all data if the claimant is a recipient claimant and to collect some data if the claimant is a service provider. If the claimant is a current recipient, the Recipient information will be copied automatically from the CMIPS Recipient Eligibility (RELA) screen and will not require key data input of the same information once a recipient number has been key entered on the "NEXT" line.

Be sure, however, to validate the claim information with the current recipient information.

DESCRIPTION:

Field: RECIPIENT # (NEXT MIIR)

Length: 10

Description: Recipient # - Enter the 2 digit County number, 7 digit recipient number and 1 digit check digit.

Field: RETRO/UNDER:

Length: 1

Description: Retroactive/Underpayment - If separate Retroactive and Underpayment claims are submitted this field will be used to identify which claim information will be displayed on the MIIR and MIIP screens.

R = Retroactive claimant information

U = Underpayment claimant information

IF A CODE IS NOT ENTERED CMIPS WILL DEFAULT TO "R"

Field: SEQ # - System Generated, Numeric

Length: 3

Description: Sequence Number - a computer generated chronological number that indicates the most recent turnaround document.

Field: AID - Required, Numeric
Length: 2
Description: Aid Code - State aid codes define the applicant/
recipient's benefit categories for budget, Medical
and accounting purposes. Enter the correct aid
code, if known; if unknown, enter aid code 60

10 - Aged, general SSI/SSP
18 - Aged, IHSS income eligible
20 - Blind, general SSI/SSP
28 - Blind, IHSS income eligible
60 - Disabled, general SSI/SSP
68 - Disabled, IHSS income eligible

Field: SSN - Required, Numeric
Length: 9
Description: Social Security Number - A 9 digit number assigned
to the applicant/recipient by the Federal
government. If the claimant is an applicant/
recipient, you must enter a valid SSN. If the
claimant is a provider and the applicant/recipient
SSN is unknown, enter 000-00-0000

Field: SEX - Required, Alpha
Length: 1 Format: M/F
Description: Sex - Identification of the applicant/recipient's
gender. Enter the correct code, if known; if
unknown, enter F:
M = Male
F = Female

Field: BIRTHDATE - Required, Numeric
Length: 8 Format: MM = Month, DD = Day, YYYY = Year
Description: Birthdate - Denotes the birthday of the
applicant/recipient. If the birthdate is unknown,
enter 00-00-00.

Field: LAST NAME - Required, Alphanumeric
Length: 17
Description: Last Name - Alpha/special characters (./-) used to
identify a specific applicant/recipient's family.

Field: FIRST - Required, Alphanumeric
Length: 12
Description: First Name - Alpha/special characters (./-) preceding the last name to identify individual applicant/recipients.

Field: MI - Optional, Alphanumeric
Length: 1
Description: MI - Alpha character representing the middle initial.

Field: STR - Required, Alphanumeric
Length: 28
Description: Street - Applicant/recipient's place of residence within a designated city - used as mailing address. If the street address is unknown, enter 0; but only if the claimant is a guardian/conservator or a provider.

Field: CTY - Required, Alpha
Length: 17
Description: City - Applicant/recipient's city of residence. If the city is unknown, enter 0; but only if the claimant is a guardian/conservator or a provider.

Field: ST - Required, Alpha
Length: 2
Description: State - Applicant/recipient's state of residence. Defaults to "CA" if not entered.

Field: Z - Required, Numeric
Length: 9
Description: Zip Code - A nine digit numeric code that identifies areas within the United States for purposes of simplifying the distribution of mail. If the zip code is unknown, enter 00000.

Field: PHONE # - Optional, Numeric
Length: 10
Description: Telephone Number - A unique numeric sequence used for identification of the area code and telephone number of an applicant/recipient.

Field: GUARDIAN - Optional, Alphanumeric
Length: 30
Description: Guardian/Conservator - Alpha/special characters (./-) designating an individual legally responsible for a specific applicant/recipient.

Field: STR - Optional, Alphanumeric
Length: 28
Description: Street - Guardian/Conservator's place of residence within a designated city. Used as address on any warrant or Notice of Action issued to an applicant/recipient.

Field: CTY - Optional, Alpha
Length: 17
Description: City - Guardian/Conservator's city of residence.

Field: ST - Optional, Alpha
Length: 2
Description: State - Guardian/Conservator's state of residence. Defaults to "CA" if not entered.

Field: Z - Optional, Numeric
Length: 9
Description: Zip Code - A nine digit numeric code that identifies areas within the United States for purposes of simplifying the distribution of mail.

Field: STAT - Required, Alpha
Length: 1
Description: Status - Code which distinguishes Miller v. Woods I from Miller v. Woods II or WRO v. McMahon. Enter the code "M" (Miller v. Woods II).

Field: CLAIM - Required, Alpha
Length: 1
Description: Claimant - Code which identifies whether the claimant is a Provider, Recipient or Both. Enter one of the following codes:
P = Provider Claimant
R = Recipient Claimant
B = Both a Provider and Recipient Claimant

Field: LANG - Required, Numeric
Length: 1
Description: Language - A number designating whether an English or Spanish Notice of Action should be printed. Enter one of the following codes:
E = English
S = Spanish

Field: ORIGINAL CLAIM (M2) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Original Claim Date - The file date of the applicant/ recipient's Miller v. Woods Standard Claim Form. If the claimant is a provider, this field will be left blank.

Field: RESUB STD CLAIM (M3) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Resubmit Original Claim Date - The file date the applicant/ recipient resubmits the Miller v. Woods Standard Claim Form. If the claimant is a provider, this field will be left blank.

Field: ORIG SUP CLAIM (N2) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Original Supplemental Claim Date - The file date of the applicant/ recipient's Miller v. Woods Supplemental Claim Form. If the claimant is a provider, this field will be left blank.

Field: RESUB SUP CLAIM (N3) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Resubmit Supplemental Claim Date - The file date the applicant/ recipient resubmits the Miller v. Woods Supplemental Claim Form. If the claimant is a provider, this field will be left blank.

Field: ADV ACT REBUTAL (O2) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Adverse Action Rebuttal File Date - The file date the applicant/ recipient submits his/her adverse action rebuttal documents for reconsidering his/her eligibility for payment under the Miller v. Woods judgment. If the claimant is a provider, this field will be left blank.

Field: COUNTY TRANSFER (P4) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: County Transfer Date - The date the Miller v. Woods applicant/recipient's Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first County and received by the second County.

First County: Enter the date the first County transferred (mailed) the Standard Claim Form as determined by MPP 50-018.32.

Second County: Enter the date the second County accepted (received) the transferred Standard Claim Form as determined by MPP 50-018.32(h)(2).

THE FILING DATE RECORDED BY THE FIRST COUNTY (FIELD M2) WILL ALSO BE THE FILING DATE RECORDED IN FIELD M2 BY THE SECOND COUNTY. IF THE CLAIMANT IS A PROVIDER, THIS FIELD WILL BE LEFT BLANK.

Field: OFFICE - Optional, Alphanumeric

Length: 2

Description: District Office - Two digit number identifying a specific office within the county. If not entered, system will default to 01.

Field: SRV WKR NAME - Required, Alphanumeric

Length: 20

Description: Service Worker Name - First name or initial and last name of the service worker identified in Q3.

Field: # - Required, Alphanumeric

Length: 4

Description: Service Worker Number - Number assigned by county to a service worker.

Field: PHONE # - Required, Numeric

Length: 10

Description: Service Worker Telephone Number - Telephone number of the service worker identified in Field Q2.

Field: NOA - Display only, Alpha

Length: 1

Description: Notice of Action - Denotes where the Notice of Action is to be sent. All Notices of Action will be returned to the County for completion of the NOA message(s) - and to attach the computation of wages and interest (or other documents), if applicable, and mailing.

Field: REASON CODES - Optional, Numeric
 Length: 4
 Description: Reason Code(s) - Four digit codes for actions described in Notice of Action messages.

Field: CNTY TRANSFER NUMBER - Optional, Numeric
 Length: 2
 Description: County Transfer Number - A two digit number which identifies the County Welfare Office to be sent a county transfer claim. This number will also identify, in CMIPS, the County Contact Name and Telephone Number to be included in the Notice of Action message. The following codes are valid:

- | | | |
|-----------------|--------------------|-------------------|
| 01 ALAMEDA | 02 ALPINE | 03 AMADOR |
| 04 BUTTE | 05 CALAVERAS | 06 COLUSA |
| 07 CONTRA COSTA | 08 DEL NORTE | 09 EL DORADO |
| 10 FRESNO | 11 GLENN | 12 HUMBOLDT |
| 13 IMPERIAL | 14 INYO | 15 KERN |
| 16 KINGS | 17 LAKE | 18 LASSEN |
| 19 LOS ANGELES | 20 MADERA | 21 MARIN |
| 22 MARIPOSA | 23 MENDOCINO | 24 MERCED |
| 25 MODOC | 26 MONO | 27 MONTEREY |
| 28 NAPA | 29 NEVADA | 30 ORANGE |
| 31 PLACER | 32 PLUMAS | 33 RIVERSIDE |
| 34 SACRAMENTO | 35 SAN BENITO | 36 SAN BERNARDINO |
| 37 SAN DIEGO | 38 SAN FRANCISCO | |
| 39 SAN JOAQUIN | 40 SAN LUIS OBISPO | |
| 41 SAN MATEO | 42 SANTA BARBARA | |
| 43 SANTA CLARA | 44 SANTA CRUZ | 45 SHASTA |
| 46 SIERRA | 47 SISKIYOU | 48 SOLANO |
| 49 SONOMA | 50 STANISLAUS | 51 SUTTER |
| 52 TEHAMA | 53 TRINITY | 54 TULARE |
| 55 TUOLUMNE | 56 VENTURA | 57 YOLO 58 YUBA |

Field: REASON CODE HISTORY - Display Only
 Length:
 Description: Reason Code History - Displays the last 12 Reason Codes (NOA's) issued, from the most current to the first one issued, in the following format:

four digit Reason Code
 two digit County Transfer Number
 the date (MM-DD-YY) the notice was processed

=====
THIS MIIP I 123456789012345601
NEXT MIIP I 123456789012345601

MILLER II PROVIDER RETROPAYMENT CLAIM

RETRO/UNDER: R
SEQ# 001
LAST NAME JONES FIRST CHARLES MI D STAT M LANG E
STR 1234 STREET NAME CTY CITY NAME ST CA Z 12345 9999
SSN 999 99 9999 TAX 0 PH# 999 999 9999 SEX M W4 9 99
REL 99

ORIGINAL CLAIM (F2): MM DD YY RESUB STD CLAIM (F3): MM DD YY
ORIG SUP CLAIM (G2): MM DD YY RESUB SUP CLAIM (G3): MM DD YY
ADV ACT REBUTAL (H2): MM DD YY COUNTY TRANSFER (H3): MM DD YY

NOA X REASON CODES : (1) XXXX (2) XXXX (3) XXXX (4) XXXX
CNTY TRANSFER NUMBER: 99 99 99 99

RETRO & UNDERPAYMENT REASON CODE HISTORY (CODE/CNTY TRANSFER NBR/PROCESS DATE)
XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY
XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY XXXX 99 MMDDYY

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS II
PROVIDER RETROPAYMENT CLAIM SCREEN
FIELD-BY-FIELD DESCRIPTION

The IHSS Miller v. Woods II Provider Retropayment Claim Screen (MIIP) is used to collect provider information necessary for the correct Notice of Action and payment address, tax indicator, claim and supplemental form dates, relationship of the provider to the applicant/recipient and provider NOA codes. If the provider is currently in CMIPS, the Provider information will be copied automatically from the CMIPS Provider Eligibility (PELG) screen and will not require County staff input of the same information.

DESCRIPTION:

Field: RECIPIENT/PROVIDER # (NEXT MIIP)

Length: 16

Description: Recipient/Provider # - Enter the 2 digit County number, 7 digit recipient number, 1 digit check digit and the 6 digit provider number.

Field: RETRO/UNDER:

Length: 1

Description: Retroactive/Underpayment - If separate Retroactive and Underpayment claims are submitted this field will be used to identify which claim information will be displayed on the MIIR and MIIP screens.

R = Retroactive claimant information

U = Underpayment claimant information

IF A CODE IS NOT ENTERED CMIPS WILL DEFAULT TO "R"

Field: SEQ # - System Generated, Numeric

Length: 3

Description: Sequence Number - a computer generated chronological number that indicates the most recent turnaround document.

Field: LAST NAME - Required, Alphanumeric
Length: 17
Description: Last Name - Alpha/special characters (.,/-) used to identify a specific provider.

Field: FIRST - Required, Alphanumeric
Length: 12
Description: First Name - Alpha/special characters (.,/-) preceding the last name to identify individual provider.

Field: MI - Optional, Alphanumeric
Length: 1
Description: MI - Alpha character representing the middle initial.

Field: STAT - Required, Alpha
Length: 1
Description: Status - Code which distinguishes Miller v. Woods I from Miller v. Woods II or WRO v. McMahon. Enter the code "M" (Miller v. Woods II).

Field: LANG - Required, Numeric
Length: 1
Description: Language - A number designating whether an English or Spanish Notice of Action should be printed. Enter one of the following codes:

E = English
S = Spanish

Field: STR - Required, Alphanumeric
Length: 28
Description: Street - provider's place of residence within a designated city - used as mailing address.

Field: CTY - Required, Alpha
Length: 17
Description: City - provider's city of residence.

Field: ST - Required, Alpha
Length: 2
Description: State - Provider's state of residence. Defaults to "CA" if not entered.

Field: Z - Required, Numeric
Length: 9
Description: Zip Code - A nine digit numeric code that identifies areas within the United States for purposes of simplifying the distribution of mail.

Field: SSN - Required, Numeric
Length: 9
Description: Social Security Number - A 9 digit number assigned to the provider by the Federal government. A valid SSN must be used here; invalid SSN's will not be accepted.

Field: TAX - Required, Alpha
Length: 1
Description: Tax Deduction/Exempt Status - Signifies the provider's tax status. Enter one of the following:
P = Provider is parent
S = Provider is spouse
C = Provider is recipient's child and under 21
O = Other

Field: PH # - Optional, Numeric
Length: 10
Description: Telephone Number - A unique numeric sequence used for identification of the area code and telephone number of a provider.

Field: SEX - Required, Alpha
Length: 1 Format: M/F
Description: Sex - Identification of the applicant/recipient's gender. Enter the correct code, if known; if unknown, enter F:
M = Male
F = Female

Field: W4 - Optional, Alphanumeric
Length: 3
Description: W-4 - Is an employee's withholding allowance form that is sent in by the provider to the County. Once EDS has received and entered a W-4 (Federal Income Tax), the withholding information designated by the provider will appear for inquiry purposes only.

Field: REL - Required, Numeric
Length: 2
Description: Relationship of Provider - Signifies the association of the provider to the applicant/recipient. Enter one of the following:
01 = spouse
02 = parent of minor child
03 = parent of adult child
04 = minor child
05 = adult child
06 = other relative
07 = friend
10 = housemate
11 = live-in provider
14 = other

Field: ORIGINAL CLAIM (F2) - Required, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Original Claim Date - The file date of the provider's Miller v. Woods Standard Claim Form.

Field: RESUB STD CLAIM (F3) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Resubmit Original Claim Date - The file date the provider resubmits the Miller v. Woods Standard Claim Form.

Field: ORIG SUP CLAIM (G2) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Original Supplemental Claim Date - The file date of the provider's Miller v. Woods Supplemental Claim Form.

Field: RESUB SUP CLAIM (G3) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Resubmit Supplemental Claim Date - The file date the provider resubmits the Miller v. Woods Supplemental Claim Form.

Field: ADV ACT REBUTAL (H2) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: Adverse Action Rebuttal File Date - The file date the provider submits his/her adverse action rebuttal documents for reconsidering his/her eligibility for payment under the Miller v. Woods judgment.

Field: COUNTY TRANSFER (H3) - Optional, Numeric
Length: 6 Format: MM = Month, DD = Day, YY = Year
Description: County Transfer Date - The date the Miller v. Woods provider's Standard Claim Form and, if applicable, the Supplemental Claim Form are sent from the first County and received by the second County.

First County: Enter the date the first County transferred (mailed) the Standard Claim Form as determined by MPP 50-018.32.

Second County: Enter the date the second County accepted (received) the transferred Standard Claim Form as determined by MPP 50-018.32(h)(2).

THE FILING DATE RECORDED BY THE FIRST COUNTY (FIELD F2)
WILL ALSO BE THE FILING DATE RECORDED IN FIELD F2 BY THE
SECOND COUNTY.

Field: NOA - Display only, Alpha

Length: 1

Description: Notice of Action - Denotes where the Notice of
Action is to be sent. All Notices of Action will
be returned to the County for completion of the NOA
message(s) - and to attach the computation of wages
and interest (or other documents), if applicable,
and mailing.

Field: REASON CODES - Optional, Numeric

Length: 4

Description: Reason Code(s) - Four digit codes for actions
described in Notice of Action messages.

Field: CNTY TRANSFER NUMBER - Optional, Numeric

Length: 2

Description: County Transfer Number - A two digit number which
identifies the County Welfare Office to be sent a
county transfer claim. This number will also
identify, in CMIPS, the County Contact Name and
Telephone Number to be included in the Notice of
Action message. The following codes are valid:

01 ALAMEDA	02 ALPINE	03 AMADOR
04 BUTTE	05 CALAVERAS	06 COLUSA
07 CONTRA COSTA	08 DEL NORTE	09 EL DORADO
10 FRESNO	11 GLENN	12 HUMBOLDT
13 IMPERIAL	14 INYO	15 KERN
16 KINGS	17 LAKE	18 LASSEN
19 LOS ANGELES	20 MADERA	21 MARIN
22 MARIPOSA	23 MENDOCINO	24 MERCED
25 MODOC	26 MONO	27 MONTEREY
28 NAPA	29 NEVADA	30 ORANGE
31 PLACER	32 PLUMAS	33 RIVERSIDE
34 SACRAMENTO	35 SAN BENITO	36 SAN BERNARDINO
37 SAN DIEGO	38 SAN FRANCISCO	

39 SAN JOAQUIN	40 SAN LUIS OBISPO	
41 SAN MATEO	42 SANTA BARBARA	
43 SANTA CLARA	44 SANTA CRUZ	45 SHASTA
46 SIERRA	47 SISKIYOU	48 SOLANO
49 SONOMA	50 STANISLAUS	51 SUTTER
52 TEHAMA	53 TRINITY	54 TULARE
55 TUOLUMNE	56 VENTURA	57 YOLO
58 YUBA		

Field: REASON CODE HISTORY - Display Only

Length:

Description: Reason Code History - Displays the last 12 Reason Codes (NOA's) issued, from the most current to the first one issued, in the following format:

four digit Reason Code
two digit County Transfer Number
the date (MM-DD-YY) the notice was processed

```

=====
THIS MIIW I 1234567890
NEXT MIIW I 1234567890
MILLER II - RETROPAYMENT WAGE AND INTEREST WORKSHEET
WORKSHEET SEL 99 SSN 999 99 9999
RECIP BLUE BANA PROV JONES JENIFER
GRAND TOTALS $ 999,999.99 $ 999,999.99 $ 999,999.99 V/R V WAR NUM: 12345678
AUTH 99999 NOAS (1) XXXX (2) XXXX (3) XXXX (4) XXXX
COL 1 2 3 4 5 6 7 8 9 10
CLASS AMT CLAIM: ST ST MAX AMT DUE: INTEREST TOTAL
MO/YR ELIG HOURS HOURS AMT MAX LESS LESS OF DUE INTEREST TOTAL
CLAIM Y/N CLAIM X RATE AUTH N/S AMT AUTH COL 4/7 7%/10% AMT DUE
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
=====

```

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS II
RETROPAYMENT WAGE AND INTEREST WORKSHEET SCREEN
FIELD-BY-FIELD DESCRIPTION

The IHSS Miller v. Woods II Retropayment Wage and Interest Worksheet Screen (MIIW) is used to identify and calculate, by month and year, the amount of service hours claimed and the dollar amount paid as retroactive wages and prejudgment interest. This information will come from either the Applicant/Recipient or the Provider Retroactive Benefit Eligibility Determination Worksheet, Part II. County staff are required to complete the Worksheet Selection, Authorization and Notice of Action fields as well as Columns 1, 2, 3, 5 and 6. The Case Management, Information and Payrolling System (CMIPS) will automatically transfer the recipient/applicant and/or provider names, the claimant's Social Security number and compute the data for Columns 4, 7, 8, 9 and 10, determine the Grand Totals and print this information on a turnaround document at County print sites.

DESCRIPTION:

Field: RECIPIENT/PROVIDER # (NEXT MIIW)

Length: 10/16

Description: Recipient/Provider # - Enter the 2 digit County number, 7 digit recipient number, 1 digit check digit and if applicable the 6 digit provider number.

Field: WORKSHEET SEL - Required, Numeric

Length: 2

Description: Worksheet Selection - A two digit number that identifies the most recent turnaround document worksheet.

Field: SSN - Displayed by CMIPS

Length: 9

Description: Social Security Number - A 9 digit number assigned to the provider by the Federal government. A valid SSN must be used here; invalid SSN's will not be accepted.

Field: RECIP - Displayed by CMIPS
Length: 30
Description: Recipient/Applicant's Name - Alpha/special characters (.,/-) used to identify a specific recipient/applicant; the last name first, first name next and then the middle initial.

Field: PROV - Displayed by CMIPS
Length: 30
Description: Provider's Name - Alpha/special characters (.,/-) used to identify a specific provider of service; the last name first, first name next and then the middle initial.

Field: GRAND TOTALS \$ - Computed by CMIPS
Length: 12
Description: Grand Totals - The dollar amount paid as retroactive wages and prejudgment interest and the sum total of the two.

Field: V/R - Optional, Alpha
Length: 1
Description: Void/Replacement - Enter one of the following codes to issue a void/stop payment or a void/stop pay and replace of a Miller warrant (EDS staff only):
V = Void/Stop Payment
R = Void/Stop Payment and Replace

Field: WAR NUM - Optional, Numeric
Length: 8
Description: Warrant Number - Enter the warrant number to either be replaced or a void/stop payment issued (EDS staff only).

Field: AUTH - Optional, Alphanumeric
Length: 5
Description: Authorized By - The official County assigned authorization number that must be entered with every Notice of Action issuing retroactive and/or interest payments.

Field: NOAS - Required, Alpha
Length: 4
Description: Notice of Actions (Reason Codes) - Four digit codes for actions described in Notice of Action messages.

Field: COL 1: MO/YR CLAIM - Required, Numeric
Length: 4
Description: Column 1: Month and Year Claimed - The month and year protective supervision services were claimed either received or provided. Enter as identified on the Miller v. Woods Standard Claim Form (Part II only).

Field: COL 2: CLASS ELIG - Required, Numeric
Length: 1
Description: Column 2: Class Eligibility - Identifies, for each month/year claimed, if the recipient/applicant applied for or was denied IHSS. Enter either Y for yes or N for no.

Field: COLUMN 3: HOURS CLAIM - Required, Numeric
Length: 7
Description: Column 3: Hours Claimed - Identifies, for each month/year claimed, the number of hours protective supervision services were received or provided. Enter the number of hours, by month and year, as identified on the Miller v. Woods Standard Claim Form (Part II only).

Field: COLUMN 4: AMT CLAIM (HRS X RATE) - Computed by CMIPS
Length: 10
Description: Column 4: Amount Claimed - Identifies the number of hours claimed in a dollar amount (hours multiplied by the hourly rate). CMIPS will calculate and display the dollar amount on the screen and print the amount on the turnaround document.

Field: COLUMN 5: AMT AUTH - Required, numeric
 Length: 7
 Description: Column 5: Amount Originally Authorized - Identifies the amount of In-Home Supportive Services originally authorized during a specific month/year. Enter the total number of hours authorized for each month/year claimed.

Field: COLUMN 6: ST MAX (N/S) - Required, Alpha
 Length: 1
 Description: Column 6: Statutory Maximum - Identifies whether the recipient/applicant was or would have been classified as non-severely impaired or severely impaired and the payment rate CMIPS will use to calculate retroactive payment. CMIPS will also display one of the following dollar amounts on the screen and the turnaround document:

Effective Date:	NSI:	SI:
07/01/78 --- 06/30/79	\$431	\$621
07/01/79 --- 06/30/80	\$460	\$664
07/01/80 --- 06/30/81	\$532	\$767
07/01/81 --- 06/30/82	\$581	\$838
07/01/82 --- 06/30/83	\$581	\$838
07/01/83 --- 04/30/84	\$604	\$872

Field: COLUMN 7: ST MAX LESS AMT AUTH - Computed by CMIPS
 Length: 7
 Description: Column 7: Statutory Maximum Amount Less The Amount Originally Authorized - Identifies the difference between the statutory maximum and the amount originally authorized. Calculated, displayed and printed on the turnaround document by CMIPS.

Field: COLUMN 8: AMT DUE LESS OF COL 4/7 - Computed by CMIPS
 Length: 7
 Description: Column 8: Dollar Amount Due - Identifies the dollar amount, by month/year, to be paid as retroactive wages. The amount to be paid will be the smallest amount between Column 4 and 7 and will be displayed on the screen and printed on the turnaround document by CMIPS.

Field: COLUMN 9: INTEREST DUE (7%/10%) - Computed by CMIPS

Length: 8

Description: Column 9: Interest Due (7%/10%) - Identifies the dollar amount to be paid as prejudgment interest, by month/year. The amount will be calculated and displayed on the screen and printed on the turnaround document by CMIPS. CMIPS will calculate the prejudgment interest at the following rates:

7% for the period April 1, 1979 through December 31, 1982; and,

10% for the period January 1, 1983 through April 30, 1984.

The prejudgment interest will be computed on the amount of the monthly payment up through the last day of the month following the month in which payment is authorized.

Field: COLUMN 10: TOTAL AMT DUE - Displayed by CMIPS

Length: 9

Description: Column 10: Total Amount Due - Identifies the total dollar amount due as retroactive wages and prejudgment interest, by month/year. The amount will be calculated and displayed on the screen and printed on the turnaround document by CMIPS. CMIPS will also print a total by year for Columns 8, 9 and 10 and as well as a grand total on the turnaround document.


```

=====
THIS MIU I 1234567890
NEXT MIU I 1234567890
MILLER II - UNDERPAYMENT WAGE WORKSHEET
WORKSHEET SEL 99 SSN 999 99 9999
RECIP BLUE BANA PROV JONES JENIFER
GRAND TOTAL $ 999,999.99 V/R V WAR NUM: 12345678
AUTH 99999 NOAS (1) XXXX (2) XXXX (3) XXXX (4) XXXX
COL 1 2 3 4 5 6 7 8
MO/YR CLASS AMT CLAIM: ST ST MAX TOTAL DUE:
CLAIM ELIG HOURS HOURS AMT MAX LESS AMT LESSER OF
Y/N CLAIM X RATE AUTH N/S AUTH AUTH COL 4 OR 7
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
XX XX X XXXXXXXX XXXXXXXXX XXXXXXXX X XXXXXXXX XXXXXXXX
=====

```

IN-HOME SUPPORTIVE SERVICES
MILLER v. WOODS II
UNDERPAYMENT WAGE WORKSHEET SCREEN
FIELD-BY-FIELD DESCRIPTION

The IHSS Miller v. Woods II Underpayment Wage Worksheet Screen (MIIU) is used to identify and calculate, by month and year, the amount of service hours claimed and the dollar amount paid as underpayment wages. This information will come from either the Applicant/Recipient or the Provider Underpayment Eligibility Determination Worksheet, Part II. County staff are required to complete the Worksheet Selection, Authorization and Notice of Action fields as well as Columns 1, 2, 3, 5 and 6. The Case Management, Information and Payrolling System (CMIPS) will automatically transfer the recipient/applicant and/or provider names, the claimant's Social Security number and compute the data for Columns 4, 7, 8, and 10, determine the Grand Totals and print this information on a turnaround document at County print sites.

DESCRIPTION:

Field: RECIPIENT/PROVIDER # (NEXT MIIU)

Length: 10/16

Description: Recipient/Provider # - Enter the 2 digit County number, 7 digit recipient number, 1 digit check digit and if applicable the 6 digit provider number.

Field: WORKSHEET SEL - Required, Numeric

Length: 2

Description: Worksheet Selection - A two digit number that identifies the most recent turnaround document worksheet.

Field: SSN - Displayed by CMIPS

Length: 9

Description: Social Security Number - A 9 digit number assigned to the provider by the Federal government. A valid SSN must be used here; invalid SSN's will not be accepted.

Field: RECIP - Displayed by CMIPS

Length: 30

Description: Recipient/Applicant's Name - Alpha/special characters (./-) used to identify a specific recipient/applicant; the last name first, first name next and then the middle initial.

Field: PROV - Displayed by CMIPS

Length: 30

Description: Provider's Name - Alpha/special characters (./-) used to identify a specific provider of service; the last name first, first name next and then the middle initial.

Field: GRAND TOTALS \$ - Computed by CMIPS

Length: 12

Description: Grand Totals - The dollar amount paid as underpayment wages.

Field: V/R - Optional, Alpha

Length: 1

Description: Void/Replacement - Enter one of the following codes to issue a void/stop payment or a void/stop pay and replace of a Miller warrant (EDS staff only):

V = Void/Stop Payment

R = Void/Stop Payment and Replace

Field: WAR NUM - Optional, Numeric

Length: 8

Description: Warrant Number - Enter the warrant number to either be replaced or a void/stop payment issued (EDS staff only).

Field: AUTH - Optional, Alphanumeric

Length: 5

Description: Authorized By - The official County assigned authorization number that must be entered with every Notice of Action issuing underpayment.

Field: NOAS - Required, Alpha
Length: 4
Description: Notice of Actions (Reason Codes) - Four digit codes for actions described in Notice of Action messages.

Field: COL 1: MO/YR CLAIM - Required, Numeric
Length: 4
Description: Column 1: Month and Year Claimed - The month and year protective supervision services were claimed either received or provided. Enter as identified on the Miller v. Woods Standard Claim Form (Part III only).

Field: COL 2: CLASS ELIG - Required, Numeric
Length: 1
Description: Column 2: Class Eligibility - Identifies, for each month/year claimed, if the recipient/applicant applied for or was denied IHSS. Enter either Y for yes or N for no.

Field: COLUMN 3: HOURS CLAIM - Required, Numeric
Length: 7
Description: Column 3: Hours Claimed - Identifies, for each month/year claimed, the number of hours protective supervision services were received or provided. Enter the number of hours, by month and year, as identified on the Miller v. Woods Standard Claim Form (Part III only).

Field: COLUMN 4: AMT CLAIM (HRS X RATE) - Computed by CMIPS
Length: 10
Description: Column 4: Amount Claimed - Identifies the number of hours claimed in a dollar amount (hours multiplied by the hourly rate). CMIPS will calculate and display the dollar amount on the screen and print the amount on the turnaround document.

Field: COLUMN 5: AMT AUTH - Required, numeric
 Length: 7
 Description: Column 5: Amount Originally Authorized - Identifies the amount of In-Home Supportive Services originally authorized during a specific month/year. Enter the total number of hours authorized for each month/ year claimed.

Field: COLUMN 6: ST MAX (N/S) - Required, Alpha
 Length: 1
 Description: Column 6: Statutory Maximum - Identifies whether the recipient/applicant was or would have been classified as non-severely impaired or severely impaired and the payment rate CMIPS will use to calculate underpayments. CMIPS will also display one of the following dollar amounts on the screen and the turnaround document:

Effective Date:	NSI:	SI:
07/01/78 --- 06/30/79	\$431	\$621
07/01/79 --- 06/30/80	\$460	\$664
07/01/80 --- 06/30/81	\$532	\$767
07/01/81 --- 06/30/82	\$581	\$838
07/01/82 --- 06/30/83	\$581	\$838
07/01/83 --- 04/30/84	\$604	\$872

Field: COLUMN 7: ST MAX LESS AMT AUTH - Computed by CMIPS
 Length: 7
 Description: Column 7: Statutory Maximum Amount Less The Amount Originally Authorized - Identifies the difference between the statutory maximum and the amount originally authorized. Calculated, displayed and printed on the turnaround document by CMIPS.

Field: COLUMN 8: TOTAL DUE LESS OF COL 4/7 - Computed by CMIPS
 Length: 7
 Description: Column 8: Total Dollar Amount Due - Identifies the dollar amount, by month/year, to be paid as underpayment wages. The amount to be paid will be the smallest amount between Column 4 and 7 and will be displayed on the screen and printed on the turnaround document by CMIPS.

NOTICE OF ACTION MESSAGES
MILLER v. WOODS II
TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE	61
PROVIDER CLAIMS FILED UNDER THE MvW II JUDGMENT		
INITIAL MESSAGES	PAGE	62 - 63
ADVERSE INFORMATION MESSAGES	PAGE	64 - 69
FINAL MESSAGES	PAGE	68 - 73
PROVIDER APPROVALS		
APPROVAL MESSAGE	PAGE	74
PARTIAL APPROVAL/DENIAL	PAGE	74
PROVIDER REOPENED MvW I CLAIMS		
INITIAL MESSAGE	PAGE	75
UNDELIVERABLE DENIAL MESSAGE	PAGE	75
RECIPIENT/APPLICANT CLAIMS FILED UNDER THE MvW II JUDGMENT		
INITIAL MESSAGES	PAGE	76 - 77
ADVERSE INFORMATION MESSAGES	PAGE	78 - 80
FINAL MESSAGES	PAGE	81 - 85
RECIPIENT/APPLICANT APPROVALS		
APPROVAL MESSAGE	PAGE	86
PARTIAL APPROVAL/DENIAL	PAGE	86
RECIPIENT/APPLICANT REOPENED MvW I CLAIMS		
INITIAL MESSAGE	PAGE	87
UNDELIVERABLE DENIAL MESSAGE	PAGE	87
NOTICE OF ACTION FORM NA 690M (02/93)	PAGE	88

NOTICE OF ACTION MESSAGES
MILLER v. WOODS II

THESE NOA MESSAGES ARE FOR PROVIDER CLAIMS SUBMITTED UNDER
THE MILLER v. WOODS II JUDGMENT

INITIAL MESSAGES:

BOILERPLATE:

MPP 50-018.32

(Date system generated) we received a Miller v. Woods claim that you provided protective supervision services to In-Home Supportive Services recipient/applicant (Name system generated) for the period of ___-___-___ through ___-___-___, ___-___-___ through ___-___-___, ___-___-___ through ___-___-___.

INCOMPLETE STANDARD CLAIM FORM RECEIVED:

M001 MPP 50-018.168(b), .315, .432 and .632
We cannot process your claim because it is incomplete. Your Standard Claim Form is being returned to you with Sections ___, ___, ___, ___, ___ checked which you need to complete. If other information is needed, you will find specific requests listed below. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

INCOMPLETE SUPPLEMENTAL CLAIM FORM RECEIVED:

M002 MPP 50-018.168(b), .31, .444, .464(c) and .632
Your Miller v. Woods Supplemental Claim Form was received ___-___-___ but we cannot process your claim because it is incomplete. The Supplemental Claim Form is being returned to you with Sections ___, ___, ___, ___, ___ checked which you need to complete. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

SEND SUPPLEMENTAL CLAIM FORM/COMPLETE PARTS I, III AND IV:

M003 MPP 50-018.315, .421(d), .441, .452, .464 and .531
We cannot process your claim without additional information. Enclosed is a Miller v. Woods Supplemental Claim Form. Completion of this form is necessary to determine your eligibility for retroactive payments and/or underpayments. Please complete Parts I, III and IV of this form. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

SEND SUPPLEMENTAL CLAIM FORM/COMPLETE ALL OF THE FORM:

M004 MPP 50-018.315, .421(d), .441, .452, .464 and .531
We cannot process your claim without additional information. Enclosed is a Miller v. Woods Supplemental Claim Form. Completion of this form is necessary to determine your eligibility for retroactive payments and/or underpayments. You must complete the entire form and return it to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

COUNTY TRANSFER (TRANSFER IN TOTAL):

M005 MPP 50-018.32(e) and (h)
Your Miller v. Woods Standard Claim Form must be processed by the County Welfare Department where the In-Home Supportive Services applicant/recipient lived during the period you claim you provided protective supervision services.

Your claim form has been forwarded to _____ County for processing. County staff will contact you within 45 days. The County contact person is _____, telephone number () ___-____.

COUNTY TRANSFER (PARTIAL TRANSFER):

M006 MPP 50-018.32(e) and (h)
Your Miller v. Woods Standard Claim Form must be processed by the County Welfare Department where the In-Home Supportive Services applicant/recipient lived during the period you claim you provided protective supervision services.

Your claim for the period ___-___-___ through ___-___-___ has been forwarded to _____ County which will process that portion of your claim and contact you within 45 days. The County contact person is _____, telephone number () ___-____.

COUNTY TRANSFER (MULTIPLE TRANSFERS):

M007 MPP 50-018.32(e) and (h)
Your claim for the period ___-___-___ through ___-___-___ has been forwarded to _____ County which will process that portion of your claim and contact you within 45 days. The County contact person is _____, telephone number () ___-____.

ADVERSE INFORMATION MESSAGES:

FOR ALL ADVERSE MESSAGES:

M008 MPP 50-018.167, .33, .463, .521(a) and .522(a)
We have information that contradicts your claim (see attached). Your Miller v. Woods claim is denied. If you do not agree with our decision you have until ___-___-___ to get us a written explanation and/or any records about why you disagree with our decision. If you get us the information by that date, we will review your claim again and send you a new decision.

You do not qualify as a Miller v. Woods class member because:

NOT A CALIFORNIA RESIDENT (RETROACTIVE PERIOD):

M009 MPP 50-018.411(a), .412(a) and .421(c)
The person you claim you provided protective supervision services for did not live in California at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

NOT A CALIFORNIA RESIDENT (UNDERPAYMENT PERIOD):

M010 MPP 50-018.332, .411(a), .412(a) and .421(c)
The person you claim you provided protective supervision services for did not live in California at any time from May 1984 through August 1985.

DID NOT LIVE WITH A RECIPIENT/APPLICANT (RETRO PERIOD):

M011 MPP 50-018.411(a), 412(a) and .421(c)
You did not live with a nonself-directing, confused, mentally impaired or mentally ill person who, because of his/her mental condition, would have been hurt or injured if left alone at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

DID NOT LIVE WITH A RECIPIENT/APPLICANT (UNDERPYMT PERIOD)

M012 MPP 50-018.411(a), 412(a) and .421(c)
You did not live with a nonself-directing, confused, mentally impaired or mentally ill person who, because of his/her mental condition, would have been hurt or injured if left alone at any time from May 1984 through August 1985,.

DID NOT STAY OR WATCH (RETROACTIVE PERIOD):

M013 MPP 50-018.411(a), .412(a) and .421(c)
You did not stay and watch the recipient/applicant to make sure he/she did not harm or injure himself/herself at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

DID NOT STAY OR WATCH (UNDERPAYMENT PERIOD):

M014 MPP 50-018.411(a), .412(a) and .421(c)
You did not stay and watch the recipient/applicant to make sure he/she did not harm or injure himself/herself at any time from May 1984 through August 1985.

NEITHER RECEIVED NOR DENIED SVS (RETROACTIVE PERIOD):

M015 MPP 50-018.421(c)
The person you claim you provided protective supervision services for did not receive nor was denied In-Home Supportive Services benefits at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

NEITHER RECEIVED NOR DENIED SVS (UNDERPAYMENT PERIOD):

M016 MPP 50-018.421(c)
The person you claim you provided protective supervision services for did not receive nor was denied In-Home Supportive Services benefits at any time from May 1984 through August 1985.

RECIP NOT 65 YRS, BLIND OR DISABLED (RETROACTIVE PERIOD):

M017 MPP 50-018.421(c)
The person you claim you provided protective supervision services for was not age 65 or older, blind or disabled at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

RECIP NOT 65 YRS, BLIND OR DISABLED (UNDERPYMT PERIOD):

M018 MPP 50-018.421(c)
The person you claim you provided protective supervision services for was not age 65 or older, blind or disabled at any time from May 1984 through August 1985.

RECIPIENT/APPLICANT SELF-DIRECTING (RETROACTIVE PERIOD):

M019 MPP 50-018.411(a), .412(a) and .421(c)
The person you claim you provided protective supervision services for was self-directing, not confused, mentally impaired nor mentally ill at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

RECIPIENT/APPLICANT SELF-DIRECTING (UNDERPYMNT PERIOD):

M020 MPP 50-018.411(a), .412(a) and .421(c)
The person you claim you provided protective supervision services for was self-directing, not confused, mentally impaired nor mentally ill at any time from May 1984 to August 1985.

NOT A SPOUSE (SSI/SSP ELIG)-RETROACTIVE PERIOD:

M021 MPP 50-018.412(b) and .421(c)
You were not considered to be a member of a married couple with an IHSS recipient/applicant, as defined for the purposes of SSI/SSP eligibility in 20 CR 416.1806 at any time from April 1979 through April 1981.

PAID AS AUTHORIZED SERVICES:

M022 MPP 50-018.411(a) and .412(a)
Protective supervision services have already been paid by the County as part of the authorized In-Home Supportive Services. The attached computation of hours and payment will tell you how these services and their cost were figured.

COMPENSATED:

M023 MPP 50-018.411(b) and .412(c)
You have already been paid for providing protective supervision services.

STATUTORY MAXIMUM HOURS OF SERVICE RECEIVED BY RECIPIENT:

M024 MPP 50-018.523(a)
The recipient received In-Home Supportive Services paid at the statutory maximum payment. The attached computation of hours and payment will tell you how these services and their cost were figured.

RECIPIENT/APPLICANT WAS FINANCIALLY INELIGIBLE

M025 MPP 50-018.446, and .532(c)
The person you claim you provided protective supervision services for was not financially eligible for In-Home Supportive Services during the period claimed because:

REASON FOR DENIAL OTHER THAN HOUSEMATE OR SPOUSE:

M026 MPP 50-018.521(a) and .522(a)
The person you claim you provided protective supervision services for was denied those services because:

PROTECTIVE SUPERVISION WAS NOT REQUIRED:

M027 MPP 50-018.463, .521(a) and .522(a)
The person you claim you provided protective supervision services for did not required those services using current assessment standards because:

FINAL MESSAGES:

FOR ALL FINAL MESSAGES:

M028 MPP 50-018.63
You do not qualify as a Miller v. Woods class member. Your Miller v. Woods claim is denied because:

INCOMPLETE STANDARD CLAIM FORM RETURNED:

M029 MPP 50-018.311 and .433(a)
A Standard Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We received your Standard Claim Form ___-___-___; however the claim is still not complete.

INCOMPLETE STANDARD CLAIM FORM NOT RETURNED:

M030 MPP 50-018.315 and .434
A Standard Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We did not receive the Standard Claim Form we returned to you for completion by ___-___-___.

INCOMPLETE SUPPLEMENTAL CLAIM FORM RETURNED:

M031 MPP 50-018.311 and .444(a)
A Supplemental Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We received your Supplemental Claim Form ___-___-___; however the claim is still not complete.

INCOMPLETE SUPPLEMENTAL CLAIM FORM NOT RETURNED:

M032 MPP 50-018.315 and .445
A Supplemental Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We did not receive your Supplemental Claim Form we returned to you for completion by ___-___-___.

SUPPLEMENTAL CLAIM FORM NOT RETURNED: PART I, III AND IV

M033 MPP 50-018.315 and .445
We did not receive your Supplemental Claim Form we mailed to you to complete Parts I, III and IV by ___-___-___.

SUPPLEMENTAL CLAIM FORM NOT RETURNED: (THE ENTIRE FORM):

M034 MPP 50-018.315 and .445
We did not receive your Supplemental Claim Form we mailed to you to complete by ___-___-___.

OUTSIDE CLAIM PERIOD:

M035 MPP 50-018.331

You claimed you provided protective supervision services for periods other than April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

THE FOLLOWING MESSAGE SHOULD BE USED IN CONJUNCTION WITH THE ABOVE DENIAL IF THE CLAIMANT IS A SPOUSE AND IS CLAIMING UNDERPAYMENTS.

SPOUSE PROV - REFER TO WRO:

M036 MPP 50-018.491(a)

As a spouse, you may qualify for retroactive payments and/or underpayment if you provided protective supervision services from July 1983 through September 1985 under the Welfare Rights Organization (WRO) v. McMahon judgment. Please complete the WRO Standard Claim Form enclosed and return the form to the IHSS County Office listed above (top lefthand corner) by __-__-__.

UNDERPAYMENT PERIOD - NONSPOUSE:

M037 MPP 50-018.332 and .492(a)

Your eligibility for retroactive payments does not extend through the end of the retroactive payment claim period, April 30, 1984.

NOT A CALIFORNIA RESIDENT (RETROACTIVE PERIOD):

M038 MPP 50-018.411(a), .412(a) and .421(a)

The person you claim you provided protective supervision services for did not live in California at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

NOT A CALIFORNIA RESIDENT (UNDERPAYMENT PERIOD):

M039 MPP 50-018..411(a), .412(a) and .421(a)

The person you claim you provided protective supervision services for did not live in California at any time from May 1984 through August 1985.

DID NOT LIVE WITH A RECIPIENT/APPLICANT (RETRO PERIOD):

M040 MPP 50-018.411(a), .412(a) and .421(a)
You did not live with a nonself-directing, confused, mentally impaired or mentally ill person who, because of his/her mental condition, would have been hurt or injured if left alone at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

DID NOT LIVE WITH A RECIPIENT/APPLICANT (UNDERPYMT PERIOD):

M041 MPP 50-018.411(a), .412(a) and .421(a)
You did not live with a nonself-directing, confused, mentally impaired or mentally ill person who, because of his/her mental condition, would have been hurt or injured if left alone at any time from May 1984 through August 1985.

DID NOT STAY OR WATCH (RETROACTIVE PERIOD):

M042 MPP 50-018.411(a), .412(a) and .421(a)
You did not stay and watch the recipient/applicant to make sure he/she did not harm or injure himself/herself at any time from April 1979 through April 1984 if a housemate or April 1979 through July 1981 if a spouse.

DID NOT STAY OR WATCH (UNDERPAYMENT PERIOD):

M043 MPP 50-018.411(a), .412(a) and .421(a)
You did not stay and watch the recipient/applicant to make sure he/she did not harm or injure himself/herself at any time from May 1984 to August 1985.

NEITHER RECEIVED NOR DENIED SVS (RETROACTIVE PERIOD):

M044 MPP 50-018.421(b)
The person you claim you provided protective supervision services for did not receive nor was denied In-Home Supportive Service benefits at any time from April 1979 to April 1984 if a housemate or April 1979 through July 1981 if a spouse.

NEITHER RECEIVED NOR DENIED SVS (UNDERPAYMENT PERIOD):

M045 MPP 50-018.421(b)
The person you claim you provided protective supervision services for did not receive nor was denied In-Home Supportive Service benefits at any time from May 1984 to August 1985.

RECIP NOT 65 YRS, BLIND OR DISABLED (RETROACTIVE PERIOD):

M046 MPP 50-018.411(a), .412(a) and .421(a)
The person you claim you provided protective supervision services for was not age 65 or older, blind or disabled at any time from April 1979 to April 1984 if a housemate or April 1979 through July 1981 if a spouse.

RECIP NOT 65 YRS, BLIND OR DISABLED (UNDERPAYMENT PERIOD):

M047 MPP 50-018.411(a), .412(a) and .421(a)
The person you claim you provided protective supervision services for was not age 65 or older, blind or disabled at any time from May 1984 to August 1985.

RECIPIENT/APPLICANT SELF-DIRECTING (RETROACTIVE PERIOD):

M048 MPP 50-018.411(a) and .412(a)
The person you claim you provided protective supervision services for was self-directing, not confused, mentally impaired nor mentally ill at any time from April 1979 to April 1984 if a housemate or April 1979 through July 1981 if a spouse.

RECIPIENT/APPLICANT SELF-DIRECTING (UNDERPAYMENT PERIOD):

M049 MPP 50-018.411(a) and .412(a)
The person you claim you provided protective supervision services for was self-directing, not confused, mentally impaired nor mentally ill at any time from May 1984 to August 1985.

NOT A SPOUSE (SSI/SSP ELIG)-RETROACTIVE PERIOD:

M050 MPP 50-018.412(b)
You were not considered to be a member of a married couple with an IHSS recipient/applicant, as defined for the purposes of SSI/SSP eligibility in 20 CR 416.1806 at any time from April 1979 through April 1981.

PAID AS AUTHORIZED SERVICES:

M051 MPP 50-018.411(b) and .412(c)
Protective supervision services have already been paid by the County as part of the authorized In-Home Supportive Services. The attached computation of hours and payment will tell you how these services and their cost were figured.

COMPENSATED BY THE RECIPIENT/APPLICANT:

M052 MPP 50-018.411(b) and .412(c)
You have already been paid for providing protective supervision services.

STATUTORY MAXIMUM HOURS OF SERVICE RECEIVED BY RECIPIENT:

M053 MPP 50-018.58
The recipient received In-Home Supportive Services paid at the statutory maximum payment. The attached computation of hours and payment will tell you how these services and their cost were figured.

RECIPIENT/APPLICANT WAS FINANCIALLY INELIGIBLE

M054 MPP 50-018.532(b)
The person you claim you provided protective supervision services for was not financially eligible for In-Home Supportive Services during the claim period(s) because:

REASON FOR A DENIAL OTHER THAN HOUSEMATE OR SPOUSE:

M055 MPP 50-018.52
The person you claim you provided protective supervision services for was denied those services because:

PROTECTIVE SUPERVISION WAS NOT REQUIRED:

M056 MPP 50-018.464(e)
The person you claim you provided protective supervision services for did not require those services using current assessment standards because:

LATE FILING

M057 MPP 50-018.314 and .32(f)
Your claim was received after the final filing date of September 30, 1993.

CLAIMED PAID UNDER MILLER v. WOODS I

M058 MPP 50-018.483
You have already received retroactive payment, prejudgment interest and/or underpayment for the period claimed
__-__-__ through __-__-__, __-__-__ through __-__-__.

FINAL DENIAL OF A REBUTTAL

M059 MPP 50-018.454 and 464(e)

We have reviewed the Miller v. Woods Claim Form and have considered the additional information you have submitted since your denial Notice of Action dated __-__-__. The denial of your claim is final because:

INFO DOES NOT SUBSTANTIATE CLAIM

M060 MPP 50-018.464(e)

We have reviewed the Miller v. Woods Claim Form and have considered the additional information you have submitted. The information you submitted does not substantiate your claim. Your claim is denied because:

APPROVAL AND
PARTIAL APPROVAL/DENIAL NOTICES:

APPROVAL:

M080 MPP 50-018.63

Your claim is approved in the amount of \$ _____ past due wages and \$ _____ interest (see attached computation).

Your past due wages and interest are taxable income and we will report the amount to the Internal Revenue Service (IRS) and the Franchise Tax Board. Your check may not have enough taxes withheld, you must figure out how much you owe. You may wish to contact the IRS or a tax consultant for assistance. The check(s) you receive will tell you what deductions, if any, have been made.

Your check(s) will be mailed to you within the next 30 days.

PARTIAL APPROVAL/PARTIAL DENIAL:

M081 MPP 50-018.63

Your claim is approved in part and denied in part. The part of your claim that is approved equals the amount of \$ _____ past due wages and \$ _____ interest (see attached computation).

Your past due wages and interest are taxable income and we will report the amount to the Internal Revenue Service (IRS) and the Franchise Tax Board. Your check may not have enough taxes withheld, you must figure out how much you owe. You may wish to contact the IRS or a tax consultant for assistance. The check(s) you receive will tell you what deductions, if any, have been made.

Your check(s) will be mailed to you within the next 30 days. That part of your claim for the period(s) ____-____-____ through ____-____-____, ____-____-____ through ____-____-____, ____-____-____ through ____-____-____ is denied based on the following information:

THESE NOA MESSAGES ARE FOR PROVIDER MILLER v. WOODS I REOPENED CLAIMS

INITIAL MESSAGE:

REOPEN MILLER I CLAIM (EDS USE ONLY-NO BOILERPLATE):

M090 MPP 50-018.24, .32(i) and .47
Your Miller v. Woods Standard Claim Form that was received ___-___-___ and denied solely for the reason of late filing, has been reopened for processing. There is no need for you to do anything at this time unless you did not claim for underpayments and you would like to now.

To claim for underpayments, please complete the Miller v. Woods Standard Claim Form enclosed (if you were a housemate) or the WRO Standard Claim Form enclosed (if you were a spouse) and return it to the IHSS office listed above (top lefthand corner) by ___-___-___.

DENIAL MESSAGE:

UNDELIVERABLE MILLER I REOPENED CLAIMS (NO BOILERPLATE):

M091 MPP 50-018.631
We have tried to notify you by mail that your Miller v. Woods Standard Claim Form, received ___-___-___, that was denied solely for the reason of late filing, has been reopened for processing. Unfortunately the notice was returned undeliverable. Therefore, we have no choice but to issue you a Final Denial Notice as required by the Miller v. Woods judgment.

THESE NOA MESSAGES ARE FOR RECIPIENT CLAIMS SUBMITTED UNDER
THE MILLER v WOODS II JUDGMENT:

INITIAL MESSAGES:

BOILERPLATE:

MPP 50-018.32

(Date system generated) we received a Miller v. Woods claim that you paid for protective supervision services as an In-Home Supportive Services recipient/applicant for the period of ___-___-___ through ___-___-___, ___-___-___ through ___-___-___, ___-___-___ through ___-___-___.

INCOMPLETE STANDARD CLAIM FORM RECEIVED:

M101 MPP 50-018.168(b), .315, .432 and .632

We cannot process your claim because it is incomplete. Your Standard Claim Form is being returned to you with Sections ___/___/___/___/___ checked which you need to complete. If other information is needed, you will find specific requests listed below. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

INCOMPLETE SUPPLEMENTAL CLAIM FORM RECEIVED:

M102 MPP 50-018.168(b), .31, .444, .464(c) and .632

Your Miller v. Woods Supplemental Claim Form was received ___-___-___ but we cannot process your claim because it is incomplete. The Supplemental Claim Form is being returned to you with Sections ___/___/___/___/___ checked which you need to complete. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

SEND SUPPLEMENTAL CLAIM FORM/COMPLETE PARTS I, III AND IV:

M103 MPP 50-018.315, .421(d), .441, .452, .464 and .531

We cannot process your claim without additional information. Enclosed is a Miller v. Woods Supplemental Claim Form. Completion of this form is necessary to determine your eligibility for retroactive payments and/or underpayments. Please complete Parts I, III and IV of this form. You must return this form to the IHSS County office listed above (top lefthand corner) by ___-___-___ or your claim will be denied.

SEND SUPPLEMENTAL CLAIM FORM/COMPLETE ALL OF THE FORM:

M104 MPP 50-018.315, .421(d), .441, .452, .464 and .531
We cannot process your claim without additional information. Enclosed is a Miller v. Woods Supplemental Claim Form. Completion of this form is necessary to determine your eligibility for retroactive payments and/or underpayments. You must complete the entire form and return it to the IHSS County office listed above (top lefthand corner) by __-__-__ or your claim will be denied.

COUNTY TRANSFER (TRANSFER IN TOTAL):

M105 MPP 50-018.32(e) and (h)
Your Miller v. Woods Standard Claim Form must be processed by the County Welfare Department where you lived during the period you claim you received protective supervision services.

Your claim form has been forwarded to _____ County which will process your claim and contact you within 45 days. The County contact person is _____, telephone number () ____-____.

COUNTY TRANSFER (PARTIAL TRANSFER):

M106 MPP 50-018.32(e) and (h)
Your Miller v. Woods Standard Claim Form must be processed by the County Welfare Department where you lived during the period you claim you recieved protective supervision services.

Your claim for the period __-__-__ through __-__-__ has been forwarded to _____ County which will process your claim and contact you within 45 days. The County contact person is _____, telephone number () ____-____.

COUNTY TRANSFER (MULTIPLE TRANSFERS):

M107 MPP 50-018.32(e) and (h)
Your claim for the period __-__-__ through __-__-__ has been forwarded to _____ County which will process that portion of your claim and contact you within 45 days. The County contact person is _____, telephone number () ____-____.

ADVERSE INFORMATION MESSAGES:

FOR ALL ADVERSE MESSAGES:

M108 MPP 50-018.167, .33, .463, .521(a) and .522(a)
We have information that contradicts your claim (see attached). Your Miller v. Woods claim is denied. If you do not agree with our decision you have until ___-___-___ to get us a written explanation and/or any records about why you disagree with our decision. If you get us the information by that date, we will review your claim again and send you a new decision.

You do not qualify as a Miller v. Woods class member because:

NOT A CALIFORNIA RESIDENT (RETROACTIVE PERIOD):

M109 MPP 50-018..413(a) and .421(c)
You did not live in California at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NOT A CALIFORNIA RESIDENT (UNDERPAYMENT PERIOD -NONSPOUSE):

M110 MPP 50-018.413(a) and .421(c)
You did not live in California at any time from May 1984 through August 1985.

DID NOT LIVE WITH PROVIDER - (RETROACTIVE PERIOD):

M111 MPP 50-018.421(c)
You did not live with someone who may have provided protective supervision services at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

DID NOT LIVE WITH PROVIDER/UNDERPAYMENT PERIOD - NONSPOUSE:

M112 MPP 50-018.421(c)
You did not live with a someone who may have provided protective supervision services at any time from May 1984 through August 1985.

DID NOT STAY OR WATCH (RETROACTIVE PERIOD):

M113 MPP 50-018.421(c)
It was not necessary for someone to stay and watch that you did not get hurt or injured at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

DID NOT STAY OR WATCH (UNDERPAYMENT PERIOD/NON SPOUSE):

M114 MPP 50-018.421(c)

It was not necessary for someone to stay and watch that you did not get hurt or injured at any time from May 1984 through August 1985.

NEITHER RECEIVED NOR DENIED SVS (RETROACTIVE PERIOD):

M115 MPP 50-018.421(b)

You did not receive nor were you denied In-Home Supportive Services benefits at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NEITHER RECEIVED NOR DENIED SVS/UNDERPAYMENT PERIOD

M116 MPP 50-018.421(b)

You did not receive nor were you denied In-Home Supportive Services benefits at any time from May 1984 through August 1985.

NOT 65 YRS, BLIND OR DISABLED/RETROACTIVE PERIOD:

M117 MPP 50-018.421(a)

You were not age 65 or older, blind or disabled at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NOT 65 YRS, BLIND OR DISABLED/UNDERPAYMENT PERIOD:

M118 MPP 50-018.421(a)

You were not age 65 or older, blind or disabled at any time from May 1984 through August 1985.

SELF-DIRECTING/RETROACTIVE PERIOD:

M119 MPP 50-018.421(a)

You were self-directing, not confused, mentally impaired nor mentally ill at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

SELF-DIRECTING/UNDERPAYMENT PERIOD - NON SPOUSE:

M120 MPP 50-018.421(a)

You were self-directing, not confused, mentally impaired nor mentally ill at any time from May 1984 to August 1985.

NOT A SPOUSE (SSI/SSP ELIG)-RETROACTIVE PERIOD:

M121 MPP 50-018.413(a)
You were not considered to be a member of a married couple, with someone who may have provided protective supervision services, as defined for the purposes of SSI/SSP eligibility in 20 CR 416.1806 at any time from April 1979 through April 1981.

PAID AS AUTHORIZED SERVICES:

M122 MPP 50-018.413(c)
Protective supervision services have already been paid by the County as part of your authorized In-Home Supportive Services. The attached computation of hours and payment will tell you how these services and their cost were figured.

DID NOT PAY PROVIDER:

M123 MPP 50-018.413(c)
You did not pay someone for providing protective supervision services.

STATUTORY MAXIMUM:

M124 MPP 50-018.523(a)
You received In-Home Supportive Services paid at the statutory maximum payment. The attached computation of hours and payment will tell you how these services and their cost were figured.

RECIPIENT/APPLICANT WAS FINANCIALLY INELIGIBLE

M125 MPP 50-018.446 and .532(c)
You were not financially eligible for In-Home Supportive Services during the period claimed because:

REASON FOR DENIAL OTHER THAN HOUSEMATE OR SPOUSE:

M126 MPP 50-018.521(a) and .522(a)
You were denied protective supervision services for the period claimed because:

PROTECTIVE SUPERVISION WAS NOT REQUIRED:

M127 MPP 50-018.463, .521(a) and .522(a)
You did not required those services using current assessment standards because:

FINAL MESSAGES:

FOR ALL FINAL MESSAGES:

M128 MPP 50-018.63

You do not qualify as a Miller v. Woods class member. Your Miller v. Woods claim is denied because:

INCOMPLETE STANDARD CLAIM FORM RETURNED:

M129 MPP 50-018.311 and .433(a)

A Standard Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We received your Standard Claim Form ___-___-___; however the claim is still not complete.

INCOMPLETE STANDARD CLAIM FORM NOT RETURNED:

M130 MPP 50-018.315 and .434

A Standard Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We did not receive the Standard Claim Form we returned to you for completion by ___-___-___.

INCOMPLETE SUPPLEMENTAL CLAIM FORM RETURNED:

M131 MPP 50-018.311 and .444(a)

A Supplemental Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We received your Supplemental Claim Form ___-___-___; however the claim is still not complete.

INCOMPLETE SUPPLEMENTAL CLAIM FORM NOT RETURNED:

M132 MPP 50-018.315 and .445

A Supplemental Claim Form was returned to you with Sections ___/___/___/___/___ checked which needed to be completed. We did not receive your Supplemental Claim Form we returned to you for completion by ___-___-___.

SUPPLEMENTAL CLAIM FORM NOT RETURNED: PART I, III AND IV

M133 MPP 50-018.315 and .445

We did not receive your Supplemental Claim Form we mailed to you to complete Parts I, III and IV by ___-___-___.

SUPPLEMENTAL CLAIM FORM NOT RETURNED: (THE ENTIRE FORM):

M134 MPP 50-018.315 and .445

We did not receive your Supplemental Claim Form we mailed to you to complete by ___-___-___.

OUTSIDE RETROACTIVE PAYMENT PERIOD:

M135 MPP 50-018.331

You are claiming you received protective supervision services for periods other than April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

THE FOLLOWING MESSAGE SHOULD BE USED IN CONJUNCTION WITH THE ABOVE DENIAL IF THE CLAIMANT IS A SPOUSE AND IS CLAIMING UNDERPAYMENTS.

SPOUSE PROV - EXTEND BEYOND RETRO PERIOD - REFER TO WRO:

M136 MPP 50-018.491(a)

If your provider was a spouse, you may qualify for retroactive payments and/or underpayment if you received protective supervision services at any time from July 1983 through September 1985 under the Welfare Rights Organization (WRO) v. McMahon judgment. Please complete the WRO Standard Claim Form enclosed and return the form to the IHSS County Office listed above (top lefthand corner) by ___-___-__.

UNDERPAYMENT PERIOD - NONSPOUSE:

M137 MPP 50-018.332 and .492(a)

Your eligibility for retroactive payments does not extend through the end of the retroactive payment claim period, April 30, 1984.

NOT A CALIFORNIA RESIDENT (RETROACTIVE PERIOD):

M138 MPP 50-018..413(a) and .421(a)

You did not live in California at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NOT A CALIFORNIA RESIDENT (UNDERPAYMENT PERIOD/NONSPOUSE):

M139 MPP 50-018.413(a) and .421(a)

You did not live in California at any time from May 1984 through August 1985.

DID NOT LIVE WITH/RETROACTIVE PAYMENT PERIOD:

M140 MPP 50-018.421(a)

You did not live with someone who may have provided protective supervision services at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

DID NOT LIVE WITH/UNDERPAYMENT PERIOD - NONSPOUSE:

M141 MPP 50-018.421(a)
You did not live with a someone who may have provided protective supervision services at any time from May 1984 through August 1985.

DID NOT STAY OR WATCH (RETROACTIVE PERIOD):

M142 MPP 50-018.421(c)
It was not necessary for someone to stay and watch that you did not get hurt or injured at any time from April 1979 through April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

DID NOT STAY OR WATCH (UNDERPAYMENT PERIOD/NONSPOUSE):

M143 MPP 50-018.421(c)
It was not necessary for someone to stay and watch that you did not get hurt or injured at any time from May 1984 through August 1985.

NEITHER RECEIVED NOR DENIED SVS (RETROACTIVE PERIOD):

M144 MPP 50-018.413(d) and .421(b)
You did not receive nor were you denied In-Home Supportive Service benefits at any time from April 1979 to April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NEITHER RECEIVED NOR DENIED SVS/UNDERPAYMENT PERIOD:

M145 MPP 50-018.413(d) and .421(b)
You did not receive nor were you denied In- Home Supportive Service benefits at any time from May 1984 to August 1985.

NOT 65 YRS, BLIND OR DISABLED/RETROACTIVE PERIOD:

M146 MPP 50-018.413(a) and .421(a)
You were not age 65 or older, blind or disabled at any time from April 1979 to April 1984 if your provider was a housemate or April 1979 through July 1981 if your provider was a spouse.

NOT 65 YRS, BLIND OR DISABLED/UNDERPAYMENT PERIOD:

M147 MPP 50-018.413(a) and .421(a)
You were not age 65 or older, blind or disabled at any time from May 1984 to August 1985.

SELF-DIRECTING/RETROACTIVE PERIOD:

M148 MPP 50-018.413(a) and .421(a)
You were self-directing, not confused, mentally impaired
nor mentally ill at any time from April 1979 to April 1984
if your provider was a housemate or April 1979 through July
1981 if your provider was a spouse.

SELF-DIRECTING/UNDERPAYMENT PERIOD:

M149 MPP 50-018.413(a) and .421(a)
You were self-directing, not confused, mentally impaired
nor mentally ill at any time from May 1984 to August 1985.

NOT A SPOUSE (SSI/SSP ELIG)-RETROACTIVE PERIOD:

M150 MPP 50-018.413(a)
You were not considered to be a member of a married couple,
with someone who may have provided protective supervision
services, as defined for the purposes of SSI/SSP
eligibility in 20 CR 416.1806 at any time from April 1979
through April 1981.

PAID AS AUTHORIZED SERVICES:

M151 MPP 50-018.413(e) and .446
Protective supervision services have already been paid by
the County as part of the authorized In-Home Supportive
Services. The attached computation of hours and payment
will tell you how these services and their cost were
figured.

DID NOT PAY PROVIDER:

M152 MPP 50-018.413(c)
You did not pay someone for providing protective
supervision services.

STATUTORY MAXIMUM

M153 MPP 50-018.58
You received In-Home Supportive Services paid at the
statutory maximum payment. The attached computation of
hours and payment will tell you how these services and
their cost were figured.

FINANCIALLY INELIGIBLE

M154 MPP 50-018.532(b)
You were not financially eligible for In-Home Supportive
Services during the claim period(s) because:

REASON FOR A DENIAL OTHER THAN HOUSEMATE OR SPOUSE:

M155 MPP 50-018.52

You were denied protective supervision services because:

PROTECTIVE SUPERVISION WAS NOT REQUIRED:

M156 MPP 50-018.464(e)

You did not require protective supervision services using current assessment standards because:

LATE FILING

M157 MPP 50-018.314 and .32(f)

Your claim was received after the final filing date of September 30, 1993.

CLAIMED PAID UNDER MILLER v. WOODS I

M158 MPP 50-018.483

You have already received retroactive payments, prejudgment interest and/or underpayments for the period claimed

___-___-___ through ___-___-___, ___-___-___ through ___-___-___,
___-___-___ through ___-___-___.

FINAL DENIAL OF A REBUTTAL

M159 MPP 50-018.454 and 464(e)

We have reviewed the Miller v. Woods Claim Form have considered the additional information you have submitted since your denial Notice of Action dated ___-___-___. The denial of your claim is final because:

INFO DOES NOT SUBSTANTIATE CLAIM

M160 MPP 50-018.464(e)

We have reviewed the Miller v. Woods Claim Form and have considered the additional information you have submitted. The information you submitted does not substantiate your claim. Your claim is denied because:

APPROVAL AND
PARTIAL APPROVAL/DENIAL NOTICES:

APPROVAL:

M180 MPP 50-018.63

Your claim is approved in the amount of \$ _____ past due wages and \$ _____ interest (see attached computation).

Your past due wages and interest are taxable income and we will report the amount to the Internal Revenue Service (IRS) and the Franchise Tax Board. Your check may not have enough taxes withheld, you must figure out how much you owe. You may wish to contact the IRS or a tax consultant for assistance. The check(s) you receive will tell you what deductions, if any, have been made.

Your check(s) will be mailed to you within the next 30 days.

PARTIAL APPROVAL/PARTIAL DENIAL:

M181 MPP 50-018.63

Your claim is approved in part and denied in part. The part of your claim that is approved equals the amount of \$ _____ past due wages and \$ _____ interest (see attached computation).

Your past due wages and interest are taxable income and we will report the amount to the Internal Revenue Service (IRS) and the Franchise Tax Board. Your check may not have enough taxes withheld, you must figure out how much you owe. You may wish to contact the IRS or a tax consultant for assistance. The check(s) you receive will tell you what deductions, if any, have been made.

Your check(s) will be mailed to you within the next 30 days. That part of your claim for the period(s) ___-___-___ through ___-___-___, ___-___-___ through ___-___-___, ___-___-___ through ___-___-___ is denied based on the following information:

Note: This notice relates to your Social Services.
KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

YOUR
IHSS
OFFICE

Case Number

Date Mailed

The following action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures) and Court Order:

Fold

4953

SH007

3300 556

The amount of money you receive as a result of this claim may affect your tax liability and/or continuing eligibility for certain programs including, but not limited to: In-Home Supportive Services (IHSS), Aid to Families with Dependent Children (AFDC), Medi-Cal, Food Stamps (FS), Supplemental Security Income and State Supplementary Program (SSI/SSP) and Veterans Benefits.

If you need assistance with translation of this notice, or if you have any questions or think additional facts should be considered, please contact the worker shown below.

District Office: Service Worker:

SW #: Telephone:

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.

1) H 5/2/00 (10-13)

RIGHT TO REQUEST A STATE HEARING

1. You have the right to a conference with representatives of the County Welfare Department to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesperson. If you want a conference, contact your county department.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the Director of the State Department of Social Services (see form below). Your request may be written or oral but it must state that you want a hearing and why you are dissatisfied. **YOUR REQUEST FOR A HEARING MUST BE MADE WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.**
3. **IF YOU REQUEST A STATE HEARING ANYTIME BEFORE THE EFFECTIVE DATE OF THE COUNTY'S PROPOSED ACTION, YOUR SERVICES MAY CONTINUE UNTIL THE HEARING.** You will not be liable for repayment of services monies received pending the hearing, even if the result is a denial, provided your request is made in good faith.
4. You may request a State Hearing on your own, or you may ask your county department for assistance. In either case, however, be sure to inform your county department worker as soon as possible.
5. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesperson), of your choice. You may obtain free legal advice and the services of a lawyer. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response. You may also contact the nearest social service rights organization for assistance in presenting your claim.
6. State regulations governing State Hearings for social services are available at the office of the County Welfare Department.
7. **Information Practices** - The information you are requested to provide is mandatory in order to process your request for a State Hearing pursuant to W&IC 10950. A case file will be established by the Office of the Chief Referee. You have the right to examine the materials that constitute the record for decision. Any information you provide may be shared with the County Welfare Department or the United States Department of Health and Human Services.

If you wish to make a written request for a State Hearing, please send this page to the County Welfare Department. The address is found on the front side of this notice on the top right hand corner.

To make an oral request for a State Hearing, or obtain further information about your State Hearing rights or files, you may contact:

Public Inquiry and Response
 State Department of Social Services
 744 P Street, Mail Station 16-23
 Sacramento, Ca. 95814
 (800) 952-5253 (toll-free number)*
 TDD (800) 952-8349* For Hearing and Speech Impaired

*You may have to dial "1" first.

REQUEST FOR STATE HEARING

Name (Last, First, Middle Initial) _____ Phone No. _____ Social Security No. _____
 Address _____ City _____ State _____ Zip Code _____

I hereby request a State Hearing before the State Department of Social Services on the action taken by the County regarding my social services. The reasons for my request are as follows:

I have trouble understanding English, therefore I request an interpreter for my hearing in the following: Language _____ Dialect _____
 Signature _____ Date Signed _____

AUTHORIZED REPRESENTATIVE

I have authorized the following person to act on my behalf in my appeal. I authorize the Department to release any or all information about my case to that person.

Name of Authorized Representative _____
 Address of Authorized Representative _____
 Signature of State Hearing Applicant _____ Date Signed _____

THESE NOA MESSAGES ARE FOR RECIPIENT/APPLICANT MILLER v. WOODS I
REOPENED CLAIMS

INITIAL MESSAGE:

REOPEN MILLER I CLAIM (EDS USE ONLY-NO BOILERPLATE):

M190 MPP 50-018.24, .32(i) and .47

Your Miller v. Woods Standard Claim Form that was received
__-__-__ and denied solely for the reason of late filing,
has been reopened for processing. There is no need for you
to do anything at this time unless you did not claim for
underpayments and you would like to now.

To claim for underpayments, please complete the Miller v.
Woods Standard Claim Form enclosed (if your provider was a
housemate) or the WRO Standard Claim Form enclosed (if your
provider was a spouse) and return it to the IHSS office
listed above (top lefthand corner) by __-__-__.

DENIAL MESSAGE:

UNDELIVERABLE MILLER I REOPENED CLAIMS (NO BOILERPLATE):

M091 MPP 50-018.631

We have tried to notify you by mail that your Miller v.
Woods Standard Claim Form, received __-__-__, that was
denied solely for the reason of late filing, has been
reopened for processing. Unfortunately the notice was
returned undeliverable. Therefore, we have no choice but
to issue you a Final Denial Notice as required by the
Miller v. Woods judgment.