



**CMIPS II
REQUEST FOR PROPOSAL
HHSDC 4130-141A
Addendum 6**

**Section 4
PROPOSED SYSTEM**

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1 INTRODUCTION

This section provides an overview of the proposed CMIPS II for informational purposes only and does not contain any Contractor or system requirements. The requirements for the Contractor services to support the system and PCSP/IPW/IHSS-R Program are in Section 6, TECHNICAL REQUIREMENTS - Statement of Work (SOW). The detailed requirements of the system are contained in Section 6, TECHNICAL REQUIREMENTS – System Requirements Specification (SyRS), hereinafter referred to as Section 6, SyRS.

2 BUSINESS PROBLEM

The essential functions and requirements of the Legacy CMIPS System were mandated by the Legislature in 1978. Since that time the Legislature has continued to periodically impose new Personal Care Services Program/IHSS Plus Waiver/In-Home Supportive Services Residual Program (PCSP/IPW/IHSS-R) business requirements that have resulted in the Legacy CMIPS System. As a result, CMIPS II will support the same business functions as the Legacy CMIPS System as defined in Section 3, CURRENT SYSTEM. In addition, CMIPS II will address new business requirements resulting from legislative and regulatory changes in the PCSP/IPW/IHSS-R Program and business needs.

In August 2004, Centers for Medicare and Medicaid Services (CMS) approval of the IHSS Plus Waiver required a change in name from the Personal Care Services and In-Home Supportive Services Program (PCSP/IHSS Program) to the Personal Care Services, IHSS Plus Waiver and IHSS Residual Program (PCSP/IPW/IHSS-R) along with numerous other program implications. The approval of this waiver and the passage of Senate Bill 1104, the California State Budget in July of 2004, will require system changes to the Legacy CMIPS System. If necessary, as new business processes are defined and new system requirements identified, the CMIPS II Request for Proposal will be updated through the RFP Addendum process.

2.1 New Business Requirements

The following are currently impacting the PCSP/IPW/IHSS-R program and the Legacy CMIPS System:

- Public Authorities and implementation of Section 12301.6 to the California Welfare and Institutions Code (W&IC)
- Health Insurance Portability and Accountability Act (HIPAA)
- Foreign Language Support
- The IHSS Plus Waiver
- The CDSS Quality Assurance Initiative

2.1.1 Welfare and Institutions Code Section 12301.6

In July 1999, the legislature enacted Assembly Bill (AB) 1682 that required California's Counties to act as or establish employers for individual In-Home Supportive Services/Personal Care Services Program (PCSP/IPW/IHSS-R) Providers by January 2003 so that they have an opportunity for collective bargaining. With collective bargaining available, a majority of the

PCSP/IPW/IHSS-R Providers have joined labor organizations and successfully negotiated for increased wages and benefits like health insurance for the first time.

AB 1682 allowed Counties several options to comply with the law. Counties generally established Public Authorities (PAs) to act as the employer of record for collective bargaining separate from County PCSP/IPW/IHSS-R administration. Specifically, these PAs are required to:

1. Establish and maintain a registry of Providers and help match Providers to Recipients upon request
2. Investigate qualifications of Provider
3. Develop a system to refer the PCSP/IPW/IHSS-R Provider to Recipients
4. Provide for training for Providers and Recipients
5. Perform other functions related to delivery of program services
6. Ensure the Providers meet the requirements of Title XIX of the Social Security Act.

As a result of AB 1682 CMIPS II will support new business needs to:

1. Provide the payroll function to include pay rate management and deductions for benefits and labor organization dues
2. Provide the case management function to include Provider data management
3. Create an interface between the CMIPS II System and PA systems.

2.1.1.1 Benefits and labor organization deductions

Since enactment, the PCSP/IPW/IHSS-R Providers have been successful at negotiating higher wages and benefits through the collective bargaining process. Prior to AB 1682, each County had one established hourly rate for PCSP/IPW/IHSS-R Providers; consequently, payroll calculations were relatively simple. Now the payroll component must be able to track more pay rates and deductions for benefits (e.g. health insurance) and labor organization dues. The Counties may also have to accommodate multiple pay rates for different services. To accurately calculate taxes with pretax benefits, the CMIPS II must also be able to look at the aggregate payments to Providers who work for more than one Recipient. However, the Legacy CMIPS System database structure does not have a unique record for the Provider; rather, the Provider is an entity associated with each Recipient and separate paychecks are generated from each Recipient. The CMIPS II will have to include additional Provider data and payroll processes to accurately track the new data and calculate payroll as required by AB 1682.

2.1.1.2 Provider Data Management

The CMIPS II needs to provide the PCSP/IPW/IHSS-R Program a means to capture, track, and manage Provider information independent of Recipient information. This component of CMIPS II should support Provider identification, Social Security Number (SSN) validation, Medi-Cal enrollment, the New Employee Registry, and payroll. In addition, CMIPS II needs a means to keep the Provider information current based on inputs from both the County Welfare Departments and Public Authorities.

2.1.1.3 PA System Interface

Each PA is responsible for developing their own tools to administer their Provider benefits packages and their Provider Registry. An automated interface between the PA systems and the CMIPS II should be established to properly support the new legislation.

2.1.2 Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, requires national standards for electronic data interchange and privacy of health information. The analysis to date has concluded that CMIPS does not directly engage in HIPAA covered transactions, but because the PCSP and IPW are Medi-Cal programs, PCSP and IPW are Business Associates to the Department of Health Services, the single State agency responsible for Medi-Cal.

2.1.3 Foreign Language Support

The Legacy CMIPS System can only print two languages, English and Spanish. The CMIPS II needs to have technology to print character sets for more languages than English and Spanish as required to implement Federal and State laws regarding the access of minorities, and of persons with limited English proficiency, to health and human services. The CMIPS II will have the technology to print forms in other languages as defined and required by CDSS.

2.1.4 IHSS Plus Waiver

The Federal IHSS Plus Waiver (IPW) was approved by the U.S. Department of Health and Human Services and the Centers for Medicaid and Medicare Services (CMS) on August 4, 2004. The Waiver allows for Medicaid eligible individuals who receive care in a self-directed manner to continue to receive services that may have lost eligibility due to 2004 California State Budget reductions. It takes advantage of the current IHSS program and relies upon the existing enrollment process through the 58 Counties. The IPW allows federal financial participation for services provided by parents and spouses, cases receiving advance pay, and cases receiving restaurant meal allowances.

The approval of the IPW will, most likely, require changes to the current CMIPS system. Addenda to this Request for Proposal will be used as necessary when new system requirements are identified.

2.1.5 Quality Assurance Initiative

The Quality Assurance Initiative was approved as part of the Governor's 2004/05 State Budget. The Initiative outlined a number of enhanced activities to be performed by California Department of Social Services, (CDSS), the Counties, and the Department of Health Services (DHS) to improve the quality of PCSP/IPW/IHSS-R service needs assessments, enhance the PCSP/IPW/IHSS-R program integrity, and detect and prevent PCSP/IPW/IHSS-R program fraud and abuse.

The approval of the Quality Assurance Initiative will, most likely, require changes to the current CMIPS system. Addenda to this Request for Proposal will be used as necessary when new system requirements are identified.

2.2 IHSS Business Process Analysis

As of February 2005, there are approximately 350,000 Recipients currently using the PCSP/IPW/IHSS-R Program. According to CDSS Adult Program Branch and Research and Development Office, the PCSP/IPW/IHSS-R caseload is expected to increase to approximately 500,000 in five years and 750,000 in 10 years. These projections are based on empirically derived growth rates. Increased caseload will result in substantially increased costs to the PCSP/IPW/IHSS-R Program. Some of the cost increase can be avoided if the PCSP/IPW/IHSS-R business processes can be improved to reduce the effort required for key activities.

To identify business process inefficiencies, the CMIPS Project Office conducted a Business Process Improvement (BPI) study for the County PCSP/IPW/IHSS-R operations from October 2000 through June 2001. Thirty-five Counties participated in the study. The first part of the study defined the PCSP/IPW/IHSS-R and the Legacy CMIPS System current business processes. The second part of the study defined a Legacy CMIPS System “Future Vision” for the PCSP/IPW/IHSS-R business processes that would significantly improve the efficiency of business processes and system functions. The Legacy CMIPS System “Future Vision” provides a long-term strategic vision for the system. It was not expected that every aspect of the vision would necessarily be implemented in CMIPS II, but the whole vision will be considered in the system design so the architecture will support future enhancements. This Legacy CMIPS System “Future Vision” is documented in Exhibit 4-1 Business Process Flow Diagrams.

The CMIPS Project Office has continued to monitor the County PCSP/IPW/IHSS-R business processes with assistance from CWDA’s Long Term Care Operations Council. The “Future Vision” for PCSP/IPW/IHSS-R business processes still accurately reflects the strategic direction for the CMIPS II application.

The following major inefficiencies with the Legacy CMIPS System are the top priority items that will be remedied with the new system to help accommodate the increased caseload and improve customer service:

1. There is redundant data collection and inefficient management of PCSP/IPW/IHSS-R information. The PCSP/IPW/IHSS-R Program support is driven primarily by paper forms and manual processes.

The Legacy CMIPS System forces the Counties to record and process all data at least twice for every one transaction. PCSP/IPW/IHSS-R staff must record everything on paper forms and then hand them off to data entry clerks to record in the Legacy CMIPS System using 3270 terminals. Effort is also wasted in manually transporting the forms and tracking files.

To alleviate this inefficiency, the Legacy CMIPS System “Future Vision” includes the use of data collection forms designed for data entry scanning. The forms would be produced via CMIPS II and pre-populated with as much data as available to the form, thus reducing the amount of redundant data collection by the Social Worker (SW) and reducing the amount of new data entry necessary on each form. All information pertinent to appropriate case management will be maintained in the CMIPS II reducing the need to pull the paper file, review paper forms, and track locations of paper files.

2. Payroll data entry collection and related processes are labor and paperwork intensive.

With the Legacy CMIPS System, County payroll clerks review the forms for the proper signature authority and manually verify the reported hours with a calculator. Data entry clerks then record the information from the timesheets into the Legacy CMIPS System. The

paper timesheets are then filed using the filing system utilized by the particular County. Some Counties file timesheets by pay period, some file by Recipient, and some file by the data entry batch number. This manual process contributes to potential data entry errors and payroll processing delays.

When data entry errors or other timesheet related problems arise, the paper timesheet must be manually retrieved from where it is filed. This not only lengthens the amount of time necessary for problem resolution, but also requires the County to have personnel available to sort through the stored timesheets.

With the Legacy CMIPS System, overtime management is a manual County process. Only the aggregate number of hours worked each week is entered into the Legacy CMIPS System; i.e. two entries required per bi-monthly pay period. This does not allow for automated assistance in overtime calculations. Therefore, each County has developed a manual process for overtime management.

The “Future Vision” for CMIPS II contains an automated method to input timesheet information and store timesheet images. CMIPS II will support automated retrieval of timesheet images. This automated method will also support automated overtime management and meet the requirement to have daily hours worked entered into the system.

CMIPS II will automate many of the manual calculations and processes required to be able to fully comply with the current Federal, State and business requirements for payroll and tax services. These include prompt and accurate reporting to the Internal Revenue Service (IRS), New Employee Registry (NER), Employment Development Department (EDD), Fair Labor Standards Act (FLSA) and State Controller’s Office (SCO).

3. There are many manual calculations performed by the Social Worker (SW) that lead to inconsistency and inefficiency in the PCSP/IPW/IHSS-R Program.

For example, the SW manually calculates the number of service hours authorized for each Recipient based on Program guidelines and the Recipients’ needs for PCSP/IPW/IHSS-R services. Social Workers record the PCSP/IPW/IHSS-R needs assessment information and the authorized hours on paper forms, and then hand the forms off to data entry clerks. The data entry clerks record the information in the Legacy CMIPS System and return the entered forms back to the SW. Effort is wasted in manually calculating information, transporting the forms, and tracking files.

4. CMIPS II will provide for direct data entry by the SW and automated assistance in service hours calculations. Current information management reporting is limited.
5. The Legacy CMIPS System is essentially “closed” in that there are very limited views of data available to management. Reports are available primarily through printed media. CMIPS II will provide more flexible and effective management reporting.
6. The Legacy CMIPS System architecture is antiquated.

The Legacy CMIPS System was designed and implemented over 20 years ago. The design is based around an analog network that is slow during peak usage when timesheets are entered twice a month. The primary interface to the system for some Counties is through 3270 terminals. The interface was designed only for the data entry clerks using coded entries.

In the CMIPS II “Future Vision”, the PCSP/IPW/IHSS-R workers will benefit from a faster wide area network, access for Social Workers via personal computers and improved user interface screens.

7. Additional fraud detection capabilities are needed.

CMIPS II will improve information monitoring to prevent or detect potential fraud in Provider payments or service authorization. CMIPS II will also have improved capabilities to provide program management the ability to more effectively monitor for program integrity and fraud.

The Legacy CMIPS System database design will be improved to provide quicker responses to queries and reports. CMIPS II will take advantage of modern database functions to help maintain the accuracy and integrity of data and improve management reporting capabilities.

3 OVERVIEW OF PROPOSED SYSTEM

CMIPS II will continue to support the basic PCSP/IPW/IHSS-R functions as described in Section 3, CURRENT SYSTEM.

The case management function will continue to:

1. Provide PCSP/IPW/IHSS-R staff information to manage their caseloads and take appropriate case management actions.
2. Provide information to PCSP/IPW/IHSS-R Recipients and Providers.
3. Determine PCSP/IPW/IHSS-R service eligibility based on data entered and data received from the Statewide Automated Welfare System (SAWS) consortia systems.
4. Capture functional levels and calculate authorized service hours.
5. Process changes to case information.
6. Process timesheets and provide payroll reporting for Waiver of Personal Care Services under the Medi-Cal Program for the Department of Health Services as provided for in W&IC Section 14132.97 (AB 668).
7. Report PCSP/IPW/IHSS-R utilization data to the Medi-Cal Program Management Information System/Decision Support System (MIS/DSS).

The payroll function will continue to:

1. Calculate accurate daily and advance payroll and submit electronic claim tape to the State Controller's Office.
2. Ensure timely payments to PCSP/IPW/IHSS-R and WPCS Providers and tax agencies.
3. Produce and mail Arrears and Advance Pay timesheets.
4. Calculate and submit taxes, wages, contributions, other deductions, and adjustments to the correct agencies.

The information management function will continue to:

1. Provide case management and payroll information to appropriate staff.
2. Provide standardized reports.
3. Provide State and County administrators with the information needed to administer and monitor the Program and evaluate the achievement of Program goals.

In addition, CMIPS II will have new business functions such as:

1. A Provider database in support of Counties and Public Authorities, where applicable.
2. Tickler reports for County activities such as PCSP/IPW/IHSS-R reassessments.

3. The ability to link records for households with multiple Recipients to facilitate PCSP/IPW/IHSS-R assessments and tracking.
4. Processing for Provider benefit deductions.
5. On-demand reporting.
6. Automated metrics collection for management information.
7. The ability to calculate payroll expense totals per funding source by level of participation (Federal, State, County) for purposes of County and Federal billings and reimbursement.
8. Maintain a history of Provider rates for all modes of PCSP/IPW/IHSS-R Program service delivery for each County.

3.1 System Architecture

One of the goals of this procurement is to provide a stable and flexible enterprise architecture foundation that will allow support of the PCSP/IPW/IHSS-R Program as it expands and changes. Use of packaged components and industry standard techniques and tools will allow cost effective development, implementation, and operation. The procurement seeks to implement a modular system with the ability to reuse and upgrade components as technologies and business practices change.

Another goal of CMIPS II is to interface with the California Medicaid Management Information System (CA-MMIS) to provide better Medi-Cal benefits coordination and management. CMIPS II will provide efficient, economical, and effective support of the PCSP and waivers as a CA-MMIS subsystem that processes the payroll claims for the PCSP/IPW/WPCS services and manages the enrollment for the PCSP/IPW/WPCS providers.

An additional goal of the procurement is to leverage to the greatest extent possible the Information Technology (IT) infrastructure currently in place throughout the State, which supports CDSS and the Counties. This includes the existing County desktop workstations and Local Area Network (LAN) and the statewide Wide Area Network (WAN) supported by the Department of Technology Services (DTS).

By using the DTS WAN and current County infrastructure, CMIPS II will support online access and printing capabilities for the entire PCSP/IPW/IHSS-R staff, including CDSS Adult Programs Branch (APB) staff. In addition access will be provided for authorized external partners approved by CDSS to interface with or directly access the system. This will enable these partners to more effectively support the PCSP/IPW/IHSS-R Program, its Recipients, and Providers.

The enterprise solution needs to meet the performance requirements stated in this Request for Proposal (RFP) and, in addition, the system must be designed to be scalable. As stated above, the estimated growth rate of the program is significant with the Recipient caseload estimated to grow considerably over the next five years.

3.2 CMIPS II Operational Concept

The operational concept for CMIPS II described in this Paragraph contains streamlined processing, automated task assistance, and online availability for PCSP/IPW/IHSS-R data. This CMIPS II “Future Vision” is a broad, high-level overview of the proposed system. The narrative and flow charts located in Exhibit 4-1 Business Process Flow Diagrams, describe the functions to be performed at a high level; detailed requirements are in Section 6, SOW, and Section 6, SyRS.

The “Future Vision” for the system includes the use of role-based security. Role-based security allows for access to functionality based on the “role” assigned to the user. The following business process descriptions identify the role performing the function, not the position the user holds within the County.

In some Counties it may be necessary for a user to be assigned multiple roles. For example, a social worker supervisor may also need to be assigned the payroll supervisor role. The system will support multiple user role assignments as needed to support the business process as performed within each individual County.

Although described as occurring in a specific order in this document, the County business processes may actually occur in many different orders depending on the individual County. CMIPS II will have flexibility in supporting the order the business processes occur within the Counties.

3.2.1 Payroll

CMIPS II will have improved technology for payroll processing. CMIPS II will process the daily payroll of over 680,000 payments per month (as of February 2005). CMIPS II will apply technology to improve the timeliness and efficiency of the payroll process. CMIPS II will be able to comply fully with Federal, State, and business requirements for payroll and tax services. Currently, tracking and reporting is done through a combination of manual and automated processing. CMIPS II will automate many of the manual calculations and processes performed to support these requirements. The CMIPS Project Office Business Process Improvement Study identified potential areas of improvement. For example, timesheets are currently completed manually and signed by Providers, reviewed and signed by Recipients, delivered to the County office, and input by data entry clerks. Improved technology will be used to enhance the efficiency of this operation.

3.2.1.1 Time and Attendance

When the Recipient identifies an Individual Provider (IP) who is enrolled in the PCSP/IPW/IHSS-R Program and the IP becomes eligible for payment for services, CMIPS II will generate an initial timesheet for the Individual Provider. The Provider provides services to the Recipient, fills out the days and hours worked and signs the timesheet. The Recipient reviews and also signs the timesheet. The timesheet is then delivered to the County Payroll Office for payroll processing. The Provider receives subsequent timesheets with each payroll warrant.

On receipt of the timesheet, the County Payroll Office manually reviews the timesheet for appropriate signatures, manually verifies the total hours worked and enters only the pay period and total hours worked into the Legacy CMIPS System. The timesheet is then filed according to the County process.

The CMIPS II “Future Vision” for Individual Provider payroll includes automated assistance in processing the timesheets. The information on the timesheets, including the pay period, the Provider information, the Recipient information, the days worked, and daily hours worked, will be recorded in CMIPS II. CMIPS II will then calculate the appropriate wages, taxes, and deductions. The payroll information will then be sent through the appropriate interfaces to the State Controller’s Office (SCO) to facilitate the processing of the payroll warrants.

CMIPS II will support automated retrieval of timesheet images.

3.2.1.2 Miscellaneous Warrant Deductions

In the event of an overpayment to the Provider, CMIPS II will provide the ability to deduct pre-determined amounts from subsequent payroll warrants in order to satisfy repayment of the overpayment with appropriate authorizations. The reason for the deduction will be detailed on the payroll warrant stub.

When a lien has been applied against an Individual Provider, CMIPS II will deduct appropriate amounts from subsequent payroll warrants in order to satisfy the lien. Identification of the lien holder and amount withheld will be detailed on the payroll warrant stub.

Individual Providers may be eligible for different types of benefits through their PA. Those Providers receiving such benefits may be required to pay a premium. These premiums can be deducted from their payroll warrant. The identification of the PA and the amount of the benefits deduction will be detailed on the payroll warrant stub. CMIPS II will process a combined payment for all deductions identified to a specific PA. It will be the responsibility of the PA to manage Provider benefits.

3.2.2 Case Management

CMIPS II will have improved technology for case management activities. CMIPS II will alleviate the current laborious, paper processes involved in creating and maintaining Recipient and Provider information. Social Workers need quick, easy access to review and update all available recorded case information, including previous PCSP/IPW/IHSS-R history on new Applicants, case information and case notes on existing Recipients, and existing information on Recipients transferring from another County. CMIPS II will also automatically notify the Social Worker Supervisor (SWS) when the SW has submitted a case record for online review and/or approval. The SWS will have the ability to review, approve, and comment regarding SW case management activities online, associated with the appropriate case record.

The ability for the SW and the SWS to perform case management related activities without a “paper” file will greatly improve the efficiency of the case management activities shown in Exhibit 4-1 Business Process Flow Diagrams.

3.2.2.1 Case Initiation

PCSP/IPW/IHSS-R County Welfare Department (CWD) staff will receive contacts regarding PCSP/IPW/IHSS-R services. The CWD staff will have access to CMIPS II to determine if the person is currently receiving or has previously received PCSP/IPW/IHSS-R services. This information will be available statewide and will include both Recipients and Providers. The CWD staff will use standard statewide guidelines to screen the referral for initial PCSP/IPW/IHSS-R service eligibility. The CWD staff will also have access to Medi-Cal Eligibility Determination System (MEDS) to determine if the Applicant is receiving Supplemental Security Income/State Supplemental Payment (SSI/SSP) and consequently has had a disability evaluation determination to establish eligibility to Medi-Cal.

Those Applicants currently receiving SSI/SSP or California Works Opportunities Responsibilities Kids (Cal WORKs), formerly Aid to Families with Dependent Children (AFDC)

are deemed status eligible and recorded in CMIPS II as such. Applicants not status eligible can be income eligible.

Through automation within the system, the SWS can query on new referrals that have been received. CMIPS II will provide assistance to the SWS in assignment of Social Workers via geographic location, size of caseloads, or other specified criteria. The SW will be able to inquire on new case assignments. The SW will proceed with the application process.

During processing, the CMIPS II system will send the Applicant information to the appropriate Statewide Automated Welfare System (SAWS) for Medi-Cal eligibility determination. The SW may proceed with the PCSP/IPW/IHSS-R needs assessment while waiting for the SAWS Medi-Cal eligibility determination.

On notification of a new case, the SW will contact the Applicant (telephone contact or letter) and verify the request for PCSP/IPW/IHSS-R services. The SW enters any new information received into CMIPS II. The SW then schedules an in-home visit with the Applicant.

To prepare for the in-home visit, the SW will print out forms pre-populated with all available information (name, address, etc.). The SW will then take the forms to the visit to finish completing, gather signatures, etc. The SW, on return to the office, enters the PCSP/IPW/IHSS-R needs assessment information from the forms into the CMIPS II system. The SW will be notified by the system when the Medi-Cal eligibility determination is received from the SAWS system.

During the in-home visit, the SW records the Applicant's household characteristics containing such information as whether or not the home has meal preparation facilities, whether or not the home has a washer and dryer, etc. If the Applicant shares the home with others, the SW collects information on which living areas are shared and which are solely used by the Applicant, or used solely by others in the household. Information is also gathered regarding whether the need for Related Services (meal preparation, food and other shopping and laundry) is met individually for the Recipient or met in common with others in the household. During this visit, the SW also performs the PCSP/IPW/IHSS-R needs assessment to assess the functional index level for the Applicant and identify the other service needs of the Applicant.

On completion of the in-home visit, the needs assessment, and receipt of the Medi-Cal eligibility status from SAWS, the SW will confirm the aid code and Share of Cost. If an Individual Provider is not already identified, the SW or PA can provide information to the Recipient to locate one. All pertinent information is entered into CMIPS II and the final determinations are then sent to the appropriate SAWS system via the interface.

3.2.2.2 Provider Assignment

Counties offer different modes of Provider services. All Counties offer the IP mode. Some Counties also offer County contractor and County homemaker modes of services.

If a Recipient does not have an identified Provider, the SW can provide assistance to the Recipient in locating a Provider. By mandate, Public Authorities have Provider Registry services that can also be used by the Recipient upon request to help match them with Providers based on criteria identified by the Recipient (i.e. non-smoker, male or female, or type of services the Provider is trained and/or willing to provide.)

In addition to the Individual Provider mode, some Counties offer a County Contract Mode of service. If the Recipient receives services via the County Contract Mode, necessary Recipient information is transferred to the County Contract Provider service. The Contract Provider then contacts the Recipient to set up services.

Some Counties also offer the Homemaker Mode of Service. These are County employees who are hired to provide services for those Recipients who have difficulty retaining a Provider, live in areas where Providers are not readily available, have few hours, or emergency situations.

On identification of the mode of service by the Recipient, the SW adds the mode of service record and the Recipient and can begin to receive services.

3.2.2.3 Case Maintenance

Annual and Interval PCSP/IPW/IHSS-R Reassessments: Social Workers perform annual reassessments on Recipients. In some cases, when recipients meet certain criteria, the Social Workers can establish a longer term intervals (up to 18 months) for re-assessment. To assist in the reassessment process, CMIPS II will provide the ability to print forms with all available current information. This will allow the SW to only make the required changes on the forms based on the outcomes of the new assessment. On return to the office, the SW would update the CMIPS II Recipient record to include all the noted changes on the forms.

Inter-County Transfers: When notified of a Recipient's move to another County, the intake process occurs in the receiving County, and when the transfer is complete the PCSP/IPW/IHSS-R case termination process will begin in the transferring County. Medi-Cal eligibility is processed as County specific, thus requiring the case to be closed in the appropriate SAWS system. However, the case information in CMIPS II will be maintained intact and available for the receiving County to re-open. There is no overlapping or break in PCSP/IPW/IHSS-R services for the Recipient. PCSP/IPW/IHSS-R and Medi-Cal eligibility continues until the receiving County grants their case.

Appeals/State Hearings: Any Recipient dissatisfied with a County action has the right to appeal the action at a State Hearing as described in the CDSS Manual of Policy and Procedures (MPP) 22-000 State Hearing and in W&IC §10950-10967. CMIPS II will track the date the appeal is filed, the State Hearing status, and the resolution.

Application Withdrawn/Denied: If at anytime during the application process the Applicant decides to withdraw their request for services or the Applicant is deemed ineligible, the SW can terminate the case within CMIPS II generating a notification to the appropriate SAWS application and generate a timely notice of action (NOA). The notification to the SAWS application allows for the recipient to be re-evaluated for eligibility for other Medi-Cal services.

Termination: Cases may be terminated for a variety of reasons including application withdrawn, Recipient death, etc. On completion of the termination process, CMIPS II will send the PCSP/IPW/IHSS-R termination information to the appropriate SAWS system. The notification to the SAWS application allows for the recipient to be re-evaluated for eligibility for other Medi-Cal services.

3.2.2.4 Notification And Alert Queues

CMIPS II will utilize notification and alert queues to facilitate workflow between CMIPS II users. Notifications of pending actions (approvals, assignments, etc.) and alerts for specific events (child turns 18) will be sent by the system to the specified user's "queue." The user will be able to access his/her queue to see "to do" items.

3.2.2.5 Provider Management

In the Legacy CMIPS System, Individual Provider information is linked to a specific Recipient. With the inception of the Public Authorities, the activities associated with Provider Management have become more and more complex. The entity conducting the Provider management activities could vary from County to County. The entity may or may not be co-located with the County PCSP/IPW/IHSS-R staff. CMIPS II must accommodate these variations and allow for the assignment of the Provider Management role to various entities including the PCSP/IPW/IHSS-R CWDs.

CMIPS II will record and track Individual Provider information separate from the Recipient and related case information. Once an Individual Provider has been assigned to a Recipient, CMIPS II will create a "link" between the Recipient case record and the Provider record.

With the August 2004 approval of the IHSS Plus Waiver, IHSS Providers must be enrolled Medi-Cal Providers. IHSS Providers will be required to self-certify their eligibility to be Medi-Cal Providers by completing the appropriate form. CMIPS II will record and track the enrollment status of each provider.

CMIPS II, through role-based security described in Paragraph 3.1, System Architecture, will support the Provider Management activities including, but not limited to:

1. Updating the list of Individual Providers and associated information contained within CMIPS II for assistance in locating Individual Providers for Recipients. The data on this list will be available to assist in locating identified Individual Providers.
2. Updating Individual Provider demographic information including but not limited to address changes and name changes.
3. Tracking the Medi-Cal enrollment status of each Provider.
4. Maintaining Individual Provider Federal Tax Withholding Information (W-4) for each Recipient.
5. Tracking of other deductions as necessary (i.e., benefits deductions, labor organization dues). (Maintenance of deductions will be accomplished through electronic interfaces.)

3.2.3 Caseload Management

As County demographics and staffing levels are in a constant state of flux, County PCSP/IPW/IHSS-R management needs a method to adjust Social Workers' caseloads appropriately. It may be necessary to reassign a number of Recipients to different Social Workers at the same time. CMIPS II will provide a means to move caseload assignments without intervention from the CMIPS II Contractor.

3.2.4 Management Reporting

Reports will be provided to the Counties and CDSS staff online with a capability to print at the option of the user, including:

- Statistical reports: caseloads by Social Worker, etc.
- Financial reports: County expenditures, taxes, etc.
- Management reports: data queries on Recipients and Providers, samples for Quality Assurance reviews.

PCSP/IPW/IHSS-R Managers/Supervisors and CDSS use various reports created by the Legacy CMIPS System for allocation of cases, budget projections, and assessing Program needs. The County Recommended Future Vision Business Processes identifies the need for all pertinent County data to be available to the County Welfare Department to meet planning, budgeting, and reporting needs. The data will be available to the County in a timely manner to facilitate County reporting requirements.

CMIPS II will have a fraud monitoring and administrative oversight component to assist CDSS in demonstrating that it has designed and implemented an adequate quality assurance system for assuring the health and welfare of Recipients.

3.2.5 Interface with Required Agencies

CMIPS II will continue and enhance interfaces with external agencies to include:

1. Department of Social Services (CDSS)
2. County Welfare Departments (CWD)
3. Department of Health Services (DHS)
4. California Department of Aging (CDA)
5. State Controller's Office (SCO)
6. State Treasurer's Office (STO)
7. Employment Development Department (EDD)
8. Social Security Administration (SSA)
9. Internal Revenue Service (IRS)
10. United States Postal Service (USPS)

CMIPS II will develop new interfaces with external agencies to include:

1. Public Authorities (PA)
2. Labor Organizations
3. Adult Protective Services (APS) Entities
4. State Compensation Insurance Fund (SCIF)

3.3 Future Enhancements

Although out of scope for the current procurement, expanded business functions may be included in future enhancements of the CMIPS II if they can provide sufficient return on investment. The

CMIPS II architecture will provide a foundation platform capability for these potential enhancements and improvements. The expanded functions may include:

1. Automated data entry for in-home assessments
2. Waiver Personal Care Services Estimate Calculation
3. Additional interfaces to other State and County programs
4. Automated payroll inquiry
5. Ad hoc reporting
6. Additional automated Time and Attendance collection methods.

3.3.1 Automated Data Entry for In-Home Assessments

To further improve the case data entry efficiency and accuracy, Social Workers making in-home visits will have the ability to capture Recipient information in a manner that does not require subsequent data entry. The solution will be available at all County locations. PCSP/IPW/IHSS-R staff will use handheld devices to allow the user to record an assessment and narrative in a paperless manner in the Recipient home.

3.3.2 Waiver Personal Care Services Estimate Calculation

CMIPS II will help automate the eligibility determination and estimate calculation for the Waiver Personal Care Services authorized by DHS. DHS In-Home Operations staff will have the ability to request an estimate calculation using data from both CMIPS II and MEDS. CMIPS II data will include case status, authorized hours, Individual Provider, Provider pay rate, and PCSP and Residual services. MEDS data will include aid code, other family members on Medi-Cal, eligibility status, termination and reason, and SSI/SSP status.

3.3.3 Additional Interfaces to Other State and County Programs

The Legacy CMIPS System interfaces could be improved to reduce inefficiencies in information management between various government programs. Where feasible, cost-effective, and consistent with State policy on program coordination, CMIPS II will support County and State programs that create single points of contact for elder care programs.

3.3.4 Automated Payroll Inquiry

As of February 2005, the County offices process over 671,000 timesheets a month. As a result, these offices and CDSS APB Systems Unit receive numerous phone calls regarding the status of the payroll warrants. The Providers typically want to know if their timesheets were received and processed and when their paycheck was sent. The Social Workers and payroll clerks have to respond to these questions. Many Counties have reported that there is an over abundance of calls resulting in slow consumer response. The Counties would benefit from an automated system, where the Provider could access information without using County staff resources.

The payroll inquiry system will have ability to:

1. Respond to service payment status inquiries from Providers and Recipients via a statewide toll-free number

2. Provide payment information for regular payroll, adjustment, emergency, and replacement warrants
3. Provide the date a timesheet was received, the date a timesheet/adjustment/replacement was processed, the date a warrant was issued from SCO, and the date warrant was cashed.

3.3.5 Ad Hoc Reporting

Some PCSP/IPW/IHSS-R staff perform ad hoc queries of the CMIPS II data. The BPI study found that users of the Legacy CMIPS System infrequently requested true “ad hoc” reports. Most Counties who are currently creating “ad-hoc” reports, do so once and then routinely run the same report as monthly data downloads become available. The BPI team will identify the content of those reports and the CMIPS II system will be developed to support all commonly used reports. An PCSP/IPW/IHSS-R committee will meet routinely to ensure the reports continue to meet the users’ needs.

However, there may still be occasions where the users will need true ad hoc reports. In the CMIPS II system, the user would have to make a special request for the one-time report from the Contractor.

3.3.6 Additional Automated Time and Attendance Collection Methods

Currently the State of California requires the PCSP/IPW/IHSS-R Program to obtain and store a paper copy of the timesheets with both the Recipient and Provider signatures. If this requirement were to be revised, the PCSP/IPW/IHSS-R Program would investigate a paper-less solution for time and attendance collection.