

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 20, 1994

ALL-COUNTY LETTER NO. 94-81

TO: ALL-COUNTY WELFARE DIRECTORS

<u>Reason For This Transmittal</u>
<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 CDSS

SUBJECT: SEPTEMBER 1, 1994 TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM) BENEFIT REDUCTIONS 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

Chapter 148 of the Statutes of 1994 (Assembly Bill 836) reduced the SSP benefit levels for most individuals and couples effective September 1, 1994. It also stipulated that these reductions shall not result in a change in share of cost (SOC) or eligibility for any individual receiving IHSS prior to the enactment of the SSP reduction. There will be no changes in the deeming allowances for spouses and parents because the SSI benefit level is unaffected by this SSP reduction.

This ACL provides:

- SSI/SSP benefit rates effective September 1, 1994;
- Share of cost instructions for different categories of income-eligible recipients and applicants.

I. SSI/SSP Benefit Levels

Chapter 148 of the Statutes of 1994 decreased the SSP payment by up to 2.3% of the total combined SSI/SSP benefit levels effective September 1, 1994, subject to minimum benefit level restrictions required by the federal Social Security Act. Accordingly, not all benefit levels were reduced the full

2.3% because they were already at or near the minimum level. The new benefit levels will only affect the SOC's for IHSS income-eligible applicants who file for IHSS September 1, 1994 or later.

## II. IHSS Share of Cost

The effect of Chapter 148 on IHSS and Personal Care Services Program (PCSP) recipients is summarized for the following categories:

### A. Recipients who were IHSS income - eligible as of August 31, 1994 and continuing:

- Represented by recipients in IHSS aid code 18, 28 or 68 on August 31, 1994 who continue to remain in those aid codes.
- This group is not affected by the 2.3% reduction for as long as they remain eligible for IHSS.
- Their SOC continues to be based on the SSI/SSP benefit level table in effect for him or her on August 31, 1994. (This could be either August 1993 rates or January 1994 rates as indicated by the code shown in the share of cost date field (I1) on the SOC 293.)
- If they lose IHSS eligibility and re-apply for IHSS, their SOC will be based on the SSI/SSP benefit levels in effect at the time of re-application.

### B. Recipients who were status-eligible for IHSS/PCSP as of August 31, 1994, lose SSI/SSP eligibility September 1, 1994 or later, due to reasons unrelated to the 2.3% reduction, but remain eligible for IHSS:

- Represented by recipients in IHSS aid codes 10, 20 or 60 on August 31, 1994 who later convert to aid codes 18, 28 or 68.
- These individuals would have to be converted to income-eligible recipients and, therefore, would NOT be eligible for PCSP.
- The share of cost for individuals from this group will be based on the January 1, 1994 SSI/SSP benefit level table (code "Y" in the share of cost date field - I1).
- If they lose IHSS eligibility and re-apply for IHSS, their SOC will be based on the SSI/SSP benefit levels in effect at the time of re-application.

### C. Recipients who were status eligible for IHSS/PCSP as of August 31, 1994, but lose SSI/SSP eligibility effective September 1, 1994 due to the 2.3% reduction:

- Represented by recipients in IHSS aid codes 10, 20 or 60 on August 31, 1994 who will be changed centrally to aid codes 14, 24 or 64 after September 1, 1994.

- These individuals will continue to receive zero SOC Medi-Cal under aid codes 14, 24 or 64; until new aid codes developed by the Department of Health Services (DHS) become operational.
- Both PCSP and residual IHSS recipients from this group will continue to receive their respective services with no SOC based on their special no SOC Medi-Cal status. They will continue to receive IHSS and/or PCSP without a share of cost for as long as their special zero share of cost Medi-Cal status continues.
- The DHS is responsible for the future income and resource review of these cases just as they are for the recipients who were discontinued from SSI/SSP September 1, 1993 due to the 2.7% SSP reduction at that time. It is not necessary for IHSS staff to review the income and resources of recipients in this group. If county staff becomes aware of any major changes in the recipient's circumstances, i.e., an inheritance, insitutionalization, they should alert county Medi-Cal staff.
- If they lose their special Medi-Cal status but remain IHSS-eligible, they will revert to an income-eligible case and their share of cost will be based on the January 1, 1994 SSI/SSP benefit levels (code "Y" in the share of cost date field - I1- of the SOC 293). This rule also applies to any individual who had been receiving IHSS/PCSP under aid codes 14, 24 or 64 continuously since September 1993, but loses their special Medi-Cal status.
- If they lose all IHSS/PCSP eligibility for any reason and they re-apply as income-eligible, their share of cost will be based on the SSI/SSP benefit levels in effect at the time of re-application.

D. New IHSS applicants who file September 1, 1994 or later:

- If they are income-eligible, their SOC will be based on the new SSI/SSP benefit levels in effect at the time of their filing.
- If their Medi-Cal aid code is 14, 24 or 64, they will not be PCSP-eligible; they will be responsible for an IHSS SOC based on applicable SSI/SSP benefit levels at the time of filing.

### III. CMIPS

The new SSI/SSP benefit level tables will be incorporated into CMIPS for new applications filed September 1, 1994 or later. Currently all cases are coded in the share of cost date field (I1) of the SOC 293 as either a "Y" (January 1994 rates), or an "N" (August 1993 rates) for purposes of determining the IHSS share of cost. Beginning September 1, 1994 the new code - "Z" - will be automatically entered by CMIPS into the share of cost date field for all new applications.

As before, county staff must enter the appropriate code for transfer cases that have not actually lost eligibility. A recipient transferring to a new county should maintain the same benefit level code he/she had in the previous county as long as there is no true break in IHSS eligibility.

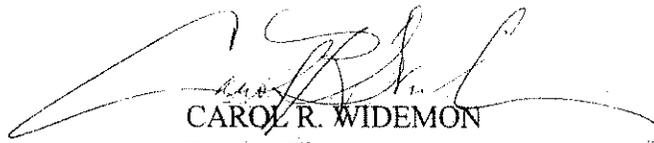
Individuals from group II. C above (IHSS/PCSP recipients who lose their SSI/ SSP September 1, 1994 due to the 2.3% reduction) will have their aid code changed centrally through CMIPS to aid codes 14, 24 or 64. Turnaround documents (SOC 293) will be produced for identification purposes only. There will be no change in their eligibility or share of cost.

#### IV. Benefit Levels

There are two attachments to this ACL. Attachment A contains the SSI/SSP Payment Standards table effective September 1, 1994. Attachment B contains revised pages to update the CMIPS User's Manual.

Please call Rosa Estes at (916) 387-4590 for any policy questions concerning this ACL, or Marshall Browne at (916) 387-4619 for any CMIPS questions.

Sincerely,



CAROL R. WIDEMON  
Deputy Director  
Adult Services Division

Attachments

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
ADMINISTRATION DIVISION

ESTIMATES BUREAU  
May 1994  
July 6, 1994

ESTIMATED SSI/SSP PAYMENT STANDARDS  
EFFECTIVE SEPTEMBER 1, 1994

CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.  
CPI - Chapter 69/93 (SB 724) included no pass-through of the 1/94 SSI COLA.  
(Reflects a 9/94 2.3% reduction to the total 6/94 SSI/SSP Standard).

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

PROGRAM	INDEPENDENT LIVING ARRANGEMENTS			REDUCED NEEDS			RESTAURANT MEALS			NMOHC		
	HOUSEHOLD OF ANOTHER			INDEPENDENT LIVING ARRANGEMENTS WITHOUT COOKING FACILITIES			NON-MEDICAL BOARD AND CARE			NON-MEDICAL BOARD AND CARE		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
<u>INDIVIDUAL:</u>												
AGED OR DISABLED	602.40	446.00	156.40	465.80	297.34	168.46	670.40	446.00	224.40	748.00	446.00	302.00
BLIND	657.40	446.00	211.40	531.40	297.34	234.06	NA	NA	NA	748.00	446.00	302.00
DISABLED MINOR	509.40	446.00	63.40	364.17	297.34	66.83	NA	NA	NA	748.00	446.00	302.00
NMOHC				606.34	297.34	309.00						
<u>COUPLE:</u>												
AGED OR DISABLED	1,083.71	669.00	414.71	898.66	446.00	452.66	1,219.71	669.00	550.71	1,477.00	669.00	808.00
- per couple												
BLIND	1,257.18	669.00	598.18	1,081.16	446.00	635.16	NA	NA	NA	1,477.00	669.00	808.00
- per couple												
BLIND/AGED OR												
DISABLED	1,198.73	669.00	529.73	1,012.72	446.00	566.72	NA	NA	NA	1,477.00	669.00	808.00
- per couple												
NMOHC												
- per couple				1,264.33	446.00	818.33						

NOTE: NMOHC recipients and RMA excluded from reduction.

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

NON-MEDICAL BOARD AND CARE

Personal and Incidental Needs Maximum: \$154 Minimum: \$88

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.



05 - Individual blind - Household of another	531.40
06 - Individual disabled minor - Household of another	364.17
07 - Individual aged or disabled - Independent living without cooking facilities	670.40
08 - Couple aged or disabled - Own home	1,083.71
09 - Couple both blind - own home	1,267.18
10 - Couple blind/aged or disabled - Own home	1,198.73
11 - Couple aged or disabled - Household of another	898.66
12 - Couple both blind-Household of another	1,081.16
13 - Couple blind/aged or disabled - Household of another	1,012.72
14 - Couple aged or disabled - Independent Living without cooking facilities	1,219.71

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 15. Enter—the appropriate code below for the share of cost computation:

15 - Couple aged or disabled - Own home, per person	541.86
16 - Couple both blind -Own home, per person	633.59
17 - Couple blind/aged or disabled - Own home, per person	599.37
18 - Couple aged or disabled - Without cooking facilities, per person	609.86
19 - Couple aged or disabled - Household of another, per person	449.33
20 - Couple blind - Household of another, per person	540.58
21 - Couple blind, aged or disabled - Household of another, per person	506.36

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.