

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 10, 2000

ERRATA**TO: ALL COUNTY WELFARE DIRECTORS****SUBJECT: CORRECTION TO ALL-COUNTY LETTER 99-86****REFERENCE: ALL-COUNTY LETTER (ACL) 99-86, DATED OCTOBER 7, 1999, REGARDING MANUAL PROCESSING OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE-OF-COST CASES ELIGIBLE TO THE PERSONAL CARE SERVICES PROGRAM (PCSP)**

All-County Letter 99-86 (Manual Processing Of In-Home Support Services Share-Of-Cost Cases Eligible To The Personal Care Services Program) instructed the county welfare departments to use Reason Code "6" and Type "W" when making a Case Management, Information and Payrolling System (CMIPS) Special Pre-Authorized Transaction for certain eligible program recipients. A recent modification to the CMIPS Special Transaction (SPEC) codes prevented the use of this code, for this transaction, for the issuance of checks. CMIPS programming has been completed to allow supplemental payment to Individual Providers (IPs) for authorized services in excess of the Non Severely Impaired maximum that they worked.

Effective immediately, counties are required to issue supplemental payments manually to IPs for authorized services they delivered to recipients because of the conversion of Income Eligible (IE) to PCSP. (Counties have been issued the PCP 101 report to assist them in identifying the IE recipients who are potentially eligible for additional hours of service when converted to the PCSP program.)

Process additional payments using the SOC 312 Special Pre-authorized Transactions as follows:

1. Part 1, **SUPPLEMENT/EMERGENCY** section of the form is to be used. The **TYPE** will be "W" to assure that appropriate taxes are withheld.
2. The **REASON** will be "15".
3. The **FROM DATE** and **TO DATE** must be entered to reflect each pay period.

4. The **county must calculate the GROSS AMOUNT**. This will be the county's IP rate at the time, 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.*
5. Do NOT enter a **RATE**.
6. 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.
7. If the county enters anything in the **REMARKS** section, it must not be keyed.

CMIPS EBB 99-42, dated December 3, 1999, previously transmitted this information.

If you have any questions regarding this errata or ACL 99-86, please contact your Operations and Technical Assistance Unit analyst at (916) 229-4000.