



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

DATE: October 3, 2014

ALL-COUNTY INFORMATION NOTICE NO.: I-61-14

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IHSS PROGRAM MANAGERS

SUBJECT: TERMINATING PROVIDERS WITH NO PAYROLL ACTIVITY IN  
THE CASE MANAGEMENT, INFORMATION AND PAYROLLING  
SYSTEM II (CMIPS II)

REFERENCES: ACL NO. 11-12, DATED JANUARY 26, 2011  
ACIN NO. 1-37-12, DATED JULY 16, 2012  
ACIN NO. I-37-12E, DATED JULY 20, 2012

This All-County Information Notice (ACIN) provides information regarding the statewide process to inactivate In-Home Supportive Services (IHSS) providers due to no payroll activity for one year.

**BACKGROUND**

As part of the implementation of Assembly Bill 1612 (Chapter 725, Statutes of 2010), the California Department of Social Services (CDSS) requested the Legacy CMIPS vendor to perform a monthly batch job that identified and automatically terminated providers who did not have any payroll activity for a year. As part of the process, counties also received monthly reports that contained detailed listings of affected providers so county staff could submit No Longer Interested (NLI) Notifications (Form CIA 8302) to the California Department of Justice (DOJ) to no longer receive subsequent arrest notification/conviction reports for the terminated providers.

This process was suspended during the CMIPS II implementation period and counties could not terminate a provider for no payroll activity in Legacy CMIPS or CMIPS II due

**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

to data synchronization issues and the inability of county users in either system to verify if a provider was active in the other system. Now that all counties have converted to CMIPS II, the system vendor will resume the monthly process of terminating providers with no payroll activity, and counties will begin to receive monthly reports on terminations due to no payroll activity from the CMIPS II System.

### **PRELIMINARY IMPACTED PROVIDER LISTS**

On September 22, 2014 two lists of providers who will be impacted by the first batch job run were placed on the SFT server specific to each county.

- The first list are of providers who were linked to a case (ProviderTerminated\_WithCase\_CountyCodeAndName.csv),
- The second is a list of potential providers who were not linked to a case (ProviderTerminated\_WithoutCase\_CountyCodeAndName.csv),

Counties should **not** use these preliminary lists to notify DOJ of providers for whom subsequent arrest records are no longer needed. This was just a preliminary test run meant to inform counties of what to expect when the final job was ran on September 27, 2014.

### **PROVIDER TERMINATION – NO PAYROLL ACTIVITY**

The “Monthly Inactivate Providers” batch job was re-instated in CMIPS II effective September 27, 2014. Going forward, the batch job will run on the last business day of each month and will impact any provider record that meets the following criteria:

- Has an “Effective Date” (Provider Details – Effective Date) which is more than 12 months prior to the date the job is run
- Has Provider Details “Eligible” field set to “Yes”
- Or has Provider Details “Eligible” field set to “No”, but there is a Recipient Waiver for the provider
- And has had no IHSS or WPCS timesheets processed and/or paid for the past 12 months

The following actions taken on each impacted provider record:

- Provider Details “Eligible” field will be set to “No”
- Provider Details “Ineligible Reason” will be set to “Inactive/No Payroll for One Year”
- If the provider is in “Leave” or “Active” status on any recipient case the provider will be terminated with the following indications:
  - Termination Effective Date – current date plus 20 calendar days (current date will be the date the batch job is run)
  - Termination Reason – Provider Enrollment Ineligible
- A Notification will be sent to the Case Owner where the provider was terminated
- A Task will be sent to the WPCS Queue for any case where a WPCS Provider was terminated

### **SOC 881**

On a flow basis, counties shall send the SOC 881, In-Home Supportive Services Notice to Provider of Inactivity to all individuals listed on the “Disenrolled Provider – No Timesheet Activity” report to inform them of their designation as inactive, and the process and timeframe for requesting to remain in active status. The bottom section of the notice allows an individual to request to remain active by checking one of two boxes to indicate the acceptable reasons on which an individual may base his/her request. An individual who has been actively providing services but who has not submitted time sheets may request to remain active. He/she must provide the name of the recipient for whom he/she has been providing services. An individual who has been inactive but who anticipates becoming an active provider again may also request to remain active. The inactive individual may either sign and return the notice to the county in person, by mail or call the county within 30 days of the date of the notice. The county shall deny an individual’s request if it is not made within 30 days of the date of the notice. When a timely request is received, the county shall re-activate the provider by updating CMIPS.

If the county determines that a provider should not have been terminated because they still intend to work in the IHSS program, the county can reinstate the provider’s eligibility status up to 20 days following the provider becoming ineligible. The case supervisor must approve or reject the provider reinstatement. Staff can reset the enrollment requirement boxes to Yes and the status to “E” (Eligible) on the Provider Details screen.

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Once the provider's status changes, the 12-month timeframe for activity restarts, and the provider will no longer be identified on the inactive reports.

For a camera-ready copy in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain this form from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

If you have any questions regarding the information included in this letter, please contact the Adult Programs County Assistance line at (916) 551-1003.

Sincerely,

***Original Document Signed By:***

EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Attachment

c: CWDA

# IN-HOME SUPPORTIVE SERVICES PROGRAM NOTICE TO PROVIDER OF INACTIVITY

(ADDRESSEE)

COUNTY OF: \_\_\_\_\_

Notice Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address of IHSS Office  
or Public Authority (PA): \_\_\_\_\_

IHSS Office/PA Phone Number: \_\_\_\_\_

**This notice is to inform you that your status as In-Home Supportive Services (IHSS) provider has been changed to inactive. Here's why:**

It has been at least one year since you submitted a timesheet for work you performed providing services for any IHSS recipient(s).

If you have been providing services for an IHSS recipient(s) but you have not been submitting timesheets regularly, you must let the county know that you are still an active provider. In order to be identified as an active provider and not continue to receive these notices you must submit your timesheets regularly. You must complete the bottom section of this notice and return it to the county IHSS office or PA at the address shown above OR call the county/PA at the phone number shown above. You must return the notice or call the county/PA within 30 days of the date of this notice.

If you have NOT been providing services for an IHSS recipient but you wish to remain active because you anticipate being an active provider for an IHSS recipient you must let the county/PA know that you want to remain in active status. You must complete the bottom section of this notice and return it to the county IHSS office or PA at the address shown above OR call the county/PA at the phone number shown above. You must return the notice or call the county/PA within 30 days of the date of this notice.

If you do not return this notice to the county/PA or call the county/PA within 30 days, you will remain in inactive status. If you decide to become an active IHSS provider in the future, you will have to re-complete all of the provider enrollment requirements, including submitting fingerprints and undergoing a criminal background check, before you can receive payment from the IHSS program for providing services. State law requires that you pay the costs for fingerprinting and the criminal background check.

If you have questions about the information in this notice, call the telephone number listed above.

<b>REQUEST TO REMAIN IN ACTIVE STATUS</b>	
I hereby request to remain an IHSS provider in active status because:	
<input type="checkbox"/> I have been an active provider within the past year, but have not submitted timesheets. I have provided services for the following IHSS recipient(s): _____	
<input type="checkbox"/> I anticipate being an active provider for an IHSS recipient.	
SIGNATURE:	DATE:

**BEFORE RETURNING THIS NOTICE, MAKE A COPY FOR YOUR RECORDS.**