

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



September 30, 1993

ALL-COUNTY LETTER NO. 93-76

TO: ALL-COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL	
<input checked="" type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by SDSS

SUBJECT: RESTORATION OF THE SEPTEMBER 1, 1993 2.7 PERCENT REDUCTION OF TITLE XVI SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PROGRAM (SSI/SSP) BENEFIT LEVEL AFFECTING IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: ACL 93-55, CDSS ELECTRONIC BULLETIN BOARD (EBB) MESSAGES 93-35, 93-38, 93-41, 93-44, CDHS E-MAIL WEEK OF SEPTEMBER 27, 1993.

This ACL is to provide you with the information necessary to reverse incorrect actions for income eligible recipients (aid codes 18, 28, 68) who were discontinued from residual IHSS or who incurred an increased share of cost as a result of the September 1, 1993 SSI/SSP 2.7% reductions. EBB 93-44 issued on September 20, 1993 advised county IHSS to take no further actions, pending further instructions, to discontinue or restore cases affected by ACL 93-55. In most situations county staff will not have to take any action since most of the corrections will be automated. Instructions are included in this ACL for those situations where the restoration cannot be automated.

A new CMIPS concept is being introduced that will permit different SSI/SSP benefit levels to be applied to different authorization periods. CMIPS will automatically enter an "N" to the SOC 293 in Field I(1) on all cases which have authorized services prior to September 1, 1993, although only share of cost cases will be impacted by this entry. All current cases that have authorized services beginning on or after September 1, 1993 will have a "Y" entered in Field I(1). Thereafter, all share of cost cases will automatically have a "Y" entered in Field I(1) but the county can change that indicator to "N" when warranted. This is further discussed below.

Three populations of recipients are affected by these changes:

1. Income eligible recipients terminated September 1, 1993 because their share of cost was greater than the cost of IHSS authorized need. This population includes approximately 190 persons.
 - o Electronic Data Systems (EDS) will reinstate income eligible persons with an 18, 28 or 68 aid code terminated on September 1, 1993

because the share of cost exceeded authorized need when the benefit level was reduced. This reinstatement will be done by October 1, 1993.

- o The automation will include plugging an indicator "N" on the Recipient Eligibility File (RELB), Field I(1) Share of Cost Date, which indicates the new benefit level does not apply to this recipient. All cases in Interim (I), Eligible (E), Leave (L) status through August 31, 1993 will have the August, 1993 benefit level applied when reinstated.
- o An exception list of persons not reinstated will be provided to counties through an EBB by October 4, 1993. It will be necessary for counties to manually reinstate these recipients by entering NOA message reason code 563. All other NOA messages will be suppressed.
- o Notices of Action will be automatically generated and printed in the counties to advise recipients of their reinstatement to IHSS and will contain the following message, number 563:

"Your IHSS was erroneously terminated and will be restored effective September 1, 1993. You will receive a no share of cost Medi-Cal card and you are eligible for payment for services you otherwise would have received in September 1993. W&IC 14005.21"

- o There will be a system to refund the recipient's September, 1993 cost of services they would have otherwise received. It will be the difference between the amount of the corrected share of cost and the recipient's authorized service. This will be paid before the end of October, 1993.
- o Counties have been advised by CDHS E-MAIL (attached) dated the week of September 27, 1993 that a no share of cost Medi-Cal card shall be issued to IHSS recipients affected by the September SSI/SSP 2.7% reductions. Please refer to the attachment for these detailed instructions about persons who already applied for a share of cost Medi-Cal card, those who have not yet applied, and for persons who have already received a share of cost Medi-Cal card.

2. Income eligible recipients whose share of cost increased September 1, 1993 because of the reduced benefit levels. This population includes approximately 19,000 persons and will need the August, 1993 benefit level restored.

- o The CMIPS will automatically restore the share of cost based on the August, 1993 benefit levels. The automation will include plugging an indicator "N" on the SOC 293, Field I(1), Share of Cost Date, which indicates the new SSI/SSP benefit level does not apply to this recipient. All cases in Interim (I), Eligible (E), or Leave (L) status through August 31, 1993 will continue to have restored SSI/SSP benefit levels.

- o Notices of Action will be automatically generated and printed in the counties to advise recipients of their correct share of cost and will contain the following message, number 564:
 - o "Your share of cost was erroneously increased effective September 1, 1993. Your share of cost is reduced to the amount shown above. You are eligible for a refund of the excess share of cost you paid in September. W&IC 14005.21"
 - o There will be a refund to recipients of the difference between the August, 1993 benefit levels and the September, 1993 benefit levels.
 - o An exception report of all share of cost cases that cannot have restorations automated will be sent to the counties the week of October 4, 1993. Counties will be required to manually restore these recipients by entering worker generated NOA reason code 564 on the SOC 293/RELB. All other NOA messages will be suppressed.
3. Income eligible recipients with a beginning date of services of September 1, 1993 or later. These recipients will be subject to the September 1, 1993 SSI/SSP benefit levels.
- o The Share of Cost Date in Field I(1) must have a "Y" entered to indicate the new SSI/SSP benefit level effective September 1, 1993 will be applied.
 - o It will be necessary for the county to review inter-county transfer cases to determine the actual beginning date of services. If the services were authorized prior to September 1, 1993 in the transferring county, the receiving county should enter "N" on the Share of Cost Date field I(1) on the SOC 293 to indicate the new SSI/SSP benefit levels do not apply.

After conversion, a "Y" benefit level indicator will be plugged on CMIPS in the Share of Cost Date field for any new share of cost case added with a Beginning Date of September 1, 1993 or later.

An on-line edit message "SOC indicator must be N prior to 9/1/93" will apply if a "Y" indicator is entered erroneously for cases active prior to 9/1/93 as indicated by the SOC 293 field I(1) Share of Cost Begin Date.

SOC 293 turnaround documents will be generated and printed by EDS and mailed to counties with the SSI/SSP benefit level indicator in field I(1) and the appropriate Notice of Action message number in field ZZ(2) Reason Code for each recipient casefile updated by these changes.

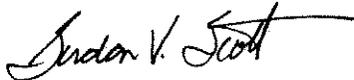
In summation, to the extent possible without county assistance, it is CDSS' intent:

1. to restore to eligible status all erroneously discontinued cases due to share of cost exceeding need,

2. to reduce shares of cost on all IHSS share of cost cases authorized prior to August 31, 1993,
3. to refund erroneous share of cost payments or service underpayments to affected recipients.

It is also CDSS' intent that counties will coordinate between the Medi-Cal and IHSS programs to assure that zero share of cost Medi-Cal cards are generated for those IHSS recipients that were erroneously discontinued because their share of cost exceeded the cost of authorized services.

Questions regarding this automation or necessary county actions should be directed to Mary James (916) 657-2133 or Marshall Browne (916) 657-2200.



GORDON V. SCOTT
Acting Deputy Director
Adult Services Division

c: CWDA

Attachment

From: SYSTEMS --DHSEMC2
TO: BKINKADE--HW1

Date and time 09/28/93 15:50:00

Date: Tuesday, 28 September 1993 15:50 PT
To: CRDNTS
From: HS.MEB.SYSTEMS@DHSEMC2
Subject: EMC 2 DHS # 93166

TO: All County Welfare Directos
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
IHSS Program Managers

IHSS AND 2.7 PERCENT BENEFICIARIES

REF.: IHSS (DSS) E-Mail 93-44 Dated September 20, 1993

As you are aware, approximately 15,000 SSI/SSP beneficiaries lost their SSI/SSP due to state legislation (SB 35) that mandates the SSI/SSP benefits be cut by 2.7 percent. These 2.7 percent beneficiaries are receiving zero share-of-cost Medi-Cal cards until their incomes exceed the SSI/SSP benefit levels that existed prior to the September 1, 1993 benefit reductions.

Also affected by the 2.7 percent cut in the SSI/SSP benefits levels were persons receiving In-Home Health Supportive Services (IHSS) as Aid Codes 18, 28, and 68. Approximately 183 of these persons were discontinued from IHSS and IHSS-linked Medi-Cal. Both the Department of Health Services and Department of Social Services have determined that these IHSS persons should continue receiving Medi-Cal as they did before being discontinued. Therefore, IHSS has instructed the IHSS program managers in each county that those persons will be restored to their previous income-eligible aid code status. The IHSS restoration will be done centrally and county IHSS staff should make no County Medically Indigent Services Program (CMISP) adjustments at this time. Following are the Medi-Cal card instructions for Medi-Cal program and IHSS program personnel:

- 1) If the discontinued IHSS beneficiary applied for Medi-Cal and is now a share-of-cost aid code, i.e., 67, and did not yet get his/her Medi-Cal card, change this aid code to the beneficiary's former IHSS Aid Code (18, 28, and 68) for September 1993, and ongoing, and issue a no share-of-cost Medi-Cal card.
- 2) If the discontinued IHSS beneficiary has not applied for Medi-Cal, reactivate his/her former IHSS aid code on a ongoing basis.
- 3) If the discontinued IHSS beneficiary applied for Medi-Cal and did get a Medi-Cal card, change the beneficiary's share-of-cost aid code to his/her former IHSS Aid Code (18, 28, or 68) and be sure he/she gets an MC 1054 form so that he/she can get his/her share of cost back from his/her medical services provider.

You can obtain the list of the discontinued cases which must have their no share-of-cost Medi-Cal cards reinstated from your county's IHSS program manager.

This E-Mail will not be followed by an All County Welfare Directors Letter.

If you have any IHSS questions, please call Marshall Browne at (916) 657-2200. If you have any Medi-Cal Eligibility Data System (MEDS) questions, contact the MEDS liaison in your county.

Sincerely,