

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



October 7, 1999

ALL-COUNTY LETTER NO. 99-86

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: MANUAL PROCESSING OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE-OF-COST CASES ELIGIBLE TO THE PERSONAL CARE SERVICES PROGRAM (PCSP)**

REFERENCE: All-County Welfare Letter: 99-25

Assembly Bill (AB) 2779 (Chapter 329 Statutes of 1998) took effect April 1, 1999 and allowed for the conversion of qualified income eligible IHSS recipients to the federally funded PCSP program. This All-County Letter provides ongoing instructions.

Instructions for determining retroactive eligibility and issuing retroactive payments will be covered in a separate ACL.

**UNMET NEEDS AND PROTECTIVE SUPERVISION**

Non-severely impaired (NSI) IHSS recipients eligible for Protective Supervision or those with a current unmet need require special handling when converting to PCSP. Upon conversion, they are eligible to receive up to the statutory allowable monthly maximum of 283 hours.

Special handling is needed because at the current time, the statewide automated IHSS Case Management, Information and Payrolling System (CMIPS) has not been programmed to allow income-eligible recipients to receive these increased hours above 195 hours per month. Until CMIPS can be programmed to allow IHSS income eligible recipients to be authorized in accordance with PCSP regulations, counties will have to

**manually track** the increase in hours for service and manually process the additional payment for services for providers.

## **COUNTY RESPONSIBILITIES**

Effective November 1, 1999, counties are required to issue supplemental payments manually to IPs and contract agencies for authorized services they delivered to recipients because of the conversion of IE to PCSP. Counties are allowed discretion in developing processes to issue payments. The following lists the minimum requirements:

1. Obtain signed timesheets by the provider and recipient verifying that the authorized services in excess of the IHSS non-severely impaired maximum were performed.
2. Ensure that appropriate Notices of Action are given in accordance with the requirements of Manual of Policies and Procedures 30-763.8.
3. Track by the recipient, the authorized hours and payment to providers.
4. Process appropriate IP payments using the SOC 312, Special Pre-Authorized Transactions as follows: (See Sample)
  - a. Part 1, **SUPPLEMENT/EMERGENCY** section of the form is to be used.
  - b. The **TYPE** will be "W".
  - c. The **REASON** will be "6".
  - d. The **FROM DATE** and **TO DATE** must be entered indicating the pay period.
  - e. The **county must calculate the GROSS AMOUNT**. This will be the county's IP rate multiplied by the number of hours to be paid. **NOTE:** *Because payments will exceed the authorized amount on CMIPS, counties must assure that the payment does not exceed the recipient's total PCSP authorization.*
  - f. Counties must NOT enter a **RATE**.
  - g. No entry will be entered for **SHARE OF COST** because the recipient will have met his/her share of cost within the normal month's payroll. **NOTE:** *Please be aware that PCSP eligibility may require a new assessment as hours will be increased and the SOC will be based on an increased level of PCSP hours.*
  - h. If the county enters anything in the **REMARKS** section, it must not be keyed.

## **REPORTS TO IDENTIFY IMPACTED RECIPIENTS**

The PCSP 101 will be modified to provide counties the information to identify the income-eligible recipients who are potentially eligible for additional hours of service when converted to the PCSP program.

### Individual Provider Mode Cases

CMIPS PCSP Share-of-Cost Residual Report. This report identifies income-eligible NSI IHSS recipients with an unmet need and NSI recipients who are authorized to receive Protective Supervision.

### Contract Cases

CMIPS HIHJ595F-Contractor Payment Authorization Alpha Listing. This report identifies both NSI and SI income-eligible recipients with an unmet need because of dollar caps and those whose authorization are within \$5 of the dollar cap.

### Mixed Mode Cases

A report will be provided for counties that will identify income-eligible mixed mode cases with NSI and SI unmet need.

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### **REQUIRED COUNTY ACTION FOR CASES IN THE CONTRACT MODE**

1. The County will inform the contractor and the recipients that additional hours are authorized. The county must manually track these hours to be served by the contractor.
2. Counties are instructed to use the SOC 432 Form to claim the costs and for the IE moving to PCSP. This form is to be submitted on a monthly basis to the California Department of Social Services for payment authorization. Instructions for completing the SOC are in the ALL Program managers letter dated June 25, 1999.
3. Counties will make payment to the contract providers through use of the Contractor Interface (COIN) screen.
4. For those recipients in the contract, who are eligible for hours above 195, a specific payment amount total, entered via the COIN screen, will be entered for each month of eligibility. Counties can include these contract clients on their tracking log and indicate the date of the transaction authorizing the additional payment on the log.

### **REQUIRED COUNTY ACTION FOR CASES IN THE INDIVIDUAL PROVIDER MODE**

**Effective 11/1/99, counties will be responsible for making payments to Individual Providers and tracking the payments until CMIPS has been reprogrammed.**

Payment will be made each month using the SOC 312. Counties will calculate the gross amount owed to the provider. The standard timesheets for these providers will continue to reflect the authorized hours reflected in CMIPS (non-PCSP). If supplemental timesheets are used, they must be mailed to the recipient. If the recipient has more than one provider, the recipient will determine which provider(s) is to receive the supplemental timesheet. If the county uses supplemental timesheets, the county must send the timesheet manually to the recipient each month until CMIPS is reprogrammed to track the recipient's actual authorization.

## **SUGGESTED REIMBURSEMENT PROCEDURES AND TRACKING OF PAYMENTS IN THE INDIVIDUAL PROVIDER MODE**

- At county option, the required Notice of Action will also instruct the recipient to have his/her Individual Provider record the actual hours worked on the regular timesheet **or** to complete an additional *Supplemental* timesheet each month in order to claim all the hours above 195 for which he/she is now eligible.
- The additional hours available, above the 195 maximum, can be entered on a tracking log that also clearly identifies the providers who will be submitting supplemental timesheets for these hours. When a provider submits a supplemental timesheet each month for hours above 195 that matches the information on the tracking log, payment can be made on a monthly or semi-monthly basis via the SOC 312.
- It may be useful to color-code these supplemental timesheets in order to distinguish them from the standard timesheets.

## **SUGGESTED LANGUAGE FOR THE NOTICE OF ACTION**

1. For the Individual Provider mode cases, see Attachment A.
2. For Contract mode cases, see Attachment B.

If you have any questions regarding this information, please contact the Operations and Technical Assistance analyst assigned to your county at (916) 229-4000.

Sincerely,

***Original Signed By  
Donna L Mandelstam  
On October 7, 1999***

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachment A: Notice of Action for Individual Provider Mode

A change in the law has allowed you to become eligible for \_\_\_\_ additional IHSS service hours per month effective \_\_\_\_\_. Until changes are made to the State computer system, you and your provider will receive additional timesheets to record these additional hours.

Assembly Bill 2779 chapter 329, Statutes of 1998, and Welfare & Institutions Code subsection 14132.95 (p) (1).



Informing Notice – Individual Provider Mode

As stated on the enclosed Notice of Action, due to a change in the law made last year, you are entitled to additional hours. Until changes are made to the State computer system, your provider(s)' standard timesheets will still show a maximum limit of 195 hours per month.

Supplemental timesheets are enclosed for your provider(s) for pay periods beginning \_\_\_\_ through \_\_\_\_\_. If your provider worked the additional hours above 195 that you have now been authorized to receive, please complete the supplemental timesheets with your provider(s) showing the additional hours worked and return to: \_\_\_\_\_. If the provider(s) did not work the additional hours of service above 195, please write, "no additional hours worked" and return the timesheets to our office.



Attachment B

Notice Of Action – Contract Mode

Due to a change in the law, you are now eligible to receive additional hours per month effective \_\_\_\_\_. The SERVICES section above shows the new amount of hours you have been authorized to receive from your contract provider.

Assembly Bill 2779 chapter 329, Statutes of 1998, and Welfare & Institutions Code subsection 14132.95 (p) (1).



# IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-AUTHORIZED TRANSACTIONS

**RECIPIENT**

1. NUMBER		
COUNTY	CASE NUMBER	CHECK DIGIT

**PROVIDER**

2. NUMBER
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**1 - SUPPLEMENT/  
EMERGENCY**

3. TYPE		4. REASON		5. NOA		REASON		CODES													
				<b>M C N</b>																	
6. FROM DATE		7. TO DATE		8. GROSS		9. HOURS		10. RATE		11. SHARE/COST											
M	M	D	D	Y	Y	M	M	D	D	Y	Y										

**2 - REPLACEMENT**

12. TYPE		13. REASON			
14. WARRANT#		15. WARRANT DATE		16. NET AMOUNT	
		M M D D Y Y			

**3 - VOID WARRANT**

17. TYPE		18. REASON			
19. WARRANT#		20. WARRANT DATE		21. NET AMOUNT	
		M M D D Y Y			

**4 - ADJUSTMENT**

22. TYPE		23. REASON		24. FROM DATE		25. TO DATE					
				M M D D Y Y		M M D D Y Y					
26. WARRANT#		27. PAY PERIOD		28. GROSS AMOUNT		29. F.I.C.A.		30. S.D.I.			
		M M D D Y Y									
31. FED		32. STATE		33. EIC		34. SOC		35. NET		36. HOURS	

**AUTHORIZED  
BY**

37. NUMBER
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**PAYEE**

38. NAME
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## COUNTY VALIDATION

39. AUTHORIZATION		40. DATE		41. REMARKS	
42. VALIDATION		43. DATE		44. REMARKS	