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

July 11, 1994

ALL-COUNTY LETTER NO. 94-59

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
[X] Initiated by CDSS

SUBJECT: Title XIX Reimbursement for CWD Homemakers

    This letter provides information on revisions to the Case Management, Information and Payrolling System (CMIPS) and time study procedures for county welfare department (CWD) homemaker staff providing In-Home Supportive Services. These revisions which are effective on July 1, 1994 provide the documentation required to receive 50% federal financial partcipation in expenditures for services provided under the Personal Care Services Program (PCSP).

I. Time Study Procedures

    A. In order to establish the required documentation of services to the recipient level, homemakers will maintain a monthly time report for each PCSP recipient. The SOC 443, Homemaker Services Time Report, has been developed for this purpose. This form will be used to report time spent providing services which are authorized on the recipient's SOC 293, In-Home Services Assessment. Only time spent providing authorized service activities is reported on the SOC 443. Homemaker time spent traveling to and from the recipient's home, participating in training, and performing other administrative activities is not recorded on the SOC 443. A camera-ready copy of this form is included in Attachment 1.

    B. During the second month of each quarter, the total PCSP time accumulated on the SOC 443 forms is reported on the DFA 7, Support Staff Time Report, to program identifier number (PIN) 103060, IHSS-HR/PCSP-Direct Service Delivery. The total Residual time accumulated on the SOC 443s is reported to PIN 101060, IHSS-Welfare Staff Service Providers-Direct Service Delivery. All other non-service delivery activities performed by homemakers are reported to separate PINs and are not reported on the SOC 443 or on CMIPS. Complete time study instructions are contained in the County Fiscal Letter for the July - September 1994 quarter; refer to this letter for information on applicable PINs for these activities.

II.   CMIPS Revisions

Three new screens have been developed to report homemaker time and costs.
Attachment 2 contains samples of the screens and field by field descriptions.

A.   The HOME screen, IHSS Homemaker Timesheet Entry, will be used to record
the total hours of service performed for a recipient by a worker. At the
end of each month the worker will enter the accumulated hours from the SOC
443 for each recipient in the HOME screen.

B.   The HOMR screen, IHSS Homemaker Recipient Summary, will accumulate by
worker the monthly hours of service provided to a recipient for the past 12
months. This screen also reports the cost per month for each recipient; the
cost is calculated using the default hourly rate entered on the SOC 293.

Since a default rate is used, the total expenditures will not reconcile
to the expenditures reported on the County Welfare Department Administrative
Expense Claim (AEC). If a county chooses to enter the actual hourly rate of
each homemaker on the SOC 293, the total costs would reconcile to the salary
and benefits reported on the AEC if the salary and benefits reported on the
AEC are also calculated individually for each homemaker. However, if the
homemaker costs are pooled and distributed with other direct-charged staff,
the AEC costs would not reconcile to the costs calculated by CMIPS. See
Section III for instructions on calculating the default rate.

C.   The HWRK screen, IHSS Homemaker Worker Summary, provides a summary of
hours and expenditures, by PCSP and Residual, for an individual homemaker
for the prior 4 months. In addition, the screen includes a monthly detail
of hours and costs for each recipient served by the homemaker for 12 months.

D.   The CSUM screen has been revised to include homemaker PCSP information.
The Monthly Caseload and Expenditures section will report hours and
estimated expenditures for PCSP and Residual cases. The expenditures are
estimated because the default hourly rate is used to calculate the
expenditures. In the Homemaker Quarterly Cost section of the screen, the
expenditures are reported for PCSP and Residual cases. These are the
expenditures reported to PINs 101060 and 103060 for the quarter on the CWD
AEC. The Allocation and Year-To-Date Cost section will now report homemaker
costs for PCSP cases.

III. Calculating the Default Rate

The hourly default rate is entered on the SOC 293, RELB screen. The rate
consists of the salary and benefits for a homemaker. Benefits include costs
for employer taxes, payments for medical and dental plans, retirement plans,
unemployment insurance, and worker's compensation; counties may have other
benefit costs which are also included in the rate. To calculate the default
rate, divide the annualized cost of a homemaker by the number of hours
worked in a year. The result is the default rate.

IV. Reports

A. The Management Statistics Summary will be revised to include the homemaker PCSP costs.

B. The information available on the HWRK screen will also be produced on microfiche and hard copy. The IHSS Homemaker Time Report will list the detail for each homemaker during the report month; a summary of all homemakers' hours and costs for PCSP and Residual will follow at the end of the detail. Any transactions for a prior month which are entered during the report month will be displayed separately.

Please call Karen Richardson, IHSS CMIPS Unit, at
(916) 387-4620 if you have any questions about this information.

CAROL R./WIDEMON
Deputy Director
Adult Services Division

HOMEMAKER   TIMESHEET   SCREEN

THIS HOME A
NEXT HOME A

IHSS   HOMEMAKER   TIMESHEET   ENTRY

COUNTY   57   HEADER MONTH   06

RECIPIENT	CD	WORKER	HOURS	MONTH	ACTION	REMARKS
0123456	8	lucy	55			

Attachment 2

1. HOME Screen---IHSS Homemaker Timesheet

Purpose of the screen: serves as a time study document to record the total hours
spent by a homemaker providing authorized services to a specific recipient during
a pay period.

Field   Description

COUNTY   County to which the transactions are applied.

HEADER
MONTH   The month to which transactions will be applied unless a different
               month is entered into the detail month below. The header month is
               overridden if a detail month is entered.
               EDIT: The month entered cannot be later than the current month and
               can only go back 6 months.

Detail Lines (up to 15)

RECIPIENT   The 7-digit recipient identification number which the transaction is
               applied to.
               EDIT: The recipient is not on file.

CD   The check digit for the recipient identification number.
               EDIT: The check digit is invalid for recipient.

WORKER   The homemaker worker number: 4 characters, alpha numeric. If left
               blank, the system will edit as a required field.

HOURS   The number of hours that the homemaker worked for the recipient in
               the month.
               EDIT:
                       a. Hours entered are more than the authorized hours on the
                       RELB screen;
                       b. Hours entered on this screen plus the hours on the HOMR
                       screen are more than the authorized hours on RELB screen.

MONTH   Month applied to a single detail transaction. Edits are the same as
               for the header month.

ACTION   There are two action codes: * and D.
               * : when an entry error occurs an edit message appears. A * is
               entered in this field to cancel the transaction.

D : delete—to remove an existing transaction. The information entered for the delete action must match the recipient identification number, the hours, the provider number, and the month. A transaction may be deleted for the prior 11 months. EDIT: The transaction to be deleted must exist on the HOMR screen.

REMARKS   The edit messages are displayed in this field.

2. HOMR Screen—IHSS Homemaker Recipient Summary

Purpose of the screen: identifies the services provided to a specific recipient for the last 12 months. The total hours of service and costs for each pay period are detailed by providing homemaker. The screen also indicates PCSP eligibility and whether the recipient is severely impaired or non-severely impaired. If the case is inactive, the recipient's name will be deleted from the screen after three months and only the detail will remain.

Note: the format for dates is MMDDYY—month, day, year. March 1, 1995 = 030195.

Field	Description
NEXT	Inquiry format for the homemaker time study: CCRRRRRRRDYYMMDD CC = county number RRRRRRR = recipient number D = check digit YYMMDD = date transaction is entered on CMIPS. The date is optional; it is used to start displays at a specific report date. If left blank the display will begin at the most recent report date. Edit: The county must match the password.
S	Status of the transaction: P = paid D = deleted.
FRM DT	The beginning date of the pay period. This is the first of the month unless the beginning date on the RELB (field M2) is a mid-month start date.
TO DT	The last day of the month.
TXN DT	The date a transaction is entered on the HOME screen.
DEL DT	The date a transaction is deleted on the HOME screen.
WRKR	The four character homemaker worker number.
HOURS	The number of hours worked by the homemaker in the month.
AMOUNT	The cost of the services provided. This is calculated by multiplying the hours by the homemaker default hourly rate.
SI/NSI	The severity of the recipient at the time the transaction was entered on the HOME screen.
PCSP	Code indicates if the case is PCSP or Residual: P = PCSP, blank = Residual. There are no split cases.

3. HWRK Screen--IHSS Homemaker Worker Summary

Purpose of the screen: summarizes the total hours a homemaker has spent providing services by PCSP or Residual for the most recent 4 months. Costs are also totaled by month into PCSP and Residual subtotals. The detail section of the screen identifies by month the number of the recipient who received services, the number of hours received, the cost of services, the recipient's severity status, and PCSP eligibility.

Field	Description
NEXT	Inquiry format for the homemaker summary: CCWWWWYYMMDD CC = county number WWWW = homemaker worker number YYMMDD = date transaction is entered on CMIPS Enter a date to begin the display at a certain point; if this field is left blank the display will begin with the most current report date. If the worker number contains alpha characters, you must be in the HWRK screen to enter the worker number. Edit: The county must match the password.
TOTAL HRS	Total hours of service performed in the month indicated.
TOTAL AMT	Total cost for services performed in the month indicated. This is calculated by multiplying the total hours by the homemaker default rate.
PCSP HRS	Total PCSP hours of service performed in the month indicated.
RESID HRS	Total Residual hours of service performed in the month indicated.
S	Status of transaction P = paid D = deleted
FRM DT	The beginning date of the pay period; the date will be the first of the month unless the beginning date on the RELB is a mid-month start date.
TO DT	The ending date of the pay period which is the last day of the month.
TXN DT	The date the transaction is entered on CMIPS.
DEL DT	The date a transaction is deleted on the HOME screen.

RECIP   The case number of the recipient associated with the time study
             entry on the HOME screen.

HOURS   The total hours of service performed for the recipient.

AMOUNT   Cost of services performed in the month for the recipient. This is
             calculated by multiplying the hours by the homemaker default rate.

SI/NSI   The severity of the recipient at the time the transaction was
             entered on the HOME screen.

PCSP   Code P indicates the case is PCSP eligible; if the field is blank
             the case is Residual. There are no split cases.

HOMEMAKER RECIPIENT SUMMARY SCREEN

THIS HOMR I   5701234568940701   PRESS ENTER FOR MORE TIMESHEETS
NEXT HOMR I   5701234568940101

IHSS HOMEMAKER RECIPIENT SUMMARY

NAME   BROWN   , CHARLIE

S	FRM DT	TO DT	RPT DT	DEL DT	WRKR	HOURS	AMOUNT	SI/NSI	PCSP
P	940601	940630	940701	000000	LUCY	5.5	56.38	N	
P	940501	940531	940701	000000	LUCY	15.0	153.75	N	
D	940415	940430	940615	940701	LUCE	4.0	41.00	N	P
P	940415	940430	940701	000000	LUCY	4.0	41.00	N	P
P	940301	940331	940401	000000	MIS1	3.5	30.25	N	P
P	940301	940331	940415	000000	MIS2	2.1	21.53	N	P
P	940201	940228	940301	000000	MIS1	5.5	56.38	N	P
P	940201	940228	940315	000000	MIS2	2.1	21.53	N	P
P	940101	940131	940201	000000	MIS1	3.2	32.80	N	P
P	940101	940131	940215	000000	MIS2	2.5	25.63	N	P
P	931201	931230	940101	000000	MIS1	3.5	35.88	N	
P	931201	931230	940115	000000	MIS2	2.0	20.50	N	