

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 22, 1993

ALL-COUNTY LETTER NO. 93-94

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 SDSS

SUBJECT: JANUARY 1994 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE - RSDI) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL; ACL's 93-76, 93-77

This All-County Letter (ACL) is to provide you with the following:

- o Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
- o Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field 12 of the form SOC 293.
- o Instructions regarding forms and listings.
- o 1994 SSI/SSP benefit levels.
- o Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. RSDI Increases

1. All SOC cases that have been automated by the CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 2.6 percent.

To facilitate automation of RSDI we are making two assumptions:

- o That the current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA);

- o That the current entry in the Source Field(s) is the gross amount - which includes the Medicare Part B premium for those persons who must pay their own premium. (Effective January 1, 1994 that premium increases to \$41.10 from \$36.60.)

The computation will produce the RSDI benefit amount to be used in automating the January 1, 1994 SOC. (Example: the current benefit amount is \$438.00, multiplying by 1.026 equals \$449.39; rounding down to the nearest dollar equals \$449.00.)

2. It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated SOC.

In order to avoid the unnecessary expense of recomputing every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, Counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported. This delay in correcting a SOC does not result in a collectable overpayment.

#### B. SSI/SSP Benefit Levels

1. Chapter 69, Statutes of 1993 (Senate Bill 35), which reduced SSP effective September 1, 1993, also stipulated that there would be no pass-through of the 1994 SSI COLA. There is a 2.6 percent SSI COLA which increases the Federal SSI benefit levels effective January 1, 1994. However, in most instances the January 1994 SSP benefit level has been reduced by a like amount so that there will be no change in most of the combined SSI/SSP benefit levels.
  2. The SSI Colas impact allowances for non-eligible children and spouses/parents that are considered in share of cost deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C share of cost worksheets.
  3. Because of the RSDI COLA's and SSP reductions, some status eligible recipients will lose their SSI/SSP eligibility effective January 1, 1994 because their incomes will exceed the SSI/SSP benefit levels. We have requested DHS assistance in identifying these recipients who are also potentially eligible for categorically needy Medi-Cal benefits, under the 1976 Pickle Amendment to the Social Security Act, as "Pickle persons". Specifically, DHS will place these recipients in Pickle Aid Codes - 16, 26, or 66 - until at least April 30, 1993, or until their true status can be determined. We will make county listings, with PCSP identifiers, available to you as soon as they are completed.
- o Recipients in this group who are PCSP-eligible should remain in IHSS Aid Codes 10, 20 or 60 as status-eligible cases until their Pickle Aid Codes can be input to CMIPS.

- o Individuals who lose their SSI eligibility January 1, 1994 and are NOT PCSP -eligible will have a new share of cost effective January 1, 1994, based on January 1994 SSI/SSP benefit levels.

C. Share of Cost Cases

Currently, SOC is being calculated based on two different sets of SSI/SSP benefit levels . August 1993 rates are being used for individuals who began paying an IHSS SOC prior to September 1, 1993 and are coded "N" in the SOC 293 Share of Cost Date Field II. September 1993 rates are being used for recipients who became eligible September 1993 or later and who are coded "Y" in Field II.

Effective January 1, 1994, the same bi-level procedure will remain in effect:

- o Ongoing (since August 1993) income-eligible recipients currently coded N in Field II will continue to have their SOC based on August 1993 benefit levels.
  - o Income-eligible recipients currently coded "Y" in Field II, plus IHSS Residual recipients who lose their SSI eligibility January 1, 1994, will have their SOC based on January 1994 rates.
1. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC recomputed January 1, 1994 because of Social Security increases and/or SSI/SSP benefit level changes. However, any case with an end date in Field ZZ4 of December 31, 1993, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

2. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and SOC computation. Based on these COLA adjustments, SOC's will be changed for all affected IHSS recipients. The message (number 353) will read:

"The change in your IHSS Share of Cost shown above is effective \_\_\_\_\_ because of COST-OF-LIVING adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$\_\_\_\_, \$\_\_\_\_, and \$\_\_\_\_.

"If the Social Security amount you receive is different than reported here, contact your service worker.  
MPP Section 30-755.233."

3. The automation of SOC cases is scheduled to be run December 15, 1993, so that we can meet the timelines for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines MNO can be built:
- o Turnaround Document (TAD) #1:
    - enter appropriate data for 1993 SOC fields and wait for the next turnaround document to enter 1994 data;
    - a NOA will be generated containing the usual SOC message(s).
  - o TAD #2:
    - enter 01/01/94 in SOC Field II;
    - enter corrected RSDI income in Source/Income Field I4, J1, J2, K1 or K2 (1.026 x 1993 amount rounded down to the nearest dollar);
    - the CMIPS will recompute the correct SOC;
    - a NOA will be generated containing the usual SOC message(s).
4. SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County Welfare Departments (CWD) will be responsible for making reimbursement to or collecting overpayments from those persons so affected.

D. Aid Codes 14,24 and 64

PCSF and IHSS residual recipients in these aid codes lost their SSI/SSP eligibility September 1, 1993 due to the 2.7% SSI/SSP reduction, but have been held harmless from paying either a Medi-Cal or an IHSS share of cost. These individuals will continue to receive IHSS without a SOC for as long as their special Medi-Cal status continues.

E. Forms and Listings

1. Turnaround documents will be generated on all automated IHSS income eligible cases - both forms SOC 293 and SOC 311. These will have an identifying message on the top which will read "Share of Cost COLA 1994." There will also be NOAs generated which will have the message as displayed under C2. Above.
- o Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document SOC 311 must be manually changed.

- o We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field 14, J1, J2, K1 or K2; however, for ease in identifying those cases, a separate listing will be provided at the bottom of the County Exception List.
  - o We are not able to automate the RSDI increase for a spouse - which may affect the recipient's SOC - because the CMIPS is not coded to differentiate that income source; however, all cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder to validate any change in a spouse's income.
2. All TADs and NOAs will be printed at the printer sites by on-line Counties; non-printer site Counties will have documents printed by EDS and mailed to the recipient and County, as appropriate.
- o Please plan printing needs by ordering forms SOC 293, SOC 311 and NA 690 if necessary.
  - o Please do not delay printing and mailing the NOAs on December 17, 1993; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the County.

#### F. Benefit Levels

1. Attachment A to this ACL is the January 1994 SSI/SSP Payment Standards.
2. Attachment B is a copy of the corrected page for the IHSS-CMIPS USER'S Manual pages V-A-17 through V-A-19 which will be distributed to Counties to update their CMIPS/IHSS USER'S Manuals. This information has been incorporated into the CMIPS SOC automation feature.

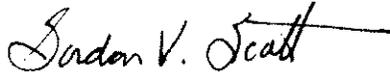
#### G. SOC 294A and SOC 294C

1. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS SOC automation feature.
  - o SOC 294A (Attachment C)
    - change allowances in Column B, row 2a to \$223.00;
    - change allowances in Column B, row 6 to \$223.00.

o SOC 294C (Attachment D)

- change allowances in Column A, row 2a to \$223.00;
- change allowances in Column A, row 14 to (1) \$446.00 and (2) \$669.00, respectively.

Questions regarding CMIPS procedures should be addressed to Marshall Browne at (916) 657-2155 or ATSS 8-437-2200.



GORDON V. SCOTT  
Acting Deputy Director  
Adult Services Division

Enclosures

cc: CWDA

ACTUAL SSI/SSP PAYMENT STANDARDS  
EFFECTIVE JANUARY 1, 1994

CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.  
CPI - Chapter 69/93 (SB 35) included no pass-through of the SSI COLA.  
(Reflects a 9/93 2.7% reduction to the total 6/93 SSI/SSP Standard.)

CMI: 2.37% (a)  
CPI: 2.60% (a)

PROGRAM	REDUCED NEEDS			RESTAURANT MEALS			NMOHC		
	INDEPENDENT LIVING ARRANGEMENTS			INDEPENDENT LIVING ARRANGEMENT WITHOUT COOKING FACILITIES			NON-MEDICAL BOARD AND CARE		
	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL
INDIVIDUAL:									
AGED OR DISABLED	446.00	157.40	476.77	297.34	179.43	671.40	446.00	225.40	748.00
BLIND	446.00	224.40	543.91	297.34	246.57	NA	446.00	NA	748.00
DISABLED MINOR	446.00	63.40	364.17	297.34	66.83	NA	446.00	NA	748.00
NMOHC			606.34	297.34	309.00				
COUPLE:									
AGED OR DISABLED	669.00	440.22	919.82	446.00	473.82	1,245.22	669.00	576.22	1,477.00
- per couple									
BLIND	669.00	628.01	1,106.51	446.00	660.51	NA	NA	NA	1,477.00
- per couple									
BLIND/AGED OR DISABLED	669.00	557.95	1,036.56	446.00	590.56	NA	NA	NA	1,477.00
- per couple									
NMOHC			1,264.33	446.00	818.33				
- per couple									

**TITLE XIX MEDICAL FACILITY**  
Total \$42  
SSI 30  
SSP 12

**NON-MEDICAL BOARD AND CARE**  
Total \$748  
Board and Room 319  
Care and Supervision 275  
Personal and Incidental Needs 154  
Maximum: 341  
Minimum: 88

NOTE: NMOHC recipients excluded from reduction.

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. This field is required for automated share of cost computation.

B. Source of recipient's, spouse's, parent(s) gross income - enter appropriate code.

- 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 - Enter amount of gross income available to the recipient, spouse, parent(s).

D. Deduct - Enter dollar amount of total income deductions other than the standard income exclusions.

1. Standard income exclusions that are included in the automatic share of cost computation are:
  - \$20.00 Standard exclusion
  - \$65.00 Earned income exclusion
  - One half remainder of income - Earned income exclusion
  - \$223.00 Needs of children/non-linked spouse
  - \$446.00 or \$669.00 Allowance for parent(s)
2. Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field.

NOTE: Refer to Special Instructions: Share of cost computation -SOC 293.

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

A.   For those recipients whose shares of cost are automated, this field will be system generated, the benefit level deducted and the share of cost field system generated.

B.   This field must be entered with the amount that has been manually computed for those recipients whose countable income is not automated to enable the correct share of cost information on an automated Notice of Action.

NOTE:           Refer to Special Instructions: Share of cost computation -SOC 293.

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 are automated, this field must have a two digit benefit code entered.

B.   This includes both recipients who have countable income automatically computed or countable income manually computed.

C.   Enter the appropriate benefit code.

01 - Individual aged or disabled - Own home	\$ 603.40
02 - Individual blind - Own home	670.40
03 - Individual disabled minor - Own home	509.40
04 - Individual aged or disabled - Household of another	476.77

05 - Individual blind - Household of another	543.91
06 - Individual disabled minor - Household of another	364.17
07 - Individual aged or disabled - Independent living without cooking facilities	671.40
08 - Couple aged or disabled - Own home	1,109.22
09 - Couple both blind - own home	1,297.01
10 - Couple blind/aged or disabled - Own home	1,226.95
11 - Couple aged or disabled - Household of another	919.82
12 - Couple both blind-Household of another	1,106.61
13 - Couple blind/aged or disabled - Household of another	1,036.56
14 - Couple aged or disabled - Independent Living without cooking facilities	1,245.22

D. For a couple, both of whom are IHSS recipients and equally share their net countable income, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I5. Enter the appropriate code below for the share of cost computation:

15 - Couple aged or disabled - Own home, per person	554.61
16 - Couple both blind -Own home, per person	648.51
17 - Couple blind/aged or disabled - Own home, per person	613.48
18 - Couple aged or disabled - Without cooking facilities, per person	622.61
19 - Couple aged or disabled - Household of another, per person	459.91
20 - Couple blind - Household of another, per person	553.31
21 - Couple blind, aged or disabled - Household of another, per person	518.28

NOTE: Refer to Special Instructions: Share of cost computations -  
SOC 293

Field K3 SHARE OF COST - System Generated, Numeric  
 Length: 6  
 Description: Share of Cost - Monthly amount of money to be paid directly by the recipient.

- A. For those recipients whose Shares of Cost are automated, this field will have an entry.
- B. From the entries to Fields I5, COUNTABLE INCOME and J3, BENEFIT CODE, this field will be system generated and will "plug" the Share of Cost into the eligibility segments, Fields M6, N6, and O6., where applicable.

Field L1, L2 MODE/RATE/HOURS - Required, 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. Enter the proper code.
  - 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.
  1. For individual providers if this amount is not entered, the system will default to the lowest county base rate.
  2. For contract or county homemaker providers, if this amount is not entered, the county base rate will be plugged.
- C. Hours of Service by Delivery Mode - The hours of authorized service will be system generated unless there is a mixed mode service delivery.
  1. If there are two "IP" modes with different hourly rates, (and neither IP mode is at the county base rate), enter IP twice, hourly rate for each and hours of authorized service for one of them. The balance of the hours will be system generated.

# IHSS INCOME ELIGIBILITY — ADULT

ATTACHMENT C

Name \_\_\_\_\_ Case No. \_\_\_\_\_ Month \_\_\_\_\_

## RECIPIENT

## SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

		UNEARNED	EARNED				UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)				1. Income of client's spouse*		\$	\$	
a.	\$			2. Allowance for children not blind or disabled.				
b.	\$			a. Children's needs	223	223	223	
c.	\$			b. Children's income*	\$	\$	\$	
2. Total unearned income (A1a to A1c)	\$			c. Net needs (a — b)	\$	\$	\$	
3. Any income exclusion	\$20			d. Total allowance (add B2c's)		\$		
4. Net unearned income (A2 minus A3)	\$			3. Remaining unearned income (B1 minus B2d)		\$		
5. Earned income (Do not show exempt income)		\$		4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)			\$	
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)			\$	5. Remaining earned income (B1 minus B4)			\$	
7. Earned income exclusion			\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than 223 A15 is entered in C — If greater than 223 complete B7 through B20		\$		
8. Total exclusions (A6 plus A7)			\$	7. IHSS client's income (From A2 and A5)		\$	\$	
9. Remaining earned income (A5 minus A8)			\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)		\$	\$	
10. Net earned income (A9 x ½)			\$	9. Any income exclusion		\$20		
11. Other earned income deductions			\$	10. Net unearned income (B8 minus B9)		\$		
12. Total net earned income (A10 minus A11)			\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)			\$	
13. Total countable income (A4 plus A12)	\$			12. Earned income exclusion			\$65	
14. SSI/SSP payment level	\$			13. Total exclusions (B11 plus B12)			\$	
15. IHSS share of cost (A13 minus A14)	\$			14. Remaining earned income (B8 minus B13)			\$	
				15. Net earned income (B14 x ½)			\$	
				16. Other earned income deductions			\$	
				17. Total net earned income (B15 minus B16)			\$	
				18. Total countable income (B10 plus B17)		\$		
				19. SSI/SSP couple payment level		\$		
				20. IHSS share of cost (B18 minus B19)		\$		
				<b>C. SHARE OF COST (higher of A15 or B20)**</b>		\$		

\*\* If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER \_\_\_\_\_

DATE \_\_\_\_\_

## IHSS INCOME ELIGIBILITY - CHILD

NAME					CASE NUMBER			MONTH		
PARENT					RECIPIENT					
A. Income deemed to a blind or disabled child living at home who is under 18.					B. IHSS share of cost computation for blind or disabled child who is under 18.					
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.					Unearned		Earned			
1. Gross income					\$		\$		1. Income deemed to child (from A15 or A16)**	
2. Allowance for children not blind or disabled									\$	
a. Children's needs					223		223		223	
b. Children's income					\$		\$		\$	
c. Net needs (a minus b)					\$		\$		\$	
d. Total allowance (add A2c's)					\$					
3. Remaining unearned income (A1 minus A2d)					\$				2. Unearned income (list) (Do not show exempt income)	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)							\$		a.	
5. Remaining earned income (A1 minus A4)							\$		b.	
6. Any income exclusion					\$ 20				c.	
7. Net unearned income (A3 minus A6)					\$				3. Total unearned income (B1 plus B2)	
8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)							\$		4. Any income exclusion	
9. Earned income exclusion							\$ 65		5. Net unearned income (B3 minus B4)	
10. Total exclusions (A8 plus A9)							\$		6. Earned income (Do not show exempt income)	
11. Earned income (A5 minus A10)							\$		7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)	
12. Net earned income (A11 x 1/2)							\$		8. Earned income exclusion	
13. Total income (A7 plus A12)					\$				9. Total exclusions (B7 plus B8)	
14. Allowance for parent and spouse (1) 446 (2) 669					\$				10. Remaining earned income (B6 minus B9)	
15. Income deemed to child (A13 minus A14)					\$				11. Net earned income (B10 x 1/2)	
<input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.									12. Other earned income deductions	
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)					\$				13. Total net earned income (B11 minus B12)	
									14. Total countable income (B5 plus B13)	
									15. SSI/SSP payment level	
									16. IHSS share of cost (B14 minus B15)	
									\$	
									** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.	
WORKER					DATE					