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August XX, 2018

ALL-COUNTY INFORMATION NO.: I-XX-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES PROVIDER ENROLLMENT
SCREENS AND PROCESS CHANGES

REFERENCES: [All County Letter 16-53 \(July 7, 2016\)](#)

This All-County Information Notice (ACIN) provides counties with information regarding changes to provider enrollment screens in the Case Management, Information, and Payrolling System (CMIPS).

The ACL 16-53 introduced new provider enrollment requirements mandated by legislation. Currently counties are responsible for tracking provider enrollment information and documents relating to a prospective provider. The CMIPS has been updated to assist county workers in tracking the 90-day enrollment completion timeframe as stated in the California Department of Social Services' (CDSS) Manual of Policies and Procedures (MPP).

CMIPS MODIFICATIONS

The modifications to CMIPS include updates to existing screens, task generation, and updates to the provider enrollment process. These changes are scheduled to be implemented on August 27, 2018.

New Provider Enrollment Begin Date and Provider Enrollment Due Date

Two (2) new fields have been added to the *Modify Enrollment* pop-up in CMIPS to assist the county worker in tracking the 90-day completion timeframe for provider enrollment activities: 'Provider Enrollment Begin Date' and 'Provider Enrollment Due

Date' (see Figure 1). Selecting the "Edit" link on the *Provider Details* screen displays the *Modify Enrollment* pop-up.

Modify Enrollment: MHJSR SXBGTJKMBVC * required field

Enrollment

Eligible: *	Pending	Ineligible Reason:	
SOC 426 - Provider Enrollment:	<input checked="" type="checkbox"/>	DOJ Background Check:	<input type="checkbox"/>
SOC 846 - Overtime Agreement:	<input type="checkbox"/>	SOC 846 - Provider Agreement:	<input type="checkbox"/>
Provider Orientation:	<input type="checkbox"/>	DOJ County:	Los Angeles
Effective Date: *	06/01/2018	Good Cause Extension:	<input type="checkbox"/>
Provider Enrollment Begin Date:	06/20/2018	Provider Enrollment Due Date:	09/18/2018

Appeals

Appeal Status Date:		Appeal Status:	
Admin Hearing Date:			

County Use

County Use 1:		County Use 3:	
County Use 2:		County Use 4:	

Save Cancel

Figure 1 – Modify Enrollment Pop -Up Screen

When the county worker selects one or more of the following checkboxes, the 'Provider Enrollment Begin Date' will be auto-populated with the current date and the 'Provider Enrollment Due Date' will be auto-populated with a date 90 days in the future:

- SOC 426 - Provider Enrollment
- SOC 846 – Overtime Agreement
- Provider Orientation
- DOJ Background Check
- SOC 846 – Provider Agreement

New Good Cause Extension Process

During provider enrollment, a provider may need additional time to complete the enrollment process. To assist with these occasions, a county worker may grant a provider additional time by selecting the “Good Cause Extension” checkbox (see Figure 2). Once the ‘Good Cause Extension’ checkbox is selected, the ‘Provider Enrollment Due Date’ will be extended an additional 45 days from the original 90-day due date. Once the ‘Good Cause Extension’ checkbox has been selected and the new ‘Provider Enrollment Due Date’ is auto-populated, the extension cannot be revoked.

The screenshot shows a web-based form titled "Modify Enrollment: MHJSR SXBGTKMBVC". The form is divided into several sections: "Enrollment", "Appeals", and "County Use". In the "Enrollment" section, the "Eligible" status is set to "Pending". The "SOC 426 - Provider Enrollment" checkbox is checked, while "SOC 846 - Overtime Agreement" and "Provider Orientation" are unchecked. The "Effective Date" is 06/01/2018 and the "Provider Enrollment Begin Date" is 06/20/2018. In the "Ineligible Reason" section, "DOJ Background Check" and "SOC 846 - Provider Agreement" are unchecked, and "DOJ County" is set to "Los Angeles". The "Good Cause Extension" checkbox is unchecked and is highlighted with a red rectangular box. The "Provider Enrollment Due Date" is 09/18/2018. The "Appeals" section has empty fields for "Appeal Status Date" and "Admin Hearing Date", and a dropdown for "Appeal Status". The "County Use" section has four empty text boxes labeled "County Use 1" through "County Use 4". At the bottom right, there are "Save" and "Cancel" buttons.

Figure 2 – Good Cause Extension Field

Public Authority Work Queue

If a provider has not completed provider enrollment, a task is triggered to the Public Authority Work Queue 15 days prior to the ‘Provider Enrollment Due Date’, which is 75

days after the 'Provider Enrollment Begin Date'. This task is intended to aid the county in knowing the provider enrollment due date is near and a follow up with the potential provider may be necessary.

Automatic Inactivation of Provider Record

Providers have 90 calendar days to complete the provider enrollment process and an additional 45 days when good cause is indicated. Currently, the county worker must set the provider's eligibility to "No" on the *Modify Enrollment* pop up screen when the provider has not completed enrollment. After the implementation of these changes, when the 90-day timeframe has elapsed and the provider has not completed their enrollment, CMIPS will automatically:

- Uncheck any of the enrollment boxes that have been checked on the *Modify Enrollment* pop up screen.
- Set the 'Provider Enrollment Begin Date' and the 'Provider Enrollment Due Date' fields to blank.
- Update the status from 'Pending' to 'Ineligible' with the ineligible reason "Provider Enrollment Incomplete".
- Generate the SOC 851A (In-Home Supportive Services Program Notice To Applicant Provider Of Incomplete Provider Process 15-Day Notification) for a pending provider 20 calendar days prior to the 'Provider Enrollment Due Date' for enrollments in process.

Pending Status Providers

During the enrollment process, there are times when a SOC 426A (In-Home Supportive Services Program Recipient Designation of Provider) is submitted by a recipient to the county prior to the provider completing provider enrollment. This causes a workload in the county where they must wait to process the SOC 426A until the provider completes enrollment and can cause a delay in getting the provider added to the case. To assist counties, CMIPS has been modified to allow county workers to assign a 'provider to a case in Pending' status. A 'Pending' status provider assigned to a case will not receive timesheets or be paid for services until they complete provider enrollment and are made 'Eligible' on the *Provider Details* screen.

Adding A Pending Provider to a Case

Before a provider can be added in 'Pending' status, they must exist in CMIPS and be in 'Pending' status on the *Provider Details* screen. To add a provider in 'Pending' status to an eligible case, the county worker should access the *Assign Case Provider* pop-up and select the "Assign Provider" button. The county worker may then begin the search for the provider listed on the SOC 426A form prior to the completion of the provider enrollment process. The county worker may select the provider when the record is still in "Pending" status. After entering the 'Begin Date' located in the *IHSS Hours* cluster on the *Assign Case Provider* pop-up and selecting the 'Provider Relationship to Recipient', the county worker will select the "Save" button.

The county worker will receive an informational message on the *Assign Case Provider* pop-up that states: “You are adding a pending provider to a case. Timesheets will be issued automatically when the Provider Eligible field has been set to Yes. Do you want to continue?” (see Figure 3).

Figure 3 – Assign Case Provider Pop Up Screen

Once the county worker has selected the “Save” button, the previously selected provider will be added to the selected case in pending status and will display on the *Case Providers List* screen (see Figure 4.). If a provider in “Pending” status does not complete provider enrollment within the allotted timeframe, CMIPS will automatically inactivate them from the case and they will no longer display on the *Case List Provider* screen.

Action	Provider Number	Provider Name	IHSS/WPCS	Provider Status	Assigned Hours	Relationship to Recipient	Timesheet Review	Begin Date	Provider Workweek Agreement
View Edit...	811788053	YGNE_QBDXD	IHSS	Active	214:19	Spouse	No	06/18/2015	No
		SXBGTKMBVC, MHJSR	IHSS	Pending	150:45	Other	No	06/01/2018	No

Figure 4 – Case List Providers Screen

Eligible Status Provider

Once the provider completes all enrollment activities and a county user updates the provider's status to 'Eligible' on the *Provider Details* screen, the associated 'Case Provider Status' will be automatically updated to 'Active' and timesheets back to the effective date will be triggered.

Ineligible Status Provider

CMIPS will not be able to automatically update a provider record to 'Active' status in the instance where a provider is added to a case in 'Pending' status prior to completing their fingerprinting and subsequently the county was informed that there was a Tier 1 or Tier 2 conviction. These providers must be manually updated by the county. For providers who have a Tier 2 conviction, counties should follow the existing process in obtaining a waiver from the recipient. If a recipient waiver is received, the county must enter that information into CMIPS and manually update the provider status on the case to 'Active.' These instances require the county worker to remove the pending case assign record and re-assign the provider after the recipient waiver is in place.

Providers who have a Tier 1 conviction must be manually removed from the case.

Other CMIPS Changes for Provider Management

New Relationship Selections

Three new relationships are now available for selection on the "Relationship to Recipient" drop down list:

- Step-Parent
- Adoptive Parent
- Grandparent

The familial taxation for these new relationships are the same as for 'Other' or 'Friend'. The Federal Insurance Contributions Act (FICA), Medicare (MCARE) and State Disability Insurance (SDI) will be deducted from the provider payment. Special attention should be paid to assigning the correct relationship status when assigning a case provider due to taxation.

Error Messages

Effective date

County staff will receive the following error message if a provider's effective date is modified and the provider is assigned to a case in pending status: "*Effective date cannot be after the earliest pending case assignment begin date <mm/dd/yyyy>*"

Pending Evidence

County staff will not be able to add a pending provider to a case that has pending evidence. If county staff try to add a pending provider to a case that has pending evidence, they will receive the following error message: *"Pending Provider cannot be assigned due to pending evidence on the case"*

Data Downloads

The new Provider enrollment fields 'Provider Enrollment Begin Date' and 'Provider Enrollment Due Date' have been added to the Provider Data Download. This data is available in the daily and monthly provider enrollment data download files.

The following fields have been added to the Provider Enrollment Data Download:

- Begin Date (PROVIDER_ENROLLMENT_DATA_DATADWLDENRL)
- Due Date (PROVIDER_ENROLLMENT_DATA_DATADWLDENRL)

Questions regarding the content of this ACIN may be directed to the Systems Operations and Data Analysis Bureau within the Adult Programs Systems and Administrative Branch at the following email address: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA