STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

September 17, 1992

ALL-COUNTY LETTER NO. 92-81

TO: ALL-COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[ ] Initiated by SDSS

SUBJECT: SB 485/92 12 PERCENT REDUCTION OF IN-HOME SUPPORTIVE SERVICES (IHSS) HOURS FOR RECIPIENTS

The purpose of this All-County Letter is to issue instructions on the implementation of the IHSS service reductions contained in SB 485/92. This letter focuses on four factors:

1. The policies and procedures for implementing service reductions;

2. Recipients' rights to apply for an IHSS Care Supplement and the County's role in determining the recipient's eligibility for it;

3. The ongoing effects of SB 485 on the IHSS Program after initial implementation of the service reductions; and

4. Detailed CMIPS instructions to implement the processes described above.

PROGRAM CHANGES

SB 485 added Welfare and Institutions Code Sections 12301.03 and 12301.05 which require that, effective October 1, 1992, through June 30, 1993, the hourly IHSS authorization for all recipients shall be reduced by 12 percent. If the recipient has an unmet need, that 12 percent reduction is applied first to that unmet need documented on the assessment grid portion of the SOC 293, "In-Home Supportive Services Assessment". In the event that the State's requested State Plan amendment for Medicaid funding for personal care option is approved by the Federal Government, IHSS hours will be restored before June 30, 1993.

CMIPS will automate the proposed October 1, 1992 reductions in hours authorized. County input will not be necessary. CMIPS will generate a Notice of Action which will be mailed with

an Application for IHSS Care Supplement to all recipients by EDS. A camera-ready copy of the Application for IHSS Care Supplement is attached. Specific CMIPS instructions and the text of the various Notices of Action are also attached.

If a recipient files a request for a State Hearing on the issue of the 12 percent cut in authorized hours, money paid pending the hearing may become an overpayment subject to the adjustment/ collection standards described in MPP 30-768.3. If the issue of the request for hearing is the SB 485 cuts, the appeal may be denied on a group hearing basis.

The statutory maxima for IHSS persons served by the individual provider mode are permanently established at 195 hours for Non-Severely Impaired and 283 hours for Severely Impaired. The "grandfathering" provisions of hours greater than 195 or 283 formerly authorized in statute have been deleted.

Enclosed are:

- IHSS Reductions and IHSS Care Supplement Instructions
- IHSS Care Supplement Application
- Comparison of Nursing Facility (NF) Criteria and IHSS
- IHSS Risk Assessment Worksheet
- CMIPS Changes 12 Percent Reduction 10/01/92

Questions concerning this letter may be referred to Robert A. Barton, Chief, Adult Services Branch, at (916) 657-2186.

LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: CWDA

IHSS REDUCTIONS AND IHSS CARE SUPPLEMENT INSTRUCTIONS

These instructions are intended to inform the Counties about the requirements of SB 485/92 and to provide the necessary procedures to follow after the initial 12 percent reduction in the event the recipient applies for a State Hearing or the IHSS Care Supplement.

There are three major components of the bill:

- Service hours for all recipients are reduced 12 percent, effective October 1, 1992.
- An IHSS recipient may apply for an IHSS Care Supplement if he/she believes he/she is at serious risk of out-of-home placement due to the reduction, or if he/she cannot summon emergency assistance.
- The County shall determine whether the recipient can summon emergency assistance, or whether the recipient is at serious risk of out-of-home placement and either deny restoration of IHSS hours, or restore all or part of the reduced hours. The decision regarding the restoration application is subject to State Hearing, but not "aid paid pending".

"Serious risk of out-of-home placement" is defined by SB 485 to mean that the individual cannot summon emergency assistance, or meets the criteria for long-term care services set forth in the Manual of Criteria for Medi-Cal Authorization, published by the State Department of Health Services (January 1, 1982, last amended September, 1991), which includes the criteria for placement in a nursing facility.

Attached are:

- A copy of an IHSS Care Supplement Application, form TEMP SOC 299 (10/92).
- A comparison of Department of Health Services (DHS) Nursing Facility Criteria and IHSS.
- An IHSS Risk Assessment Worksheet, form TEMP SOC 364 (10/92).

If the recipient files a request for State Hearing solely on the issue of the 12 percent reduction in authorized hours, any aid paid pending the hearing may become an overpayment subject to the adjustment/collection standards described in MPP 30-768.3. If the issue of the request for State Hearing is the SB 485 reduction, the hearing may be denied without an individual hearing. The State Hearing Office will make that determination.

1. CONVERSION (THE INITIAL 12 PERCENT REDUCTION)

a. CMIPS will generate the reduction Notice of Action (NOA). One of the following messages will print on the NOA:

o 310

"Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours (unless funds become available for Personal Care services). If you believe you are at serious risk of out-of home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 & W&IC 12301.05
Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03 (e)"

o 311

"Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours (unless funds become available for Personal Care services). We have considered your unmet need hours and have reduced your unmet need to _____hours. Your IHSS are ____ hours. If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 & W&IC 12301.05
Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03 (e)"

o 312

"Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your IHSS are _____ hours which are reduced by ____ hours. Your share of cost of $____ exceeds the IHSS cost of ____ hours x $____ per hour which equals $____. Your services are discontinued. If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 & W&IC 12301.05.

Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03 (e)"

b. CMIPS will automate all reductions, including printing of documents at one central site. EDS will mail a NOA to all IHSS recipients which will have an IHSS Care Supplement Application attached. A copy of each NOA and turnaround documents (TAD) SOC 293 and SOC 311 (if there is a 1:1 provider, or "pseudo" 1:1 provider) will be mailed to the County as quickly as possible. A "pseudo" 1:1 provider exists when there is one recipient and only one provider of record with the same authorized hours, but the SOC 311 is not coded to reflect a 1:1 relationship.

2. STATE HEARING REQUESTED (TIMELY FILING OF STATE HEARING REQUEST)

If a recipient requests State Hearing prior to the effective date of implementation, aid will be paid pending the hearing, but is recoverable as an overpayment if the 12 percent reduction is the sole issue:

SOC 293

- Enter code 7 in field H3, W/O IHSS, on the SOC 293, which allows the CMIPS to fully restore hours pending the State Hearing.

- Enter Worker Generated NOA Message code 466 in field ZZ2, Reason Code.

- 466 State Hearing - reduction

  "You have requested a State Hearing prior to the date a 12 percent reduction was to be effective. Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03 (e)"

- Re-enter Beginning Date of 10/01/92 in field ZZ3.

3. IHSS CARE SUPPLEMENT APPLICATION SUBMITTED (TIMELY APPLICATION)

If a recipient applies to the County for an IHSS Care Supplement within 10 days of receiving the reduction notice, or prior to implementation of the reduction:

SOC 293

- Enter code 9 in field H3, W/O IHSS, which allows the CMIPS to fully restore hours pending a County assessment of need for out-of-home placement.

- The recipient will receive a NOA with 316 message:

- 316 Restoration due - timely application

  "Your IHSS hours that were reduced because the law required a 12 percent reduction are fully restored pending assessment of your IHSS Care Supplement Application. W&IC 12301.05"

4. RECIPIENT REQUESTS BOTH A STATE HEARING AND THE IHSS CARE SUPPLEMENT:

- If both are requested timely, the application for an IHSS Care Supplement will take precedence. Follow the process outlined in #3 above.

- If the State Hearing request is timely, and the application for an IHSS Care Supplement is not, the State Hearing request will take precedence. Follow the process outlined in #2 above.

5. RECIPIENT REQUESTS BOTH A STATE HEARING AND THE IHSS CARE SUPPLEMENT - NEITHER ARE TIMELY

- If neither the request for State Hearing nor the IHSS Care Supplement Application are timely, the reduction will go into effect pending the County assessment of need for out-of-home placement, or State Hearing results.

6. IHSS CARE SUPPLEMENT APPLICATION

If the recipient submits an IHSS Care Supplement Application to the County within 10 days of the Notice of Action or before the effective date of the 12 percent reduction, the proposed reduction will be suspended pending county determination of the recipient's need for an IHSS Care Supplement.

There are two reasons the recipient may be eligible for the IHSS Care Supplement to partial or full restoration of prior hours:

- The reduction puts the recipient in serious risk of nursing facility placement, or

- The recipient cannot summon emergency assistance.

If the recipient returns the IHSS Care Supplement Application by October 1, 1992, the county shall restore the full IHSS authorization and complete the IHSS Risk Assessment Worksheet.

This worksheet may be completed based upon information known to the worker and/or information contained in the case record, or the recipient may be contacted for more information.

Complete the determination of risk and mail the NOA as soon as possible but no later than 30 days following the date the written application is dated.

7. COMPLETION OF THE ASSESSMENT OF RISK

If the worker determines that the recipient is at risk of one of the variables listed above because of the proposed service reductions, the worker should complete the following process in the order listed. If any of the actions listed below alleviates the risk, no further action is to be taken by the worker:

- Assist the recipient to revise the way the authorized hours are provided so that the risk is eliminated. That is, assist the recipient to prioritize the hours available so that the most essential tasks are provided.

- Arrange for the recipient to receive services from a formal or informal alternative resource (i.e., home delivered meals, neighbors to take the recipient grocery shopping with them).

- Restore enough of the hours to safeguard the recipient but not to the extent of the full restoration of the 12 percent reduction.

- Restore the entire 12 percent reduction. (NOTE: Those counties which are affected by the deletion of the grandfathered-in provisions in the statutory maxima for severely impaired and nonseverely impaired recipients may not exceed the statewide maxima of 283 or 195 hours, respectively).

8. PARTIAL RESTORATION OF HOURS

a. If the recipient applied for the IHSS Care Supplement timely:

- Change code 9 to code 8 in field H3, W/O IHSS.

- Enter the number of hours to be reduced from the full authorization in the County Use column, by each service listed on the grid.

- Enter Worker Generated NOA message code 548 in field ZZ2, Reason Code.

- 548 Restoration application - partial reduction

"Your IHSS hours that were not reduced pending an assessment of your IHSS Care Supplement Application are partially reduced because you would require out-of-home placement without the services listed above. W&IC 12301.05"

b. Application for IHSS Care Supplement not timely:

o Enter code 8 in field H3, W/O IHSS, after the assessment of need for the IHSS Care Supplement is completed.

The IHSS hours were reduced 12 percent because the application was not timely. Code 8 will allow some of the previously reduced hours to now be restored.

o Automated message 317 will be printed on the NOA.

o 317 Restoration application - partial approval

"Your IHSS hours that were reduced because the law requires a 12 percent reduction are partially restored because you cannot call for emergency assistance or you would require out-of-home placement without the restored service of ____ hours. W&IC 12301.05"

c. The recipient may request a State Hearing on the partial reduction or restoration of hours, but aid will not be paid pending the hearing decision.

9. FULL RESTORATION OF HOURS

To fully restore all IHSS hours:

o Enter code 9 in field H3, W/O IHSS.

o If code 9 has already been entered because the recipient made a timely application for an IHSS Care Supplement, re-enter code 9 in field H3.

o Enter Worker Generated Code 545 in field ZZ2, Reason Code.

o 545 Restoration application - full approval

o "Your service hours that were reduced because the law required a 12 percent reduction are fully restored because you cannot call for assistance or you would require out-of-home placement without the restored service hours. W&IC 12301.05"

10. RESTORATION OF HOURS IS DENIED

If the recipient does not meet the criteria for restoration of any hours:

a. Timely Application for the IHSS Care Supplement:

o The 12 percent reduction was postponed by timely request for an IHSS Care Supplement. Change code 9 in field H3, W/O IHSS, to code 1, 2, 3, 4, or 5.

o Enter Worker Generated NOA message code 547 in field ZZ2, Reason Code.

o 547 Restoration Application - denial

"It was determined by a reassessment of your IHSS Care Supplement Application that you can call for emergency assistance and you do not meet the criteria for out-of-home placement because of a 12 percent reduction of your IHSS hours. The 12 percent reduction of services will now be implemented. W&IC 12301.05"

b. Application for the IHSS Care Supplement is not timely:

o Enter Worker Generated NOA message code 546 in field ZZ2, Reason Code.

o 546 Restoration application - denial

"It was determined by an assessment of your IHSS Care Supplement Application that you can call for emergency assistance and you do not meet the criteria for out-of-home placement because of a 12 percent reduction of your IHSS hours. The 12 percent reduction of service hours will not be restored. W&IC 12301.05"

c. The recipient may request a State Hearing on the County denial, but is not entitled to aid pending the Hearing.

11. RECIPIENT REQUESTS STATE HEARING ON THE 12 PERCENT REDUCTION, DENIAL OR PARTIAL RESTORATION OF IHSS HOURS

Upon receipt of the NOA advising of the 12 percent reduction, denial or partial restoration of hours, a recipient may file for a State Hearing. The County shall immediately upon receipt of a request for hearing, forward a copy of the request to the State at:

State Department of Social Services
744 P Street MS 19-97
Sacramento, CA 95814-6485

9. REASSESSMENTS AND NEW APPLICATIONS

a. Reassessments

At the time of reassessment for recipients who receive a partial

or total IHSS Care Supplement, in addition to the normal IHSS reassessment process, the worker will redetermine the appropriateness of continuing the IHSS Care Supplementation. The worker will reevaluate the ability of rearrangement of tasks provided by the provider, the possibility that alternative resources will eliminate the qualifying risk and the possibility of reducing the number of hours authorized in the IHSS Care Supplement. If the IHSS Care Supplement is being reduced or eliminated, the Notice of Action will include that information. This determination is again subject to State Hearing.

When an IHSS need reassessment is conducted for a recipient who was denied the IHSS Care Supplement, CMIPS will continue to reduce the IHSS hours (or unmet need) by 12 percent. If, at the time of reassessment, the recipient alleges that he/she is at risk of one of the two criteria listed above, a determination of risk should be conducted if the recipient claims that a risk exists because of a change in his/her circumstances. If the recipient functioning has not worsened and the living situation has not changed since the last reassessment, the request for an IHSS Care Supplement shall be denied. This determination is subject to a State Hearing.

If the recipient claims that he/she has been put at risk because he/she cannot find or keep a provider willing to work with reduced hours or reduced pay, there is no basis to increase hours or to authorize an IHSS Care Supplement.

b. New Applications for IHSS and/or the IHSS Care Supplement

Applications for IHSS are to be processed as usual. CMIPS will reduce the authorization (or unmet need) by 12 percent. The County must enclose an IHSS Care Supplement Application with the initial Notice of Action authorizing IHSS. When the client applies for the IHSS Care Supplement, the risk assessment described above is to be conducted. However, the recipient would not be entitled to full hours pending the county determination. The denial of the IHSS Care Supplement is subject to State Hearing, but aid paid pending hearing will be denied.

The following are automated Notice of Action messages which will be generated and printed on the NOA for those recipients applying for IHSS after conversion.

- 313 New applications - denial due share of cost greater than need

  "Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your IHSS need is ____ hours which is reduced by ____ hours. Your share of cost of $____ exceeds the IHSS cost of ____ hours x $ ____ per hour which equals $ ____. Your application is denied. If you believe you are at serious risk of out-of-

home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement and the County will determine if some or all of the reduction may be restored. W&IC 12301.03 and W&IC 12301.05"

o 314 New applications

"Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your need is ____ hours which is reduced by ____ hours. See the enclosed IHSS Care Supplement Application for additional information. W&IC 12301.03"

o 315 New applications

"Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. We have considered your unmet need hours and have reduced your unmet need to ____ hours. Your IHSS are ____ hours. See the enclosed IHSS Care Supplement Application for additional information. W&IC 12301.03"

IHSS CARE SUPPLEMENT APPLICATION

Welfare and Institutions Code 12301.03 requires a 12 percent reduction in In-Home Supportive Services (IHSS) hours effective October 1, 1992 through June 30, 1993 unless federal funds are made available.

If you believe the 12 percent reduction of hours will put you at serious risk of out-of-home placement (such as a nursing home), or you cannot call for emergency assistance, you may apply for the restoration of your IHSS hours. If the County determines that you are at risk of out-of-home placement because of this reduction, your hours may be partially or fully restored.

If you complete and return this form within 10 days or prior to the effective date of the reduction, your full IHSS will continue until the County Welfare or Social Service Department completes an assessment of need for out-of-home placement.

Why do you believe you are at risk of out-of-home placement?

_____

_____

_____

Recipient's Name _____ Social Security Number _____

Recipient's Case No. _____ Service Worker No. _____

Recipient's Street Address _____

City _____ State _____ Zip Code _____

Recipient's Telephone Number _____

Recipient's Signature _____ Date _____

Person making request _____

Relationship to the recipient _____

TO APPLY FOR THE IHSS CARE SUPPLEMENT, COMPLETE AND RETURN THIS FORM TO THE COUNTY ADDRESS LISTED ON THE LEFT SIDE OF THE NOTICE OF ACTION MAILED WITH THIS FORM OR TO:

COMPARISON of DHS NURSING FACILITY (NF) CRITERIA and IHSS

ISSUE	NF CRITERIA	IHSS INDICATOR
Medication	Need professional nurse observation of effect of meds or needs injections at least daily by a nurse	Paramedical services -- monitoring medical condition/response to meds or paramedical injections authorized on YY of SOC 293 and SOC 321
Mobility	Limitation in movement but ambulatory with or without assistive device	SOC 293 H1 for mobility inside rank 4 or 5
Bathing	Requires assistance in bathing	SOC 293 H1 for bathing & grooming rank 4 or 5
Dressing	Requires assistance in dressing	SOC 293 H1 for dressing rank 4 or 5
Bowel and Bladder	Requires assistance with toileting	SOC 293 H1 for bowel, bladder and menstrual rank 3, 4 or 5 or authorized paramedical catheter or colostomy care on SOC 293 YY and SOC 321
Transfer	Needs assistance in transferring, repositioning	SOC 293 H1 for transfer rank 4 or 5 or authorized paramedical care of decubiti on SOC 293 YY and SOC 321
Eating	Needs some assistance feeding self	SOC 293 H1 for eating rank 3, 4, 5 or 6
Respiration	Requires skilled intervention, tracheostomy care, nasal catheter maintenance	SOC 293 H1 for respiration rank = 6
Mental Functioning	Unpredictability of behavior, extreme confusion and disorientation, extreme antisocial behavior -- skilled observation needed	SOC 293 H1 -- sum of scores for memory, orientation and judgment 7 or more

IHSS RISK ASSESSMENT WORKSHEET

CASE NAME _____ CASE NUMBER _____

Basis: Client vulnerable because unable to summon emergency assistance.
Standard: A single "Yes" indicates risk in this category.

Y	N	ABILITY TO SUMMON EMERGENCY ASSISTANCE
		Coded "A" (high risk) field D2 SOC 293 Disaster Preparedness
		Unable to use phone and no panic button
		No phone, housebound and lives alone

Basis: 12% cut puts client at serious risk of nursing home placement.
Standard: Three or more "Yes" answers to indicate risk in this category.

Y	N	SERIOUS RISK OF NURSING HOME PLACEMENT
		Paramedical to monitor medical condition or give injections
		SOC 293 H1 for mobility inside Rank 4 or 5
		SOC 293 H1 for bathing and grooming Rank 4 or 5
		SOC 293 H1 for dressing Rank 4 or 5
		SOC 293 H1 for bowel, bladder and menstrual care Rank 3, 4 or 5 or paramedical services authorized for catheter or colostomy care
		SOC 293 H1 transfer Rank 4 or 5 or paramedical for bed sore care
		SOC 293 H1 for eating Rank 3, 4, 5 or 6
		SOC 293 H1 for respiration Rank = 6
		SOC 293 H1 for memory, orientation and judgment sum 7 or more

IHSS CARE SUPPLEMENT REQUEST DISPOSITION

Complete only if client at risk. Stop at first "Yes"

Y	N	Action
		Recipient has changed assignment of tasks so no risk
		Alternative resource will provide essential services so no risk: ----------
		IHSS has been partially restored. Number of hours restored:
		Total proposed 12% cut restored

Worker Signature _____ Date _____

Supervisory Approval _____ Date _____

CMIPS CHANGES
12 PERCENT REDUCTION 10/01/92

To accomodate the SB485 IHSS changes for the period 10/01/92 through 06/30/93 some CMIPS changes are made. These changes will incorporate the mandated 12 percent reduction to allow:

- o flexibility to accomodate State Hearing requests
- o flexibility to accomodate the IHSS Care Supplement applications
- o flexibility to return to full IHSS hours when the Title XIX Personal Care Option is implemented
- o flexibility to return to full IHSS hours effective 07/01/93.

SOC 293 In-Home Supportive Services Assessment

1. Top of the SOC TAD: When the initial 12 percent reduction is made 09/15/92 a TAD will be generated with "October 1, 1992 Reductions" on the top of the document.

   Subsequent TADS will have no statement on the top of the document.

2. Status: 12 percent reductions will be made only if I, E or T are in Field F1 Status. There will be a T only if a case is discontinued because the 12 percent reduction causes a share of cost to be greater than need.

3. W/O IHSS: Three additional codes are added to Field H3 W/O IHSS:

   - o 7 = Use when a recipient has filed a timely State Hearing request of the 12 percent reduction, i.e., before the effective date of a change.
   - o 8 = Use when a decision has been made by the County that the recipient can remain safely at home with partial restoration of reduced hours.
   - o 9 = Use when either the recipient has returned the IHSS Care Supplement Application within 10 days or prior to the implementation of the reduction or when a decision has been made by the County that the recipient can remain safely at home with full restoration of reduced hours.

4. Share of Cost: If the Share of Cost in Field K3 exceeds the IHSS need because of the 12 percent reduction, the case will be terminated and a T placed in Field F1 Status with a discontinuance Notice of Action. There will be a listing of all cases that are terminated because Share of Cost exceeds need.

5. Mixed Mode: If there is a mixed mode service delivery mode, CMIPS will apply the 12 percent reduction against the non-constant service delivery mode first. In the event that the hours in the non-constant service delivery mode are totally depleted, CMIPS will automatically show only one service delivery mode and those changes will be reflected in Field L1 Mode/Rate/Hours.

6. Eligibility Segments: All 12 percent reductions will be reflected on Line M of the Eligibility Segments, with a Field M2 Beginning Date of 10/01/92.

   - If there is an Ending Date of less than 09/30/92 in Field M3, CMIPS will build a new Eligibility Segment of 10/01/92 in Field M3 Beginning Date and 10/31/92 in Field M4 Ending Date. There will be a listing of all cases that have an Eligibility Segment extended.

   - N2 Beginning Date and N3 Ending Date will also be made more current - for up to one year - if necessary.

   - O2 Beginning Date and O3 Ending Date may reflect a gap in the consecutive dates between Lines N and O if there has been an unusually long time since a reassessment has been completed.

   - The hours reflecting the 12 percent reduction will be in Field M5 Hours.

7. Grandfathered Cases: Grandfathered cases are eliminated because the law has now made permanent statutory maximum hours of 195 for nonseverely impaired persons and 283 for severely impaired persons with no provision for greater hours for any persons regardless of need in 1988. All hours exceeding the maximum have been deleted. There will be a list of all cases that were impacted by this change.

8. Alternative Resources/Refused Services: The Alternative Resources column on the assessment grid will now be used

-for both alternative resources and refused services. When the 12 percent reduction is made, and there are both Alternative Resources and Refused Services for a single service, Alternative Resources will be the number that will be retained. There will be a listing of all cases that have numbers in both Alternative Resources and Refused Services.

Please follow the procedures in the CMIPS User's Manual Special Instructions for Refused Services but use the Alternative Resources column for entry rather than the County Use Column.

9. Auth To Be Purch Column: The Auth To Be Purch column will be the actual hours authorized for the recipient which may reflect a 12 percent reduction, no reduction, or a partial reduction.

All hours will be reduced by 12 percent unless

- o there are hours of unmet need which are not fully reduced by first applying the 12 percent reduction or
- o there has been a timely State Hearing request from a recipient and a code 7 has been entered in Field H3 or
- o there has been a timely IHSS Care Supplement Application received from the recipient and a code 9 has been entered in Field H3 or
- o there has been a County assessment of IHSS Care Supplement need and a decision has been made that the recipient cannot remain safely in his/her own home without full restoration of IHSS hours and a code 9 has been entered in Field H3 or
- o there has been a County assessment of IHSS Care Supplement need and a decision has been made that the recipient cannot remain safely in his/her own home without partial restoration of IHSS hours and a code 8 has been entered in Field H3.

10. Unmet Need Hours: Unmet Need hours on the assessment grid will be reduced by a sum up to 12 percent. If the unmet need hours do not cover the 12 percent reduction, the additional reduction will be reflected in the Auth To Be Purch column.

11. County Use Column: The total reduced hours will be displayed in the County Use column. If the County is going to authorize a partial restoration of hours, enter the hours to be restored by the individual service in the County Use column. Hours of reduction cannot exceed 12 percent in any one service.

12. Restaurant Meal Allowance: Restaurant Meal Allowances will not be reduced from the monthly amount of $62; however the Auth To Be Purch hours reflected in the assessment grid of Preparation of Meals, Meal Clean Up and Shopping for Food will be included in the 12 percent reduction.

13. Reason Codes: There are additional Reason Codes to implement the reductions. The CMIPS generated codes will be in the 300 series, the State Hearing codes will be in the 400 series and the 12 percent reduction series will be in the 500 series. Those NOA codes and messages are attachd.

14. Beginning and Ending Dates: All current IHSS cases will have 10/01/92 in Field ZZ3 Beginning Date. Those cases that have an Eligibility Segment built to accomodate the 12 percent reduction will have 10/31/92 in Field ZZ3 Ending Date; all other cases will not have their ending dates changed.

15. Total: The Field aa5 Total will reflect the CMIPS calculated total service hours.

16. Purchase: The Field aa6 Purchase will reflect the CMIPS calculated total service hours that can be purchased.

17. Unmet Need: The Field aa7 Unmet Need will reflect the CMIPS calculated unmet service hours, if there are unmet service hours remaining.

18. On-line Edits: There are new on-line edits attached which are necessary for implementation of the 12 percent reductions.

SOC 311 In-Home Supportive Services Provider Eligibility Update

1. Top of SOC TAD: When the initial 12 percent reduction is made 9/15/92 a TAD will be generated with "October 1, 1992 Reductions" on the top of the document.

   Subsequent TADS will have no statement on the top of the document.

3. # of Prov: A SOC 311 will be generated only for those providers who have a one to one indicator in Field E3 # of Prov. or for those cases where there is only one provider of record and the hours authorized in the Eligibility Segments Field F4 exactly match those of the recipient and have the same beginning date.

4. Beginning Date: The Field F2 Beginning Date will be updated to 10/01/92 in those cases that can be automated.

5. Ending Date: The Field F3 Ending Date will not be changed.

6. Eligibility Segments: Fields G3 and H3 may be changed if the recipient has had eligibility segments automatically changed to facilitate these 12 percent reductions.

12 Percent Reduction Listings

1. Persons terminated due to share of cost exceeds IHSS hours

2. Mixed Mode - non-constant mode deleted due to reduction

3. Cases with Field M Eligibility Segment Begining and Ending Dates extended to permit the reduction process.

4. Grandfathered cases reduced to statutory maximums of non-severly impaired 195 hours per month and severly impaired 283 hours per month

5. Provider SOC 311s not updated

12 Percent Reduction Notice of Actions Messages:

310. Conversion - 12 percent reduction

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours (unless funds become available for Personal Care services). If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 & W&IC 12301.05
Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03(e)

311. Conversion - 12 percent reduction unmet need

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours (unless funds become available for Personal Care services). We have considered your unmet need hours and have reduced your unmet need to _____ hours. Your IHSS are _____ hours. If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 and W&IC 12301.05
Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03(e)

312. Conversion - termination share of cost exceeds need

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your IHSS are _____ hours which are reduced by _____ hours. Your share of cost of $_____ exceeds the IHSS cost of _____ hours x $ _____ per hour which equals $ _____. Your services are discontinued. If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement. You must apply within 10 days, or before the date this reduction is effective, to have your reduced IHSS hours continue until the County determines if some or all of your hours may be restored. W&IC 12301.03 and W&IC 12301.05
Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03(e)

313. New applications - denial share of cost exceeds need

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your IHSS need is _____ hours which is reduced by _____ hours. Your share of cost of $ _____ exceeds the IHSS cost of _____ hours x $ _____ per hour which equals $ _____. Your application is denied. If you believe you are at serious risk of out-of-home placement because of this reduction, you may use the enclosed form to apply for an IHSS Care Supplement and the County will determine if some or all of the reduction may be restored. W&IC 12301.03 and W&IC 12301.05

314. New Applications - 12 percent reduction of hours

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. Your need is _____ hours which is reduced by _____ hours. See the enclosed IHSS Care Supplement Application for additional information. W&IC 12301.03

315. New applications - 12 percent reduction unmet need

Effective October 1, 1992 through June 30, 1993 the law requires a 12 percent reduction of IHSS hours. We have considered your unmet need hours and have reduced your unmet need to _____ hours. Your IHSS are _____ hours. See the enclosed IHSS Care Supplement Application for additional information. W&IC 12301.03

316. Restoration due timely application

Your IHSS hours that were reduced because the law required a 12 percent reduction are fully restored pending assessment of your IHSS Care Supplement Application. W&IC 12301.05

317. Restoration application - partial approval - non-timely application

Your IHSS hours that were reduced because the law requires a 12 percent reduction are partially restored because you cannot call for emergency assistance or you would require out-of-home placement without the restored service of _____ hours. W&IC 12301.05

466. State Hearing - reduction

You have requested a State Hearing prior to the date a 12 percent reduction was to be effective. Contrary to Item 3 on the back of this form, money paid pending a hearing of the reduction issue is recoverable as an overpayment. W&IC 12301.03(e)

545. Restoration application - full approval

Your service hours that were reduced because the law required a 12 percent reduction are fully restored because you cannot call for assistance or you would require out-of-home placement without the restored service hours. W&IC 12301.05

546. Restoration application - denial

It was determined by an assessment of your IHSS Care Supplement Application that you can call for emergency assistance and you do not meet the criteria for out-of-home placement because of a 12 percent reduction of your IHSS hours. The 12 percent reduction of service hours will not be restored. W&IC 12301.05

547. Reassessment - resume 12% reduction

It was determined by a reassessment of your IHSS Care Supplement Application that you can call for emergency assistance and you do not meet the criteria for out-of-home placement because of a 12 percent reduction of your IHSS hours. The 12 percent reduction of services will now be implemented. W&IC 12301.05.

548. Restoration application - full services paid pending partial restoration

Your IHSS hours that were not reduced pending an assessment of your IHSS Care Supplement Application are partially reduced because you would require out-of-home placement without the restored services listed above. W&IC 12301.05

ON-LINE EDITS 12 PERCENT REDUCTIONS

ELIG SEGMENT SPANS BUDGET CUT - This RELC message occurs when the ZZ4 date is prior to 10/01/92 and the ZZ4 date is after 10/01/92. This message displays for all adds and changes except those involving proration in September 1992 (e.g. adds, status changes or reassessments during September 1992). Key an ending date of 09/30/92 and then a new beginning date of 10/01/92 and a new ending date to build correct eligibility segments.

BUDGET CUT CASE: SOC > GRS AMT
DELETION NOT ALLOWED - This RELA message ocurs when a keyer enters "RELA D ##########" to physically delete a case from CMIPS. The case must be in status D, T or P. Background: This case was previusly denied or terminated because the share of cost was greater than the budget cut authorized amount. These cases need to be saved for future considerations.

SECOND RELB SEGMENT REQUIRED
CALL EDS FOR BUDGET CUT - This RELC message occurs when an RELC change causes proration during September 1992. Cases falling under this situation include adds, status changes or reassessments during September 1992 (after 9/1/92). County staff should call their EDS representative to process the case.

INV WOUT IHSS - MUST BE 1-5, 7-9 - The current RELA message "INV WOUT IHSS - MUST BE 1-5" has been changed to include values 7-9. The message will appear when the H3 code is not equal to one of the following: 1, 2, 3, 4, 5, 7, 8, 9.

NEW ZZ3 DATE REQD FOR H3 CHANGE - This RELA/RELB message occurs when the following changes are made without keying or rekeying a ZZ3 date:

H3 code before change	H3 code after change
1,2,3,4,5,8,9	7
1,2,3,4,5,7,9	8
1,2,3,4,5,7,8	9
7	1,2,3,4,5,8,9
8	1,2,3,4,5,7,9
9	1,2,3,4,5,7,8

BUDGET CUT HRS > 12% OF PURCH - This RELC message occurs when H3 = 8 and one or more AA-ZZ county use hours are greater than 12% of corrsponding AA-ZZ purchase hours.

ST HRNG HRS NOT ALLOWED FOR H3=0 - This RELB message occurs when state hearing hours are keyed on a case with an H3 code = 9.

H3 = 7,8,9 REQUIRES STATUS I OR E - This RELA message occurs when an H3 code of 7, 8 or 9 is keyed on a case with an eligibility status not equal to I or E.

H3 = 7 REQUIRES NOA 466 - This RELC message occurs when an H3 codee of 7 is initially keyed without a NOA code of 466.

NOA 466 REQUIRES ZZ3 > 09/30/92
NOA 545 REQUIRES ZZ3 > 09/30/92
NOA 546 REQUIRES ZZ3 > 09/30/92
NOA 547 REQUIRES ZZ3 > 09/30/92
NOA 548 REQUIRES ZZ3 > 09/30/92
These RELC messages occur when one of the listed NOA codes is keyed with a ZZ3 date prior to 10/01/92.

NOA 466 REQUIRES H3 = 7
NOA 545 REQUIRES H3 = 9
NOA 546 REQUIRES H3 = 1,2,3,4,5,
NOA 547 REQUIRES H3 = 1,2,3,4,5,
NOA 548 REQUIRES H3 = 8
These RELC messages occur when one of the listed NOA codes is keyed on a case that does not have the appropriate H3 code.