

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 10, 1994

ALL-COUNTY LETTER NO. 94-47

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: IN-HOME SUPPORTIVE SERVICES (IHSS) AND MEDI-CAL INSTRUCTIONS FOR PERSONAL CARE SERVICES PROGRAM (PCSP)/PICKLE CONVERSION

REFERENCE: California Department of Social Services (CDSS) ACL NO. 94-10; Department of Health Services (DHS) All-County Welfare Directors Letter NO. 94-53

As you are aware, the DSS administers two programs under the IHSS program to provide personal care services to certain low income individuals. These two programs are the Personal Care Services Program (PCSP) and the IHSS residual program. For the reasons described below, it will be necessary for counties to identify those currently in the IHSS residual program who meet the requirements for the PCSP so their personal care services can be covered by the PCSP.

BACKGROUND

The PCSP was implemented April 1993 as a Medi-Cal benefit for those beneficiaries whose Medi-Cal coverage is authorized by federal law under the categorically needy program. The term "categorically needy" is federal terminology and includes persons on AFDC, Supplemental Security Income/State Supplementary Payment (SSI/SSP) or the Pickle program. In Medi-Cal, these individuals generally are those in the Public Assistance (PA) or Other PA category, although PCSP is not limited to these PA categories. Enclosure 1 contains a list of the aid codes from which potential PCSP eligibility may be drawn. For the remainder of this letter, we will refer to those in the aid codes in Enclosure 1 as the categorically needy.

The individuals described above receive Medi-Cal without a share of cost. They may also receive PCSP without a share of cost, and all PCSP services qualify for federal financial participation (FFP).

Some recipients covered by the IHSS residual program who do not receive SSI/SSP have an IHSS share of cost to meet for their IHSS. Many of these recipients could be Pickle eligible under Medi-Cal, since Pickle determinations disregard certain Title II cost of living adjustments (COLA's) where IHSS has not disregarded any Title II COLA's in determining the IHSS share of cost. These individuals can now be converted to the PCSP with zero share of cost if they are identified and determined Pickle eligible.

To be eligible for PCSP a recipient must:

- o Be considered categorically needy for Medi-Cal
- o Be determined to have a disability that is expected to last at least twelve months or end in death
- o Need at least one personal care or paramedical service
- o Not have spouse, or parent (if a minor), as his or her sole provider
- o Not be receiving Advance Payment for services

If the individual is not eligible for PCSP, he/she must pay an IHSS share of cost for any services received through the residual IHSS Program regardless of any Pickle or other categorically needy Medi-Cal eligibility.

CDSS IHSS ACTIVITY

As described in DSS ACL 94-10, CDSS will be sending a notice three weeks after the release of this ACL to all income-eligible IHSS recipients (those in Aid Codes 18,28,68) who are authorized at least one personal care or paramedical service. This notice (Enclosure 2) will inform beneficiaries that they may be eligible for no share of cost PCSP if they are Pickle eligible. This notice also contains a Pickle screening section and tells recipients who pass the screening to contact either the county Adult Services or their IHSS worker. CDSS will also provide a listing to each county of all the recipients who are mailed notices.

COUNTY IHSS ACTIVITIES

When an IHSS income-eligible recipient contacts county IHSS staff in response to the notice, IHSS staff shall:

1. Confirm the recipient meets the screening criteria described on the notice.
2. Determine if the recipient appears otherwise potentially eligible for PCSP. Advise any Advance Pay income-eligible recipient who wishes to qualify for zero share of cost PCSP that he/she must elect to change to Arrears Pay.
3. Explain the impact of being on PCSP to the recipient, i.e., that PCSP benefits are subject to estate recovery, and the obligation to accept PCSP once he/she is determined eligible.
4. If he/she appears to be potentially Pickle AND PCSP eligible, refer him/her to appropriate County Medi-Cal staff for a Pickle determination.

5. Initiate physician's certification and provider enrollment.
6. If found PCSP and Pickle eligible (or otherwise categorically needy), he/she must be converted to PCSP with no share of cost. The effective date shall be the first of the month following the month in which all PCSP and Pickle eligibility criteria are met.
7. If NOT found PCSP and Pickle eligible, he/she should be continued as an IHSS income-eligible case.

Case Management, Information and Payrolling System (CMIPS) instructions are found in Enclosure 3.

COUNTY MEDI-CAL PICKLE ACTIVITY AND INFORMATION

IHSS recipients who are referred by county IHSS staff must be evaluated for Pickle eligibility or for any of the programs listed in Enclosure 1. The Pickle/PCSP conversion of currently eligible cases should be completed no later than November 1, 1994. Processing of new applicants should continue on an ongoing basis.

County allocations will be increased to fund the one-time costs for these conversions as a procedural item through Medi-Cal county administrative cost funding.

In order to expedite the conversion of the IHSS beneficiaries to the Pickle/PCSP program, counties may use the CDSS form SOC 310, the Department of Health Services (DHS) forms MC 210B or MC 210SP, and the MC 13 instead of the DHS form MC 210 for this determination only. Appropriate notices of action must be sent. If eligible, the appropriate Medi-Cal aid codes must be entered on Medi-Cal Eligibility Data System (MEDS). Counties will need to phase in the MC 210 for future Pickle/PCSP determinations of these individuals.

IHSS staff must be advised whether categorical eligibility is or is not established.

MEDI-CAL CARDS - IHSS INFORMATION

Currently, Medi-Cal cards for income-eligible IHSS cases are generated, or terminated by either 1) an intra-county manual process by County staff, or 2) an automated process wherein a weekly CMIPS tape is sent to DHS which in turn generates or terminates the Medi-Cal card. The latter process is used by just nine counties - Butte, Imperial, Los Angeles, Merced, Orange, Plumas, Riverside, Sacramento, and Stanislaus.

Pickle Medi-Cal cards will be issued based on a determination and MEDS input by County Medi-Cal staff. For Pickle/PCSP cases, the Pickle aid code in CMIPS will have no impact on the Pickle aid code on MEDS or Medi-Cal card issuance. A problem arises, however, with Pickle cases which are only eligible for residual IHSS because they do not meet all of the other PCSP eligibility requirements. These cases may be carried on CMIPS with an IHSS aid code (18,28 or 68) while, at the same time, be carried on MEDS under a Pickle aid code. If an IHSS income-eligible aid code (18,28,68) is entered in MEDS on a case already established as Pickle eligible on MEDS, either a Medi-Cal alert message is produced or the Pickle aid code (16,26, and 66) is overlaid by the IHSS code. The overlay will occur during January 1 to April 30 each year for new Pickle cases when the Pickle aid code has been entered by DHS. During other months, an alert will be produced.

CMIPS COUNTIES

On CMIPS the Pickle indicator in SOC 293 field D3 will be used to help alleviate this problem. In addition to being automatically entered by CMIPS when a Pickle aid code is entered, Counties will also be able to keep track of these Pickle cases by entering or deleting the D3 indicator on income-eligible cases.

This Pickle indicator serves a twofold purpose:

1. It serves as a reminder to check for Pickle eligibility if a residual case becomes otherwise eligible for PCSP; and

2. For counties which have Medi-Cal cards generated through CMIPS, income-eligible cases with the D3 Pickle indicator will not be included on the CMIPS tapes sent to DHS. Thus, there will be no interference with the Pickle aid codes on MEDS. If a Medi-Cal alert message is received for a Pickle recipient, enter the Pickle indicator in field D3 of SOC 293. This should prevent a reoccurrence of the problem.

NON-CMIPS COUNTIES

For counties which do not have Medi-Cal cards generated through CMIPS, the problems described above can be alleviated by not entering the residual IHSS aid codes on MEDS when MEDS already has a Pickle or other related aid code. Related aid codes refer to the non-SSI/SSP aid codes listed in sections III and IV of Enclosure 1. While they are not true Pickle cases, they qualify as Medi-Cal Categorically Needy groups and may be eligible for PCSP if they have need on the basis of a qualifying disability.

NEW INCOME-ELIGIBLE CASES

For all new income-eligible cases, IHSS County staff should first check MEDS for the presence of Pickle or related aid codes.

1. If it is a Pickle case AND PCSP, follow instructions in Enclosure 3, situation B.
2. If it is a Pickle case, but NOT PCSP:
 - a. Enter one of the income-eligible aid codes 18, 28 or 68 plus other required share of cost data.
 - b. If not already present, enter the Pickle indicator (Medi-Cal aid code) in field D3 of SOC 293.
 - c. For counties which do not have Medi-Cal cards generated through CMIPS, the income-eligible IHSS aid code shall not be entered on the MEDS system.
3. If not a Pickle, or another categorically needy case, input on MEDS as an income eligible with aid code 18, 28, 68 and with no entry to the D3 field.
 - a. If the case appears otherwise PCSP-eligible, screen it for ~~potential Pickle eligibility~~. It is not necessary to screen for other potential categorically needy situations. Cases that could not otherwise be PCSP (i.e. no authorized personal care services) should not be referred for a Pickle determination.
 - b. If it appears that Pickle and PCSP eligibility is possible, refer the case to the appropriate Medi-Cal staff for a Pickle determination. If the client is already receiving Medi-Cal as a medically needy case a Pickle screening should already have been done and a new referral is not needed.

c. If the referral comes back as pickle eligible, input PCSP data and Pickle aid code (16,26,66) effective the first of the following month.

If you have any questions regarding CMIPS, please call Marshall Browne at (916) 387-4619. If you have any questions about the Pickle program, please call Sylvia Finberg at (916) 657-0080.

Sincerely,

Frank S. Mariucci
FRANK S. MARIUCCI, Chief
Medi-Cal Eligibility Branch

Carol R. Widemon
6ⁿ CAROL R. WIDEMON
Deputy Director
Adult Services Division

Enclosures

AID CODES FOR POTENTIAL PCSP ELIGIBILITY

I. Pickle

16 Pickle--aged
 26 Pickle--blind
 66 Pickle--disabled

II. Pickle types

26 Disabled Adult Children--blind
 66 Disabled Adult Children--disabled

Note: Separate aid codes for Disabled Adult Children are under development

36 Disabled Widows/Widowers

III. Other Medi-Cal Categorically Needy Groups

03 Adoption Assistance Program

10 SSI/SSP--aged
 20 SSI/SSP--blind
 60 SSI/SSP--disabled

30 AFDC-FG
 35 AFDC-U

IV. Federal Poverty Level Programs

44 Income Disregard Program (formerly 185 percent)--pregnant women
 (citizens/Prucol/conditional residents)
 47 Income Disregard Program--infants up to age 1
 (citizens/PRUCOL/conditional)
 48 Income Disregard Program--pregnant women (undocumented/temporary visa)
 49 Income Disregard Program--pregnant women (IRCA amnesty)
 72 133 Percent Program--children ages one to six (citizens/PRUCOL/ IRCA/conditional)
 7A 100 Percent Program--children ages 6 to 19, born after September 30, 1983
 (citizens/PRUCOL/IRCA/conditional)

DEPARTMENT OF SOCIAL SERVICES



NOTICE

Date:

TO: Recipients of IHSS services

From: Department of Social Services
IHSS/PCSP

This is to notify you of recent changes in the In-Home Supportive Services (IHSS) Program and the Personal Care Services Program (PCSP). Because of recent enacted Legislation (Senate Bill 35), you may be eligible for the Personal Care Services Program WITHOUT A SHARE OF COST if you can be found eligible for Medi-Cal under the Pickle program. Please read the following information carefully to see if you should contact your county IHSS worker.

Please contact your County Adult Services Branch or IHSS worker immediately if you meet ALL of the requirements stated below:

1. You MUST have been on SSI/SSP at one time or another.
2. You MUST be currently receiving TITLE II Social Security benefits.
3. You MUST have a provider who is someone other than your spouse.
4. If you are a minor, you MUST have a provider who is someone other than your parent.

If you DO meet all of the requirements stated above, please contact your County Adult Services Branch or IHSS worker for more information. If appropriate, your case will be referred to Medi-Cal for a determination of your Pickle eligibility.

If you DO NOT meet ALL the requirements stated above, DO NOT contact the county. No further action is required.

Thank you.

CMIPS INSTRUCTIONS

Situation A: Conversion of an income-eligible case (Aid Codes 18,28,68) to one of the Categorically Needy aid codes and PCSP

1. Before the new aid codes described in ACL 94-10 can be entered in CMIPS the recipient must be PCSP eligible; therefore all required PCSP data must first be entered on the RPCP screen prior to completion of SOC 293 entries.
2. Make the following entries on the SOC 293:
 - o Field A3 (Aid Code) - enter one of the following aid codes: 03,16,26,30,35,36,44,47,48,49,66,72,7A.
 - o Field I1 (Share of Cost Date) - Enter the effective date.
 - o Fields I2 -K3 (Link, Dep, Income, Benefit Code) - Delete all SOC data.
 - o Field ZZ3 (Beginning Date) - Enter new beginning date.
 - o Field ZZ7 - Enter a Y to indicate PCSP eligibility.

On the TAD SOC 293, in addition to the above changes, the following modifications will occur:

- o Field D3 - This previously unused field will now display as a secondary Pickle indicator the Pickle Aid code entered in A3, which will remain there until there is a subsequent entry of another Pickle or related aid code.
- o Line M (Payment Segment) - Will show a new beginning date (M2), zero share of cost (M6) and a "C" PCSP indicator (M7).
- o Line R (NOA Message)- Will show at least NOA message number 347.

A TAD 428 will also be produced showing the new aid code and PCSP data.

Situation B: Adding a new application for a Pickle or related Aid Code

1. Since the RPCP screen (SOC 428) cannot be completed prior to the recipient record, and the Pickle aid codes cannot be entered on a Non-PCSP record, you must first complete the SOC 293 using, temporarily, Aid Codes 10,20, or 60 for any new case being placed in I,E, or L status. This temporary aid code should be changed by the Aid Code entry on the SOC 428 indicated in step 2 below. Enter all appropriate fields on the SOC 293 as you normally would for any status eligible case.
2. On the SOC 428 (RPCP screen) complete at least the following fields:
 - o Field A3 (Aid Code) - Enter one of the Pickle or related aid codes.
 - o Field F7 (Recipient PCS Eligible) - Enter a "Y".
 - o All other fields required to establish PCSP eligibility.

After processing the above entries, the SOC 293 TAD will reflect the new aid code in field A3 and the PCSP indicator "C" in the Type field M7. A 428 TAD will also be produced reflecting the aid code and PCSP entries.

NOTE: The Aid Code (field A3 on SOC 293) cannot be changed from the RPCP screen if the current SOC 293 is coded 18,28, or 68. Nor can 18,28, or 68 be updated on to SOC 293 field A3 from the RPCP screen. The Pickle aid codes update the TAD 293 only if the PCSP indicator is already in place or "Y" is being entered concurrently on the SOC 428 in the PCS Elig. field E7.

As an alternative to step 1 above, the Pickle aid code may be entered via the initial SOC 293 placing the case in "R" status. However, SOC 428 entries will not update an SOC 293 in "R" status. For "R" status cases, a "Y" must be entered on the SOC 293 - Field ZZ7.

EDITS

In both situations A and B above, the following hard edits will occur:

- o "AID CODE REQUIRES PCSP ENROLL" - This edit will occur if any of the Pickle or related aid codes are entered on a case, in other than "R" status, where the recipient is not PCSP-enrolled, i.e. there is no "C" indicator present in the SOC 293 Type field M7, or the "Y" is not being entered concurrently.
- o "PCSP-ELIG PROV REQUIRED" - This edit will occur where the only provider(s) of record(those in E or L status) are not PCSP-eligible, i.e. they are spouses, parents of minor children or a business. The edit will not occur when there are no providers.

Situation C: A recipient with a Pickle or related aid code loses his/her PCSP eligibility.

1. This individual must revert to share-of-cost IHSS Residual, regardless of Medi-Cal eligibility and requires the following SOC 293 data entries:

- o A3 (Aid Code) - Enter Aid Code 18,28, or 68.
 - o I1-K3 - Enter share of cost date plus all other required share of cost data.
 - o ZZ2 (Rsn.Cd.) - Enter one of four worker generated messages - # 594, 595, 596, or 597.
 - o ZZ3 - Enter new Beginning Date.
-
- o ZZ7 - Enter PCSP indicator of "N".

The SOC 293 TAD, in addition to showing the above changes will still display the Pickle indicator in the D3 field. A 428 TAD will also be produced to reflect the new Aid Code.

A hard edit, "NOT PCSP ENROLL - NEW AID CD REQ", will be produced if an "N" is entered in SOC 293 field ZZ7 for any case with one of the new categorically needy aid codes. Share of cost information must also be entered for these cases.

2. If the recipient remains Pickle-eligible, despite losing PCSP eligibility, no action should be taken to change the Medi-Cal aid code on the Medi-Cal Eligibility Data System (MEDS). The individual's Pickle, or related, eligibility should continue to be maintained on MEDS.

SOC 311

The SOC 293 changes described above will make automatic updates if there is a one-to-one indicator in field E3 (# of Prov) including:

Field F2 - Beginning Date shall be a future date.

Field F5 - Share/Cost will be zero for new Pickle or related cases; or reflect the new share of cost for any Pickle case that reverts to Aid Code 18, 28 or 68.

SOC 311's that must be manually changed (i.e., more than one provider) must have data entered in at least fields F2 (Beginning Date) and F5 (Share/Cost) as indicated above.

There will be a soft edit, "PROVIDER ON FILE NOT PCSP-ELIG, HIT ENTER TO CONTINUE" when a PCSP-eligible provider is terminated which would leave only NON-PCSP eligible provider(s) on record.

NOTICES OF ACTION

There are five new notice of action messages associated with the Pickle and related cases; No. 347 is automated, the rest are worker generated:

For current SOC cases who become Pickle/PCSP eligible:

No. 347 "You no longer need to pay an IHSS share of cost because you are now eligible for the Personal Care Services Program (PCSP). The services, formerly provided to you under IHSS, will continue as a Medi-Cal benefit under PCSP. You will continue to receive a no share of cost Medi-Cal card. WIC 14132.95"

For Pickle/PCSP eligibles who lose either their Pickle or PCSP eligibility:

No. 594 "You can no longer receive services under the Personal Care Services Program (PCSP) because you have elected to receive IHSS advance payments. However, you may be eligible for services under the IHSS Program. WIC 14132.95; MPP 30-780.4"

No. 595 ~~"You are no longer eligible for the Personal Care Services Program (PCSP) because you are no longer considered a categorically needy Medi-Cal beneficiary. However, you may be eligible for services under the IHSS Program. CCR 51350"~~

No.596 "You can no longer receive services under the Personal Care Services Program (PCSP) because your current sole provider is not PCSP-eligible. A provider is not PCSP-eligible if the person is your spouse, or parent (if you are a minor child). However, you may be eligible for services under the IHSS Program. CCR 51181"

No. 597

"You are no longer eligible for the Personal Care Services Program (PCSP) because you are no longer authorized to receive any personal care services (Non-Medical Personal, or Paramedical services). However, you may be eligible for services under the IHSS Program. CCR 51350"

These NOA's - 594 through 597 - are intended to be used in conjunction with automated NOA 351 which advises the recipient that he or she has an IHSS share of cost.