

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



October 20, 1995

ALL-COUNTY LETTER NO 95-60

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 CDSS

SUBJECT: Personal Care Services Program (PCSP) Requirements for Contract Mode Providers.

REFERENCE: Title 42, United States Codes, section 1396 d (a) (24), ACL 93-21

The purpose of this All County Letter is to provide information and instructions regarding new directions we have received from the Department of Health Services (DHS) and the Health Care Financing Administration (HCFA) regarding PCSP provider eligibility. The new directions will require a change to the contractor interface process that must be implemented with the interface tapes for November 1995.

Currently, PCSP does not allow payment to an In-Home Supportive Services (IHSS) provider when he/she is related to the recipient as either a spouse or parent of a minor child. Prior to this, this limitation was thought not to apply to the contract mode where the provider was the employee of the contractor and not the recipient. This limitation has since been determined to apply even when the IHSS provider is employed by the contractor. Payment for these contract mode provider relationships must be from IHSS residual funds even though the recipient is otherwise PCSP eligible.

This change necessitates a modification to the current contractor interface process requiring contractors to identify and report relationships for each service provider. This will be accomplished by relationship codes that the contractors will be using, the implementation of reject messages and a change to the Record Layout (Attachment A) to accommodate the new messages and codes. Any data entry errors during keying or the omission of the relationship code for any of the service providers on the contractor's tape/diskette will cause the item to be rejected. The rejected item will be listed on the Contractor Payment Rejects Alpha Listing (Attachment C) with the reject codes and messages of either "46 - Relationship Invalid" or "47 - Missing Relationship". The relationship codes for the contractors are:

- P = The service provider is the Parent of the recipient.
- S = The service provider is the Spouse of the recipient.
- O = The service provider has some Other type of relationship to the recipient.

The relationship data submitted by the contractors will provide detail that the CMIPS will use with recipient information and an age calculation to determine whether payments are through the PCSP or IHSS residual funds. Counties will see new redefined codes under the column heading of P/R (PCSP/Residual) on the Contractor Payment Authorization listing (Attachment B). The codes that will be used on the listing will provide the information as explained below:

- C = The service provider has an "other" relationship to the recipient. The recipient is PCSP eligible and case is paid from PCSP funds.
- P = The service provider was found to be the parent of the minor child recipient. The recipient is otherwise PCSP eligible, however the case is paid from IHSS residual funds.
- S = The service provider was found to be the spouse of the recipient. The recipient is PCSP eligible, however the case is paid from IHSS residual funds
- Z = The case is a "split" case. The report will detail both the PCSP and IHSS residual portions of the case.
- Blank = The service provider has an "other" relationship to the recipient. The recipient is IHSS residual and the case is paid from IHSS residual funds.

Counties are requested to assist with the implementation of these changes by providing the information contained in this All County Letter to their IHSS contractors. Use of the attached example letter (Attachment D) is suggested. The contractor(s) will need to identify the spouse or parent relationships between the recipient and his/her service providers, modify the tape/diskette to encode the additional information for the contractor interface process and to run test tapes to ensure accuracy during actual use starting with the November 1995 billing.

The contractor(s) test tape/diskette may be submitted two ways. The first method would be to prepare a separate test tape/diskette which should be submitted with the regular October billing tape/diskette. The other method requires adding the relationship coding to the regular October billing tape/diskette. The codes will be ignored for the actual interface process for October, but will be reviewed when the same tape is used for testing purposes. With either method, testing must be completed before the November 1995 billing tape/diskette is processed.

Please contact Craig Tanaka at (916) 229-4017 with any questions regarding this modification to the contractor interface process.

Sincerely,



CAROL R. WIDEMON
Deputy Director
Adult Services Division

Attachments

Attachment A

Record Layout for Contractor Diskette:

The provider relationship indicators must be added to the detail record layout. The example below of a record layout for the contractor diskette reflects in **bold and underlined** the changes that are necessary:

```

10 RECORD-TYPE-CI          PIC X(01) value '2'.
10 RECIP-CASE-NO-CI       PIC X(08).
10 RECIP-NAME-CI.
   15 RECIP-LAST-CI       PIC X(17).
   15 RECIP-FIRST-CI.
       20 RECIP-FIRST-1-CI PIC X(01).
       20 RECIP-FIRST-R-CI PIC X(11).
   15 RECIP-MI-CI         PIC X(01).
10 RECIP-SSN-CI           PIC X(09).
10 RECIP-SERVICE-MONTH-CI.
   15 RECIP-SERVICE-MM-CI PIC X(02).
   15 RECIP-SERVICE-YY-CI PIC X(02).
10 RECIP-SERVICE-PERIOD-CI PIC X(01).
   88 RECIP-SERVICE-1-15-CI VALUE 'A'.
   88 RECIP-SERVICE-16-31-CI VALUE 'B'.
   88 RECIP-SERVICE-1-31-CI VALUE 'C'.
10 RECIP-AUTH-HRS-CI      PIC S9(04)V9.
10 RECIP-BILL-HRS-CI      PIC S9(04)V9.
10 RECIP-CONT-RATE-CI     PIC S9(03)V99.
10 RECIP-SOC-AUTH-CI      PIC S9(04)V99.
10 RECIP-SOC-COLL-CI      PIC S9(04)V99.
10 RECIPIENT-PAY-CODES-CI PIC X(20).
10 RECIP-PAY-CODE-TABLE-CI
   REDEFINES RECIPIENT-PAY-CODES-CI OCCURS 10 TIMES.
   15 RECIP-PAY-CODE-CI    PIC X(02).
       88 PAY-ACCEPT-OK-CI VALUE '00'.
       88 PAY-REJECT-CI    VALUE '10'.
       88 PAY-REJECT-ERRORS-CI VALUES '20' THRU '49'.
       88 PAY-WARNINGS-CI  VALUES '50' THRU '99'.
       88 RECIP-ACCEPT-CI  VALUE '00'.
       88 RECIP-REJECT-CI  VALUE '10'.
       88 RECIP-NOT-AUTH-CI VALUE '25'.
       88 RECIP-NOT-ON-FILE-CI VALUE '30'.
       88 BILL-LATE-CI     VALUE '35'.
       88 RECIP-NAME-BAD-CI VALUE '40'.
       88 NO-AVAIL-PAY-SEG-CI VALUE '45'.
       88 INVALID-PROV-REL-CI VALUE '46'.
       88 NO-PROV-RELATION-CI VALUE '47'.
       88 INVALID-DATA-CI  VALUE '49'.
       88 RECIP-SSN-BAD-CI  VALUE '50'.
       88 BILL-RATE-BAD-CI  VALUE '55'.
       88 BILL-SOC-AUTH-BAD-CI VALUE '60'.
       88 BILL-SOC-COLL-BAD-CI VALUE '62'.

```

88 BILL-HRS-BAD-CI VALUE '65'.
88 BILL-OVER-60-PCT-CI VALUE '70'.
88 BILLED-HOURS-CUTBACK VALUE '90'.
88 BILLED-AMOUNT-CUTBACK VALUE '92'.

10 SOC-APPLIED-CI PIC S9(04)V99.
10 APPROVED-FOR-PAY-AMT-CI PIC S9(04)V99.
10 REBILL-FLAG-CI PIC X(01).
88 CURRENT-BILLING-CI VALUE 'C'.
88 REBILLING-CI VALUE 'R'.
10 PROV-RECIP-RELATION-CI PIC X(01).
88 PROV-RECIP-SPOUSE-CI VALUE 'S'.
88 PROV-RECIP-PARENT-CI VALUE 'P'.
88 PROV-RECIP-OTHER-CI VALUE 'O'.
10 FILLER PIC X(12).
10 RECIP-CONT-AREA-CI PIC X(14)

Attachment B

Contractor Interface Payment Detail Report

The example of the Contractor Payment Authorization below reflects the new codes beneath the column heading of "P/R". The letter codes, in **bold and underlined**, indicate if payment is through PCSP or IHSS Residual and if a PCSP case is paid as residual because of the provider/recipient relationship.

STATE OF CALIFORNIA													
IN-HOME SUPPORTIVE SERVICES													
CONTRACTOR PAYMENT AUTHORIZATION													
JOB - HIHJ595F										RUN DATE	09/07/95	PAGE	1
REPORT - HIHRD001										INVOICE DATE	09/05/95		
CONTRACTOR - NHS - SAN DIEGO										INVOICE NO	000061		
COUNTY - SAN DIEGO										DIST. OFFICE - 01			
SOCIAL WORKER: SS1B													
RECIPIENT NAME	RECIPIENT NUMBER	SERVICE MON/PER	AUTH HOURS	BILLED HOURS	CUTBACK HOURS	AUTH AMOUNT	BILLED AMOUNT	CUTBACK AMOUNT	SOC APPLIED	SOC COLL	APPROVED FOR PAY	SERV LVL	P/R
ANDERSON, MELISSA	37-00001144	08/95 C	41.7	41.7		469.54	469.54		0.00	0.00	469.54	100%	<u>E</u>
ANGEL, EVA	37-12441112	08/95 C	16.8	12.8		189.17	144.13		0.00	0.00	144.13	76%	
BURKE, ROBERT	37-12345678	08/95 C	60.2	60.2		677.85	677.85		0.00	0.00	677.85	100%	<u>Z</u>
PCSP SPLIT			40.0	40.0		450.40	450.40		0.00	0.00	450.40		
IHSS SPLIT			20.2	20.2		227.45	227.45		0.00	0.00	227.45		
CHANDLER, BRAD	37-77445445	08/95 C	18.8	10.0		211.69	112.60		0.00	0.00	112.60	53%	<u>S</u>
CHANDLER, BRAD	37-77445445	08/95 C	18.8	5.3		211.69	59.68		0.00	0.00	59.68	28%	<u>C</u>
CHANDLER, ANGELA	37-66551144	08/95 C	22.2	22.2		249.97	249.97		0.00	0.00	249.97	100%	

Attachment C

Contractor Payment Rejects Alpha Listing

The example of the Contractor Payment Rejects Alpha Listing below reflects in **bold and underlined** the new reject messages "46 - Provider Codes Must Be O, P or S" and "47 - Provider Relationship Required". The messages will occur when the contractor has made a key entry error or omitted the relationship indicator is from their contractor's tape.

STATE OF CALIFORNIA											
JOB - HIHJS95F		IN-HOME SUPPORTIVE SERVICES						RUN DATE	10/07/95	PAGE	1
REPORT - HIHRD02A		CONTRACTOR PAYMENT REJECTS						INVOICE DATE	09/05/95		
		ALPHA LISTING						INVOICE NO	000061		
CONTRACTOR - NHS - SAN DIEGO											
COUNTY - SAN DIEGO											
RECIPIENT NAME	RECIPIENT NUMBER	SERVICE MON/PER	SERV WKR	BILLED HOURS	BILLED AMOUNT	SOC COLLECTED	REJECTED PAYMENT AMT	REJECT AND WARNING CODES			
CARTER, MAUREEN	37-14545454	06/95 C	KS34	40.1	436.29	0.00	436.29	<u>47 - PROVIDER RELATIONSHIP REQUIRED</u>			
CHANDLER, ANGELA	37-66551144	08/95 C	KS32	22.2	249.97	0.00	249.97	<u>46 - PROVIDER CODES MUST BE O, P OR S</u>			
FOX, JIM	37-14455778	04/95 C	KS31	7.0	76.16	0.00	76.16	35 - LATE BILLING			
LASKO, JULIA	37-00214125	05/95 C	LS17	1.0	10.88	0.00	10.88	20 - RECIP 5.6 HRS OVER AUTHORIZED HRS			
								22 - RECIP \$60.93 OVER AUTHORIZED AMT			
								65 - AUTH HRS SHOULD BE: 43.4			

Attachment D
Example of Letter Format To Contractor

Date

Company Name,
Address
City, State & Zip

Dear IHSS Contractor:

The purpose of this letter is to inform you of a change regarding the In-Home Supportive Services (IHSS) providers employed by you. The change will require you to gather and report new information through the Contractor Interface process, which in turn will permit us to correctly claim reimbursement for services from the State.

It will be necessary for you to identify all of your service providers relationships listed below. The relationships will be required as coded information on your monthly claiming tape/diskette for the contractor interface process. The acceptable codes are:

- P = The service provider is the parent of the recipient.
- S = The service provider is the spouse of the recipient.
- O = The service provider has some other type of relationship to the recipient.

We anticipate implementation in time for your November 1995 billing and will allow for testing of your modified tape/diskette. You may submit either a separate test tape or you may add the relationship codes for your service providers to your actual October billing. The codes will be ignored during the actual process if the October billing tape is used, but the codes will be reviewed when the same tape is used for testing purposes.

Attached for your convenience is an example of a revised record layout with changes and the codes that will be used. You will notice new rejection messages which have been added for any incorrectly entered or missing relationship codes.

Your assistance and cooperation is appreciated. Please contact _____ at () _____ regarding any questions you have about this change to the contractor interface process and to make arrangements for your test tape.

Sincerely,

County Representative
Title