

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



January 10, 1995

ALL-COUNTY INFORMATION NOTICE I-03-95

TO: ALL-COUNTY WELFARE DIRECTORS

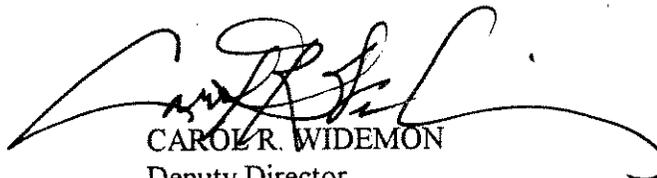
Reason For This Transmittal

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

SUBJECT: Implementation of the Recipient History Screen for the In-Home Supportive Services Case Management, Information and Payrolling System (CMIPS)

Effective January 1, 1995, the Recipient History Screen (RHS) series will be available for county use. The RHS consists of 5 screens: the Recipient History Screen A (RHSA), Recipient History Screen B (RHSA), Recipient History Screen C (RHSC), Recipient History Screen D (RHSD), and Recipient History Search Screen (RHSS). The RHS A, B, and C screens contain the same fields as the In-Home Supportive Services Assessment screens, RELA, RELB, and RELC. Each turnaround document from a revised SOC 293 will be stored in the RHS file. The file history begins with the information on CMIPS at the date of implementation.

The attached IHSS/CMIPS User's Manual section contains field by field instructions for the new screens. If you have any questions call Karen Richardson, CMIPS Unit, at (916) 387-4621.


CAROL R. WIDEMON
Deputy Director
Adult Services Division

Attachment

Recipient History Screen

The RHS is a series of 5 screens: the Recipient History Screen A (RHSA), Recipient History Screen B (RHSB), Recipient History Screen C (RHSC), Recipient History Screen D (RHSD), and Recipient History Search Screen (RHSS). The RHS A, B, and C screens contain the same fields as the In-Home Supportive Services Assessment screens, RELA, RELB, and RELC. Each turnaround document (TAD) from a revised SOC 293 will be stored in this file. The file history begins with the information on CMIPS at the date of implementation. Thus the current SOC 293 for a recipient on January 1, 1995 will be the start of the RHS file.

When the RHSA appears the most current sequence number is displayed after the recipient number on the first line of the screen. To view a prior TAD, enter the prior sequence number over the current sequence number and the screen will move to the older TAD. To move from one screen to the next screen in the series, hit [Enter]. To return to the prior screen, e.g., RHSB to RHSA, enter "A" on the NEXT line and [PF8].

The RHSD contains a unified list of all providers for a recipient. RHSD will display ALERT and NOA messages from the SOC 293 and the EDD number on the top of the screen. The screen will also display up to 12 lines of provider information if the data is available.

The Recipient History Search screen is used to locate a recipient in the system and to transfer to the recipient's RHSA screen.

Accessing the Recipient History A,B,C, and D Screens

To access these screens, enter the following 10 digit number on the NEXT line:

Recipient number - 2 digit county number and 8 digit case number

Optional: Entering the sequence number, 3 digit number from field A2 on the SOC 293 (RELA), will decrease the processing time.

Accessing the Recipient History Search Screen

The RHSS will display data from the Recipient History file by using either name or social security number (SSN) key. The name key includes recipient last name, first name, and county number. If the complete name key is entered, only records that match the key will be displayed. If the last name and first name is entered, all records that match those, regardless of the county, will be displayed. If the last name is entered, all records that match the last name will be displayed, regardless of the first name or county. If a few

letters of the last name are entered, all records that that have a last name starting with those letters will be displayed.

The SSN key includes the recipient SSN and county number. If the complete key is entered, only records that match the key will be displayed. If only the SSN is entered, all records that match the SSN will be displayed, regardless of county. After the records have been displayed the user can place any alpha character by a recipient record to transfer to the RHSA of that recipient; the most current 293 sequence for that recipient will appear. If several recipient records are marked for review, the system will go through screen A - D for each recipient before going to the next recipient. After reviewing all the recipient records, the system will return to the SEARCH screen.

RHS A Screen

THIS RHS A I CCXXXXXXXXSSS
 NEXT RHS B I CCXXXXXXXXSSS

B I R T H D A T E
 A SEQ# 022 AID 68 SSN 999 - 99 - 9999 SEX F MONTH 09 DAY 16 YEAR 1930
 B LAST NAME MICKY FIRST MOUSE MI
 C ST 1202 DISNEY LN CY DISNEYLAND ST CA Z 99999 9999
 D PHONE # (999) 999 - 9999 DP BCF GUARDIAN MINNIE MOUSE
 F STAT PRIM DIAG CITIZEN ETHNIC LANG OTH/COV SSNV HIC./R.R. # FBU #
 E ST PO BOX 999 CY ANGELS ST CA Z 99999 9999
 F STAT PRIM DIAG CITIZEN ETHNIC LANG OTH/COV SSNV HIC./R.R. # FBU #
 E 1 7 N 3 050
 G SPOUSE/PARENT # HH # RCP RES L/A # ROOMS YARD WASH DRY STOVE REFRIG
 00 01 01 02 03 03 N Y Y Y Y

F U N C T I O N A L L I M I T A T I O N S

H HOUSE LNDRY SHOP MEAL MOBILITY BATH DRESS BB/M TRANSFER EAT BREATH
 4 4 3 4 4 4 4 4 4 3 1

F U N C T I O N A L

H MEMORY ORIENT JUDGE INDEX HOURS W/O IHSS NEED PROV
 1 1 1 3.59 243.1 4 00

DATE LAST CHANGED 12/07/94

Field By Field Description

RHSA

- Field A1 CNTY/RECIPIENT#/CD - System Generated, Numeric
 Length: 10, Format: County = 2 Digits, Recipient # = 7 Digits, CD = 1 Digit
 Description: Recipient number - A number that represents a specific recipient.
- Field A2 SEQ # - System Generated, Numeric
 Length: 3
 Description: Sequence number - A computer generated chronological number that indicates the most recent SOC 293 turnaround document.
- Field A3 AID CODE - System Generated, Numeric
 Length: 2
 Description: Aid code - State aid codes define the recipient's benefit category for budget, Medi-Cal and accounting purposes.
 10 - Aged, general SSI/SSP
 18 - Aged, IHSS income eligible
 20 - Blind, general SSI/SSP
 28 - Blind, IHSS income eligible
 30 - Aid to Families with Dependent Children, Family Group
 35 - Aid to Families with Dependent Children , Unemployed
 60 - Disabled, general SSI/SSP
 68 - Disabled, IHSS income eligible
 A. Status eligible recipients shall have aid codes 10, 20, 60, 30, or 35.
 B. Income eligible recipients shall have aid codes 18, 28, or 68.
 C. NOTE: Aid codes 18, 28, or 68 must be used for Medi-Cal card issuance.
- Field A4 SOCIAL SECURITY NO. - System Generated, Numeric
 Length: 9
 Description: Recipient's Social Security Number
- Field A5 SEX - System Generated, Alpha
 Length: 1 Format: M/F
 Description: Recipient's gender:
 M = Male
 F = Female
- Field A6 BIRTHDATE - System Generated, Numeric
 Length: 8 Format: MM = Month DD = Day YYYY = Year

Description: Recipient's date of birth.

Fields

B1, B2, B3 NAME - System Generated, Alphanumeric

Length: 30

Description: Recipient's last, first, and middle initial. Jr., III, is included as part of the last name.

Field C1 STREET - System Generated, Alphanumeric

Length: 28

Description: Street - Recipient's place of residence.

Field C2 CITY - System Generated, Alpha

Length: 17

Description: City - Recipient's city of residence.

Field C3 STATE - Optional, Alpha

Length: 2

Description: State - Recipient's state of residence.

Field C4 ZIP CODE - System Generated CT - Optional, Numeric

Length: 10

Description: Zip Code CT - The ZIP+4 code assigned to some businesses and postal boxes by the U.S. Postal Service.

Field D1 TELEPHONE # - Optional, Numeric

Length: 10

Description: Recipient's telephone number.

Field D2 Dis. Prep. - Optional, Alpha

Length: 3 Format: XXX

Description: Disaster Preparedness - Identifies IHSS recipients requiring contact by emergency personnel in the aftermath of a disaster.

Field D3 MEDI-CAL AID CODE INDICATOR - Optional, Alphanumeric

Length: 2

Description: Medi-Cal Aid Code Indicator - Reflects the recipient's Medi-Cal categorically needy aid code and may match or be different from the IHSS Aid Code reflected in Field A3. When one of the categorically needy aid codes (except 10, 20, or 60) is entered in Aid Code Field A3, the same aid code is automatically filled in here. This indicator will remain despite a subsequent change in the Field A3 to an income-eligible code (18,29,68) or SSI/SSP codes 10, 20, or 60. Allowable entries include:

03 - AAP

35 - AFDC-U

9 - 185% Women
 14 - Aged MN
 36 - Disabled Widow
 64 - Disabled MN
 24 - Disabled MN
 44 - 185% Case
 66 - Disabled Pickle
 26 - Blind Pickle
 47 - 185% Child
 72 - 133% Child
 30 - AFDC-FG
 48 - 185% Women
 7A - 100% Child

Field D4 GUARDIAN/CONSERVATOR - Optional, Alphanumeric
 Length: 30 Format is free-form if entered.
 Description: Guardian/conservator - an individual legally responsible for a specific recipient.

Field E1 STREET - Optional, Alphanumeric
 Length: 28
 Description: Street - Guardian/conservator's place of residence or if no guardian/conservator, the recipient's mailing address.

Field E2 CITY - Optional, Alpha
 Length: 17
 Description: City - Guardian/conservator's city of residence or recipient's mailing address city.

Field E3 STATE - Optional, Alpha
 Length: 2
 Description: State - Guardian/conservator's state of residence, or recipient's mailing address state.

Field E4 ZIP CODE - Optional CT - Optional, Numeric
 Length: 10
 Description: Zip Code

Field F1 STATUS - System Generated, Alpha
 Length: 1
 Description: Status - Code which indicates the current eligibility status of the recipient.
 R = Record - Indicates an application has been taken.
 I = Interim eligibility - Provisional approval pending a disability or blind determination.

Only Aid Codes 28 and 68 are valid in field A3 when using Status I.

- E = Eligible - Indicates that the recipient is approved for services under the IHSS Program.
- L = Leave of absence - Temporarily without need for IHSS services, e.g., hospitalized.
- D = Deny - Eligibility has been denied.
- T = Terminate - Eligibility has been terminated.
- X = Delete - Record was erroneously built.
- J = Judicial - Used for court ordered cases when special payment procedures were established

Field F2 PRIM. DIAG. - Reserved for later use.

Field F3 CITIZEN - Optional, Numeric

Length: 2

Description: Citizen

- A. Indicates status of refugee (reference California DSS Manual Section 69-203)
 - 01 - Cambodian, Laotian, or Vietnamese paroled under Section 212(D)(5) of Immigration and Nationality Act (INA) possessing a form I-94 indicating parole status.
 - 02 - Cuban entering the United States on or after October 1, 1978, and was paroled under Section 212(D)(5) of the INA as indicated on form I-94.
 - 03 - Individual from any country other than Cambodia, Laos, Vietnam, or Cuba paroled under Section 212(D)(5) of the INA as a refugee, asylee, or under "Parole Program" as indicated on form I-94.
 - 04 - Conditional entrant from any country admitted prior to April 1, 1980 under Section 203(A)(7) of the INA as indicated on form I-94.
 - 05 - Refugee admitted from any country under Section 207 of the INA as indicated on form I-94.
 - 06 - Asylee (granted asylum) from any country under Section 208 of the INA as indicated on form I-94.
 - 07 - Permanent resident alien from any country as indicated by a form I-151 or I-551 who previously held one of the statuses specified in 1 through 6 above.
- B. Indicates status of alien affected by the Immigration Reform and Control Act of 1986 (IRCA) or the Omnibus Budget Reconciliation Act (OBRA) or of 1986 -Reserved for later use.

Field F4 ETHNIC - System Generated, Alpha/Numeric

Length: 1

Description: Ethnic - A number designating the specific national origin category of the recipient.

1. White
2. Hispanic
3. Black
4. Other Asian or Pacific Islander
5. American Indian or Alaskan Native
7. Filipino
- C. Chinese
- H. Cambodian
- J. Japanese
- K. Korean
- M. Samoan
- N. Asian Indian
- P. Hawaiian
- R. Guamanian
- T. Laotian
- V. Vietnamese

Field F5 LANG. - System Generated, Alpha/Numeric

Length: 1

Description: Language - A number designating the specific language of the recipient.

0. American Sign Language (AMISLAN or ASL)
1. Spanish - NOA will be issued in Spanish
2. Cantonese
3. Japanese
4. Korean
5. Tagalog
6. Other non-English
7. English
9. Spanish - NOA will be issued in English
- A. Other Sign Language
- B. Mandarin
- C. Other Chinese Languages
- D. Cambodian
- E. Armenian
- F. Ilocano
- G. Mien
- H. Hmong
- I. Lao
- J. Turkish
- K. Hebrew
- L. French
- M. Polish

- N. Russian
- P. Portuguese
- Q. Italian
- R. Arabic
- S. Samoan
- T. Thai
- U. Farsi
- V. Vietnamese

Field F6 OTH/COV - Optional, Alphanumeric

Length: 5, Format: X,XXXX

Description: Other coverage -

- A. One digit to indicate insurance coverage:
 - A = Any carrier other than Blue Shield or Blue Cross (partial coverage)
 - B = Blue Cross
 - C = CHAMPUS
 - D = Prudential
 - E = Aetna
 - F = First Farwest Insurance Company
 - G = American General
 - H = Mutual of Omaha
 - I = Metropolitan Life
 - J = John Hancock Mutual Life Ins. Co.
 - K = Kaiser
 - M = Two or more carriers (partial coverage)
 - N = None
 - P = --Prepaid Health Plan or Health Maintenance Organization.
 - Q = Equicor/Equitable
 - R = Ross Loos
 - S = Blue Shield
 - T = Travelers
 - U = Connecticut General
 - V = Variable - any other carrier
 - W = Great West Life Assurance Company
 - X = Blue Shield (partial coverage)
 - Y = Blue; Cross - North
 - Z = Blue Cross - South
 - 2 = Provident Life and Accident
 - 3 = Principal Financial Group
 - 4 = Pacific Mutual Life Insurance
 - 5 = Alta Health Strategies Inc.
 - 6 = American Association of Retired Persons
 - 7 = Allstate Life Insurance
 - 8 = New York Life Insurance

9 = Crown Life Insurance Company

- Field F7 SSNV - Optional, Numeric
Length: 1
Description: Social Security Number verification was completed with one of the following codes which indicates status of verification of SSN.
- 0 - SSA-VER previously submitted to MEDS
 - 1 - SSN verified by SSA (MC 194 Completed)
 - 2 - Confirmed by county on SSA district office application
 - 3 -Sight verified by county welfare office
 - 4 - SSN not verified by SSA
 - 5 - SSN not sight verified, recipient sent to SSA office
 - 6 - No SSN, recipient sent to SSA office
 - 7 - No valid input from county
 - 8 - SSN not attainable, undocumented person
 - 9 - SSN not attainable, pre-adoptive person
- Field F8 HIC/RR# - Optional, Numeric
Length: 12
Description: Health Insurance Coverage/Railroad Retirement number used for Medi-Cal purposes.
- Field F9 FBU # - Optional, Numeric
Length: 3
Description: Family Budget Unit/Person who will be included in Medi-Cal eligibility.
- Field G1 SPOUSE/PARENT - System Generated, Numeric
Length: 2
Description: Spouse/Parent - Indicates the status of the spouse or parent.
- A. The parent code is used only when the IHSS recipient is under age 18.
 - B. Only the following codes are valid.
 - 00 - None
 - 11 - Spouse - able and available
 - 12 - Spouse - able/partially available due to employment, other unavoidable absence
 - 13 - Spouse - able/not available
 - 14 - Spouse - available/not able
 - 15 - Spouse - IHSS recipient
 - 21 - Parent - provides all services
 - 22 - Parent - provides some services
 - 23 - Parent - provides no services
 - 24 - Parent - IHSS recipient

Field G2 #HH - System Generated, Numeric
Length: 2
Description: Number of people in household - total number of people living in recipient's household, including other IHSS recipients, excluding recipient's non-IHSS children under 14 years of age.

Field G3 #RCP - System Generated, Numeric
Length: 2
Description: Number of IHSS recipients in household.

Field G4 RES - System Generated, Numeric
Length: 2
Description: Residence - recipient's residence.
01 - House
02 - Apartment
03 - Mobile home
04 - Hotel
05 - Other

Field G5 L/A - System Generated, Numeric
Length: 2
Description: Living arrangement - Recipient's living arrangement
01 - Independent (Living alone)
02 - Shared
03 - Live-in provider
04 - Tenant/landlord
05 - Board and room

Field G6 #ROOMS - System Generated, Numeric
Length: 2
Description: Number of rooms in recipient's residence, including bathrooms.

Field G7 YARD - System Generated, Alpha
Length: 1 Format: Y/N
Description: Yard - Indicates whether recipient's residence has a yard.

Field G8 FACILITIES - System Generated, Alpha
Length: 8, Format: Y/N
Description: Facilities - Indicates facilities in recipient's residence.
- Washer
- Dryer
- Stove
- Refrigerator

Field H1 FUNCTIONAL LIMITATIONS - System Generated, Numeric

Length: 14

Description: Functional Limitations - All of the items listed below are given a numeric ranking which indicates functioning limitations.

- A. Listed are general standards which apply to all functions.
 - Rank 1: Independent: Able to perform function without human assistance though client may have difficulty. However, completion of the task with or without a device poses no risk to his/her safety.
 - Rank 2: Able to perform but needs verbal assistance such as reminding, guidance or encouragement.
 - Rank 3: Can perform with some human help, i.e., direct physical assistance from the provider.
 - Rank 4: Can perform with a lot of human help.
 - Rank 5: Cannot perform function at all without human help.
 - Rank 6: Paramedical services needed.
- B. Physical Functioning and Valid Ranks

Housework	1, 2, 3, 4, 5
Laundry	1, - - 4, 5,
Shopping and errands	1, - 3, - 5,
Meal prep and cleanup	1, 2, 3, 4, 5, 6
Mobility inside	1, 2, 3, 4, 5
Bathing and grooming	1, 2, 3, 4, 5
Dressing	1, 2, 3, 4, 5
Bowel, bladder and menstrual	1, 2, 3, 4, 5
Transfer	1, 2, 3, 4, 5
Eating	1, 2, 3, 4, 5, 6
Respiration	1, - - - 5, 6
- C. Mental Functioning and Valid Ranks

Memory	1, 2, - - 5
Orientation	1, 2, - - 5
Judgment	1, 2, - - 5

Field H2 FUNCTIONAL INDEX/FUNCTIONAL INDEX HOURS - System Generated, Numeric

Length: 8 - Format X.XX XXX.X

Description: Functional index -

- A. System generated number between 1 and 5 which indicates the relative need for IHSS for a recipient. Individual scores from the functioning ranks are weighted to provide the functional index ranking for each recipient.
- B. Functional Index Hours - System generated sum of the Total Need Hours considered in the functional Index tasks. These are limited to:

AA Domestic Services	BB Preparation of Meals
CC Meal Cleanup	DD Mending & Laundry
EE Shopping for Food	FF Other Shopping

HH Respiration	II Bowel & Bladder
JJ Feeding	KK Routine Bed Baths
LL Dressing	MM Menstrual Care
NN Ambulation	OO Moving In/Out of Bed
PP Bathing	QQ Rubbing Skin/Range of Motion
RR Care & Assist with Prosthesis/Medications	

Field H3 W/O IHSS - System Generated, Numeric
Length: 1
Description: Without IHSS - Displays one of the following codes:
 1 - Recipient not at risk with services reduction
 2 - Recipient at risk with services reduction
 3 - Recipient will require out of home community care
 4 - Recipient will require out of home medical care
 5 - Recipient will become unemployed

Field H4 NEED PROV - System Generated, Numeric
Length: 2
Description: Need provider - Indicates whether IHSS recipient needed help to obtain a
 service provider.
 00 - Recipient has own resources to obtain a provider
 11 - Recipient does need help to obtain a provider

RHSB Screen

```

THIS RHSB CCXXXXXXXXSSS
NEXT RHSC CCXXXXXXXXSSS

                                MICKY, MOUSE
I SOC DATE  IND/LINK  #DEP
  12 01 94 N 1      00  SOURCE / INCOME / DEDUCT      MONTHLY TOTALS
I SOURCE / INCOME / DEDUCT  3 0 $ 750.00 $ 0.00 CNTBLE INCOME $ 730.00
J 1 0 $ 0.00 $ 0.00 4 0 $ 0.00 $ 0.00 BNFT LVL 01 $ 620.00
K 2 0 $ 0.00 $ 0.00 5 0 $ 0.00 $ 0.00 SHARE/COST $ 110.00
L MODE RATE HOURS MODE RATE HOURS
  IP $ 4.25 275.5 $ 0.00 0.0 RECOVERY AMOUNT $ 0.00
R STATE HEARING HRS 0.0
  SEGMENT SELECT 1
  ACT BEG DATE END DATE GROSS AMT MODE RATE HOURS SHR/COST TYPE OPT MEALS
M 01 01 95 08 31 95 $ 1170.88 IP $ 4.25 275.5 $ 110.00 S R
  $ $ $
N 12 01 94 12 31 94 $ 1079.08 IP $ 4.25 253.9 $ 110.00 S R
  $ $ $
O 09 01 94 11 30 94 $ 1079.08 IP $ 4.25 253.9 $ S P
  $ $ $ C
P APPLICATION DATE REF FACE/FACE DATE COUNTY USE
  01 01 74 27 08 31 94
  ***** SERVICE WORKER *****
Q DISTRICT OFFICE 01 NAME DONALD DUCK # 0014 PHONE# ( 999 ) 999 - 9999
    
```

Field By Field Description

RHSB

- Field I1 SHARE OF COST DATE -Optional, Numerical
 Length: 6, Format: MM = Month DD = Day YY = Year
 Description: Share of cost date - A date that indicates the effective date of a share of cost
- Field I2 LINK - Optional, Numerical
 Length: 1
 Description: Link - Indicates recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) - Aged, blind and disabled.
 1 - IHSS individual
 2 - IHSS individual/linked spouse
 3 - IHSS individual/non-linked spouse
 4 - IHSS individual/non-linked parent
 5 - IHSS individual/non-linked parents
- Field I3 DEP - Optional, Numerical
 Length: 2
 Description: Dependents -The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult with a non-linked spouse or an IHSS child whose parent(s) income must be considered.
- Field I4, J1, J2, K1, K2 SOURCE/INCOME/DEDUCT - Optional, Numerical
 Length: 1, 7, 7, Format: X, XXXX.XX, XXXX.XX
 Description: Source/income/deduct -
 A. Automated share of cost computation field.
 B. Source of recipient's, spouse's, parent(s) gross income:
 1 - Retirement, Survivors, Disability Insurance (RSDI) - Recipient
 2 - Veteran's administration - Recipient
 4 - Railroad retirement - Recipient
 5 - Other pension - Recipient
 6 - Other unearned - Recipient
 7 - Earned - Recipient
 8 - Unearned - Spouse/parent
 9 - Earned - Spouse/parent
 C. Income - Amount of gross income available to the recipient, spouse, parent(s).

- D. Dollar amount of total income deductions other than the standard income exclusions.

Field I5 COUNTABLE INCOME - Optional - Numerical
 Length: 6
 Description: Countable income - The sum of all net income available to recipient.

Field J3 BENEFIT CODE/LEVEL - Optional - Numerical
 Length: 2, 8, Format: XX, XXXXX.XX
 Description: Benefit Level - The SSI/SSP benefit level used to determine the recipient's share of cost.

- A. For those recipients whose shares of cost were automated, this field has a two digit benefit code entered.
- B. This includes both recipients who had countable income automatically computed or countable income manually computed.
- C. Benefit codes as of January 1, 1995:
- | | | |
|--|----|----------|
| 01 - Individual aged or disabled - Own home | \$ | 614.40 |
| 02 - Individual blind - Own home | | 669.40 |
| 03 - Individual disabled minor - Own home | | 521.40 |
| 04 - Individual aged or disabled - Household of another | | 473.80 |
| 05 - Individual blind - Household of another | | 539.40 |
| 06 - Individual disabled minor - Household of another | | 372.17 |
| 07 - Individual aged or disabled - Independent living without cooking facilities | | 682.40 |
| 08 - Couple aged or disabled - Own home | | 1,101.71 |
| 09 - Couple both blind - own home | | 1,285.18 |
| 10 - Couple blind/aged or disabled - Own home | | 1,216.73 |
| 11 - Couple aged or disabled - Household of another | | 910.02 |
| 12 - Couple both blind-Household of another | | 1,093.49 |
| 13 - Couple blind/aged or disabled - Household of another | | 1,025.05 |
| 14 - Couple aged or disabled - Independent Living without cooking facilities | | 1,237.71 |
| 15 - Couple aged or disabled - Own home, per person | | 550.86 |
| 16 - Couple both blind -Own home, per person | | 642.59 |
| 17 - Couple blind/aged or disabled - Own home, per person | | 608.37 |
| 18 - Couple aged or disabled - Without cooking facilities, per person | | 618.86 |
| 19 - Couple aged or disabled - Household of another, per person | | 455.01 |

	20 - Couple blind - Household of another, per person	546.75
	21 - Couple blind, aged or disabled - Household of another, per person	512.53
Field K3	SHARE OF COST - System Generated, Numeric	
Length:	6	
Description:	Share of Cost - Monthly amount of money paid directly by the recipient.	
Field L1, L2	MODE/RATE/HOURS - System Generated, Alphanumeric	
Length:	2, 4, 4, Format: XX, XX.XX, XXX.X	
Description:	Delivery Mode/Hourly Rate of Pay/Hours of Service	
	A. Delivery Mode - Type of service delivery of IHSS:	
	IP - Individual Provider	
	CC - County Contract, either private vendor or inter-agency agreement	
	HM - County Employed Homemaker	
	B. Hourly Rate of Pay - The hourly rate of pay per authorized service hour for the type of delivery mode.	
	C. Hours of Service by Delivery Mode	
Field L3	RECOVERY - System Generated, Numeric	
Length	6 - Format \$X,XXX.XX	
Description	Recovery - Indicates a monthly amount recovered from recipient for an overpayment. This field is system generated based on information entered from the SOC 330 IHSS Collection Transaction form.	
Field M1, N1, and O1	ACT - Optional, Alpha	
Length:	1, Format: D	
Description:	Action - This field is used to delete an eligibility segment.	
Field M2, N2, and O2	BEGINNING DATE - System Generated, Numeric	
Length:	6, Format: MM = Month DD = Day YY = Year	
Description:	Beginning Date - Date on which recipient began receiving IHSS or when there wa a change. (From Field ZZ3).	
Field M3, N3, and O3	ENDING DATE - System Generated, Numeric	
Length:	6, Format: MM = Month DD = Day YY = Year	
Description:	Ending Date - Date that indicates a time-limited service, a reassessment was due, leave status, or a termination of service. (From Field ZZ4).	

Field M4,
N4, and O4 GROSS AMOUNT - System Generated, Numeric
Length: 6, Format: \$X,XXX.XX
Description: Gross Amount (Purchase Hours x Rate = Gross)
A. The monthly amount of money authorized by the county to be paid for a recipient.

Field M5,
N5, and O5 MODE/RATE/HOURS - System Generated, Alphanumeric
Length: 2, 4, 4, Format XX, XX.XX, XXX.X
Description: Mode/Rate/Hours - Two modes/rates/hours can be identified.
A. Mode - IP, HM, CC
B. Rate - Payment rate applicable to the mode.
C. Hours - The monthly hours purchased by the county for services to be rendered by a provider(s) to the recipient.

Field M6,
N6, and O6 SHARE OF COST - Optional, Numeric
Length: 6
Description: Share of Cost - Monthly amount of money determined by the county to be paid directly by the recipient.

Field M7,
N7, and O7 TYPE - System Generated, Alpha
Length: 1
Description: Type - This designates the recipient's impairment level indicated by service assessment hours from the IHSS needs assessment grid, Individual Assessed Need column.
S = Severely Impaired
N = Non-Severely Impaired

The system also plugs a "C" in TYPE when the recipient is PCSP eligible as indicated on the SOC 293, RELC far right of the ZZ line.

Field M8,
N8, and O8 PAY OPT - System Generated, Alpha
Length: 2
Description: Pay Option -
R = Payee is Recipient (Advance)
P = Payee is Provider (Arrears)
M = Restaurant Meal Allowance to Recipient
F = Direct Deposit (EFT) - Advance payment only

Field P1 APPLICATION DATE - System Generated, Numeric
Length: 6 Format: MM = Month DD = Day YY = Year

Description: Application Date - That date which indicates the day the recipient requested IHSS and from which there has been continuous service activity. If there was an interruption in activity, and a termination occurred, the application date is changed if the applicant reapplies for IHSS.

Field P2 REF - System Generated, Numeric

Length: 2

Description: Referral Source - Identifies the person or agency who contacted the county to begin an application. Enter one of the following codes:

- 01 - Self
- 02 - Linkages Program
- 03 - Multipurpose Senior Services Center
- 04 - Adult Day Health Care Center
- 05 - Early Hospital Discharge (Diagnostically Related Groups)
- 06 - Preadmission Screening/Gatekeeper
- 07 - Reported Adult Abuse
- 08 - County Social Service Worker
- 09 - County Eligibility Worker
- 10 - Medi-Cal Review (AB 3398)
- 11 - Physician
- 12 - Mental Health Department
- 13 - Health Services Department
- 14 - Rehabilitation Department
- 15 - Regional Center
- 16 - Hospital Discharge Planner
- 17 - Skilled Nursing Facility Discharge Planner
- 18 - Intermediate Care Facility Discharge Planner
- 19 - Community Care Facility
- 20 - Area Agency on Aging
- 21 - Senior Day Care Center
- 22 - Senior Center
- 23 - Law Enforcement
- 24 - Spouse
- 25 - Adult Son
- 26 - Adult Daughter
- 27 - Mother
- 28 - Father
- 29 - Other Relative
- 30 - Friend
- 31 - Neighbor
- 32 - Conservator
- 33 - Guardian
- 34 - Religious Organization

- 35 - Nutrition Center
- 36 - Social Security Administration
- 37 - Other Community Agency
- 38 - Other
- 39 - Unknown
- 40 - Home Health Agency

Field P3 FACE TO FACE DATE - System Generated, Numeric
Length: 6, Format: MM = Month DD = Day YY = Year
Description: Face to Face Date - The day of the last face to face contact with the IHSS recipient for this sequence number.

Field P4 COUNTY USE - Optional, Alphanumeric
Length: 25
Description: County Use - For the county's individual use.

Field Q1 DISTRICT OFFICE - Optional, Alphanumeric
Length: 2
Description: District Office - Two digit number identifying a specific office within the county. If not entered, system will default to 01.

Field Q2 SW NAME - System Generated, Alphanumeric
Length: 20
Description: Service Worker Name - First name or initial and last name of service worker identified in Q3.

Field Q3 SW # - System Generated, Alphanumeric
Length: 4
Description: Service Worker Number - Number assigned by county to a service worker.

Field Q4 SERVICE WORKER PHONE # - System Generated, Numeric
Length: 10
Description: Service Worker Phone # - Telephone number of the service worker identified in Field Q2.

RHSC Screen

THIS RHSC I CCXXXXXXXXSSS														
NEXT RHSD I CCXXXXXXXXSSS														
MICKY, MOUSE														
S E R V I C E A S S E S S M E N T														
SEQ#	022	SEG#	1										CNTY	
	NEED	ADJS	IND	ND	ALT	PURCH	USE	NEED	ADJS	IND	ND	ALT	PURCH	USE
AA	600			600		600		BB	350			350		350
CC	350			350		350		DD	100			100		100
EE	50			50		50		FF	50			50		50
GG								HH						
II	1050			1050		1050		JJ	525			525		525
KK	250			250		250		LL	350			350		350
MM								NN	700			700		700
OO	350			350		350		PP	500			500		500
QQ	350			350		350		RR	500			500		500
SS	50			50		50		TT						
UU								VV						
WW								XX						
YY	700			700		700								
ZZ	NOA													
	M			000	000	000	000							
AA	62.25	-		0.00	X	4.33	=	269.54	+	6.00	=	275.54	275.5	
	WEEKLY			MEAL						MONTHLY	TOTAL		PURCHASE	UNMET NEED

Field By Field Description

RHSC

- Field R ALERT MESSAGE-NOA - System Generated, Numeric
 Length: 31
 Description: A. Alert Message - Codes used to transmit messages to the service worker about the recipient
 B. Notice of Action - Codes which reflect those messages printed on the recipient Notice of Action. Codes 300 through 399 refer to automated messages; 400 through 799 to worker generated messages.
 C. Right side used to manually enter hours in excess of statutory maximum if: 1) "Grandfathered" for more hours, or 2) State Hearing orders.
- Field S AUTHORIZATION/DATE/REMARKS - Optional, Alphanumeric
 Description: Authorization/Date/Remarks - Optional field for use by county personnel.
- Field T VALIDATION/DATE/REMARKS - Optional, Alphanumeric
 Description: Validation/Date/Remarks - Optional field for use by county personnel.
- Fields AA through YY - IHSS ASSESSMENT - System Generated, Numeric
 Length: 30 - Format: Total Need - 5 XXX.XX
 Adjustments - 5 XXX.XX
 Individual Assessed Need - 5 XXX.XX
 Alternative Resources - 5 XXX.XX
 Authorized To Be Purchased - 5 XXX.XX
 County Use - 5 XXX.XX
- Description: Includes list of all In Home Supportive Services which may be authorized for a recipient. Only those services with asterisks (* or **) are included in the computation of those 20 hours of service needs which determine if a recipient is severely impaired and eligible to receive benefits totaling the higher maximum payment and advance payment.
 A. The double asterisk (**) service is included in the 20 hours only when assistance with Feeding, Preparation of Meals, and Meal Cleanup are all required.
 B. The computation is based on the Individual Assessed Need hours.
- Total Need: System Generated - Hours of service needed by the household, rounded to the nearest hundredth. Service needs are weekly with the exceptions of monthly services.
 - Domestic Services

- Heavy Cleaning
- Remove Grass, Weeds, Rubbish
- Teaching, Demonstration

Adjustments: Optional - Hours of service rounded to the nearest hundredth, to be subtracted from Total Need:

- Shared living arrangement
- Parent provider
- Able/Available spouse
- Other IHSS recipient(s)

Individual Assessed Need: System generated - The sum of the recipient's need for IHSS which reflects reduction of need based on adjustments. This is considered the recipient's actual need which determines if he/she is severely impaired.

Alternative Resources: Optional - Hours rounded to the nearest hundredth which are not to be considered for purchase through IHSS funds because services are available from another source.

Authorized To Be Purchased: System generated - The sum of the need for IHSS which reflects reduction of need based on adjustments, alternative resources and refused services less any unmet need. This is the number of IHSS hours that will be authorized for the recipient.

Unmet Need: System generated - This section will be completed only when the service needs are so great that unmet need must be documented. This number represents a prorated amount of each service that is authorized except for protective supervision for which there can be no unmet need reflected.

County Use: This column was used prior to October 1, 1992 to enter:
 A. Specific second mode hours in a mixed mode case.
 B. Refused service hours.

Field ZZ1 NOA - Optional, Alphanumeric
 Length: 1, Format: M, C, N
 Description: Notice of Action - Denotes where Notice of Action is to be sent:
 M = Mail to recipient
 C = Return to county
 N = No Notice of Action

Field ZZ2 REASON CODE(S) - Optional, Numeric
 Length: 3, 3, 3, 3

Description: Reason code(s) - Codes for actions described in Notice of Action that will not be automated. Refer to worker generated Notice of Action message codes 400 through 799.

Field ZZ3 BEGINNING DATE - System Generated, Numeric

Length: 6, Format: MM = Month DD = Date YY = Year

Description: Beginning Date - Date on which recipient begins receiving IHSS or when there is a change. This date will then be plugged into the payment segment, Fields M2, N2, or O2.

Field ZZ4 ENDING DATE - System Generated, Numeric

Length: 6, Format: MM = Month DD = Date YY = Year

Description: Ending Date - Date that indicates any of the following: a time-limited service, a reassessment is due, leave, or a termination. This date will then be plugged into the payment segment, Fields M3, N3, or O3.

Field ZZ5 ADVANCE - Optional, Alpha

Length: 2, Format: Y/N

Description: Advance Payment to recipient.

Field ZZ6 MEAL ALLOWANCE - Optional, Alpha

Length: 2, Format: Y/N

Description: Restaurant Meal Allowance

Line ZZ PCSP INDICATOR - Optional, Alpha

Length: 1

Description: Far right side of the line is the area where an entry of Y by the social service worker indicates PCSP eligibility. This indicator is displayed in Field M7, N7, or O7 (TYPE) as a "C".

Line aa MONTHLY HRS. AUTHORIZED, System generated, Numeric

Description: Monthly Hours Authorized - System generated computation reflected in Fields M5, N5, O5, and aa5 or aa6.

Field aa1 WKLY. HRS. - System generated, Numeric

Length: 5

Description: Weekly Hours - Total of all weekly hours (does not include "AA" Domestic Services, "GG" Heavy Cleaning or "UU" Remove Grass, Weeds, Rubbish).

Field aa2 MEAL HRS. - System generated, Numeric

Length: 4

Description: Meal Hours - Total of "BB" Preparation of Meals, "CC" Meal Cleanup and "EE" Shopping For Food which will be deducted from Field aa1 if the recipient elects to receive a Restaurant Meal Allowance.

Field aa3 TOTAL WEEKLY HOURS - System generated, Numeric
Length: 5
Description: Total Weekly Hours

Field aa4 MO. HRS. - System generated, Numeric
Length: 5
Description: Monthly Hours - Total weekly hours x 4.33 for conversion to a
monthly amount of service hours. Includes "AA" Domestic Services,
"GG" Heavy Cleaning, "UU" Remove Grass, Weeds, Rubbish that is
added to Field aa3.

Field aa5 TOTAL - System generated, Numeric
Length: 6
Description: Total - Total of converted weekly hours and monthly hours that represent
the net amount to be purchased for the IHSS recipient.

Field aa6 PURCHASE - System generated, Numeric
Length: 5
Description: Purchase - Amount of monthly IHSS hours, minus unmet need hours if
applicable, that were authorized for a recipient and are shown in Fields
M5, N5, and O5 (rounded to the nearest tenth).

Field aa7 UNMET NEED - System generated, Numeric
Length: 5
Description: Unmet need - Hours of services in excess of IHSS benefit maximums.

Field By Field

RHSD

- Field: ALERT MESSAGE-NOA - System Generated, Numeric
Length: 42
Description: Alert Message - Codes used to transmit messages to the service worker about the recipient. Refer to Codes 001 through 299 for actual message that conveys an action that may need to be taken by the service worker.
- Notice of Action - Codes which reflect those messages printed on the recipient Notice of Action. Refer to Codes 300 through 399 for automated messages; 400 through 799 for worker generated messages.
- Field: EDD Number - System Generated, Numeric
Length: 8
Description: Employer identification number used by the Employment Development Department.
- Field: PROVIDER LAST NAME - System Generated, Alpha or special characters
Length: 17
Description: Last name used to identify an individual provider or business rendering service to a recipient.
- Field: PROVIDER FIRST NAME - System Generated, Alpha or special characters
Length: 12
Description: First name of the individual provider.
- Field: PROV INT - System Generated, Alpha
Length: 1
Description: Middle initial of the individual provider.
- Field: PROV SOCIAL SECURITY NUMBER - System Generated, Numeric
Length: 9
Description: Provider's Social Security number.
- Field: BEG DATE - System Generated, Numeric
Length: 6

Description: Date of the provider's most current eligible payment segment; this is the earliest date for which the provider could be paid.

Field: ST - Status - System Generated, Alpha

Length: 1

Description: The status code indicates the current eligibility of the provider to render service to a recipient. (Field B4 PELG) The codes are:

E = Eligible D = Discontinued
L = Leave of absence X = Delete

Field: SX - Sex - System Generated, Alpha

Length: 1

Description: Provider's gender:

F = Female M = Male

Field: HOURS - System Generated, Numeric

Length: 4

Description: The monthly hours purchased by the county for services rendered by the provider to the recipient. (Field F4 PELG)

Field: PCSP IND - System Generated, Alpha

Length: 1

Description: Y = PCSP eligible, blank if not PCSP eligible

Field: TAX DED - System Generated, Alpha

Length: 1

Description: Tax deductions or exemptions; identifies the provider's tax status. (Field D2 PELG)

S = Provider is the recipient's spouse.

P = Provider is the recipient's parent.

B = Provider is a business.

O = Other

C = Provider is the recipient's child and under 18.

Field: SEQ NUM - System Generated, Numeric

Length: 3

Description: A chronological number that indicates the most recent SOC 311 TAD. (Field A3 PELG)

Field: SOC - System Generated, Numeric

Length: 6

Description: Share of cost - Monthly amount of money that the county has determined the recipient must pay directly to the provider. (Field F5, PELG)

Field: RATE - System Generated, Numeric
Length: 4
Description: The hourly wage paid to the provider for services rendered. (Field F6 PELG)

Field By Field

RHSS

Field: NAME -Required if search is made by name.
Length: 30
Description: Recipient's last name and first name, if the search is done by name.

Field: SSN - Required
Length: 9
Description: Recipient's Social Security number, if the search is done by SSN.

Field: CO (Optional)
Length: 2
Description: County identification number.

Field: LAST NAME - System Generated, Alpha
Length: 17
Description: Recipient's last name.

Field: FIRST NAME - System Generated, Alpha
Length: 12
Description: Recipient's first name.

Field: INT - System Generated, Alpha
Length: 1
Description: Recipient's middle initial.

Field: CASE NUM - System Generated, Numeric
Length: 10, Format: County = 2 Digits, Recipient # = 7 Digits, CD = 1 Digit
Description: Recipient number - A number that represents a specific recipient. The number consists of 10 digits: the first two digits designate the county, the next seven digits are a county assigned case number, and the 10th digit is a system generated check digit.

Field: FIRST SEQ - System Generated, Numeric
Length: 3
Description: Sequence number of the first recipient history record (SOC 293) entered into CMIPS.

Field: LAST SEQ - System Generated, Numeric
Length: 3

Description: Sequence number of the current recipient history record (SOC 293) in CMIPS

Field: LAST PRINT DT - System Generated, Numeric

Length: 6

Description: Date the recipient's last TAD was produced.

Field: SSN - System Generated, Numeric

Length: 9

Description: Recipient's Social Security number.

Field: STAT - System Generated, Alpha

Length: 1

Description: Status - Code which indicates the current eligibility status of the recipient.

R = Record - Indicates an application has been taken.

I = Interim eligibility - Provisional approval pending a disability or blind determination.

E = Eligible - Indicates that the recipient is approved for services under the IHSS Program.

L = Leave of absence - Temporarily without need for IHSS services, e.g., hospitalized.

T = Terminate - Eligibility has been terminated.