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# DSD - Section 28



# CMIPS

## D-4.2-03 – IHSS CMIPS Detailed System Design (DSD) (R2025.03.01) Section 28

Version 1.0

03/28/2025

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  - DSD 28/CMIPS Reporting/System/Training Environment Usage Metrics

# DSD 28/CMIPS Reporting

This section will describe the Case Management and Payroll reports related to the CMIPS application. These reports are accessible through the BusinessObjects (BO) reporting application in CMIPS.

The following is a list of commonly used terms throughout the report descriptions and how these terms relate to the data fields for these reports.

Cycle Date – The period of time for which a report is run. Generally cycle dates will be a calendar month, but occasionally these may be quarterly (fiscal or calendar) or annual (fiscal or annual).

Fiscal Year – July (month 07) thorough June (month 06)

Quarter 1 - July, August September

Quarter 2 – October, November, December

Quarter 3 – January, February, March

Quarter 4 – April, May, June

Annual – January (month 01) through December (month 12)

Quarter 1 – January, February, March

Quarter 2 – April, May, June

Quarter 3 – July, August, September

Quarter 4 – October, November, December

County – One of the 58 California counties being reported. When related to the recipient case, this is the county that currently has ownership of the case; displays on the Case Home screen.

District Office – The District Office within a county. When related to a Worker, it is the District Office associated with the Case Owner security role in the Case Management Application. Displays on the Case Home screen.

Worker # – The individual to whom a recipient case is assigned (Case Owner). Displays on the Case Home screen.

## **DSD 28/CMIPS Reporting/Case Management – Recipient /Case**

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Application Approval/Denial/Termination Listing

CI	Document Name
 CI-51790 - DSD RPTS Application Approval Denial Termination Listing <b>IMPLEMENTED</b>	DSD_RPTS_Application_Approval_Denial_Termination_Listing.doc

## Report Business Description

The Application/Approval/Denial/Termination Listing assists counties in monitoring activity on applications and case terminations for the report month.

The Application/Approval/Denial/Termination Listing reports details for cases in specific statuses which have had the identified action/change in the reporting month:

- Pending
  - Case created
  - Denied to Pending (Rescind)
- Approved
  - Pending to Eligible
  - Pending to Presumptive Eligible
  - Terminated to Eligible (Rescind)
  - Terminated to Presumptive Eligible (Rescind)
- Denied
  - Pending to Denied
- Application Withdrawn
  - Pending to Application Withdrawn
- Terminated
  - Eligible to Terminated
  - Presumptive Eligible to Terminated
  - Leave to Terminated

This report is not meant to reconcile. A case may be listed multiple times if the Status changes multiple times in the report month.

Once a case is made eligible, the case will not display on the report again regardless of any user change, or system change that dates back to the original application date.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input checked="" type="checkbox"/> PDF Other (Describe): <input type="text"/>	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe): <input type="text"/>	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe): <input type="text"/>

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
DATE	Required	
COUNTY	Required	
CASE STATUS	Required	All, Application Withdrawn, Denied, Eligible, Pending, Presumptive Eligible and Terminated *Based on CURRENT status column

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical – Last, First
DATE OF CHANGE	Secondary	Latest to Earliest

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: After the last day of the month for the prior month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the month of the date selected
	N/A	Other	Describe:

## Sample - Application/Approval/Denial/Termination Listing

The image shows a screenshot of a computer screen displaying a 'STATE OF CALIFORNIA' application listing. The page is filled with numerous rows of data, each containing fields for application number, name, address, and other administrative details. The text is too small to read individual entries but shows a typical database-style listing.

Figure – Application/Approval/Denial/Termination Listing

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		N	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The Worker Number of the Supervisor of the Social Worker who owns the case at the time the report is run. The report is grouped by this element in the detail and summary sections.		Y	NA	Left	String
WORKER #:	The Worker Number for the Case Owner assigned the case.	Details summarize the activity on cases currently assigned to the worker which are not necessarily cases the worker took action on.	Y	NA	Left	String
<b>REPORT BODY – Line (1) and (2) for Each Recipient</b>						
	Selection Criteria	Cases in specific statuses which have had the identified action/change in the reporting month: <ul style="list-style-type: none"><li>• Pending<ul style="list-style-type: none"><li>◦ Case created</li><li>◦ Denied to Pending (Rescind)</li></ul></li><li>• Approved<ul style="list-style-type: none"><li>◦ Pending to Eligible</li><li>◦ Pending to Presumptive Eligible</li><li>◦ Terminated to Eligible (Rescind)</li><li>◦ Terminated to Presumptive Eligible (Rescind)</li></ul></li><li>• Denied<ul style="list-style-type: none"><li>◦ Pending to Denied</li></ul></li><li>• Application Withdrawn<ul style="list-style-type: none"><li>◦ Pending to Application Withdrawn</li></ul></li><li>• Terminated<ul style="list-style-type: none"><li>◦ Eligible to Terminated</li><li>◦ Presumptive Eligible to Terminated</li><li>◦ Leave to Terminated</li></ul></li></ul>	NA	NA	NA	NA
RECIPIENT NAME	The name of the Applicant/Recipient associated with the case.	Last Name, First Name	N	Y	Left	String
MC AID CODE	The Medi-Cal Aid Code associated with the Medi-Cal Eligibility record for the report month.	Dual Column Header  MC AID CODE may be blank if the case is in Pending status or does not have a reported Medi-Cal Aid Code.	N	NA	Left	String
FUND SOURCE	The Funding Source associated with the Authorization segment in the report month. This field will not be populated when the case status is Pending, Denied or Withdrawn.	FUND SOURCE will not be populated when the case status is Pending, Denied or Withdrawn. Cases in Terminated status will display the funding source associated to the case prior to the Termination.	N	NA	Left	String
CASE NUMBER	The seven-digit CMIPS case number.	Dual Column Header  CIN may be blank on a case in Pending status if CIN/Medi-Cal eligibility selection has not been completed.	N	NA	Left	String

CIN	The recipient's client index number as identified in alternative id. This field may be blank on a case in Pending status if a CIN was not selected.		N	NA	Left	String
APP DATE	The IHSS Application Date on the case.		N	NA	Left	MM/DD /CCYY
SOC 873 RCVD DATE	The documentation received date from the Health Care Certification screen.		MM/DD /CCYY			
HOME VISIT DATE	Date the Social Worker visited the recipient's home to perform the assessment.	This field may be blank for cases in Pending, Denied or Withdrawn Status.	N	NA	Left	MM/DD /CCYY
DETERMINATION DATE	The IHSS Determination Date associated with the most recent case Authorization or Case Status initial create date when the case status changes from Pending to Eligible, Presumptive Eligible, Denied or Withdrawn .		N	NA	Left	MM/DD /CCYY
NOA PRINT DATE	The date the Notice of Action associated to the action taken on the case was printed.	This field will be blank for Status of Pending.	N	NA	Left	MM/DD /CCYY
TERMINATION DATE	The date on which the Termination Status was effective.		N	NA	Left	MM/DD /CCYY
STATUS		Super Header – Underlined	N	NA	Left	String
PRIOR	Indicates the status of the case prior to the change activity.	Sub – Column Header for Status This field will be blank for a newly created case.	N	NA	Left	String (Wrap text line 1 to 2)
RESCIND DATE	The most recent date that a rescind action was taken on the case.	Sub – Column Header for Status	N	NA	Left	MM/DD /CCYY
CURRENT	Indicates the status of the case after the change activity. If there are multiple records for a case the most current record should be the first record listed.	Sub – Column Header for Status	N	NA	Left	String (Wrap text line 1 to 2)
# OF DAYS FROM APP DATE	The number of days between the Application Date and IHSS Determination Date when the case status changes from Pending to Eligible, Presumptive Eligible, Denied or Withdrawn.	This value displays for cases whose status has changed from Pending to Eligible, Pending to Presumptive Eligible, Pending to Denied, or Pending to Application Withdrawn in the reporting month.	N	NA	Right	9,999

**REPORT BODY – Line (3) for Each Recipient**

REFERRAL SOURCE:	The Referral Source indicated when the case is created.		N	NA	Left	String
DATE OF CHANGE:	Date of the status change.		N	D	Left	MM/DD /CCYY
NOA REASON:	The NOA Title associated to a case for each Denial (DN) or Termination (TR).	Align with the NOA PRINT DATE column header.  This field will only be displayed for cases in Denied or Terminated Status.	N	NA	Left	String
REPORT FOOTER						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	String

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Application Approval/Denial/Termination – Summary

CI	Document Name
 CI-116538 - DSD RPTS Application Approval Denial Termination Summary <b>IMPLEMENTED</b>	DSD_RPTS_Application_Approval_Denial_Termination_Summary.doc

## Report Business Description

The Application/Approval/Denial/Termination – Summary reports summary case counts of Status changes in the report period.

The following three summary reports are available:

- Supervisor Summary: A count of cases, by Social Worker, associated with each Status reported.
- County Summary: A count of cases, by District Office, associated with each Status reported.
- Statewide Summary: A count of cases, by County, associated with each Status reported.

This report is not meant to reconcile. A case may be listed multiple times if the Status changes multiple times in the report month.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input checked="" type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input checked="" type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
DATE	Required	
COUNTY	Required	
VERSION	Required	Statewide, County or Supervisor

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	Supervisor, County and Statewide
OFFICE	Secondary	Supervisor and County
SUPERVISOR	Third	Supervisor

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
WORKER NUMBER	Primary	Supervisor Version Only
DISTRICT OFFICE	Primary	County Version Only
COUNTY NAME	Primary	Statewide Version Only

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: In batch after the last day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the month of the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES APPLICATION-APPROVAL-DENIAL-TERMINATION SUMMARY													Date: 1		
COUNTY: ALAMEDA		CYCLE DATE: 05/01/2018 TO 05/31/2018 RUN DATE: 06/12/2018 TIME: 11:46:04													
GRAND TOTAL REPORT															
DEPARTMENT OFFICES	APPLICATIONS		OUTCOME FROM PENDING APPLICATIONS - PENDING AND GRANTED										REFUSALS	TERMINATIONS	
	APPROVALS		APPROVABLE	0-30	31-45	46 + DAYS	0-30	31-45	46 + DAYS	0-30	31-45	46 + DAYS	DENIAL	TERM	TERMINATIONS
21	97	109	4	10	35	5	3	2	16	8	3	5	0	0	1
22	48	184	8	1	14	1	2	3	6	2	0	0	2	0	3
23	32	139	0	1	22	4	4	14	4	1	0	0	0	2	32
24	0	0	1	2	4	0	0	0	0	0	0	0	0	0	23
25	0	0	0	0	3	0	0	0	0	0	0	0	0	0	30
26	0	0	0	1	3	0	0	0	0	0	0	0	0	0	17
27	0	0	0	0	2	0	0	0	0	0	0	0	0	0	17
28	0	0	0	0	2	0	0	0	0	0	0	0	0	0	21
99	17	0	0	0	0	0	0	0	3	0	0	0	0	0	0
GRAND TOTAL:	712	647	6	31	89	33	16	45	19	8	4	8	24	144	

DATE STATED AS OF APPROVAL/REFUSAL/EFFECTIVE DATE IN THE PREVIOUS LIST

Figure – Application/Approval/Denial/Termination – Supervisor Summary

COUNTY: Alameda

**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**APPLICATION- APPROVAL-DENIAL-TERMINATION - SUMMARY**

PAGE: 1

CYCLE DATE: 01/01/2015 TO 01/31/2015

RUN DATE: 01/19/2016 TIME: 17:51:49

**GRAND TOTAL SUMMARY**

DISTRICT OFFICE	APPLICATIONS NEW CARRYOVER	OUTCOME FROM PENDING APPLICATIONS (CURRENT AND CARRYOVER)												RESCINDS	TERMINATIONS		
		APPROVALS			DENIALS			APPLICATION WITHDRAWN			RESCINDS						
		0-30	31-45	+ DAYS	0-30	31-45	+ DAYS	0-30	31-45	+ DAYS	0	1	2				
21	6	3	0	0	1	0	0	0	0	0	0	0	0	1	1	0	
22	4	4	0	0	1	0	0	1	0	0	0	0	0	1	1	0	
23	1	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0	
31	1	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	
32	2	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	
34	1	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	
35	0	2	0	0	1	0	0	0	0	0	0	0	0	1	1	0	
39	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	
GRAND TOTAL:	10	11	0	0	11	0	0	3	0	0	0	0	0	8	8	0	

DATA UPDATED AS OF APPROXIMATELY 11:10 PM THE PREVIOUS DAY

**Figure – Application/Approval/Denial/Termination – County Summary**

COUNTY: STATEWIDE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES APPLICATION-APPROVAL-DENIAL-TERMINATION - SUMMARY						NAME: 1 CYCLE DATE: 01/01/2015 TO 01/31/2015 RUN DATE: 01/25/2015 TIME: 17:38:47			
<b>GRAND TOTAL SUMMARY</b>											
	APPLICATIONS  NEW CARRYOVER	OUTCOME FROM PENDING APPLICATIONS (CURRENT AND CARRYOVER)						RECEIVED	DENIAL	TERM	TERMINATIONS
		APPROVALS  0-30 31-45 + DAYS		DENIALS  0-30 31-45 + DAYS		APPLICATION MESSAGES  0-30 31-45 + DAYS					
COUNTY	15 11	0 0	11 0	0 0	3 0	0 0	0 0	0 0	2 1	1 0	0
Alameda	15 11	0 0	11 0	0 0	3 0	0 0	0 0	0 0	2 1	1 0	0
Contra Costa	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1
Marin	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
San Mateo	1 1	0 0	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1
Santa Clara	1 1	1 1	1 1	0 0	0 0	0 0	0 0	0 0	1 1	1 1	1
San Joaquin	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
<b>GRAND TOTAL:</b>	<b>26 11</b>	<b>0 0</b>	<b>13 0</b>	<b>0 1</b>	<b>5 0</b>	<b>0 0</b>	<b>0 0</b>	<b>0 0</b>	<b>5 5</b>	<b>5 5</b>	<b>5</b>
DATA REPORTED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY											

Figure – Application/Approval/Denial/Termination – Statewide Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D/NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County name or "Statewide"	N	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	This is only found in the header for the Supervisor version.	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS

SUPERVISOR:	The Worker Number of the Supervisor of the Social Worker who owns the case at the time the report is run. The report is grouped by this element in the detail and summary sections.	This is only found in the header for the Supervisor version.	Y	NA	Left	String
<b>REPORT BODY</b>						
SUMMARY	Full Report Header	Only when Version = Supervisor	N	NA	Center	String
GRAND TOTAL SUMMARY	Full Report Header	Only when Version = County or Statewide	N	NA	Center	String
WORKER NUMBER	The Worker Number for the Case Owner assigned to the cases.	1 <sup>st</sup> Column when Version = Supervisor	N	A	Left	String
DISTRICT OFFICE	The District Office of the Case Owners assigned to the cases.	1 <sup>st</sup> Column when Version = County	N	A	Left	String
COUNTY	The county name for the Case Owners assigned to the cases.	1 <sup>st</sup> Column when Version = Statewide	N	A	Left	String
APPLICATIONS		Super Column Header (Over sub-columns NEW and CARRYOVER)	N	NA	Center	String
NEW	Count of case applications created in the report month (Application Date in the report month).	Sub-Header to APPLICATIONS  This count may be duplicated if a case has multiple application dates in the report month	N	NA	Right	99,999
CARRYOVER	Unduplicated count of cases that were in Pending status during the report month where Application Date is prior to the report month. This count will include Denied cases that were rescinded during the report month.	Sub-Header to APPLICATIONS	N	NA	Right	99,999
OUTCOME FROM PENDING APPLICATIONS (CURRENT AND CARRYOVER)		Super-Super Column Header	N	NA	Center	String
APPROVALS	Unduplicated count of cases with a Case Status change from Pending to Eligible or Pending to Presumptive Eligible in the report month.	Super Column Header	N	NA	Center	String
0–30	Count of cases approved in the report month where Determination Date is within 0 – 30 days of the IHSS Application Date.		N	NA	Right	9,999
31–45	Count of cases approved in the report month where Determination Date is within 31 – 45 days of the IHSS Application Date.		N	NA	Right	9,999
+ 46 DAYS	Count of cases approved in the report month where Determination Date is greater than 45 days from the IHSS Application Date.		N	NA	Right	9,999
DENIALS	Count of cases with a Case Status change from Pending to Denied in the report month.	Super Column Header  This count may be duplicated if a case was denied multiple times in a month.	N	NA	Center	String
0–30	Count of cases denied in the report month where Determination Date is within 0 – 30 days of the IHSS Application Date.		N	NA	Right	9,999
31–45	Count of cases denied in the report month where Determination Date is within 31 – 45 days of the IHSS Application Date.		N	NA	Right	9,999
+ 46 DAYS	Count of cases denied in the report month where Determination Date is greater than 45 days from the IHSS Application Date.		N	NA	Right	9,999
APPLICATION WITHDRAWN	Count of cases with a Case Status change from Pending to Application Withdrawn in the report month.	Super Column Header  This count may be duplicated if a case has multiple application dates (one prior and/or any /multiple in the report month).	N	NA	Center	String
0–30	Count of applications withdrawn in the report month where Determination Date is within 0 – 30 days of the IHSS Application Date.		N	NA	Right	9,999

31–45	Count of applications withdrawn in the report month where Determination Date is within 31 – 45 days of the IHSS Application Date.		N	NA	Right	9,999
+ 46 DAYS	Count of applications withdrawn in the report month where Determination Date is greater than 45 days from the IHSS Application Date.		N	NA	Right	9,999
RESCIND	Count of cases with a rescind action in the report month.	Super Column Header  This count may be duplicated if a case has multiple application dates (one prior and/or any /multiple in the report month).	N	NA	Center	String
DENIAL	Count of cases with a Case Status change from Denied to Pending in the report month.	This count may be duplicated if a case was rescinded multiple times in a month.	N	NA	Right	9,999
TERM	Count of cases with a Case Status change from Terminated to Eligible or Terminated to Presumptive Eligible in the report month.	This count may be duplicated if a case was rescinded multiple times in a month.	N	NA	Right	9,999
TERMINATIONS	Count of cases with a Case Status change from Eligible to Terminated, Presumptive Eligible to Terminated or Leave to Terminated in the report month.	This count may be duplicated if a case was terminated multiple times in a month.	N	NA	Right	9,999
TOTAL:	Total count by category.	Bold  Only when Version = Supervisor	N	NA	Right	99,999
GRAND TOTAL:	Total count by category.	Bold  Only when Version = County or Statewide	N	NA	Right	99,999
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	String

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Authorized Case Summary and Detail

CI	Document Name
 CI-116540 - DSD RPTS Authorized Case Summary and Detail <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Authorized_Case_Summary_and_Detail.doc

## Report Business Description

For the state and counties to have information on their expenditures for use with caseload and budgeting purposes.

The Authorized Case Summary and Detail reports summary and detail hours and dollar expenditures authorized by program, i.e. CFCO, PCSP, IPO, and IHSS-R; for Individual Provider (IP), County Contractor (CC) and Homemaker/PA Contract (HM/PAC). The count of TOTAL CASES in the All Programs Detail includes Leave status cases. This report also includes a single summary page for WPCS. Cases are reported on by status as follows:

- Eligible / Presumptive Eligible – report captures the current authorization segment or overdue authorization segment, as applicable, for cases with these statuses.
- Leave – report captures case count for cases with a status of "Leave" for the entire month. These cases will not be included in the calculation of average hours or expenditure per case. If the authorization segment that created the status of "Leave" has an Authorization Start Date within the reporting month then case expenditure details and program information will come from the prior eligible segment.
- Terminated – report will only capture these case statuses if the authorization segment that created the status of Denied, Terminated, or Application Withdrawn has an Authorization Start Date within the reporting month. Terminated case expenditure details and program information will come from the prior eligible segment.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input checked="" type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
--------------------------	---------------------------

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
REPORT TYPE	Required	County, District, Statewide
DATE	Required	
COUNTY	Required	Select County, Counties or 'ALL'

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
DISTRICT OFFICE	Second	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROGRAM	Primary	All Programs, CFCO, PCSP, IPO, IHSS-R and WPCS

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the current month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COURT: YOLO/SHIRE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018 SERV CODE: 00-01-0000 TERR: 1A-04-01	
ALL PROGRAM TYPES AUTHORIZED CASE SUMMARY					
PROGRAM TYPE		TOTAL	TR	DR	AMOUNT
PRIVATE HOME		\$410,194.40	\$425,781.00	\$1,00	\$8,273.40
PRIVATE DAY		\$0.00	\$0.00		
TOTAL		\$410,194.40	\$425,781.00	\$1,00	\$8,273.40
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – All Program Types Authorized Case Summary

COUNTY : TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018	
				SERV DATE: 01/21/2018 THRU 01/24/2018	
ALL PROGRAM TYPES AUTHORIZED CASE DETAIL					
CATEGORY	TOTAL	PERCENT OF TOTAL	10	40	100/DAC
<b>TOTAL CASES</b>	115		991	7	13
FIXED MODE	0	1.0000%	0	0	0
ADAPTED HHS	9	1.0000%	0	0	0
DHS	0	1.0000%	0	0	0
LEADS	8	1.0000%	0	0	0
<b>TOTAL DATES</b>	18,211.00		18,211.00	18,211.00	18,211.00
ADAPTED HHS	00:00	1.0000%	00:00	00:00	00:00
<b>TOTAL AUTHORIZED AMOUNT</b>	\$426,154.45		\$425,781.85	\$1.20	\$1,227.40
DHS	\$426,154.45		\$425,781.85	\$1.20	\$1,227.40
ADAPTED HHS	00.00	1.0000%	00.00	00.00	00.00
LEADS	00.00	1.0000%	00.00	00.00	00.00
<b>AVERAGES</b>					
AVERAGE RECORD	\$1.00		\$91.00	\$10.00	\$94.00
AVERAGE AMOUNT	\$1,075.30		\$1,086.43	\$1.00	\$173.40
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – All Program Types Authorized Case Detail

COUNTY: YOLOSHIRE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018 SERV CODE: 00-01-0000 TERR: 1A-04-01	
<b>CFCO AUTHORIZED CASE SUMMARY</b>					
EXERCISEABLE TYPE	TOTAL	IP	CC	AMT/FAC	
DISCHARGE PAY	\$2,625,513.87	\$2,625,513.87	\$0.00	\$1,775.83	
ADVICE PAY	\$0.00	\$0.00			
DISL	\$0.00				
<b>TOTAL AUTHORIZED CFCO EXPENDITURES</b>	<b>\$2,625,513.87</b>	<b>\$2,625,513.87</b>	<b>\$0.00</b>	<b>\$1,775.83</b>	
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – CFCO Authorized Case Summary

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
AUTHORIZED CASE SUMMARY AND DETAIL REPORT

PAGE 1 OF 4  
CYCLE DATE: 01/01/2018 TO 01/31/2018  
RUN DATE: 02/17/2018 TIME: 10:54:33

CFCO AUTHORIZED CASE DETAIL

	TOTAL	PERCENT OF TOTAL	ID	DE	MM/DD
1	121	24.12%	125	1	2
1 HOMES	0	0.0000%	0	0	0
CX 187	0	0.0000%	0		
JMS	0	0.0000%			
S	23,167.03		23,167.03	00:00	10/17
CX 187	00:00	0.0000%	00:00		
RT	(242,111.61)		(242,111.61)	00:00	01,111.61
1 HOMES	(242,111.61)		(242,111.61)	00:00	01,111.61
CX 187	00.00	0.0000%	00.00		
JMS	00.00	0.0000%			
LHOMES	100.00		100.00	00:00	00:00
MCOUNT	42,277.01		42,277.01	00:00	00:00

DATA UPDATED AS IT APPROXIMATELY 6:00 PM THE PREVIOUS DAY

Figure – Authorized Case Summary and Detail – CFCO Authorized Case Detail

COURT: TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018	
				SERV. DATE: 01/21/2018 TIME: 14:04:23	
<b>PCSP AUTHORIZED CASE SUMMARY</b>					
DESCRIPTION TYPE		TOTAL	10	10	AMOUNT
GRASS HOGES		\$156,179.30	\$156,179.30	\$0.00	\$6,481.11
<b>TOTAL AUTHORIZED PCSP SUBSIDIES</b>		<b>\$156,179.30</b>	<b>\$156,179.30</b>	<b>\$0.00</b>	<b>\$6,481.11</b>
<hr/> DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – PCSP Authorized Case Summary

COUNTY: TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018 SERV CODE: 06/21/2018 TERM: 1A-04-01	
PCSP AUTHORIZED CASE DETAIL					
CATEGORY	TOTAL	PERCENT OF TOTAL	10	40	MM/DD/CC
<b>TOTAL PCSP CASES</b>	164	100.00%	200	0	00/00/00
FIXED HOUSE	0	0.0000%	0	0	00/00/00
<b>TOTAL PCSP HOUSES</b>	34,100.00		34,100.00	00.00	00/00/00
<b>TOTAL PCSP AUTHORIZED AMOUNT</b>	\$118,779.00		\$118,779.00	\$3,70	\$1,683.77
<del>00000 HOUSE</del>	\$118,779.00		\$118,779.00	\$3,70	\$1,683.77
<b>PCSP AVERAGES</b>					
AVERAGE HOUSE	\$1,000		\$1,000	\$0.00	00/00/00
AVERAGE AMOUNT	\$101.44		\$101.44	\$3.70	\$1,683.77
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – PCSP Authorized Case Detail

COURT: TOLOMIE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018	
				SERV DATE: 01/21/2018 TIME: 14:04:23	
<b>IPO AUTHORIZED CASE SUMMARY</b>					
EXPENDITURE TYPE	TOTAL	IP	CC	RSC/PAC	
DISCRETIONARY	\$4,362.88	\$4,362.88	\$0.00	\$0.00	
MAIL	\$0.00				
<b>TOTAL AUTHORIZED IPO EXPENDITURES</b>	<b>\$4,362.88</b>	<b>\$4,362.88</b>	<b>\$0.00</b>	<b>\$0.00</b>	
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – IPO Authorized Case Summary

COUNTY: TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018	
				REPORT DATE: 02/21/2018 TIME: 14:04:33	
IPO AUTHORIZED CASE DETAIL					
CATEGORY	TOTAL	PERCENT OF TOTAL	10	40	100/DAC
TOTAL IPO CASES	\$ 0	1.00%	\$ 0	\$ 0	0
FIXED HOME	\$ 0	1.0000%	\$ 0	\$ 0	0
SHD.	\$ 0	1.0000%			
TOTAL IPO HOMES	\$ 0	1.0000%	\$ 0	\$ 0	0
TOTAL IPO AUTHORIZED AMOUNT	\$4,361.00		\$4,362.00	\$0.00	\$0.00
SHD. HOMES	\$4,361.00		\$4,362.00	\$0.00	\$0.00
SHD.	\$0.00	1.0000%			
TOO STEADERS					
AVERAGE HOME	\$210		\$210	\$0.00	\$0.00
AVERAGE AMOUNT	\$481.00		\$481.00	\$0.00	\$0.00

DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY

Figure – Authorized Case Summary and Detail – IPO Authorized Case Detail

COUNTY: TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1	
				CYCLE DATE: 01/01/2018 TO 01/31/2018 SERV CODE: 06/21/2018 TERM: 1A-04-21	
<b>IHSS-R AUTHORIZED CASE SUMMARY</b>					
EXPENDITURE TYPE	TOTAL	IP	CE	PER/TAC	
TRAVEL ALLOW.	\$1,100.00	\$1,100.00	\$1.00	\$1.00	
ALIMENTATION	\$0.00	\$0.00			
DRG.	\$0.00				
<b>TOTAL AUTHORIZED IHSS-R EXPENDITURES</b>	<b>\$2,200.00</b>	<b>\$2,200.00</b>	<b>\$0.00</b>	<b>\$1.00</b>	
DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – IHSS-R Authorized Case Summary

COUNTY : TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE 1 OF 1	
				CIRCLE DATE: 01/01/2018 TO 01/31/2018 REPORT DATE: 02/21/2018 TIME: 14:04:23	
IHSS-R AUTHORIZED CASE DETAIL					
ITEM/TYPE	TOTAL	PERCENT OF TOTAL	DE	DR	RCV/DAC
<b>TOTAL IHSS-R CASES</b>	3	0.18%	3	1	0
HEALTH NEEDS	3	1.0000%	3	1	0
ADVANCE PAY	0	0.0000%	0	0	0
IHA	0	0.0000%	0	0	0
<b>TOTAL IHSS-R PAYMENTS</b>	10113.3		10013.3	00.00	00.00
ADVANCE PAY	00.00	0.0000%	00.00		
<b>TOTAL IHSS-R AUTHORIZED AMOUNT</b>	13,102.38		13,101.29	01.09	01.10
HEALTH NEEDS	13,102.38		13,101.29	01.09	01.10
ADVANCE PAY	00.00	0.0000%	00.00		
IHA	00.00	0.0000%	00.00		
<b>IHSS-R AVERAGES</b>					
AVERAGE AMOUNT	01104		01104	00.00	00.00
AVERAGE PAYMENT	11,041.79		11,041.79	01.09	01.10

DATA UPDATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY

Figure – Authorized Case Summary and Detail – IHSS-R Authorized Case Detail

COUNTY: TULARE		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES AUTHORIZED CASE SUMMARY AND DETAIL REPORT		PAGE: 11 CYCLE DATE: 01/01/2018 TO 01/31/2018 RUN DATE: 02/01/2018 TIME: 14:04:31	
WPCS AUTHORIZED CASE SUMMARY					
EXERCISE TYPE		TOTAL			
FEEDED WORKS		\$13,173.22			
TOTAL AUTHORIZED COMMITMENT		\$26,173.22			
TOTAL DUES		\$			
DATA ISATED AS OF APPROXIMATELY 6:00 IN THE PREVIOUS DAY					

Figure – Authorized Case Summary and Detail – WPCS Authorized Case Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	Selected County Name or Statewide	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Only on District version	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY – &lt;Section Title&gt; AUTHORIZED CASE SUMMARY</b>						
Section Title	Title for the program section detailed on the page	<ALL PROGRAM TYPES, CFCO, PCSP, IPO, IHSS-R or WPCS>  WPCS has a summary page only.	Y	N	Center	Text

EXPENDITURE TYPE	Includes Gross Wages, Advance Pay and Restaurant Meal Allowance (RMA)	Column Header	N	N	Center	Text
TOTAL	Total of each expenditure type across applicable modes of service	Column Header	N	N	Center	Text
IP	Individual Provider mode of services	Column Header	N	N	Center	Text
CC	County Contractor mode of service	Column Header	N	N	Center	Text
HM/PAC	Homemaker/PA Contract mode of service	Column Header	N	N	Center	Text
GROSS WAGES	Gross wages for each report column heading Total, IP, CC and HM/PAC.		N	N	Left	\$999,999.99 99.99
ADVANCE PAY	Total Advance Pay amount for all cases	Value only in TOTAL and IP column.  Will not display if amount does not exist for program.  AP is applicable to CFCO, IPO or IHSS-R only.	N	N	Left	\$999,999.99
RMA	Total Restaurant Meals Allowance amount for all cases	Value only in TOTAL column.  Will not display if amount does not exist for program.  RMA is applicable to CFCO, IPO and IHSS-R only.	N	N	Left	\$999,999.99
TOTAL AUTHORIZED EXPENDITURES	Aggregation of Gross Wages, Advance Pay and RMA; total Gross Wages for IP, CC and HM/PAC	For CFCO, PCSP, IPO and IHSS-R this will be "TOTAL AUTHORIZED <PROGRAM> EXPENDITURES"	N	N	Left	\$999,999.99 99.99
TOTAL CASES	Total WPCS Cases paid	On WPCS AUTHORIZED CASE SUMMARY only.	N	N	Left	99,999

**REPORT BODY – <Section Title> AUTHORIZED CASE DETAIL**

	DATA SELECTION CRITERIA	SELECT FOR COUNTS  All cases in eligible, presumptive eligible and leave (active) status for (1) day in the report month.  SELECT FOR HOURS/EXPENDITURES (as of the date report is run) – All cases in eligible and presumptive eligible status for (1) day in the report month.  GET  Information from current authorized segment (not future).  OR IF NO CURRENT SEGMENT  Information from the most recent authorized segment.				
Section Title	Title for the program section detailed on the page	<ALL PROGRAM TYPES, CFCO, PCSP, IPO or IHSS-R> WPCS does not have a detail page.	Y	N	Center	Text
CATEGORY		Column Header	N	N	Center	Text
TOTAL	Count of distinct cases authorized in the reporting month, each case is only counted once per month regardless of modes of service delivery.  This value will not necessarily equal the sum of the IP, CC and HM/PAC case counts; for mode counts, cases listed in more than one mode will receive a count for each mode, but the Total column will have an unduplicated count of cases, regardless of how many modes the case was counted in. However, in counties that only offer IP mode the TOTAL and IP columns should match.	Column Header	N	N	Center	Text
PERCENT OF TOTAL	Percent of Total Cases for the identified row detail	Column Header – Center	N	N	Center	Text
IP		Column Header	N	N	Center	Text
CC		Column Header	N	N	Center	Text
HM/PAC		Column Header	N	N	Center	Text
TOTAL CASES	Total of all cases and total for IP, CC and HM/PAC	No Percent of Total value in the ALL PROGRAMS section.  For CFCO, PCSP, IPO and IHSS-R this will be "TOTAL <PROGRAM> CASES"  PERCENT OF TOTAL = The number of Program specific (CFCO, PCSP, IPO and IHSS-R) cases divided by the total number of ALL PROGRAM cases. Value will be displayed as a percentage.	N	N	Left	999,999  Percent of Total: 999.99% If value < 0.00 then value = 0.00%

MIXED MODES	Total number of cases with mixed modes of service IP/CC or IP/ HM/PAC	The total number of mixed mode cases for the program section.  PERCENT OF TOTAL = The number of mixed mode cases divided by the total number of authorized cases for the program section. Value will be displayed as a percentage.	N	N	Left	99,999 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
ADVANCE PAY	Total number of IP cases that received Advance Pay	Value only in TOTAL, PERCENT OF TOTAL and IP column.  Will not display if amount does not exist for program.  AP is applicable to CFCO or IHSS-R only.  PERCENT OF TOTAL = The number of advance pay cases divided by the total number of authorized cases. Value will be displayed as a percentage.	N	N	Left	9,999 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
RMA	Total number of cases with RMA payment	Value only in TOTAL and PERCENT OF TOTAL column.  Will not display if amount does not exist for program.  RMA is applicable to CFCO, IPO and IHSS-R only.  PERCENT OF TOTAL = The number of RMA cases divided by the total number of authorized cases. Value will be displayed as a percentage.	N	N	Left	9,999 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
LEAVE	Total number of cases with a status of "Leave"	LEAVE included only on <ALL PROGRAM TYPES> AUTHORIZED CASE DETAIL page.  Value only in TOTAL and PERCENT OF TOTAL column.  PERCENT OF TOTAL = The number of Leave cases divided by the total number of authorized cases. Value will be displayed as a percentage.	N	N	Left	99,999 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
TOTAL HOURS	Total of all authorized hours and total for IP, CC and HM/PAC authorized hours	No Percent of Total value.  For CFCO, PCSP, IPO and IHSS-R this will be "TOTAL <PROGRAM> HOURS".	N	N	Left	HHH,HHH, HHH:MM Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
ADVANCE PAY	Total number of AP authorized hours	Value only in TOTAL and IP column.  Will not display if amount does not exist for program.  AP is applicable to CFCO or IHSS-R only.  PERCENT OF TOTAL = The total Advance Pay hours divided by total authorized hours. Value will be displayed as a percentage.	N	N	Left	HHH,HHH: MM Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
TOTAL AUTHORIZED AMOUNT	Total authorized dollar amount and total dollar amount by IP, CC and HM/PAC	No Percent of Total value.  For CFCO, PCSP, IPO and IHSS-R this will be "TOTAL <PROGRAM> AUTHORIZED AMOUNT".	N	N	Left	\$999,999.99 99.99
GROSS WAGES	Total of all authorized gross wages and total or authorized gross wages for IP, CC and HM/PAC		N	N	Left	\$999,999.99 99.99
ADVANCE PAY	Total of AP authorized payments	Value only in TOTAL and IP column.  Will not display if amount does not exist for program.  AP is applicable to CFCO or IHSS-R only.  PERCENT OF TOTAL = The total Advance Pay divided by the Total Authorized Amount. Value will be displayed as a percentage.	N	N	Left	\$999,999.9 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%

RMA	Total of authorized RMA payments	<p>Value only in TOTAL column.</p> <p>Will not display if amount does not exist for program.</p> <p>RMA is applicable to CFCO, IPO and IHSS-R only.</p> <p>PERCENT OF TOTAL = The total RMA divided by the Total Authorized Amount. Value will be displayed as a percentage.</p>	N	N	Left	\$999,999.99 Percent of Total: 999.9999% If value < 0.0000 then value = 0.0000%
AVERAGES	N/A	<p>No column values.</p> <p>For CFCO, PCSP, IPO and IHSS-R this will be "&lt;PROGRAM&gt; AVERAGES".</p>	N	N	N/A	N/A
AVERAGE HOURS	Total average of all authorized hours and total average for IP, CC and HM/PAC of authorized hours	<p>No Percent of Total value.</p> <p>ALL PROGRAMS – TOTAL HOURS/(TOTAL CASES – LEAVE CASES) = Average Hours Per Case.</p> <p>CFCO, PCSP, IPO AND IHSS-R – TOTAL HOURS/TOTAL CASES = Average Hours Per Case.</p>	N	N	Left	HHH:MM
AVERAGE AMOUNT	Total average of amount authorized and total average for IP, CC and HM/PAC of amount authorized	<p>No Percent of Total value.</p> <p>TOTAL AUTHORIZED AMOUNT/(TOTAL CASES – LEAVE CASES) = Average Amount Authorized Per Case.</p>	N	N	Left	\$9,999.99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Case Actions Overview

CI	Document Name
 CI-51774 - DSD RPTS Case Actions Overview <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Case_Actions_Overview.doc

## Report Business Description

The Case Actions Overview Report gives a total for actions taken on a case in the report month at a social worker level. This is not an unduplicated count, if a case is denied then rescinded in the same month both actions will be counted under the appropriate category.

To provide IHSS Program staff an overview of case activities performed per social worker for a specific period of time.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	State, County, District Office, Supervisor
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
SUPERVISOR	Primary	Supervisor version
DISTRICT OFFICE	Primary	District Office version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SOCIAL WORKER NUMBER	Primary	Supervisor version
SUPVSR UNIT	Primary	District Office version
DISTRICT OFFICE	Primary	County version
COUNTY	Primary	State version

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: Beginning of each month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: On request for a one-month time period. (Only a full month can be requested, no partial months and a month cannot cross over multiple months.)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**CASE ACTIONS OVERVIEW REPORT - SUPERVISOR**

PAGE# : 1

CYCLE DATE: 08/01/2024 TO 08/31/2024

RUN DATE: 08/24/2024 TIME: 16:51:03

APP#	CASES OPENED	CASES CLOSED	REVISITED SERIAL#	TERMS REMOVED	REMOVED TERMS	INITIAL ACCESS	MEASURES DUE	RELEASES COMPLETED	TELEHEALTH MEASURES COMPLETED	CHARGE AMOUNT
0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	12	0	0	0

DATA CREATED AS OF APPROXIMATELY 9:00 ON THE PROVIDED DAY

**Figure – Case Actions Overview Report – Supervisor Summary**

STATE OF CALIFORNIA IN-SOME SUPPORTIVE SERVICES CASE ACTIONS OVERVIEW REPORT - DISTRICT OFFICE									PERIOD: 1		
									CYCLE DATE: 08/01/2024 TO 08/31/2024	RUN DATE: 08/24/2024 TIME: 10:51:10	
APPN	CASES GRANTED	CASES DENIED	RECOMMENDED DENIALS	TERMS RECEIVED	TERMS RECEIVED	INITIAL ASSESS	REASSESS DUE	REASSESS COMPLETED	TELEHEALTH REASSESS COMPLETED	CHARGE ASSESS	
1	1	0	0	1	0	0	15	0	2	0	
1	1	0	0	1	0	0	7	0	0	0	
1	1	0	0	1	0	0	30	0	3	0	
1	1	0	0	1	0	0	43	0	2	0	
1	1	0	0	1	0	0	0	0	3	0	
1	1	0	0	1	0	0	0	0	0	0	
1	1	0	0	1	0	0	100	0	10	0	

DATA UPDATED AT 10:51 APPROXIMATELY 0+00 IN THE PREVIOUS CYCLES.

Figure – Case Actions Overview Report – District Office

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASE ACTIONS OVERVIEW REPORT - COUNTY											DATE: 1
											CYCLE DATE: 01/01/2004 TO 10/31/2004
											RUN DATE: 04/17/2011 TIME: 18:05:22
DISTRICT OFFICE	# OF APPTS	# OF CASES GRANTED	# OF CASES DENIED	# OF RESIDENCES DENIED	# OF RESIDENCES DENIED	# OF RESIDENCES DENIED	# OF INITIAL ASSESSMENTS	# OF ASSESSMENTS DENIED	# OF ASSESSMENTS COMPLETED	# OF CHARGE ASSESSMENTS	# OF HOME VISITS
01	0	216	0	1	0	1	0	1	0	0	216
TOTAL	0	216	0	1	0	1	0	1	0	0	216

DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY.

Figure – Case Actions Overview Report – County

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASE ACTIONS OVERVIEW REPORT - STATE												PAGE# : 1
												CYCLE DATE: 06/01/2024 TO 06/30/2024
												RUN DATE: 06/29/2024 TIME: 13:21:41
APPN	CASES STARTED	CASES DROPPED	PURCHASED SERVACES	PHONE TERMS	PURCHASED TERMS	DIGITAL ASSESS	REASSESS DATE	REASSESS COMPLETED	TELEHEALTH BOOKED	TELEHEALTH COMPLETED	CHARGE WORKERS	
8	4	0	0	0	0	2	100	8	10	0	0	
8	4	0	0	0	0	2	140	8	10	0	0	

DATE CREATED AT OR APPROXIMATELY 1:50 PM THE PREVIOUS DAY

**Figure – Case Actions Overview Report – State Summary**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run or Statewide		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Only displays on Supervisor and District Office versions.	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS

SUPERVISOR:	The worker number for the supervisor being reported	Only displays on Supervisor Version.	N	NA	Right	String
<b>REPORT BODY</b>						
WKR #	The worker number being reported	First column on Supervisor version	N	NA	Left	String
SUPVSR UNIT	The supervisor number being reported	First column on District Office version	N	NA	Left	String
DISTRICT OFFICE	The district office number being reported	First column of the County version	N	NA	Left	String
COUNTY	The County name being reported	First column of the State version	N	NA	Left	String
APPS	Number of Application (cases with Application date in the report month) received in the report month for the identified social worker.		N	NA	Left	9999
CASES GRANTED	Number of cases granted (Pending Status to Eligible or Presumptive Eligible Status) in the report month for the identified social worker.		N	NA	Left	9999
CASES DENIED	Number of cases denied (Pending Status to Denied or Application Withdrawn Status) in the report month for the identified social worker.		N	NA	Left	9999
RESCINDED DENIALS	Number of cases where the action of denial was rescinded (Status Denied to Pending) in the report month for the identified social worker.		N	NA	Left	9999
TERMS	Number of cases terminated (Eligible, Presumptive Eligible or Leave Status to Terminated Status) in the report month for the identified social worker.		N	NA	Left	9999
RESCINDED TERMS	Number of cases where the action of termination was rescinded (Terminated Status to Eligible, Presumptive Eligible or Leave Status) in the report month for the identified social worker.		N	NA	Left	9999
INITIAL ASSESS	Number of cases with Assessment Type Initial Assessments authorized (Pending Status to Eligible or Presumptive Eligible Status) in the report period for the identified social worker.		N	NA	Left	9999
REASSESS DUE	Number of cases for the identified social worker with an Assessment Due Date in the report month.		N	NA	Left	9999
REASSESS COMPLETED	Number of cases with an Assessment Type Reassessment authorized in the report month for the identified social worker.		N	NA	Left	9999
TELEHEALTH REASSESS COMPLETED	Number of cases with an Assessment Type Telehealth authorized in the report month for the identified social worker.		N	NA	Left	9999
CHANGE ASSESS	Number of cases with an Assessment Type of Change authorized in the report month for the identified social worker.		N	NA	Left	9999
TOTAL	Sum total of each report column.		N	NA	Left	9999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Caseload Growth

CI	Document Name
 CI-51822 - DSD RPTS Caseload Growth Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Caseload_Growth_Report.doc

## Report Business Description

The Caseload Growth Report reports counts, by categories, of cases which have been "Approved" (changed from Pending to Eligible or Presumptive Eligible Status) and cases which are "Continuing" cases which had a Status of Eligible, Presumptive Eligible or Leave the first day of the reporting period.

The report displays demographic information by the following categories:

- ZIP Code
- Spoken language
- Ethnicity
- Children younger than 18 years of age
- Severely Impaired
- Recipients 65 years of age and older

This report is used to assist counties with caseload planning by identifying Recipient characteristics including geographic locations and languages.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
--------------------------	---------------------------

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
--------	--------	-------

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
FREQUENCY	Required	Monthly, Quarterly, Annual
Select DATE	Required	
VERSION	Required	County, Office, Social Worker
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
SUPERVISOR	Primary	Social Worker version
WORKER #	Secondary	Social Worker version
OFFICE	Primary	Office version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
ZIP CODE	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR: By Fiscal Year on the first business day of the fiscal year
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a month, quarter or fiscal year based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA				PAGE: 1
COUNTY: Alameda	IN-HOME SUPPORTIVE SERVICES CASELOAD GROWTH REPORT	CYCLE DATE: 10/01/2008 TO 10/31/2008 RUN DATE: 12/14/2008 TIME: 14:18:31		
OFFICE: 01				
SUPERVISOR: 8002				
WORKER #: 00003				
BY RECEIPT CHARACTERISTICS	APPREHENSIVE	CONTINUING	TOTAL	
KIB_CODE				
47807	1	0	1	
ORIGINAL LANGUAGE				
00 - American Sign Language	0	0	0	
01 - Spanish	1	0	1	
02 - Caucasian	0	0	0	
03 - Japanese	0	0	0	
04 - Korean	0	0	0	
05 - Tagalog	0	0	0	
06 - Other Non-English	0	0	0	
07 - English	0	0	0	
08 - No Valid Response Reported	0	0	0	
09 - No Response, Client Declined to State	0	0	0	
A - Other Sign Language	0	0	0	
B - Mandarin	0	0	0	
C - Other Chinese Languages	0	0	0	
D - Cambodian	0	0	0	
E - Armenian	0	0	0	
F - Hmong	0	0	0	
G - Mien	0	0	0	
H - Khmer	0	0	0	
I - Lao	0	0	0	
J - Turkish	0	0	0	
K - Vietnamese	0	0	0	
L - French	0	0	0	
M - Polish	0	0	0	
N - Persian	0	0	0	
O - Portuguese	0	0	0	
P - Italian	0	0	0	
R - Arabic	0	0	0	
S - Samoan	0	0	0	
T - Thai	0	0	0	
U - Farsi	0	0	0	
V - Vietnamese	0	0	0	
STENICITY				
01 - White	1	0	1	

DATA UPDATED AS OF APPROXIMATELY 11:11 PM THE PREVIOUS DAY.

Figure – Caseload Growth Worker Summary

STATE OF CALIFORNIA		PAGE:	2
COUNTY:	Alameda	IN-HOME SUPPORTIVE SERVICES	CYCLE DATE: 10/01/2008 TO 12/31/2008
SERVICE:	01	CASELOAD GROWTH REPORT	BORN DATE: 11/14/2008 TIME: 14:15:01
SUPERVISOR:	5001		
WORKER #:	XXXX		
BY RECIPIENT CHARACTERISTIC	APPROVALS	CONFIRMING	TOTAL
02 - Hispanic	0	0	0
03 - Black	0	0	0
04 - Asian or Pacific Islander	0	0	0
05 - Alaskan Native or American Indian	0	0	0
07 - FILIPINO	0	0	0
08 - No Valid Data Reported	0	0	0
09 - No Response, Client Declined to State	0	0	0
A - ARMENIAN	0	0	0
C - Chinese	0	0	0
H - Cambodian	0	0	0
J - Japanese	0	0	0
K - Korean	0	0	0
M - Laotian	0	0	0
N - Asian Indian	0	0	0
P - Brazilian	0	0	0
R - Guamanian	0	0	0
T - Leotian	0	0	0
V - Vietnamese	0	0	0
CHILD UNDER 18	0	0	0
SEVERELY IMPAIRED	0	0	0
AGED (65 + YEARS)	0	0	0
DATA UPDATED AS OF APPROXIMATELY 9:10 AM THE PREVIOUS DAY			

Figure – Caseload Growth Worker Summary – Page 2

STATE OF CALIFORNIA		PAGE: 1	
COUNTY: Alameda	OFFICE: 01	IN-HOME SUPPORTIVE SERVICES CASELOAD GROWTH REPORT	
		CHLDRN DATE: 10/01/2008 TO 10/31/2008	RUN DATE: 11/16/2008 TIME: 13:45:48
BY RECIPIENT CHARACTERISTICS		APPROVALS	CONTINUING
ELD CODE			TOTAL
4701E		6	4
47504		2	0
47600		4	0
47503		2	1
SPOKEN LANGUAGE:			
00 - American Sign Language		0	0
01 - Spanish		11	5
02 - CANTONESE		0	0
03 - Japanese		0	0
04 - Korean		0	0
05 - Tagalog		0	0
06 - OTHER NON-ENGLISH		0	0
07 - English		0	0
08 - No Valid Response Reported		0	0
09 - No Response, Client Declined to State		0	0
A - Other sign language		0	0
B - Mandarin		0	0
C - Other Chinese Languages		0	0
D - Cambodian		0	0
E - Armenian		0	0
F - Bosnian		0	0
G - Mien		0	0
H - Hmong		0	0
I - Lao		0	0
J - TAIKISH		0	0
K - Hebrew		0	0
L - French		0	0
M - Polish		0	0
N - Vietnamese		0	0
P - Portuguese		0	0
Q - Italian		0	0
R - Arabic		0	0
S - Korean		0	0
T - Thai		0	0
U - Farsi		0	0
V - Vietnamese		0	0

DATA UPDATED AS OF APPROXIMATELY 9:00 PM THE PREVIOUS DAY

Figure – Caseload Growth Report – District Office Summary

STATE OF CALIFORNIA				PAGE: 2
COUNTY: Alameda	OFFICE: 01	IN-HOME SUPPORTIVE SERVICES CASeload GROWTH REPORT		CYCLE DATE: 10/01/2009 TO 10/31/2009
				RUN DATE: 10/14/2009 TIME: 13:48:47
BY RECIPIENT CHARACTERISTICS		APPROVALS	CONTINUING	TOTAL
ETHNICITY				
01 - White		11	1	12
02 - Hispanic		0	0	0
03 - Black		0	0	0
04 - Asian or Pacific Islander		0	0	0
05 - Alaskan Native or American Indian		0	0	0
07 - FILIPINO		0	0	0
08 - No Valid Data Reported		0	0	0
09 - No Response, Client Declined to State		0	0	0
A - Armenian		0	0	0
C - Chinese		0	0	0
S - Cambodian		0	0	0
J - Japanese		0	0	0
K - Korean		0	0	0
H - Samoan		0	0	0
M - Asian Indian		0	0	0
F - Vietnamese		0	0	0
R - Guamanian		0	0	0
T - Laotian		0	0	0
V - Vietnamese		0	0	0
CHILD UNDER 18		0	0	0
SEVERELY IMPAIRED		2	2	4
AGED (65 + YEARS)		0	4	4

DATA UPDATED AS OF APPROXIMATELY 8:30 IN THE PREVIOUS DAY

Figure – Caseload Growth Report – District Office Summary – Page 2

STATE OF CALIFORNIA				PAGE: 1
COUNTY: Alameda	IN-HOME SUPPORTIVE SERVICES CASeload GROWTH REPORT	CYCLE DATE: 10/01/2009 TO 10/31/2009 RUN DATE: 11/16/2009 TIME: 14:40:11		
BY RECIPIENT CHARACTERISTICS	APPROVALS	CONTINUING	TOTAL	
KIF CODE:				
47902	11	1	12	
47904	3	3	3	
47907	1	0	1	
47909	2	2	4	
SPoken LANGUAGE:				
00 - American Sign Language	0	0	0	
01 - Spanish	17	9	26	
02 - Cambodian	0	0	0	
03 - Japanese	0	0	0	
04 - Korean	0	0	0	
05 - Tagalog	0	0	0	
06 - Other Non-English	0	0	0	
07 - English	0	0	0	
08 - No Valid Response Reported	0	0	0	
09 - No Response, Client Declined to State	0	0	0	
A - Other Sign Language	0	0	0	
B - Mandarin	0	0	0	
C - Other Chinese Languages	0	0	0	
D - Cambodian	0	0	0	
E - Indonesian	0	0	0	
F - Ilocano	0	0	0	
G - Hmong	0	0	0	
H - Hmong	0	0	0	
I - Lao	0	0	0	
J - Turkish	0	0	0	
K - Hebrew	0	0	0	
L - French	0	0	0	
M - Polish	0	0	0	
N - Russian	0	0	0	
O - Portuguese	0	0	0	
P - Italian	0	0	0	
R - Arabic	0	0	0	
S - Senoan	0	0	0	
T - Thai	0	0	0	
V - Farsi	0	0	0	
W - Vietnamese	0	0	0	

DATA UPDATED AS OF APPROXIMATELY 9:00 PM THE PREVIOUS DAY

Figure – Caseload Growth Report – County Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASELOAD GROWTH REPORT		PAGE: 2 CYCLE DATE: 12/01/2009 TO 12/31/2009 RUN DATE: 12/14/2009 TIME: 14:48:18		
BY RECIPIENT CHARACTERISTICS		APPROVALS	CONTINUING	TOTAL
ETHNICITY:				
01 - White	17	9	26	
02 - Hispanic	0	0	0	
03 - Black	0	0	0	
04 - Asian or Pacific Islander	2	5	7	
05 - American Native or American Indian	0	0	0	
07 - Filipino	0	0	0	
08 - No Valid Data Reported	0	0	0	
09 - No Response, Client Declined to State	0	0	0	
A - Armenian	0	0	0	
C - Chinese	0	0	0	
E - Cambodian	0	0	0	
J - Japanese	0	0	0	
K - Korean	0	0	0	
M - Samoan	0	0	0	
S - Asian Indian	0	0	0	
F - Hawaiian	0	0	0	
H - Vietnamese	0	0	0	
T - Scottish	0	0	0	
V - Vietnamese	0	0	0	
CHILD UNDER 18	0	0	0	
SEVERELY IMPAIRED	2	0	2	
ADOLE (45 + YEARS)	0	0	0	
DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY				

Figure – Caseload Growth Report – County Summary – Page 2

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The supervisor to whom the Worker (Case Owner) is assigned	Only on Social Worker version	N	NA	Left	String
WORKER #:	The Worker Number for the social worker (Case Owner) being reported	Only on Social Worker version	N	NA	Left	String
<b>REPORT BODY – Column Headers</b>						

BY RECIPIENT CHARACTERISTICS	Data for this report is based on Recipient information/ characteristics.	Column Header	N	NA	Left	String
APPROVALS	Identifies cases which changed from Case Status Pending to Eligible or Presumptive Eligible in the report period.	Column Header	N	NA	Right	9,999
CONTINUING	Identifies cases which were in Case Status Eligible, Presumptive Eligible or Leave on the day prior to the first day of the reporting period.	Column Header	N	NA	Right	9,999
TOTAL	Total of the Approvals and Continuing columns.	Column Header	N	NA	Right	9,999

**REPORT BODY – By Recipient Characteristics**

ZIP CODE	Total of approved and continuing cases by Recipient zip code. All Zip Codes reported will be listed.	Row Header Bold Zip Code detail indented not bold.	N	NA	Left	99999
SPOKEN LANGUAGE	Total of approved and continuing cases by Recipient spoken language. All Spoken Languages reported will be listed.	Row Header Bold Spoken Language detail indented not bold	N	NA	Left	N/A
ETHNICITY	Total of approved and continuing cases by Recipient ethnicity. All Ethnicities reported will be listed.	Row Header Bold Ethnicity detail indented not bold	N	NA	Right	999
Child less than 18	Total of approved and continuing cases with Recipient as child less than 18 years of age.		N	NA	Right	999
severely impaired	Total of approved and continuing cases with Severely Impaired Recipient.		N	NA	Right	999
aged (65 YRS +)	Total of approved and continuing cases with Aged Recipient (Aged is defined 65 years and over).		N	NA	Right	999

**REPORT FOOTER**

	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Caseload Information

CI	Document Name
 CI-51812 - DSD RPTS Caseload Information <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Caseload_Information.doc

## Report Business Description

The Caseload Report lists Recipient case details for all active (Eligible, Presumptive Eligible, Leave), inactive (Terminated and Denied) and pending cases assigned to a particular Social Worker (Case Owner). The case status will be determined by the actual status of the case on the Case Home screen on the last day of the month. To have a full listing of all Recipient cases currently assigned to a social worker (Case Owner). This report assists county staff with caseload distribution, random case review and identifying cases by specific variables.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
COUNTY	Required	
DATE	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
DISTRICT OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
ZIP Code	Primary	ZIP + 4 code
RECIPIENT NAME	Secondary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one-month time period. (Only a full month can be requested, no partial months and a month cannot cross over multiple months.)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
CASELOAD REPORT

FILED: 14136  
CYCLE DATE: 01/01/2014 TO 01/31/2014  
RUN DATE: 01/17/2014 TIME: 13:51:28

RECIPIENT ADDRESS	ZIP CODE	PHONE	CASE STATUS	PRIMARY HC AID CODE	DATE OF INITIAL AUTH.	# OF AUTH'D HOURS	BILLING TYPE	WORKSHEET
7122 Bellairne Ave Apt 108 West Hollywood, CA	90069-3219	818-296-5194	Eligible	09/11/2013	09-11	893	1144	
11111 Rose St. South Hollywood, CA	90069-3367	818-268-0661	Eligible	01/21/2014	01-21	893	1144	
6911 Tropicana Ave West Hollywood, CA	90069-3313	323-679-3033	Eligible	08/22/2014	08-22	893	1144	
11219 Tropicana St Apt 4 West Hollywood, CA	90069-3312	747-334-4629	Eligible	01/11/2014	01-11	893	1144	
11219 Tropicana St Apt 4 West Hollywood, CA	90069-3312	818-269-2127	Eligible	01/26/2014	01-26	893	1144	
7038 Bellairne Ave Apt 4 South Hollywood, CA	90069-3430	818-269-6456	Eligible	01/17/2014	01-17	893	1144	
6821 Alpine Ave Apt 1 West Hollywood, CA	90069-3562	818-398-4023	Eligible	06/27/2014	06-27	893	1144	
6843 Alpine Ave Apt 3 West Hollywood, CA	90069-4008	818-267-6170	Eligible	08/18/2014	08-18	893	1144	
6842 Alpine Ave Apt 1 West Hollywood, CA	90069-4008	818-269-8187	Eligible	03/22/2014	03-22	893	1144	
6818 Laurel Canyon Blvd Unit 102 West Hollywood, CA	90069-4923	818-651-6464	Eligible	01/11/2014	01-11	893	1144	
6818 Laurel Canyon Blvd Unit 102 West Hollywood, CA	90069-4923	818-621-5025	Eligible	04/15/2014	04-15	893	1144	

CONFIDENTIAL

DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Caseload Information Report – Page 1

COUNTY:	Alpine	STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASELOAD REPORT				PAGE#
OFFICE:	SI					CYCLE DATE: 03/01/2017 TO 03/31/2017
PROGRAM:						RUN DATE: 03/18/2017 TIME: 14:02:27
WORKER #:	0006					
<b>CASE TOTALS</b>						
ACTIVE	INACTIVE (In the Report Month)	POSITION	AMT # OF ACTIVE CASES	LANGUAGES (Active Cases)		
Eligible	18	Terminated	1	Funding	2	7812
Leave	2	Denied	1			English 18
Intake	6					Spanish 5
Eligible	18					Cantonese 1
						Mandarin 1
CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY						

Figure – Caseload Information Report – Page 2

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
WORKER #:	The worker number for the social worker being reported		N	NA	Left	9999

SUPERVISOR:	The supervisor number based on case owner assignment		N	NA	Left	9999
<b>REPORT BODY</b>						
RECIPIENT NAME	Name of IHSS Recipient	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The IHSS Case Number		N	NA	Left	9999999
SPOKEN LANG	Recipient's spoken language		N	NA	Left	String
RECIPIENT ADDRESS	The Recipient's residence address		N	NA	Left	String
ZIP CODE	The Recipient's full ZIP+4 Code		N	NA	Left	99999-9999
PHONE	The Recipient's primary phone number. This field will be blank if the person has no associated phone number		N	NA	Left	999-999-9999
CASE STATUS	The Status of the case when the report was run: Eligible Presumptive Eligible Leave		N	NA	Left	String
PRIMARY MC AID CODE	Recipient's primary Medi-Cal Aid Code		N	NA	Left	String
DATE OF INITIAL AUTH	For cases converted from Legacy CMIPS this date will be the Application Date on the case at the time of conversion. For cases originating from the CMIPS application this date will be the IHSS Determination Date associated with the Assessment Type – Initial Assessment.		N	NA	Left	MM/DD/YYYY
# OF AUTH'D HOURS	The Total Auth to Purchase After LMA hours on the Recipient case		N	NA	Left	999:99
SUPERVISOR	The supervisor number based on case owner assignment		N	NA	Left	9999
WORKER #	The worker number based on case owner assignment		N	NA	Left	9999
<b>CASE TOTALS</b>						
ACTIVE	Cases in an active status.		N	NA	Left	9,999
ELIGIBLE	Total number of cases in Eligible status		N	NA	Left	9,999
LEAVE	Total number of cases in Leave status		N	NA	Left	9,999
INACTIVE (In the Report Month)	Cases in an inactive status		N	NA	Left	9,999
TERMINATED	Total number of cases in Terminated status	Terminated cases are only counted as terminated if the case was terminated in the report month and is still in terminated status on the last day of the month when the report is ran.	N	NA	Left	9,999
DENIED	Total number of cases in Denied status	Denied cases are only counted as denied if the case was terminated in the report month and is still in terminated status on the last day of the month when the report is ran.	N	NA	Left	9,999
PENDING	Total number of cases in Pending status		N	NA	Left	9,999
AVG NUMBER OF AUTH HOURS	The average number of authorized hours for a user's caseload	Cases without authorized hours should not be included in the average calculation (pending).	N	NA	Left	999:99
LANGUAGES (Active Cases)	Total number of spoken language by case	Dynamic list of language totals based on a case worker's caseload	N	NA	Left	9,999
<b>REPORT FOOTER</b>						

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Caseload Summary

CI	Document Name
 CI-51809 - DSD RPTS Caseload Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Caseload_Summary.doc

## Report Business Description

The Caseload Summary Report provides a count of cases, by Funding Source when applicable, that have changed Status in the report month. This report is not meant to reconcile, but is a snapshot of cases which changed from one status to another in the report month. This is a point in time report that captures the case status for the report period as of the generation month. If a case changes statuses multiple times during a month, it will be counted for each applicable status change.

The CMIPS case Status only changes when the Authorization Start or End Date, an actual calendar date, associated with that action is reached. If the Authorization End Date is a date in the past, the case Status will be update immediately when the action is taken.

For example if a user processes the Terminate Case action against an Eligible Status case and the Terminate Case Authorization End Date is a future date, the case Status will not change from Eligible to Terminated until the Authorization End Date has passed (i.e. Authorization End Date = 07/31/2010 is processed on 07/13/2010 the Case Status will be changed from Eligible to Terminated during the nightly batch process on 07/31/2010 and the case will display Status Terminated on 08/01/2010.)

Funding Source is based upon the Funding Source Determination rules. A case which changes Funding Sources multiple times in a calendar month will only be attributed in the Funding Source as of the day the report is generated. Additionally, if the case Status for a case does not change in the report month then case will not be reported. The Funding Source associated with Leave or Terminated case counts will be the Funding Source attributed to the case prior to the Leave or Terminations status.

Cases in Pending, Denied or Withdrawn status will not have a Funding Source indicated because the Funding Source is only determined when the authorization results in a case in Eligible or Presumptive Eligible Status. Cases which have not had a Funding Source determined will be counted in the N/A column.

Waiver Personal Care Services (WPCS) is not an IHSS Funding Source, but is a separate program for which IHSS Recipient in the PCSP, CFCO or IPO Funding Source may have additional hours authorized. WPCS counts will never be associated with case with a Funding Source IHSS-R or case Statuses Pending, Application Withdrawn or Denied.

CMIPS case Statuses are as follows:

- Pending – Status assigned when case is created prior to the processing of evidence against the Business Rules.
- Presumptive Eligible – Results when a case indicated as "Presumptive Eligible" on the Program Evidence Page processes against the Business Rules and results in Authorized Hours. Presumptive Eligible status cases will always be associated with the IHSS-R Funding Source.
- Eligible – Results when evidence processes against the Business Rules and the Authorization Decision is Eligible resulting in Authorized Hours when Presumptive Eligible is not indicated. Cases with an Eligible Status will be reported in the Approved category.
- Leave – Results from a user manually processed a Leave Case action from the Case Home Page. Leave Status will be attributed to the case the day after the indicated Authorization End Date on the Leave Case screen.
- Terminated – Results when a user processes a manual Terminate case from the Case Home Page or when a case in an Eligible or Presumptive Eligible Status processed evidence against the Business Rules and result results in case Decision of Ineligible for various reasons.
- Denied – Results when an Initial Assessment processes against the Business Rules and results in a Denial.
- Application Withdrawn – Results from a user manually indicating "Application Withdrawal" from the Case Home Page.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)

<input type="checkbox"/>	Lien Holder
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance

<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Worker, Office, County, State
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
SOCIAL WORKER	Primary	Worker version
OFFICE	Primary	Office version
COUNTY	Primary	County and State versions

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail

<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	<b>DAY OF THE MONTH:</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	<b>DAY OF THE MONTH:</b> For one month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	<b>DAY OF THE QUARTER:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Annual	<b>DAY OF THE YEAR:</b>
<input checked="" type="checkbox"/>	N/A	On Demand	<b>RANGE:</b> For one month based on the date requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA							PAGE: 1
COUNTY: SAN DIEGO OFFICE: 37 GL District Office SOCIAL WORKER: 6810	IN-HOME SUPPORTIVE SERVICES CASELOAD SUMMARY REPORT					CYCLE DATE: 08/01/2014 TO 08/31/2014 REF ID: 08132014 TIME: 16:24:52	
CATEGORY	R/R	CPOD	PCSF	IPO	CESS-N	TOTAL	WCS
WORK BEING CASELOAD			2	0	0	2	0
WORK STATUS CHANGED DURING THE MONTH:							
APPLICATION RECEIVED	0	-	-	-	-	0	-
DENIED	0	-	-	-	-	0	-
ELIGIBLE	-	0	0	0	0	0	0
LEAVE	-	0	0	0	0	0	0
PENDING	0	-	-	-	-	0	-
PREDICTIVE ELIGIBLE	-	-	-	-	0	0	-
TERMINATED	-	0	0	0	0	0	0
MONTH END CASELOAD TOTALS:	8	0	1	0	8	2	0

---

DATA UPDATED AS OF APPROXIMATELY 11:59 IN THE PREVIOUS DAY

**Figure – Caseload Summary Report – Worker Detail**

STATE OF CALIFORNIA							TIME:	
COUNTY: SAN DIEGO		IN-HOME SUPPORTIVE SERVICES CASELOAD SUMMARY REPORT			CYCLE DATE: 09/01/2014 TO 09/30/2014 RUN DATE: 09/18/2014 TIME: 16:02:48Z			
CATEGORY	R/W	CFOR	FCOF	SPP	ISSUE-N	TOTAL	WPCN	
MONTH BEG CASELOAD TOTALS:	0	0	4	0	0	4	0	
CASE STATUS CHANGES DURING THE MONTH								
APPLICATION RECEIVED	0	+	+	+	+	0	+	
REFUSED	0	+	+	+	+	0	+	
ELIGIBLE	+	0	0	0	0	0	0	
LEAVE	+	0	0	0	0	0	0	
RECEIVED	0	+	+	+	+	0	+	
PRESUMPTIVE ELIGIBLE	+	+	+	+	0	0	+	
TERMINATED	+	0	0	0	0	0	0	
MONTH END CASELOAD TOTALS:	0	0	4	0	0	4	0	

DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY

Figure – Caseload Summary – District Office

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASELOAD SUMMARY REPORT							FILE#	1
							CYCLE DATE:	05/01/2014 TO 05/31/2014
							RUN DATE:	06/21/2014 TIME: 11:41:07
CATEGORY	R/H	CPOC	PCP	IPO	IPW-R	TOTAL	WPCB	
MONTY BEGIN CASELOAD-TOTALS:	2,122	8	11,493	681	94	24,733	107	
CASE STATUS CHANGES DURING THE MONTH:								
APPLICATION WITHDRAWN	0	-	-	-	-	0	-	
DENIED	0	-	-	-	-	0	-	
ELIGIBLE	-	-	-	0	0	-	-	
LEAVE	-	-	0	0	1	1	0	
REFUSED	0	-	-	-	-	0	-	
PREDICTIVE ELIGIBLE	-	-	-	-	0	-	-	
TERMINATED	-	-	0	0	0	0	0	
MONTY END CASELOAD TOTALS:	0,308	6	21,654	681	93	24,754	107	
<hr/> DATA UPDATED AS OF APPROXIMATELY 5:00 PM THE PREVIOUS DAY								

Figure – Caseload Summary Report – County

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASELOAD SUMMARY REPORT							PAGE: 1
COUNTY: SANTACLARA							CYCLE DATE: 06/11/2014 TO 06/30/2014
						RUN DATE: 06/19/2014 TIME: 11:45:11	
CATEGORY	R/H	CPO	POSP	IPW	ISSUE-O	TOTAL	WCS
HOME WORK CASELOAD TOTALS:	28,439	0	464,442	14,904	1,038	490,244	1,403
CASE STATUS CHANGES DURING THE MONTH:							
APPLICATION WITHDRAWN	715	-	-	-	-	715	-
DISMISS	114	-	-	-	-	114	-
ELIGIBLE	-	0	714	17	6	737	-
LEAVE	-	0	714	20	4	738	-
REINC	9,879	-	-	-	-	9,879	-
REINSTATE ELIGIBLE	-	-	-	-	0	0	-
TERMINATED	-	0	1,559	20	25	1,584	-
WORKER CSC CASELOAD TOTALS:	28,439	0	452,980	14,828	1,036	483,913	1,415
DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY							

Figure – Caseload Summary Report – State

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SOCIAL WORKER	Social Worker Number for the social worker within the county\district being reported.	Displays only on Social Worker version of the report.	N	NA	Left	String

REPORT BODY – Columns						
CATEGORY	Indicates the categories for the caseload counts.		N	NA	Left	9,999
N/A	Total number of cases which did not have a Funding Source indication for the report month.		N	NA	Left	9,999
PCSP	Total number of Leave, Eligible, or Presumptive Eligible cases with a PCSP Funding Source for the report month.		N	NA	Left	9,999
CFCO	Total number of Leave, Eligible, or Presumptive Eligible cases with a CFCO Funding Source for the report month.		N	NA	Left	9,999
IPO	Total number of Leave, Eligible, or Presumptive Eligible cases with an IPO Funding Source for the report month.		N	NA	Left	9,999
IHSS-R	Total number of Leave, Eligible, or Presumptive Eligible cases with an IHSS-R Funding Source for the report month.		N	NA	Left	9,999
TOTAL	The aggregate of IPO, IHSS-R, CFCO and PCSP cases.		N	NA	Left	9,999
WPCS	Total number of Leave, Eligible, or Presumptive Eligible cases with a WPCS hours authorized in the report month.		N	NA	Left	9,999
REPORT BODY – Rows						
MONTH BEGIN CASELOAD TOTALS	The total number of cases in the designated Cases Status as of the first day of the reporting month.		N	NA	Left	9,999
PENDING	The number of cases "Created" or "Reactivated" in the report month. These will only appear in the N/A column.		N	NA	Left	9,999
DENIED	The number of cases that changed from Pending to Denied Status in the reporting month. These will only appear in the N/A column.		N	NA	Left	9,999
APPLICATION WITHDRAWN	Number of cases that had a status change to 'Application Withdrawn' within the report month. These will only appear in the N/A column.		N	NA	Left	9,999
PRESUMPTIVE ELIGIBLE	The number of cases that change from Pending to Presumptive Eligible in the report month		N	NA	Left	9,999
ELIGIBLE	The number of cases that went from Pending or Presumptive Eligible status to Eligible during the report month.		N	NA	Left	9,999
LEAVE	The number of cases that went from Presumptive Eligible or Eligible to Leave status in the report month.		N	NA	Left	9,999
TERMINATED	The number of cases that were changed from Presumptive Eligible, Eligible or Leave Status to Terminated status during the report month.		N	NA	Left	9,999
MONTH END CASELOAD TOTALS	The total number of cases in the designated category in the report month.		N	NA	Left	999,999
REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Contractor Hours Served Less Than 80%

CI	Document Name
 CI-51814 - DSD RPTS Contractor Hours Served Less Than 80pct <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Contractor_Hours_Served_Less_than_80pct.doc

## Report Business Description

The Contractor Hours Served Less Than 80% report assists counties in monitoring a contractor's performance in providing services to Recipients. The report indicates the Contractor's services for the current and two prior Service Months for a Recipient case for which less than 80% of the authorized County Contractor hours have been served in any of the three months.

This report will provide Social Workers with a means of identifying Recipient cases which have a service level which is 80% or less of the authorized Contractor hours.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
INVOICE NUMBER	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	
SUPERVISOR	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: Based on Semi-monthly invoice number
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Based on invoice number selected.
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CONTRACTOR HOURS SERVED LESS THAN 80%											PAGE 1
COUNTY: SAN FRANCISCO GUIDE #: 12 INTERVIEWER: 00048 ADDRESS #: 0001											CYCLE DATES: 08/01/2010 TO 09/30/2010 MUN. MTH #: 08/20/2010 YR/M: 03/03/2010 INTERVIEW DATE: 07/04/2010 SERVICE NUMBER: 4215
** LIST PAYOR ID# ** AUGUST 2010			** LIST PAYOR ID# ** SEPTEMBER 2010			** LIST PAYOR ID# ** OCTOBER 2010					
RECIPIENT NAME	CASE NUMBER	LIST PAYOR ID#	RECIPIENT NAME	CASE NUMBER	LIST PAYOR ID#	RECIPIENT NAME	CASE NUMBER	LIST PAYOR ID#	RECIPIENT NAME	CASE NUMBER	LIST PAYOR ID#
BEAVER, GAILLE	000421	00100	00100	000421	00100	00100	00100	00100	00100	00100	00100
BIGGERT, BEVIE	000418	00100	00100	000418	00100	00100	00100	00100	00100	00100	00100
BLAINE, GENE	000416	00100	00100	000416	00100	00100	00100	00100	00100	00100	00100
BORGES, MELLIE	000417	00100	00100	00100	00100	00100	00100	00100	00100	00100	00100
TRUMAN, ROBERTA	000419	00100	00100	00100	00100	00100	00100	00100	00100	00100	00100
WHITE, ERICKA	000415	00100	00100	00100	00100	00100	00100	00100	00100	00100	00100
DISTRICT OFFICE TOTALS		00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00
ONE DAY:											
<hr/> <small>(OPTIONAL) DATA UPDATED AS OF APPROXIMATELY 7:00 IN THE EVENING DAY</small>											

Figure – Contractor Hours Served Less than 80%

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR	The supervisor's worker number.		N	NA	Left	String
WORKER #	The Social Worker (Case Owner) assigned to the Recipient case being reported		N	NA	Left	String
INVOICE DATE	The Invoice Date submitted by the Contractor on the Billing Invoice		N	NA	Left	MM/DD /YYYY
INVOICE NUMBER	The Invoice Number submitted by the Contractor on the Billing Invoice.		N	NA	Left	9999999
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient's name.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	Case number assigned to the case.		N	NA	Left	9999999
1st PRIOR SDM	The Service Month indicated by the contract on the Billing Invoice.	Super Header	N	NA	Left	String
2nd PRIOR SDM	The Service Month prior to the Service Month indicated on the Billing Invoice.	Super Header	N	NA	Left	String
3rd PRIOR SDM	The Service Month two prior to the Service Month indicated on the Billing Invoice.	Super Header	N	NA	Left	String
AUTH HOURS	The number of County Contractor authorized hours and minutes for the Recipient case for the service delivery month.	Column Header – Occurs under each Super Header	N	NA	Left	N/A
PAID HOURS	The number of County Contractor hours and minutes paid against the Recipient case for the service month	Column Header – Occurs under each Super Header	N	NA	Left	N/A
SERVICE LEVEL	The percentage of hours and minutes served by the Contractor to the Recipient.	Column Header – Occurs under each Super Header  Calculation – (COUNTY CONTRACTOR PAID HOURS /COUNTY CONTRACTOR AUTH HOURS) x 100 = SERVICE LEVEL.	N	NA	Right	N/A
DISTRICT OFFICE TOTAL	The total AUTH HOURS and minutes and PAID HOURS and SERVICE LEVEL for the District Office for each billing invoice period.	Bold – Row Header at the end of the report	N	NA	Left	9,999
CASE COUNT	Total Recipient case count for each billing invoice period.	Bold – Row Header at the end of the report	N	NA	Left	99,999
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text



# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/County Referral Detail

CI	Document Name
 CI-463578 - DSD RPTS County Referral Detail Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_County_Referral_Detail_Report.doc

## Report Business Description

The County Referral Detail Report reports, by county, the aging of Person Types Open Referrals to either Closed Referral or to the point when a case is created in the CMIPS when the Person Type changes to Applicant.

This report is produced the first business day of a month reporting actions taken in the previous month. This report has the following three sections:

- Open Referrals – Lists all Person Types "Open Referral" with the date the Open Referral was created and reports as "Days" the count of days the record has been an Open Referral.
- Closed Referrals – Lists all Person Types change from "Open Referral" to "Closed Referral" in the report month and reports as "Days" the count of days between these two actions
- Cases – List all Person Types which changed from "Open Referral" to "Applicant" in the report month, the date the case was created, the CMIPS case number and reports as "Days" the count of days between these two actions.

Each of these sections will also report the person name and, when present, the residence address and phone number. If a residence address is not present, the report will display "NO ADDRESS" in the address field. If a primary phone number is not present, the report will display "NO PHONE" in the primary phone number field.

This report allows counties to track aging associated with Open Referrals, Closed Referrals, and created Cases.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff

<input type="checkbox"/>	Management
<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input checked="" type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Person Type	Required	All, Open Referral, Closed Referral, Cases
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OPEN REFERRAL	Secondary	
CLOSED REFERRAL	Third	
CASES	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
Days	Primary	
Person Name	Secondary	Alphabetical (Last Name, First Name Middle Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
COUNTY REFERAL INDEX  
OPEN REFERRALS

---

REFERRAL NUMBER	REFERRAL NUMBER	NAME	DATE REFERRED	CLASSIFICATION	STATUS
PL160001_2000	011-079-1222	016	01/15/2010	01	
L0160001_2000	011-079-1221	016	01/15/2010	01	
PL160002_2000	011-079-1222	016	01/15/2010	01	
PL160003_2000	011-079-1223	016	01/15/2010	01	

---

Printed on 01/15/2010 at 11:45 AM by [REDACTED]

Figure – County Referral Detail Report – Open Referrals

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
COUNTY REFERAL INDEX  
CLOSED REFERRALS

---

REFERRAL NUMBER	REFERRAL NUMBER	NAME	DATE REFERRED	CLASSIFICATION	STATUS
PL160001_2000	011-079-1220	016	01/15/2010	01	CLOSED
PL160002_2000	011-079-1221	016	01/15/2010	01	CLOSED
PL160003_2000	011-079-1222	016	01/15/2010	01	CLOSED
PL160004_2000	011-079-1223	016	01/15/2010	01	CLOSED

---

Printed on 01/15/2010 at 11:45 AM by [REDACTED]

Figure – County Referral Detail Report – Closed Referrals

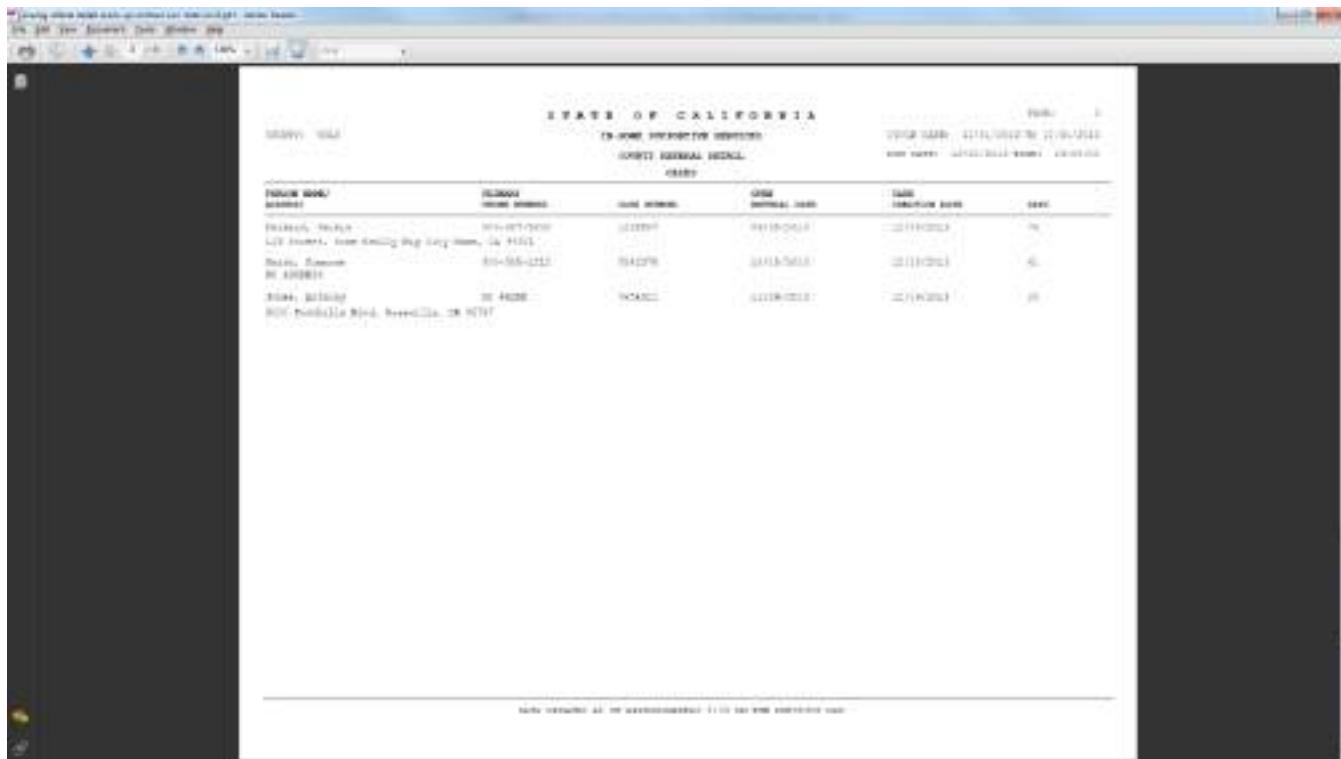


Figure – County Referral Detail Report – Cases

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
PERSON NAME:	The person name (Last Name, First Name Middle Name)		N	NA	Left	String
ADDRESS:	The residence address associated with the person being reported on.		N	NA	Left	String
PRIMARY PHONE NUMBER:	The primary phone number associated with the person being reported on.		N	NA	Left	999-999- 9999
OPEN REFERRAL DATE:	The date the Open Referral was created.	On Open Referral, Closed Referral and Cases Version	N	NA	Left	MM/DD /YYYY
DAYS:	The number of days since Open Referral was created to the date the report is run.	On Open Referral Version	N	NA	Left	9999
CLOSED REFERRAL DATE:	The date the Open Referral was closed.	On Closed Referral Version	N	NA	Left	MM/DD /YYYY

DAYS:	The number of days from when the Open Referral was created to when the Open Referral was closed and the Person Type changed from Open Referral to Closed Referral.	On Closed Referral Version	N	NA	Left	9999
CASE CREATION DATE:	The date the case was created from the Open Referral	On Cases Version	N	NA	Left	MM/DD /YYYY
DAYS:	The number of days from when the Open Referral to the date the case was created in CMIPS and the Person Type changed from Open Referral to Applicant.	On Cases Version	N	NA	Left	9999
CASE NUMBER:	The case number created when the Person Type was updated from Open Referral to Applicant.	On Cases Version	N	NA	Left	9999999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Daily Timesheet Volume Monitoring Report

CI	Document Name
 CI-608269 - DSD RPTS Daily Timesheet Volume Monitoring Report <span style="background-color: #e0f2f1; border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPT_Daily_Timesheet_Volume_Monitoring_Report.docx

## Report Business Description

The Daily Timesheet Volume Monitoring Report will be created to report the percentage of IHSS timesheets processed and received into Case Management as of the end of the previous day from when the report was run. The percentage of IHSS timesheets processed on the "nth" day (previous day from when the report is run) of the current pay period against the total IHSS timesheets issued for the first previous pay period would be compared against the average percentage of timesheets processed on the same "nth" day of the previous three (3) pay periods in order to determine if the amount of IHSS timesheets processed in Case Management is significantly less than expected.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS		Program Staff
		Management
	<input type="checkbox"/>	Accounting
		QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Select	Folder	Select	Folder
<input type="checkbox"/>		Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>		Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>		Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>		Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>		Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>		Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>		Health Benefit Managers	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>		Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>		Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>		Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>		Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>		Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment

County	Required	(All, Single, or Multiple)
--------	----------	----------------------------

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	Page break at each new County

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
County	Primary	Alphabetical
D. O.	Secondary	District Office

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail (Required for Batch)
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	SCHEDULE: As needed
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DAILY TIMESHEET VOLUME MONITORING				PAGE: 3 OF 10 RUN DATE: 10/18/2015 TIME: 16:51:28	
AS OF 10/18/2015 FOR OCTOBER PART A	AVERAGE OF PREVIOUS THREE PAY PERIODS	NUMBER (PERCENTAGE) DIFF. OF TS PROCESSED FROM AVG OF LAST THREE PAY PERIODS	AS OF 10/18/2015 FOR SEPTEMBER PART B	AS OF 09/18/2015 FOR SEPTEMBER PART A	AS OF 09/18/2015 FOR OCTOBER PART B
11%	11%		13%	11%	14%
11000	11700	**-1700 (-12%)**	13000	11000	14000
100000	100000		100000	100000	100000
0	10		0	31	1
1%	1%		0%	10%	1%
0	0	**-0 (-75%)**	0	10	0
100	100		100	100	100
0	0		0	0	0
12%	12%		13%	12%	12%
34	24	0 (-100)	22	28	24
200	200		200	200	200
7	7		16	5	0

DATA UPDATED AS OF APPROXIMATELY 16:00 IN THE PREVIOUS DAY

Figure – Daily Timesheet Volume Monitoring

# Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number	N of M	N	NA	Left	9,999
COUNTY:	The county for which this section of the report applies		Y	NA	Left	String
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY – Column Headers</b>						
COUNTY	The County for which IHSS timesheet processing metrics are being measured.	Column Header	N	A	Left	String
D.O.	The District Office of the County for which IHSS timesheet processing metrics are being measured.	Column Header	N	A	Left Indent	99
AS OF MM/DD /YYYY FOR <MONTH> PART <A /B>	The timesheet processing metrics for the selected County or Counties and District Office(s) as of <MM/DD/YYYY> (the "n <sup>th</sup> " day of the current pay period which is the day prior to the run date of the report) for timesheets issued for the previous pay period (<Month> Part <A/B>).	Column Header  If 'n <sup>th</sup> ' day is the 1 <sup>st</sup> – 15 <sup>th</sup> of the current month then detail is for <PRIOR MONTH> Part B  If 'n <sup>th</sup> ' day is the 16 <sup>th</sup> – last day of the current month then detail is for <CURRENT MONTH> Part A	N	NA	Left	String
AVERAGE OF THREE PREVIOUS PAY PERIODS	The average of the three previous pay period's timesheet processing metrics for the selected County or Counties and District Office(s).	Column Header  Current pay period is based on the pay period in which the day prior to report run date is in. This value is an average of the (3) pay periods previous to the current pay period.  AVERAGE is by Report Day = AS OF MM/DD/YYYY FOR <MONTH> PART <A/B> (1) + AS OF MM/DD/YYYY FOR <MONTH> PART <A/B> (2) + AS OF MM/DD/YYYY FOR <MONTH> PART <A/B> (3) divided by 3.	N	NA	Left	String
		NOTE: If the report is run on the day following a weekend or holiday the average will reflect the data associated with the 'n <sup>th</sup> ' day of the pay period corresponding to the previous business day.				
NUMBER (PERCENTAGE) DIFF. OF TS PROCESSED FROM AVG OF LAST THREE PAY PERIODS	The difference in number of timesheets processed as well as the difference in percentage of timesheets processed between the current pay period and the average of the three previous pay periods. These values will display with double asterisks  i.e.,  **-7 (-78%)**, as an alert for significant deviation in percentage from the average of the last three pay period's timesheet processing metrics	Column Header  When current timesheet volume for a <b>District Office</b> or <b>County</b> is lower than the average volume for that day within a pay period  THEN IF  Percentage difference is equal to (-25%) through (-100%)  THEN  Mark value as an alert with double asterisks	N	NA	Left	/-999999 (/ -999%)
AS OF MM/DD /YYYY FOR <MONTH> PART <A /B>	The timesheet processing metrics for the selected County or Counties and District Office(s) as of <MM/DD/YYYY> for timesheets issued for pay period (<Month> Part <A/B>). The date <MM/DD/YYYY> is the same "n <sup>th</sup> " day, in the first previous pay period from the current pay period, for which metrics are reported on in the current pay period.	Column Header	N	NA	Left	String
AS OF MM/DD /YYYY FOR <MONTH> PART <A /B>	The timesheet processing metrics for the selected County or Counties and District Office(s) as of <MM/DD/YYYY> for timesheets issued for pay period (<Month> Part <A/B>). The date <MM/DD/YYYY> is the same "n <sup>th</sup> " day, in the second previous pay period from the current pay period, for which metrics are reported on in the current pay period.	Column Header	N	NA	Left	String
AS OF MM/DD /YYYY FOR <MONTH> PART <A /B>	The timesheet processing metrics for the selected County or Counties and District Office(s) as of <MM/DD/YYYY> for timesheets issued for pay period (<Month> Part <A/B>). The date <MM/DD/YYYY> is the same "n <sup>th</sup> " day, in the third previous pay period from the current pay period, for which metrics are reported on in the current pay period.	Column Header	N	NA	Left	String

REPORT BODY – Timesheet Processing Metrics for Each Row						
<COUNTY> – TOTAL	Total row details for entire county will be listed below.	Row Section 1 for a County	N	A	Left	String
PROCESSED %	The total timesheets processed and received into Case Management for the specific pay period divided by timesheets issued for the respective pay period for the entire county.	Row Detail			Left Indent (10)	999%
PROCESSED	The total timesheets processed and received into Case Management for the respective pay period for the entire county.	Row Detail			Left Indent (10)	999999
ISSUED	The total timesheets issued for the respective pay period for the entire county.	Row Detail			Left Indent (10)	999999
REISSUED	The total timesheets reissued for the respective pay period for the entire county.	Row Detail			Left Indent (10)	999999
D.O. <DO #>	Total row details for the indicated district office will be listed below.	Row Section 2 through N for a County ('N' = the number of individual sections based on the number of district offices within a county)	N	A	Left Indent (5)	String
PROCESSED %	The timesheets processed and received into Case Management for the specific pay period divided by timesheets issued for the respective pay period for the specified district office.	Row Detail			Left Indent (10)	999%
PROCESSED	The timesheets processed and received into Case Management for the respective pay period for the specified district office.	Row Detail			Left Indent	999999
ISSUED	The timesheets issued for the respective pay period for the specified district office.	Row Detail			Left Indent	999999
REISSUED	The timesheets reissued for the respective pay period for the specified district office.	Row Detail			Left Indent	999999
REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	N/A

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Discontinuance from IHSS Eligibility by Reason

CI	Document Name
 CI-51851 - DSD RPTS Discontinuance from IHSS Eligibility by Reason <span style="background-color: #e0f2e0; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Discontinuance_from_IHSS_Eligibility_by_Reaso n.doc

## Report Business Description

The Discontinuance from IHSS Eligibility by Reason Report totals the number of cases discontinued (Terminated) from IHSS in the report month. Cases are discontinued and recorded based on the Termination Reason in the Case Close Reason table.

This report is intended to be used as a monitoring device to track closure statistics. The report is produced at the end of each month, reporting case closure counts and percent's in the report month based on the effective date of the Terminated case status.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input checked="" type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	All, one or multiple counties
Version	Required	Detail (Worker), Supervisor, District Office, County, Statewide

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	Detail (Worker), Supervisor, District Office and County versions
OFFICE	Primary/Secondary	Primary on District Office version Secondary on Detail and Supervisor version
SUPERVISOR	Secondary	Supervisor and Detail version
WORKER #	Third	Detail version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
COUNTY	Primary	Statewide version
OFFICE #	Primary	County version
SPVSR #	Primary	District Office version
WKR #	Primary	Supervisor version

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: For one month based on the date selected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: On request for a one-month time period. (Only a full month can be requested, no partial months and a month cannot cross over multiple months.)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISCONTINUANCE FROM IHSS ELIGIBILITY BY REASON - DETAIL												Title: _____ Title Date: 01/01/2011 to 07/31/2012 For Month: 01/2011 - Title: 01/01/2011	
TOTAL HOURS CODE	AVG. HRS. PER DAY	RESIDENCE						REASONS OTHER THAN RESIDENCE					
		COMMUNITY CARE FACILITY	HOSPITAL	MAILED RESUME FACILITY	INTERIM-CARE FACILITY	OTHER RESIDENCE	DEATH	DISCHARGE REQUEST	NO APPROVED REQD.	REG-CAL-308 DISABILITY	OTHER		
111,526	13.159	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%		

Data contains all of information from the previous day.

**Figure – Discontinuance from IHSS Eligibility by Reason – Worker Detail**

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISCONTINUANCE FROM IHSS ELIGIBILITY BY REASON - STAFFED												Title: _____ Title Date: 01/01/2011 to 07/31/2012 For Month: 01/2011 - Title: 01/01/2011		
TOTAL HOURS CODE	TOTAL HOURS CODE	AVG. HRS. PER DAY	RESIDENCE						REASONS OTHER THAN RESIDENCE					
			COMMUNITY CARE FACILITY	HOSPITAL	MAILED RESUME FACILITY	INTERIM-CARE FACILITY	OTHER RESIDENCE	DEATH	DISCHARGE REQUEST	NO APPROVED REQD.	REG-CAL-308 DISABILITY	OTHER		
0	0	0	0	0	0	0	0	0	0	0	0			

Data contains all of information from the previous day.

**Figure – Discontinuance from IHSS Eligibility by Reason – Supervisor Summary**

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISCONTINUANCE FROM IN-HOME ELIGIBILITY BY HOUSE - FORM 0007												PAGE			
												TITLE DATE: 04/01/2011-06/30/2011			
												FORM DATE: 04/01/2011-06/30/2011			
REF ID	TOTAL CASH DRAFT	TOTAL HOME DRAFT	AVAIL PER CASH DRAFT	RESIDENCE						DISCONTINUE HOME RESIDENCE					
				COMMUNITY CARE FACILITY	HOMELAND ARRANG FACILITY	INTERIM CARE FACILITY	DRAFT ARRANGER	REASON	RECEIVER REQUEST	TO ARRANGER INFO	RECD-CASH DISCONTINUATION	DISCONT DRAFT			
00000000000000000000	1	10000	10000	0 0,000	0 1,000	0 1,000	0 0,000	0 0,000	0 0,000	1 100,000	0 0,000	0 0,000	0 0,000		

### Figure – Discontinuance from IHSS Eligibility by Reason – District Office Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISCONTINUANCE FROM IHSS ELIGIBILITY BY REASON - STATEWIDE												Fiscal Year TITLE I/IPI: 0/0/2001 TO 6/30/2002 FY Total: 0/0/0000000000000000			
COUNTY NAME	TOTAL CASES OPEN	TOTAL HOME LESS PMS CWC LAW	JAN AHC PMS CWC LAW	RESIDENCE						REASON OTHER THAN RESIDENCE					
				COMMUNITY CASE FACILITY	HOSPITAL AWARDED FACILITY	IMPROVEMENT CASE EXCELLENCE	DRUGS DISABILITY	DEATH	DISCHARGE PATIENT	NO. AWARDED HOS	NO. DISCHARGE PATIENT	NO. DEATH PATIENT	NO. DRUG PATIENT	NO. EXCEL PATIENT	NO. HOSP PATIENT
SD	1	18183	17249	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00
SI	0	39418	32239	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00

Data extracted as of 09/18/2002 at 09:46 AM (EST) 09/18/2002 (EST)

Figure – Discontinuance from IHSS Eligibility by Reason – County Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISCONTINUANCE FROM IHSS ELIGIBILITY BY REASON - STATEWIDE												Fiscal Year TITLE I/IPI: 0/0/2001 TO 6/30/2002 FY Total: 0/0/0000000000000000			
COUNTY NAME	TOTAL CASES OPEN	TOTAL HOME LESS PMS CWC LAW	JAN AHC PMS CWC LAW	RESIDENCE						REASON OTHER THAN RESIDENCE					
				COMMUNITY CASE FACILITY	HOSPITAL AWARDED FACILITY	IMPROVEMENT CASE EXCELLENCE	DRUGS DISABILITY	DEATH	DISCHARGE PATIENT	NO. AWARDED HOS	NO. DISCHARGE PATIENT	NO. DEATH PATIENT	NO. DRUG PATIENT	NO. EXCEL PATIENT	NO. HOSP PATIENT
San Diego	0	27513	4129	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00
SACRAMENTO	0	29113	41212	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00
SD	1	18183	17249	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00
SI	0	39418	32239	0 0.00	0 0.00	0 1.00	0 1.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00

Data extracted as of 09/18/2002 at 09:46 AM (EST) 09/18/2002 (EST)

Figure – Discontinuance from IHSS Eligibility by Reason – Statewide Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run or Statewide		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Only on the District Office, Supervisor and Detail versions of this report.	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The Worker Number of the Supervisor being reported.	Only on the Supervisor and Detail versions of the report.	N	NA	Left	String
WORKER #:	The Worker's Number.	Only on the Detail version of the report	N	NA	Left	String
<b>REPORT BODY</b>						
WKR #	The worker number for the information being reported.	First column on the Supervisor version	N	NA	Left	String
SPVSR #	The worker number for the supervisor information being reported.	First column on the District Office version	N	NA	Left	String
OFFICE #	The District Office Number for the information being reported	First column on the County version	N	NA	Left	99
COUNTY	The County Name for the information being reported	Fist column on the Statewide version	N	NA	Left	String
TOTAL CASES DISC	The total number of cases that were discontinued from an eligible status for the reported county during the reporting month.		N	NA	Left	9,999
TOTAL HOURS DISC	The total authorized hours and minutes associated to the cases that were discontinued in the reported county during the reporting month		N	NA	Left	999:99
AVG HRS PER DISC CASE	The calculated average hours and minutes per case for all cases closed in the reporting county for the reporting month. (TOTAL HOURS DISCONTINUED/TOTAL DISCONTINUANCES)		N	NA	Left	999:99
RESIDENCE	The header for the 5 columns with discontinuance reasons related to a Recipient's residence.		N	NA	Center	Text
COMMUNITY CARE FACILITY	Count and percent of cases that were closed for the reported county due to placement in a community care facility in the reporting month.  TR15 - Termination – Residence -Community Care Facility		N	NA	Left	99 9.99%
HOSPITAL	Count and percent of cases that were closed for the reported county due to placement in a hospital in the reporting month.  TR12 - Termination – Residence - Hospital		N	NA	Left	99 9.99%
SKILLED NURSING FACILITY	Count and percent of cases that were closed for the reported county due to placement in a skilled nursing facility in the reporting month.  TR14 - Termination – Residence - Skilled Nursing Facility		N	NA	Left	99 9.99%
INTERMEDIA TE CARE FACILITY	Count and percent of cases that were closed for the reported county due to placement in an intermediate care facility in the reporting month.  TR13 - Termination – Residence - Intermediate Care Facility		N	NA	Left	99 9.99%

OTHER RESIDENCE	Count and percent of cases that were closed for all other residential reasons in the reporting month. Values for this category are as follows:  No longer in own home (TR01 - Termination – No longer in own home) Out of State longer than 60 days (TR04 - Termination – Out of State more than 60 days) Moved out of State (TR06 - Termination – Moved out of State) Out of Country longer than 30 days (TR-05 - Termination – Out of Country) Whereabouts unknown (TR16 - Termination – Whereabouts unknown)		N	NA	Left	99 9.99%
REASONS OTHER THAN RESIDENCE	The header for the 5 columns with discontinuance reasons related to a Recipient's residence.		N	NA	Center	Text
DEATH	Count and percent of cases that were closed for the reported county due to their death in the reporting month.  TR17 - Termination – Recipient Death		N	NA	Left	99 9.99%
RECIPIENT REQUEST	Count and percent of cases that were closed for the reported county due to Recipient request in the reporting month.  TR02 - Termination – Recipient Request		N	NA	Left	99 9.99%
NO ASSESSED NEED	Count and percent of cases that were closed for the reported county due to no assessed need in the reporting month.  TR09 - Termination – No Assessed Need		N	NA	Left	99 9.99%
MEDI-CAL NON COOPERATION	Count and percent of cases that were closed for the reported county due to Recipient's non-cooperation with Medi-Cal in the reporting month.  TR11 - Termination -Non-Compliance with Medi-Cal Eligibility		N	NA	Left	99 9.99%
OTHER	Count and percent of cases that were closed for the reported county in the reporting month for all other reasons unrelated to residence and the above-identified reasons. Valid reasons are as follows:  Recipient did not pay IHSS Share of Cost (TR03 - Termination – Did not pay Share of Cost) Failure to provide needed information (TR07 - Termination – Failure to cooperate) SOC Exceeds Need (TR08 - Termination – IHSS-R SOC exceeds need) All Needs Met (TR10 - Termination – Need met through Alternate Resources) Excess Resource (TR19 - Termination -Excess Resource)		N	NA	Left	99 9.99%
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Homemaker/PA Contract Caseload Characteristics Listing

CI	Document Name
 CI-51795 - DSD RPTS Homemaker PA Contract Caseload Characteristics Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Homemaker_PA_Contract_Caseload_Characteristics_Listing.doc

## Report Business Description

The Homemaker/PA Contract Caseload Characteristics Report includes active Recipients with assigned homemaker/PA Contract hours, in homemaker/PA Contract mode and served in the report month. This provides social workers with a list of Recipients being serviced by homemakers/PA Contract.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input checked="" type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	
SUPERVISOR	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: For one month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: TRUCKEE	STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOMEMAKER/PA CONTRACT CASELOAD CHARACTERISTICS LISTING	WORKER #:					
OFFICE: DL		CYCLE DATE: 01/01/2018 TO 01/31/2018					
SUPERVISOR: N/A		RUN DATE: 02/07/2018 TIME: 17:41:58					
WORKER #: 1058							
<b>INCIDENT RECORD</b>		<b>INCIDENT NUMBER</b>	<b>INCIDENT DATE</b>	<b>AFTER HOME</b>	<b>HOMEMAKER/PA CONTRACT #</b>	<b>WORKER NUMBER</b>	<b>INFO SOURCE</b>
FOWELL, ELAINE LNU'S HOME 87 APT 3, COLUMBIA, CA 95338-9755		1000001	004-232-4281	10000	PA1C		INFO
MURKELLI, THOMAS LNU'S CHILDREN 118 APT 1, GLENDALE, CA 95338-8879		1000010	003-933-8613	10000	PA20		INFO
<b>INCIDENT INFO:</b> DATE RELATED AS OF APPROXIMATELY 10:30 AM THE ENCODED DAY 1000001 - 1000010							

Figure – Homemaker/PA Contract Caseload Characteristics Listing

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR	The worker number of the Supervisor to whom the Social Worker (Case Owner) is associated		N	NA	Left	String
WORKER #	Social Worker (Case Owner) to whom the case is assigned when the report is run.		N	NA	Left	String

REPORT BODY							
RECIPIENT NAME	Recipient's name	Last Name, First Name	N	NA	Left	String	
ADDRESS	Recipient's residence address.	Residence Address, City, State and Zip	N	NA	Left	String	
CASE NUMBER	The seven-digit case number		N	NA	Left	9999999	
RECIPIENT PHONE	Recipient's primary telephone number		N	NA	Left	999-999-9999	
AUTH HOURS	Authorized hours and minutes for the case.		N	NA	Left	999:99	
HOMEMAKER /PA CONTRACT #	The Homemaker/PA Contract # associated with the approved Homemaker timesheet		N	NA	Left	9999	
PROVIDER NUMBER	Recipient's Assigned Individual Provider Number. This field will populate only when the case also has an Individual Provider assigned.		N	NA	Left	999999999	
FUND SOURCE	IHSS Funding Source to which IHSS Recipient is linked ("2K", "2L", "2M", and "2N").		N	NA	Left	String	
REPORT FOOTER							
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text	

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Homemaker or PA Contract Detail & Summary Time Report

CI	Document Name
 CI-51831 - DSD RPTS Homemaker PA Contract Detail Summary Time Report <b>IMPLEMENTED</b>	DSD_RPTS_Homemaker_PA_Contract_Detail_Summary_Time_Report.doc

## Report Business Description

The Homemaker/PA Contract Detail Time Report provides the hours and associated dollars spent by the County for County Homemaker/PA Contract Services in the reporting month. The report includes data for all Service Months for which Homemaker/PA Contract timesheets were processed in the report period. For example, the report period of June may have transactions for May and April. Each Homemaker/PA Contract and Pay Period is detailed separately.

The Homemaker/PA Contract Detail & Time Report contains the following report versions:

Homemaker/PA Contract Detail Time Report – Worker Summary - Is included in the Homemaker/PA Contract Detail by Service Month and provides summary information of each Service Month for which Homemaker/PA Contract timesheets were approved for the report period. This summary is an aggregation of Homemaker/PA Contract Service Month data

Homemaker/PA Contract Detail Time Report – Worker Detail – Lists, by Homemaker/PA Contract Worker case and hours information for cases for which timesheets were approved in the report period with a Funding Source, Hours and Amount Totals

Homemaker/PA Contract Detail Time Report – County Summary – Provides a summary by Service Month by Funding Source total of hours and amounts approved in the report period

Homemaker/PA Contract Detail Time Report – Statewide Summary - Provides a summary by Service Month by Funding Source total of hours and amounts approved in the report period.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	
<b>External Partner</b>	<input type="checkbox"/>	
	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Lien Holder
	<input type="checkbox"/>	Help Desk Staff

<input type="checkbox"/>	Back Office Staff
<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input checked="" type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Version	Required	State, County Summary, County Detail
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
HOMEMAKER #	Primary	
SERVICE MONTH	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on date requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA			PAGE:
IN-HOME SUPPORTIVE SERVICES			1
HOMEMAKER OR PA CONTRACT DETAIL TIME REPORT - SUMMARY			
REPORT ID: 3028			
SERVICE DATE: 14/2/16			
TOTAL CEO: \$0.00			
TOTAL PWS: \$1.00			
TOTAL IHS: \$0.00			
TOTAL ISSS-E: \$0.00			
TOTAL PWS SERVICES: \$0.00			

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CONFIDENTIAL  
DATA EXTRACT AS OF APPROXIMATELY 1:00 PM THE PREVING DAY  
DO NOT DISTRIBUTE OUTSIDE THE STATE OF CALIFORNIA

Figure – Homemaker or PA Contract Detail & Summary Time – County Summary – Page 1

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOMEMAKER OR PA CONTRACT DETAIL TIME REPORT - SUMMARY							PAGE: 2			
							CYCLE DATE: 08/01/2018 TO 08/31/2018			
							PER DATE: 08/15/2018 TIME: 11:45:21			
SERVICE MONTH	REF ID	TOS DATE	STATUS	CASE	RECIPIENT NAME	HOURS	RATE	AMOUNT	INVOICE	TIME
08/01/2018	81123	08/15/2018	PENDING	81123-00	SCHEMUEL, WILLETT	00:00:00	\$22.00	\$00.00	0000	0000
					TOTAL CHGS:	00:00:00		\$0.00		
					TOTAL DCHG:	01:00:00		\$22.00		
					TOTAL PAY:	00:00:00		\$0.00		
					TOTAL INSS-R:	00:00:00		\$0.00		
					TOTAL PUR. WORKER:	01:00:00		\$22.00		

CONFIDENTIAL  
DATA EXTRACTED AS OF APPROXIMATELY 11:00 AM THE PRINTING DATE

Figure – Homemaker/PA Contract Detail & Summary Time – County Summary – Page 2

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
HOMEMAKER DETAIL TIME REPORT - SUMMARY

PAGE: 3  
CYCLE DATE: 01/01/2014 TO 01/31/2014  
RUN DATE: 02/19/2014 TIME: 16:01:39

310100	\$4,343.10
30100	\$420.00
06100	\$0.00
00100	\$0.00
300100	\$5,763.10

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 9:00 ON THE PREVIOUS DAY.

Figure – Homemaker/PA Contract Detail & Summary Time – County Summary – Page 3

**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**HOMEMAKER/PA CONTRACT DETAIL TIME REPORT - SUMMARY**

PAGE# 1

CYCLE DATE: 09/01/2013 TO 09/19/2013  
 RUN DATE: 10/01/2013 TIME: 11:29:22

100	07:00	\$109.00
	07:00	\$946.00
	09:00	\$0.00
	09:00	\$0.00
	10:00	\$0.00
101	10:00	\$1,551.00
102		
	01:00	\$882.00
	01:00	\$1,101.00
	01:00	\$0.00
	01:00	\$0.00
103	11:00	\$4,472.00
104		
	00:00	\$0,062.00
	00:00	\$0,413.00
	00:00	\$0.00
	00:00	\$0.00
105	00:00	\$0,997.00
106		
	01:00	\$1,555.00
	01:00	\$1,129.00
	01:00	\$0.00
	01:00	\$0.00
107	01:00	\$0,870.00

CONFIDENTIAL  
 DATA UPDATED AS OF APPROXIMATELY 0100 IN THE PREVIOUS DAY

**Figure – Homemaker/PA Contract Detail & Summary Time – Statewide Summary – Page 1**

Figure – Homemaker/PA Contract Detail & Summary Time – Statewide Summary – Page 2

## Data Element Details

<b>REPORT HEADER</b>						
Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run or Statewide		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY – SUMMARY</b>						
HOMEMAKER /PA CONTRACT #	The four-character Worker Number associated with the County Homemaker	Only located on County Detail version	N	NA	Left	String

SERVICE MONTH	The Service Month for which Homemaker Services were provided to the Recipient		N	NA	Left	MM/YYYY
TOTAL CFCO	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the CFCO funding source.		N	NA	Left	999:99 \$9,999.99
TOTAL PCSP	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the PCSP funding source.		N	NA	Left	999:99 \$9,999.99
TOTAL IPO	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the IPO funding source.		N	NA	Left	999:99 \$9,999.99
TOTAL IHSS-R	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the IHSS-R funding source.		N	NA	Left	999:99 \$9,999.99
TOTAL FOR SERVICE MONTH	The total number of HOURS and minutes (HHH:MM) and AMOUNT paid by the County in the designated Service Month		N	NA	Left	999:99 \$99,999.99

#### REPORT BODY – COUNTY DETAIL ONLY

SERVICE MONTH	The Service Month for which Homemaker Services were provided to the Recipient		N	NA	Left	String
HOMEMAKER /PA CONTRACT #	The four-character Worker Number associated with the County Homemaker		N	NA	Left	String
TXN DATE	The date on which the Homemaker Timesheet was Approved, by the Homemaker Supervisor, in CMIPS.		N	NA	Left	MM/DD/YYYY
STATUS	The status of the timesheet transaction: Approved (Only Approved Status timesheets will be reported.)		N	NA	Left	String
CASE	The IHSS Recipient case number		N	NA	Left	9999999
RECIPIENT NAME	The Recipient's name	Last Name, First Name	N	NA	Left	String
HOURS	The paid hours and minutes		N	NA	Left	999:99
RATE	The rate paid per hour for services		N	NA	Left	\$99.99
AMOUNT	The total amount paid to the Homemaker for services provided in the pay period (HH:MM multiplied by County Homemaker rate)		N	NA	Left	\$9,999.99
IMPAIR LVL	The Recipient's Impairment Level:  NSI – Non-Severely Impaired SI – Severely Impaired		N	NA	Left	String
FUND SOURCE	IHSS Funding Source associated to the case Authorization for the Service Month (CFCO, IPO, PCSP or IHSS-R)		N	NA	Left	String
TOTAL CFCO	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the CFCO funding source.		N	NA	Left	999:99 \$99,999.99
TOTAL PCSP	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the PCSP funding source.		N	NA	Left	999:99 \$99,999.99
TOTAL IPO	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the IPO funding source.		N	NA	Left	999:99 \$99,999.99
TOTAL IHSS-R	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month from the IHSS-R funding source.		N	NA	Left	999:99 \$99,999.99
TOTAL FOR WORKER	This row is the total HOURS (HHH:MM) and AMOUNT paid for the Service Month attributed to the Homemaker.		N	NA	Left	999:99 \$99,999.99

#### REPORT FOOTER

	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Hourly Task Guidelines

CI	Document Name
 CI-51821 - DSD RPTS Hourly Task Guidelines Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Hourly_Task_Guidelines_Report.doc

## Report Business Description

The Hourly Task Guidelines (HTG) Report provides the state and counties with a summary level count and percent of authorized hours for active status cases (Eligible, Presumptive Eligible and Leave) that are within, above and below the Hourly Task Guideline based upon the Functional Rank (2-5) assigned to a Functional Area. Each Service Type associated with a Functional Area will be reported separately.

This report is Supervisor by Worker # (Case Owner) – Reports HTG information for all cases assigned to a Social Worker reporting to a Supervisor for the report period.

Cases will be reported when the IHSS Determination Date falls within a reporting period and is associated with one of the following Assessment Types:

- Initial
- Change
- Reassessment
- Telehealth
- Inter-County Transfer
- State Hearing

The business need is to identify the number and percentage of cases in and outside the hourly task guidelines by service type for the 12 listed HTG service types.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff

	<input checked="" type="checkbox"/> Management
	<input type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input checked="" type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input checked="" type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input checked="" type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Frequency	Required	Monthly, Quarterly, Yearly
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	All
OFFICE	Secondary	Original and County Level
SUPERVISOR	Third	Original
WORKER #	Fourth	Original

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
FUNCTIONAL AREA	Primary	
SERVICE TYPE	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter for the prior quarter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR: First business day of the calendar year for the prior year
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a month, quarter or calendar year based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: LAM	STATE OF CALIFORNIA	IN-HOME SUPPORTIVE SERVICES	CYCLE DATE: 01/01/2010 TO 06/30/2010	REPORT DATE: 09/15/2010 TIME: 10:02:04			
OFFICE: 01	IN-HOME SUPPORTIVE SERVICES	HOURLY TASK GUIDELINES REPORT					
SUPERVISOR: 9948							
WORKER #: 9074							
SERVICE AUTHORIZATION FOR MENTING TASKS							
FUNCTIONAL AREA	SERVICE TYPE	RANK	IF RANGE BY NAME	ABOVE RANGE BY NAME	BELOW RANGE BY NAME	AVG HRS PER RANK	TOTAL % IN RANK BY SVC TYPE
WASHING AND COOKING	Routine Bed Bath						
		2	1 08	1 1004	0 08	01401	
		3	1 1004	0 08	0 08	01405	
		4	0 08	0 08	0 08	00108	
		5	0 08	0 08	0 08	00108	
WASHING	Bathing						
		2	0 08	0 08	0 08	00108	
		3	0 08	1 1004	0 08	01108	
		4	0 08	0 08	0 08	00108	
		5	0 08	0 08	0 08	00108	
WASHING	Feeding						
		2	0 08	0 08	0 08	00108	
		3	0 08	1 1004	0 08	20400	
		4	0 08	0 08	0 08	00108	
		5	0 08	0 08	0 08	00108	
WASH, DRY & CLEAN-UP	Real Cleaning						
		2	1 1004	0 08	0 08	00108	
		3	1 1004	0 08	0 08	02128	
		4	0 08	0 08	0 08	00108	
		5	0 08	0 08	0 08	00108	
	Preparation of Meals						
		2	1 04	0 08	1 1004	00114	
		3	1 1004	0 08	0 08	00108	
		4	0 08	0 08	0 08	00108	
		5	0 08	0 08	0 08	00108	
<small>©INFORUM INC.</small>							
DATA UPDATED AS OF APPROXIMATELY 9:00 PM THE PREVIOUS DAY							

Figure – Hourly Task Guidelines Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The supervisor's worker number. The supervisor is an element the report is grouped by.		N	NA	Left	String
WORKER #:	The worker assigned the cases this information is based on.		N	NA	Left	String
<b>REPORT BODY</b>						

FUNCTIONAL AREA	All Functional Areas which have associated Hourly Task Guidelines.		N	NA	Left	Text
SERVICE TYPE	Service Types associated to a Functional Area. Hourly Task Guideline. See "Hourly Task Guideline by Functional Area" table above for reported Service Types		N	NA	Left	Text
RANK	The possible Ranks associated with each Functional Area. See "Hourly Task Guideline by Functional Area" table for possible ranks for each Functional Area.		N	NA	Left	9
IN RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.		N	NA	Left	9,999
	The second column below this header is the percentage of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.		N	NA	Left	999%
ABOVE RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service above the HTG for the indicated Service Type.		N	NA	Left	9,999
	The second column below this header is the percentage of cases with an Individual Assessed Need above the HTG for the indicated Service Type.		N	NA	Left	999%
BELOW RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need below the HTG for the indicated Service Type.		N	NA	Left	9,999
	The second column below this header is the percentage of cases with an Individual Assessed Need below the HTG for the indicated Service Type.		N	NA	Left	999%
AVG HRS PER RANK	Average number of hours/minutes authorized per case for the indicated Rank.		N	NA	Left	999:99
TOTAL % IN RANGE BY SVC TYPE	The percent of cases with an Individual Assessed Need within the Service Type for the Functional Area which are within the guideline.		N	NA	Left	999%
AVG HH:MM BY SVC TYPE	Average number of hours/minutes authorized per case for the indicated Service Type. This column evaluates all cases within the Service Type and reports an average based on the Service Type, not the functional ranks.		N	NA	Left	99:99
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Centered	Text

## Hourly Task Guidelines by Functional Area with associated Service Type(s) and Hourly Guidelines for indicated by Functional Rank

The following Functional Areas and associated Service types will be reported on the Hourly Task Guideline Report.

Functional Area	Service Type	Hourly Task Guideline for Functional Rank
Ambulation	Ambulation	Rank 2 – 00:35 to 01:45 Rank 3 – 01:00 to 02:06 Rank 4 – 01:45 to 03:30 Rank 5 – 01:45 to 03:30
Bathing and Grooming	Bathing, Oral Hygiene, and Grooming	Rank 2 – 00:30 to 01:55 Rank 3 – 01:16 to 03:09 Rank 4 – 02:21 to 04:05 Rank 5 – 03:00 to 05:06
Bathing and Grooming	Routine Bed Bath	Rank 2 - 00:30 to 01:45 Rank 3 - 01:00 to 02:20 Rank 4 - 01:10 to 03:30 Rank 5 - 01:45 to 03:30
Bowel, Bladder and Menstrual Care	Bowel & Bladder Care	Rank 2 – 00:35 to 02:00 Rank 3 – 01:10 to 03:20 Rank 4 – 02:55 to 05:50 Rank 5 – 04:05 to 08:00

Bowel, Bladder and Menstrual Care	Menstrual Care	Rank 2 – 00:17 to 00:48 Rank 3 – 00:17 to 00:48 Rank 4 – 00:17 to 00:48 Rank 5 – 00:17 to 00:48
Dressing	Dressing	Rank 2 – 00:34 to 01:12 Rank 3 – 01:00 to 01:52 Rank 4 – 01:30 to 02:20 Rank 5 – 01:54 to 03:30
Dressing	Care and Assistance with Prosthesis	Ranks 2 – 00:28 to 01:07 Ranks 3 – 00:28 to 01:07 Ranks 4 – 00:28 to 01:07 Ranks 5 – 00:28 to 01:07
Feeding	Feeding	Rank 2 – 00:42 to 2:18 Rank 3 – 1:10 to 3:30 Rank 4 – 3:30 to 7:00 Rank 5 – 5:15 to 9:20
Meal Prep & Clean-up	Meal Preparation	Rank 2 – 03:01 to 07:00 Rank 3 – 03:30 to 07:00 Rank 4 – 05:15 to 07:00 Rank 5 – 07:00 to 07:00
Meal Prep & Clean-up	Meal Clean-up	Rank 2 – 01:10 to 03:30 Rank 3 – 01:45 to 03:30 Rank 4 – 01:45 to 03:30 Rank 5 – 02:20 to 03:30
Transfer	Repositioning and Rubbing Skin	Rank 2 – 00:45 to 2:48 Rank 3 – 00:45 to 2:48 Rank 4 – 00:45 to 2:48 Rank 5 – 00:45 to 2:48
Transfer	Transfer	Rank 2 – 00:30 to 1:00 Rank 3 – 00:35 to 01:24 Rank 4 – 01:06 to 02:20 Rank 5 – 01:10 to 03:30

# DSD 28/CMIPS Reporting/Case Management - Recipient /Case/Hourly Task Guidelines – County Level

CI	Document Name
 CI-670576 - DSD RPTS Hourly Task Guidelines Report County Level <b>IMPLEMENTED</b>	DSD_RPTS_Hourly_Task_Guidelines_Report_County_Level.doc

## Report Business Description

The Hourly Task Guidelines (HTG) Report provides the state and counties with a summary level count and percent of authorized hours for active status cases (Eligible, Presumptive Eligible and Leave) that are within, above and below the Hourly Task Guideline based upon the Functional Rank (2-5) assigned to a Functional Area. Each Service Type associated with a Functional Area will be reported separately.

This report is County by District Office – Reports HTG information for all cases associated with each District Office within a County.

Cases will be reported when the IHSS Determination Date falls within a reporting period and is associated with one of the following Assessment Types:

- Initial
- Change
- Reassessment
- Telehealth
- Inter-County Transfer
- State Hearing

The business need is to identify the number and percentage of cases in and outside the hourly task guidelines by service type for the 12 listed HTG service types.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff

	<input checked="" type="checkbox"/> Management
	<input type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input checked="" type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input checked="" type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input checked="" type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Frequency	Required	Monthly, Quarterly, Yearly
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	All
OFFICE	Secondary	Original and County Level

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
FUNCTIONAL AREA	Primary	
SERVICE TYPE	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter for the prior quarter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR: First business day of the calendar year for the prior year
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a month, quarter or calendar year based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOURLY TASK GUIDELINES REPORT								DRIVER	TO
COUNTY: San Diego	OFFICE: 81					CYCLE DATE: 04/01/2010 TO 04/30/2010	RUN DATE: 04/16/2010 TIME: 10:10:55		
SERVICES AUTHORIZATION FOR MEETING TIMES									
FUNCTIONAL AREA	SERVICE TYPE	RANK	TO RANK	ABOVE RANKS BY RANK	BELOW RANKS BY RANK	Avg hrs per rank	Total % in range by svc type	Avg hrs per rank	Total % in range by svc type
<b>WASHLET</b>									
Relaxation									
		2	9	01	0	04	00:00		
		3	9	01	1	100%	01:00		
		4	9	01	2	100%	01:45		
		5	4	50%	4	50%	04:00		
<b>BATHING AND GROOMING</b>									
Setting, Oral Hygiene, and Grooming									
		2	9	01	0	08	00:00		
		3	9	01	2	100%	14:00		
		4	9	01	23	98%	01:00		
		5	1	17%	9	83%	02:30		
Routine Bed Bathes									
		2	9	01	0	08	00:00		
		3	9	01	3	100%	03:00		
		4	1	100%	9	100%	01:20		
		5	9	01	9	100%	01:20		
<b>HOME: BLADDER &amp; URINARY CARE</b>									
Urinal & Bladder Care									
		2	9	01	3	28	00:00		
		3	9	01	9	73	00:00		
		4	9	01	9	0%	00:00		
		5	1	30%	9	0%	00:15		
<b>DRESSING</b>									
Dressing									
		2	9	01	0	08	00:00		
		3	9	01	22	100%	01:00		
		4	1	0%	25	98%	01:00		
		5	4	67%	2	32%	00:00		
CONFIDENTIAL									
DATA STORED AT OR APPROXIMATELY 04:40 IN THE PREVIOUS DAY									

Figure – Hourly Task Guidelines Report – County Level

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FUNCTIONAL AREA	All Functional Areas which have associated Hourly Task Guidelines.		N	NA	Left	String

SERVICE TYPE	Service Types associated to a Functional Area. Hourly Task Guideline. See "Hourly Task Guideline by Functional Area" table above for reported Service Types		N	NA	Left	String
RANK	The possible Ranks associated with each Functional Area. See "Hourly Task Guideline by Functional Area" table for possible ranks for each Functional Area.		N	NA	Left	9
IN RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.		N	NA	Left	999
	The second column below this header is the percentage of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.	No decimal	N	NA	Left	999%
ABOVE RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service above the HTG for the indicated Service Type.		N	NA	Left	999
	The second column below this header is the percentage of cases with an Individual Assessed Need above the HTG for the indicated Service Type.	No decimal	N	NA	Left	999%
BELOW RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need below the HTG for the indicated Service Type.		N	NA	Left	999
TOTAL % IN RANGE BY SVC TYPE	The second column below this header is the percentage of cases with an Individual Assessed Need below the HTG for the indicated Service Type.	No decimal	N	NA	Left	999%
	Average number of hours/minutes authorized per case for the indicated Rank.		N	NA	Left	999:99
AVG HRS PER RANK						
AVG HH:MM BY SVC TYPE	The percent of cases with an Individual Assessed Need within the Service Type for the Functional Area which are within the guideline.	No decimal	N	NA	Left	999:99

#### REPORT FOOTER

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Centered	Text
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## Hourly Task Guidelines by Functional Area with associated Service Type(s) and Hourly Guidelines for indicated by Functional Rank

The following Functional Areas and associated Service types will be reported on the Hourly Task Guideline Report.

Functional Area	Service Type	Hourly Task Guideline for Functional Rank
Ambulation	Ambulation	Rank 2 – 00:35 to 01:45 Rank 3 – 01:00 to 02:06 Rank 4 – 01:45 to 03:30 Rank 5 – 01:45 to 03:30
Bathing and Grooming	Bathing, Oral Hygiene, and Grooming	Rank 2 – 00:30 to 01:55 Rank 3 – 01:16 to 03:09 Rank 4 – 02:21 to 04:05 Rank 5 – 03:00 to 05:06
Bathing and Grooming	Routine Bed Bath	Rank 2 - 00:30 to 01:45 Rank 3 - 01:00 to 02:20 Rank 4 - 01:10 to 03:30 Rank 5 - 01:45 to 03:30
Bowel, Bladder and Menstrual Care	Bowel & Bladder Care	Rank 2 – 00:35 to 02:00 Rank 3 – 01:10 to 03:20 Rank 4 – 02:55 to 05:50 Rank 5 – 04:05 to 08:00
Bowel, Bladder and Menstrual Care	Menstrual Care	Rank 2 – 00:17 to 00:48 Rank 3 – 00:17 to 00:48 Rank 4 – 00:17 to 00:48 Rank 5 – 00:17 to 00:48

Dressing	Dressing	Rank 2 – 00:34 to 01:12 Rank 3 – 01:00 to 01:52 Rank 4 – 01:30 to 02:20 Rank 5 – 01:54 to 03:30
Dressing	Care and Assistance with Prosthesis	Ranks 2 – 00:28 to 01:07 Ranks 3 – 00:28 to 01:07 Ranks 4 – 00:28 to 01:07 Ranks 5 – 00:28 to 01:07
Feeding	Feeding	Rank 2 – 00:42 to 2:18 Rank 3 – 1:10 to 3:30 Rank 4 – 3:30 to 7:00 Rank 5 – 5:15 to 9:20
Meal Prep & Clean-up	Meal Preparation	Rank 2 – 03:01 to 07:00 Rank 3 – 03:30 to 07:00 Rank 4 – 05:15 to 07:00 Rank 5 – 07:00 to 07:00
Meal Prep & Clean-up	Meal Clean-up	Rank 2 – 01:10 to 03:30 Rank 3 – 01:45 to 03:30 Rank 4 – 01:45 to 03:30 Rank 5 – 02:20 to 03:30
Transfer	Repositioning and Rubbing Skin	Rank 2 – 00:45 to 2:48 Rank 3 – 00:45 to 2:48 Rank 4 – 00:45 to 2:48 Rank 5 – 00:45 to 2:48
Transfer	Transfer	Rank 2 – 00:30 to 1:00 Rank 3 – 00:35 to 01:24 Rank 4 – 01:06 to 02:20 Rank 5 – 01:10 to 03:30

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Hourly Task Guidelines – State Level

CI	Document Name
 CI-670577 - DSD RPTS Hourly Task Guidelines Report State Level <span style="background-color: #e0f2e0; border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Hourly_Task_Guidelines_Report_State_Level.doc

## Report Business Description

The Hourly Task Guidelines (HTG) Report provides the state and counties with a summary level count and percent of authorized hours for active status cases (Eligible, Presumptive Eligible and Leave) that are within, above and below the Hourly Task Guideline based upon the Functional Rank (2-5) assigned to a Functional Area. Each Service Type associated with a Functional Area will be reported separately.

This report is Statewide by County – Reports HTG information for all cases associated with each County within the State.

Cases will be reported when the IHSS Determination Date falls within a reporting period and is associated with one of the following Assessment Types:

- Initial
- Change
- Reassessment
- Telehealth
- Inter-County Transfer
- State Hearing

The business need is to identify the number and percentage of cases in and outside the hourly task guidelines by service type for the 12 listed HTG service types.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff

	<input checked="" type="checkbox"/> Management
	<input type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input checked="" type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input checked="" type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input checked="" type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Frequency	Required	Monthly, Quarterly, Yearly
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	All
OFFICE	Secondary	Original and County Level
SUPERVISOR	Third	Original
WORKER #	Fourth	Original

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
FUNCTIONAL AREA	Primary	
SERVICE TYPE	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter for the prior quarter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR: First business day of the calendar year for the prior year
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a month, quarter or calendar year based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOURLY TASK GUIDELINES REPORT									PAGE	
STATEWIDE COUNTY: San Diego			CYCLE DATE:	01/01/2010	TO	06/30/2010	RUN DATE:	09/15/2010	TIME:	09:52:41
HOURLY AUTHORIZATION FOR WORKING TAKES										
FUNCTIONAL AREA	SERVICE TYPE	RANK	OF RANGE BY RANK	ABOVE RANGE BY RANK	BELOW RANGE BY RANK	Avg Hrs Per Rank	Total % In Range by SVC Type	Min Hrs by SVC Type	Max Hrs by SVC Type	
FEEDING	Feeding	2	3	15%	1	25%	3	0%	01:15	
		2	4	11%	3	32%	1	2%	13:13	
		3	13	18%	10	26%	53	55%	03:08	
		3	1	30%	0	1%	1	70%	04:01	
HEAL, FREE & CLEAN-UP	Bed Clean-up	2	8	30%	0	2%	4	50%	03:08	
		2	9	32%	16	67%	0	0%	03:08	
		4	11	10%	12	13%	51	57%	03:19	
		5	8	15%	10	50%	3	5%	04:00	
	Preparation of Meals	2	3	25%	0	0%	3	75%	03:08	
		2	14	50%	10	40%	1	4%	03:44	
		3	4	4%	12	34%	57	62%	03:49	
		3	1	44%	0	1%	18	50%	03:54	
TRANSPORT	Bathing Skin, Repositioning	2	1	41%	0	1%	0	0%	01:24	
		2	8	0%	0	18%	0	0%	02:08	
		4	9	0%	0	18%	0	0%	02:08	
		5	9	0%	5	100%	0	0%	03:33	
	Transferring	2	1	11%	0	0%	0	0%	01:13	
		2	3	3%	15	97%	0	0%	20:45	
		3	1	10%	0	0%	0	0%	05:58	
		5	8	90%	2	40%	0	0%	04:38	
DATA UPDATED AS OF JEFFERSON COUNTY 8:00 AM THE PREVIOUS DAY										

Figure – Hourly Task Guidelines Report – State Level

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
STATEWIDE	Header	STATEWIDE	N	NA	Left	String
COUNTY:	The county for which the report was run	County Name	Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The supervisor's worker number. The supervisor is an element the report is grouped by.		N	NA	Left	String
WORKER #:	The worker assigned the cases this information is based on.		N	NA	Left	String
<b>REPORT BODY</b>						

FUNCTIONAL AREA	All Functional Areas which have associated Hourly Task Guidelines.		N	NA	Left	String
SERVICE TYPE	Service Types associated to a Functional Area. Hourly Task Guideline. See "Hourly Task Guideline by Functional Area" table above for reported Service Types		N	NA	Left	String
RANK	The possible Ranks associated with each Functional Area. See "Hourly Task Guideline by Functional Area" table for possible ranks for each Functional Area.		N	NA	Left	9
IN RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.		N	NA	Left	999
	The second column below this header is the percentage of cases with an Individual Assessed Need for the service within the HTG for the indicated Service Type.	No decimal	N	NA	Left	999%
ABOVE RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need for the service above the HTG for the indicated Service Type.		N	NA	Left	999
	The second column below this header is the percentage of cases with an Individual Assessed Need above the HTG for the indicated Service Type.		N	NA	Left	999%
BELOW RANGE BY RANK	The first column below this header is a count of cases with an Individual Assessed Need below the HTG for the indicated Service Type.		N	NA	Left	999
	The second column below this header is the percentage of cases with an Individual Assessed Need below the HTG for the indicated Service Type.	No decimal	N	NA	Left	999%
AVG HRS PER RANK	Average number of hours/minutes authorized per case for the indicated Rank.		N	NA	Left	999:99
TOTAL % IN RANGE BY SVC TYPE	The percent of cases with an Individual Assessed Need within the Service Type for the Functional Area which are within the guideline.	No decimal	N	NA	Left	999%
AVG HH:MM BY SVC TYPE	Average number of hours/minutes authorized per case for the indicated Service Type. This column evaluates all cases within the Service Type and reports an average based on the Service Type, not the functional ranks.		N	NA	Left	999:99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Centered	Text

## Hourly Task Guidelines by Functional Area with associated Service Type(s) and Hourly Guidelines for indicated by Functional Rank

The following Functional Areas and associated Service types will be reported on the Hourly Task Guideline Report.

Functional Area	Service Type	Hourly Task Guideline for Functional Rank
Ambulation	Ambulation	Rank 2 – 00:35 to 01:45 Rank 3 – 01:00 to 02:06 Rank 4 – 01:45 to 03:30 Rank 5 – 01:45 to 03:30
Bathing and Grooming	Bathing, Oral Hygiene, and Grooming	Rank 2 – 00:30 to 01:55 Rank 3 – 01:16 to 03:09 Rank 4 – 02:21 to 04:05 Rank 5 – 03:00 to 05:06
Bathing and Grooming	Routine Bed Bath	Rank 2 - 00:30 to 01:45 Rank 3 - 01:00 to 02:20 Rank 4 - 01:10 to 03:30 Rank 5 - 01:45 to 03:30
Bowel, Bladder and Menstrual Care	Bowel & Bladder Care	Rank 2 – 00:35 to 02:00 Rank 3 – 01:10 to 03:20 Rank 4 – 02:55 to 05:50 Rank 5 – 04:05 to 08:00

Bowel, Bladder and Menstrual Care	Menstrual Care	Rank 2 – 00:17 to 00:48 Rank 3 – 00:17 to 00:48 Rank 4 – 00:17 to 00:48 Rank 5 – 00:17 to 00:48
Dressing	Dressing	Rank 2 – 00:34 to 01:12 Rank 3 – 01:00 to 01:52 Rank 4 – 01:30 to 02:20 Rank 5 – 01:54 to 03:30
Dressing	Care and Assistance with Prosthesis	Ranks 2 – 00:28 to 01:07 Ranks 3 – 00:28 to 01:07 Ranks 4 – 00:28 to 01:07 Ranks 5 – 00:28 to 01:07
Feeding	Feeding	Rank 2 – 00:42 to 2:18 Rank 3 – 1:10 to 3:30 Rank 4 – 3:30 to 7:00 Rank 5 – 5:15 to 9:20
Meal Prep & Clean-up	Meal Preparation	Rank 2 – 03:01 to 07:00 Rank 3 – 03:30 to 07:00 Rank 4 – 05:15 to 07:00 Rank 5 – 07:00 to 07:00
Meal Prep & Clean-up	Meal Clean-up	Rank 2 – 01:10 to 03:30 Rank 3 – 01:45 to 03:30 Rank 4 – 01:45 to 03:30 Rank 5 – 02:20 to 03:30
Transfer	Repositioning and Rubbing Skin	Rank 2 – 00:45 to 2:48 Rank 3 – 00:45 to 2:48 Rank 4 – 00:45 to 2:48 Rank 5 – 00:45 to 2:48
Transfer	Transfer	Rank 2 – 00:30 to 1:00 Rank 3 – 00:35 to 01:24 Rank 4 – 01:06 to 02:20 Rank 5 – 01:10 to 03:30

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/IHSS Death Match Report

CI	Document Name
 CI-818678 - DSD RPTS CDPH Death Match <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_CDPH_Death_Match.docx

## Report Business Description

The IHSS Death Match Report will report Death Match data from the California Department of Public Health (CDPH) interfaced to CMIPS and the resulting Death Match data. There is no security implemented for this report which will allow counties to see other counties data. The report shall include the following parameters:

- Report on Recipients that are in 'Pending', 'Active', or 'Leave' status.
- Report on Providers with enrollment eligible = 'Yes'
- For the above criteria conditions, these individuals will display on the report WHEN:
  - Death Notification Source on CMIPS = CDPH Interface AND Death Outcome = 'Pending' (in general these will not have an Outcome Entered Date) OR Outcome Entered Date falls within the month of the report request (i.e. Cycle Date)

## Target Audience

The target audience for this report are county and state Quality Assurance (QA) Staff.

Category	Select	Audience
County		Program Staff
		Supervisors
		Management
	X	QA Staff
		Fiscal Staff
		Security Administrator
<hr/>		
CDSS		Program Staff
		Management
		Accounting
	X	QA Staff
		Fraud
		Adult Program Division (APD)
		Security Administrator
<hr/>		
External Partner		Department of Aging
		DHCS
		Health Benefit Managers
		Labor Organizations
		EDD
		SCO
		WPCS Program Staff (IHO)
		<hr/>

		Lien Holder
Vendor/CalHHS OTSI		Help Desk Staff
		Back Office Staff
		Security Administrator
		Application Administrator
		Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Retention	X	QA/Fraud
	Health Benefit Managers		State Only
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security
	Labor Organizations		Time and Attendance
	Ops_HelpDesk		

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Portrait	X	8.5"x11" (letter)
	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment

County	Ascending	Counties start on new pages in the Report Body
District Office	Ascending	Data is grouped by District Office in the Totals section of the report

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
District Office	Ascending	Only displays for Person Type: Recipient and Both
Case Number		
Provider Number		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable.

Select	Batch	Frequency	Detail
		Daily	Sun Mon Tue Wed Thurs Fri Sat
		Weekly ON:	Sun Mon Tue Wed Thurs Fri Sat
		Bi Weekly ON:	Sun Mon Tue Wed Thurs Fri Sat
		Semi-Monthly	DAYS OF THE MONTH:
X		Monthly	DAY OF THE MONTH: The date selected will run the report for that entire month
		Quarterly	DAY OF THE QUARTER:
		Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE:
X	N/A	Other	Describe: Death Outcome parameters include: All, Pending, Not Deceased, Deceased – No OP, Deceased – OP Fraud, Deceased – OP Recovery

## Sample

F O R M A			
VIAJE:		DETALLE: FECHA: 07/04/2014 HORA: 07:00-10:00	
DIRE:		DETALLE: FECHA: 07/04/2014 HORA: 07:00-10:00	
ITEM	ACTUAL FECHA DE SALIDA	DETALLE ENTREGA ALIAS	DETALLE
11	06/04/2014	07/04/2014	DESPACHADOR TELTEL
12	06/04/2014	07/04/2014	DESPACHADOR TELEFONICO
13		07/04/2014	Env. Despachado
14	06/07/2014	07/04/2014	Despachador-PC-02
15		07/04/2014	Env. Despachado
16			Gestión
17			Env. Despachado
18	06/10/2014	07/04/2014	DESPACHADOR-PC-02
19	06/07/2014	07/04/2014	DESPACHADOR-PC-02
20	06/10/2014	07/04/2014	DESPACHADOR-PC-02
21		07/04/2014	Env. Despachado
22		07/04/2014	Env. Despachado
23			Gestión

**Figure – CDPH Death Match Report – Populated Data Example**

## **Figure – CDPH Death Match Report – No Data Example**



Figure – CDPH Death Match Report – Totals Page Example

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number (X of TOTAL)		N	NA	Left	9,999
COUNTY:	The county for which the report was run. If the report is run on multiple counties, and multiple counties have no data to display in this report, all counties with no data populate on a single page as a comma separated list in this field. <b>Note:</b> This value does not display on the header of the TOTALS page.	Selected County Name or Statewide	Y	A	Left	String
CYLCYE DATE:	The month the report was generated for		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
The body of the report is split into three sections that list Providers, Recipients, and Both. If no data is available, 'NO DATA TO REPORT' populates the Report Body. Data Elements are constant across all three sections.						
DISTRICT OFFICE	The County District Office <b>Note:</b> This does not display for Person Type: Provider		Y	NA	Left	99
NAME OF DECEASED	Full Name of the deceased person	LAST NAME, FIRST NAME	N	NA	Left	String
RECIPIENT OR PROVIDER OR BOTH	Report is split into sections that list PROVIDER, RECIPIENT, or BOTH <b>Note:</b> If no data is available for a specific Person Type, that section does not display.		Y	NA	Left	String
CASE NUMBER	If the death match record is for a recipient display the case number		N	A	Left	9999999

PROVIDER NUMBER	If the death match record is for a provider display the provider number		N	A	Left	999999999
REPORTED DATE OF DEATH	The reported date of death received on the interface file		N	NA	Left	MM/DD/YYYY
NOTIFICATION DATE	The date that death information was received from the CDPH batch interface		N	NA	Left	MM/DD/YYYY
ACTUAL DATE OF DEATH	The Date of Death field on the Person Home record		N	NA	Left	MM/DD/YYYY
OUTCOME ENTERED DATE	The date user modified the selection in the Death Outcome field in CMIPS from 'Pending' to another value		N	NA	Left	MM/DD/YYYY
OUTCOME	The outcome of the death investigation. Map based on the selected value in the Death Outcome field in CMIPS:  • Pending = Pending • Not Deceased – Payee Met, SS Card & ID Viewed = Not Deceased • Not Deceased – Payee Met, SS Card & ID on File = Not Deceased • Deceased – No Overpayment = DECEASED – No OP • Deceased – Overpayment, Recovery Initiated – Deceased-OP Recovery • Deceased – Overpayment, Fraud Referral Initiated – Deceased-OP Fraud		N	NA	Left	String
PRIMARY PHONE	The primary phone number in CMIPS of the individual indicated as deceased		N	NA	Left	999-999-9999

#### REPORT BODY - TOTALS

The Totals page is split into sections that represent the counties displayed on the report. Each row of a county section represents a different district office.

COUNTY	The county of the data that is displayed. Displays once for each county.		N	A	Left	String
DISTRICT OFFICE	The district office of the data that is displayed. If there is no district office data (e.g. only Providers), this field shall display as 'N/A'		N	A	Left	99
TOTAL REPORTED	The distinct number of persons reported (e.g. If a Recipient is also a Provider, that person is only counted once under this data element)		N	NA	Left	999,999,99
PROVIDERS	The distinct number of persons reported that are Providers only		N	NA	Left	999,999,99
RECIPIENTS	The distinct number of persons reported that are Recipients only		N	NA	Left	999,999,99
BOTH	The number of persons reports that are both Recipient and Provider		N	NA	Left	999,999,99
COUNTY TOTAL	The sum of the data for TOTAL REPORTED, PROVDERIS, RECIPIENTS, and BOTH for the county.		N	NA	Left	999,999,99
GRAND TOTAL	The sum of the data for TOTAL REPORTED, PROVDERIS, RECIPIENTS, and BOTH across all counties shown in the report.		N	NA	Left	999,999,99

#### FOOTER

CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	Static Text Footer		N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/IHSS Plus Option – Annual

CI	Document Name
 CI-51796 - DSD RPTS IHSS Plus Option Annual Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_IHSS_Plus_Option_Annual_Report.doc

## Report Business Description

The IHSS Plus Option Annual Report provides a case count of Authorized and Paid cases and the Total Gross Wages paid associated with the IPO program for the Fiscal Year (July through June).

The following are the five IPO Funding Sources will be reported:

- IPO1 – Advance Pay – Cases for severely impaired Recipients who are Federal Financial Participation (FFP) eligible and receiving Advance Payment
- IPO2 – Restaurant Meals – Cases for Recipients who are FFP eligible and receiving Restaurant Meals Allowance
- IPO3 – Parent Provider of Minor Child – Cases for Recipients who are FFP eligible, a minor child (under the age of 18) and have a Parent Provider
- IPO4 – Spouse Provider – Cases for Recipients who are FFP eligible and who have a Spouse Provider
- IPO5 – Multiple – Cases for Recipient who are FFP eligible and have more than one of the above listed

The following categories will be reported for each of the IPO Funding Sources:

- Authorize Cases – The number of cases with authorized services for the reported Service Month
- Paid Cases – The number of cases for which dollars were paid for the reported Service Month
- Total Gross Wages – The gross amount paid for the cases for the reported Service Month. Gross = Net Pay + payroll deductions + employer and employee tax expenditures

This report also includes Voluntary and Involuntary Disenrollment from the IPO programs:

- Voluntary Disenrollment – At the Recipient's request one of the following occurs
- Chose to no longer Receive Services – The Recipient requests termination from the IHSS program (NOA Code TR02)
- Chose to no longer have P/S Provider – A Parent or Spouse Provider is terminated from the Recipient case (NOA Code FS04 when reason is "No longer get services from your spouse" or "No longer are a child under the age of 18 and you are getting services from a parent."
- Chose to no longer have Advance Pay – The Recipient requests termination from the Advance Pay (NOA Code AP04)
- Chose to no longer have Meal Allowance – The Recipient requests termination from Restaurant Meals Allowance (NOA Code RM02)
- Involuntary Disenrollment – Circumstances other than Recipient request cause the Recipients disenrollment from the IPO program:
- Death – Recipient Death – (NOA Codes – TR17)
- Institutionalized – (NOA Codes – TR12, TR13, TR14, TR15)
- Loss of FFP Eligibility – (NOA Codes – FS05 when Funding Source change is from IPO to IHSS-R; TR11 – When Funding Source prior to Termination is IPO)
- Minor Turns 18 – Recipient's 18th birthday is in the report month (NOA Code FS04 – when reason is "No longer are a child under the age of 18 and you are getting services from a parent."
- Other – Any other circumstance which may cause the Funding Source to change from IPO to PCSP, IHSS-R or case termination (RM03, RM05, RM06, RM07)

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<b>CDSS</b>	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)

	<input type="checkbox"/>	Lien Holder
Vendor/CalHHS OTSI	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input checked="" type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance

<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	<b>DAY OF THE MONTH:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	<b>DAY OF THE MONTH:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	<b>DAY OF THE QUARTER:</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	<b>DAY OF THE YEAR:</b> First business day of the Fiscal Year for the prior FY.
<input checked="" type="checkbox"/>	N/A	On Demand	<b>RANGE:</b> For a Fiscal Year based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: ALAMEDA	STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES IHSS PLUS OPTION ANNUAL REPORT - STATE FISCAL YEAR	PAGE: 1 CYCLE DATE: 1/01/2009 TO 12/31/2009 REV DATE: 1/22/2010 TIME: 11:59:59		
<hr/>				
SERVICE	ANNUAL TOTAL			
<hr/>				
RESpite PROVIDER				
AUTHORIZED CARES	20			
PAID CARES	20			
TOTAL GROSS WAGES:	\$104,217			
<hr/>				
ADVANCE PAY				
AUTHORIZED CARES	20			
PAID CARES	20			
TOTAL GROSS WAGES:	\$114,217			
<hr/>				
DISMISSED PROVIDERS OF A SENIOR CHILD				
AUTHORIZED CARES	1			
PAID CARES	1			
TOTAL GROSS WAGES:	\$2			
<hr/>				
RESTAURANT MEAL ALLOWANCE				
AUTHORIZED CARES	0			
PAID CARES	0			
TOTAL GROSS WAGES:	\$0			
<hr/>				
MULTIPLE SERVICES (Duplicative Counts and Totals)				
AUTHORIZED CARES	0			
PAID CARES	0			
TOTAL GROSS WAGES:	\$0			
<hr/>				
VOLUNTARY DISENROLLMENT				
ANNUAL TOTAL				
CHOOSE TO NO LONGER RECEIVE SERVICES	20			
CHOOSE TO NO LONGER HAVE ADVANCE PAY	20			
<hr/>				
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY				

Figure – IHSS Plus Option Annual Report

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES IHSS PLUS OPTION ANNUAL REPORT - STATE FISCAL YEAR		PAGE: 1 CYCLE DATE: 1/01/2018 TO 12/31/2008 RUN DATE: 1/22/2018 TIME: 11:59:39
ANNUAL TOTAL		
DAVE SEBAL ALLOWANCE	10	
INVOLUNTARY DISBURSEMENT		
ANNUAL TOTAL		
DEATH	0	
DISMISAL/DISCHARGE	0	
ELIGIBILITY	0	
EXCH TURNS IN	0	
OTHERS	0	
DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY		

**Figure – IHSS Plus Option Annual Report – Continued**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY – Page 1</b>						
SERVICE	Service type being reported	Column Header	N	NA	Left	Text
ANNUAL TOTAL	Annual Total for the Fiscal Year	Column Header	N	NA	Left	Text
SPOUSE PROVIDER	Service type of spouse provider (IPO4)	Service Row	N	NA	Left	Text
ADVANCE PAY	Service type of Advance Pay (IPO1)	Service Row	N	NA	Left	Text

RESTAURANT MEALS ALLOWANCE	Service type of RMA (IPO2)	Service Row	N	NA	Left	Text
PARENT PROVIDER OF A MINOR CHILD	Service type of parent of minor child (IPO3)	Service Row	N	NA	Left	Text
MULTIPLE SERVICES	Service type of multiple services (IPO5)	Service Row	N	NA	Left	Text
AUTHORIZED CASES	The number of cases authorized hours assigned to the Funding Source for the report period	Repeated under each Service Row	N	NA	Left	9,999
PAID CASES	The number of cases with the Funding Source which were paid in the report month	Repeated under each Service Row	N	NA	Left	9,999
TOTAL GROSS WAGES \$	The Total Gross Wages associated with the Paid Cases for the reported Fiscal Year. This dollar amount is always rounded to the nearest dollar.	Repeated under each Service Row	N	NA	Left	\$999,999
VOLUNTARY DISENROLLMENTS		Bold Centered	N	NA	Center	Text
ANNUAL TOTAL		Bold Centered	N	NA	Center	Text
CHOSE TO NO LONGER RECEIVE SERVICES	Number of cases/Recipients who chose to no longer receive services for the reported Fiscal Year		N	NA	Left	999,999
CHOSE TO NO LONGER HAVE A P/S PROV	Number of cases/Recipients who chose to no longer have a P/S Provider for the reported Fiscal Year		N	NA	Left	999,999
CHOSE TO NO LONGER HAVE ADVANCE PAY	Number of cases/Recipients who chose to no longer have advance pay for the report reported Fiscal Year		N	NA	Left	999,999
CHOSE TO NO LONGER HAVE MEAL ALLOWANCE	Number of cases/Recipients who chose to no longer have a meal allowance for the report reported Fiscal Year		N	NA	Left	999,999
INVOLUNTARY DISENROLLMENTS		Bold Centered	N	NA	Left	Text
ANNUAL TOTAL		Bold Centered	N	NA	Center	Text
DEATH	Number of cases/Recipients dis-enrolled involuntarily due to death in the reported Fiscal Year		N	NA	Left	999,999
INSTITUTIONALIZATION	Number of cases/Recipients dis-enrolled involuntarily due to being institutionalized in the reported Fiscal Year		N	NA	Left	999,999
LOSS OF FFP MEDICAL ELIGIBILITY	Number of cases/Recipients dis-enrolled involuntarily due to loss of FFP Medi-Cal in the reported Fiscal Year		N	NA	Left	999,999
MINOR TURNS 18	Number of cases/Recipients dis-enrolled involuntarily due to being a minor that turned 18 in the reported Fiscal Year		N	NA	Left	999,999
OTHER	Number of cases/Recipients involuntarily dis-enrolled due to reasons other than those listed above in the reported Fiscal Year		N	NA	Left	999,999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/IHSS Plus Option – Monthly Data

CI	Document Name
 CI-51833 - DSD RPTS IHSS Plus Option Monthly Data Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_IHSS_Plus_Option_Monthly_Data_Report.doc

## Report Business Description

The IHSS Plus Option (IPO) Monthly Data Report provides a case count of Authorized and Paid cases and the Total Gross Wages paid associated with the IPO program for the report month. For example, if the report Month is July 2010, the data will be associated with services authorized and paid for the July 2010 service month.

The following are the five IPO Funding Sources will be reported:

- IPO1 – Advance Pay – Cases for severely impaired Recipients who are Federal Financial Participation (FFP) eligible and receiving Advance Payment
- IPO2 – Restaurant Meals – Cases for Recipients who are FFP eligible and receiving Restaurant Meals Allowance
- IPO3 – Parent Provider of Minor Child – Cases for Recipients who are FFP eligible, a minor child (under the age of 18) and have a Parent Provider
- IPO4 – Spouse Provider – Cases for Recipients who are FFP eligible and who have a Spouse Provider
- IPO5 – Multiple – Cases for Recipient who are FFP eligible and have more than one of the above listed

The following categories will be reported for each of the IPO Funding Sources:

- Authorize Cases – The number of cases with authorized services for the reported Service Month
- Paid Cases – The number of cases for which dollars were paid for the reported Service Month
- Total Gross Wages – The gross amount paid for the cases for the reported Service Month. Gross = Net Pay + payroll deductions + employer and employee tax expenditures

This report also includes Voluntary and Involuntary Disenrollment from the IPO programs:

- Voluntary Disenrollment – At the Recipient's request one of the following occurs
- Chose to no longer Receive Services – The Recipient requests termination from the IHSS program (NOA Code TR02)
- Chose to no longer have P/S Provider – A Parent or Spouse Provider is terminated from the Recipient case (NOA Code FS04 when reason is "No longer get services from your spouse" or "No longer are a child under the age of 18 and you are getting services from a parent."
- Chose to no longer have Advance Pay – The Recipient requests termination from the Advance Pay (NOA Code AP04)
- Chose to no longer have Meal Allowance – The Recipient requests termination from Restaurant Meals Allowance (NOA Code RM02)
- Involuntary Disenrollment – Circumstances other than Recipient request cause the Recipients disenrollment from the IPO program:
- Death – Recipient Death – (NOA Codes – TR17)
- Institutionalized – (NOA Codes – TR12, TR13, TR14, TR15)
- Loss of FFP Eligibility – (NOA Codes – FS05 when Funding Source change is from IPO to IHSS-R; TR11 – When Funding Source prior to Termination is IPO)
- Minor Turns 18 – Recipient's 18th birthday is in the report month (NOA Code FS04 – when reason is "No longer are a child under the age of 18 and you are getting services from a parent."
- Other – Any other circumstance which may cause the Funding Source to change from IPO to PCSP, IHSS-R or case termination (RM03, RM05, RM06, RM07)

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<b>CDSS</b>	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)

<input type="checkbox"/>	Lien Holder
Vendor/CalHHS OTSI	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input checked="" type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance

<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	<b>DAY OF THE MONTH:</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA		PAGE 11
COUNTY:	Sacramento	IN-HOME SUPPORTIVE SERVICES
		THREE PAY OPTION MONTHLY DATA REPORT
		CYCLE DATES: 07/01/2018 TO 07/31/2018
		END DATE: 07/25/2018 TIME: 11:58:15
SERVICE	JULY	
<hr/>		
SOCIAL SECURITY:		
AUTHORIZED CASES	383	
PAID CASES	383	
TOTAL CASES VALUE:	\$137,143	
<hr/>		
ADVANCE PAY:		
AUTHORIZED CASES	0	
PAID CASES	0	
TOTAL CASES VALUE:	0	
<hr/>		
PARENT DIVISION OF MINOR CHILD:		
AUTHORIZED CASES	323	
PAID CASES	323	
TOTAL CASES VALUE:	\$94,114	
<hr/>		
RENTAL/MORTGAGE ALLOWANCE:		
AUTHORIZED CASES	0	
PAID CASES	0	
TOTAL CASES VALUE:	0	
<hr/>		
MULTIPLE SERVICE (displaying counts and totals)		
AUTHORIZED CASES	0	
PAID CASES	0	
TOTAL CASES VALUE:	0	
<hr/>		
DATA UPDATED AS OF APPROXIMATELY 9:30 IN THE SERVICE DAY		

**Figure – IHSS Plus Option Monthly Data Report – Page 1**

<b>STATE OF CALIFORNIA</b> <b>IN-HOME SUPPORTIVE SERVICES</b> <b>IHSS PLUS OPTION MONTHLY DATA REPORT</b>		PAGE: 1/2
		CYCLE DATE: 06/01/2016 TO 06/30/2016 RUN DATE: 07/05/2016 TIME: 11:18:15
<b>PAGE</b>		
<b>VOLUNTARY DISENROLLMENTS</b> <i>Date</i>  <input checked="" type="checkbox"/> RECEIVE SERVICES <input type="checkbox"/> HAVE A PAY DUE <input type="checkbox"/> HAVE ADVANCE PAY <input type="checkbox"/> HAVE HOME ENCLAVE  <b>INVOLUNTARY DISENROLLMENTS</b> <i>Date</i>  <input type="checkbox"/> SOC <input type="checkbox"/> ELIGIBILITY <input type="checkbox"/>		
DATA UPDATED AND REINDEXED AT 1:00 AM THE PREVIOUS DAY		

**Figure – IHSS Plus Option Monthly Data Report – Page 2**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY – Page 1</b>						
SERVICE	Service type being reported	Column Header	N	NA	Left	Text
<Month>	Report month	Column Header	N	NA	Left	Text

SPOUSE PROVIDER	Service type of spouse provider (IPO4)	Service Row	N	NA	Left	Text
ADVANCE PAY	Service type of Advance Pay (IPO1)	Service Row	N	NA	Left	Text
RESTAURANT MEALS ALLOWANCE	Service type of RMA (IPO2)	Service Row	N	NA	Left	Text
PARENT PROVIDER OF A MINOR CHILD	Service type of parent of minor child (IPO3)	Service Row	N	NA	Left	Text
MULTIPLE SERVICES	Service type of multiple services (IPO5)	Service Row	N	NA	Left	Text
AUTHORIZED CASES	The number of cases authorized hours assigned to the Funding Source for the report period	Repeated under each Service Row	N	NA	Left	9,999
PAID CASES	The number of cases with the Funding Source which were paid in the report month	Repeated under each Service Row	N	NA	Left	9,999
TOTAL GROSS WAGES \$	The Total Gross Wages associated with the Paid Cases for the report month	Repeated under each Service Row Rounded to nearest dollar.	N	NA	Left	\$999,999

**REPORT BODY – Page 2**

SERVICE	Service type being reported	Column Header	N	NA	Left	Text
<Month>	Report month	Column Header	N	NA	Left	Text
VOLUNTARY DISENROLLMENTS		Bold Centered	N	NA	Left	Text
<Month>	Month of dis-enrollment		N	NA	Left	Text
CHOSE TO NO LONGER RECEIVE SERVICES	Number of cases/Recipients who chose to no longer receive services for the report month.		N	NA	Left	9,999
CHOSE TO NO LONGER HAVE A P/S PROV	Number of cases/Recipients who chose to no longer have a P/S Provider for the report month.		N	NA	Left	9,999
CHOSE TO NO LONGER HAVE ADVANCE PAY	Number of cases/Recipients who chose to no longer have advance pay for the report month.		N	NA	Left	9,999
CHOSE TO NO LONGER HAVE MEAL ALLOWANCE	Number of cases/Recipients who chose to no longer have a meal allowance for the report month.		N	NA	Left	9,999
INVOLUNTARY DISENROLLMENTS		Bold Centered	N	NA	Centered	Text
<Month>	Month of dis-enrollment		N	NA	Centered	Text
DEATH	Number of cases/Recipients dis-enrolled involuntarily due to death in the reporting month.		N	NA	Left	9,999
INSTITUTIONALIZATION	Number of cases/Recipients dis-enrolled involuntarily due to being institutionalized in the reporting month.		N	NA	Left	9,999
LOSS OF FFP MEDI-CAL ELIGIBILITY	Number of cases/Recipients dis-enrolled involuntarily due to loss of FFP Medi-Cal in the reporting month.		N	NA	Left	9,999
MINOR TURNS 18	Number of cases/Recipients dis-enrolled involuntarily due to being a minor that turned 18 in the reporting month.		N	NA	Left	9,999
OTHER	Number of cases/Recipients involuntarily dis-enrolled due to reasons other than those listed above in the reporting month.		N	NA	Left	9,999

**REPORT FOOTER**

	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/In-Patient Hospitalization/Long Term Care Stay Payment Review

CI	Document Name
 CI-51775 - DSD RPTS InPatient Hosp Long Term Care Stay Payment Review Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_InPatient_Hosp_Long_Term_Care_Stay_Payment_Review_Report.doc

## Report Business Description

The In-Patient Hospitalization/Long Term Care Stay Payment Review Report is processed on a monthly basis and reports cases for which a Medi-Cal Service Match record has been received in the report month for either an In-patient Hospital or Long Term Care (LTC) admission. Cases will only be reported when the inpatient admission is greater than two days. The time count begins with the first day the Recipient is in the admitted to the inpatient or LTC facility and concludes on the day of discharge.

The purpose of this report is to provide baseline data for prioritizing and directing QA and program integrity (reports and detect fraud) efforts at the State and county levels and receive overpayments.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
DAYS STAY	Primary	
CASE NUMBER	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: Based on date selected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## Figure – In-Patient Hospitalization/Long Term Care Stay Payment Review Report

# Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Not on the County report	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
CASE NUMBER	The CMIPS case for which an admission was reported		N	NA	Left	9999999
MEDI-CAL SERVICE DATE	Header for the From and To dates		N	NA	Centered	Text
FROM	The date on which the Recipient was admitted to the indicated Inpatient or Long Term Care Facility placement.		N	NA	Left	MM/DD /YYYY
TO	The date on which the Recipient was discharged from the indicated Inpatient or Long Term Care Facility placement. This field may be blank if the Recipient had not yet been discharged when the Medi-Cal Service Match was processed.		N	NA	Left	MM/DD /YYYY

DAYS STAY:	Number of days the Recipient was admitted to the indicated facility.		N	NA	Left	99
FACILITY NAME	Name of the facility to which the Recipient was admitted.		N	NA	Left	String
SERVICE TYPE	The type of inpatient facility (In-Patient, Long Term Care).		N	NA	Left	String
DOLLAR AMOUNTS OF STAY	Dollar amount paid for the Recipient's inpatient admission.		N	NA	Left	999,999.00
OUTCOME /AMT	The Outcome indicated on the case Medi-Cal Paid Claims screen. The outcome options are: Referred for Investigation Referred for O/P Closed no duplication Pending		N	NA	Left	String
OUTCOME DATE	The user entered Outcome Date on the Medi-Cal Paid Claims screen.		N	NA	Left	String
QA WKR #	The QA Worker that entered the outcome in CMIPS.		N	NA	Left	9999

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Centered	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/In-Patient Hospitalization/Long Term Care Stay Payment Review – County

CI	Document Name
 CI-670582 - DSD RPTS InPatient Hosp Long Term Care Stay Payment Review Report County <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_InPatient_Hosp_Long_Term_Care_Stay_Payment_Review_Report_County.docx

## Report Business Description

The In-Patient Hospitalization/Long Term Care Stay Payment Review Report is processed on a monthly basis and reports cases for which a Medi-Cal Service Match record has been received in the report month for either an In-patient Hospital or Long Term Care (LTC) admission. Cases will only be reported when the inpatient admission is greater than two days. The time count begins with the first day the Recipient is in the admitted to the inpatient or LTC facility and concludes on the day of discharge.

The purpose of this report is to provide baseline data for prioritizing and directing QA and program integrity (reports and detect fraud) efforts at the State and county levels and receive overpayments.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
DAYS STAY	Primary	
CASE NUMBER	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: Based on date selected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## Figure – In-Patient Hospitalization/Long Term Care Stay Payment Review Report – County

# Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/YY /YYY TO MM/YY /YYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/YY /YYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
CASE NUMBER	The CMIPS case for which an admission was reported		N	NA	Left	9999999
MEDI-CAL SERVICE DATE	Header for the From and To dates		N	NA	Centered	Text
FROM	The date on which the Recipient was admitted to the indicated Inpatient or Long Term Care Facility placement.		N	NA	Left	MM/DD /YYYY
TO	The date on which the Recipient was discharged from the indicated Inpatient or Long Term Care Facility placement. This field may be blank if the Recipient had not yet been discharged when the Medi-Cal Service Match was processed.		N	NA	Left	MM/DD /YYYY
DAYS STAY:	Number of days the Recipient was admitted to the indicated facility.		N	NA	Left	999

FACILITY NAME	Name of the facility to which the Recipient was admitted.		N	NA	Left	String
SERVICE TYPE	The type of inpatient facility (In-Patient, Long Term Care).		N	NA	Left	String
DOLLAR AMOUNTS OF STAY	Dollar amount paid for the Recipient's inpatient admission.		N	NA	Left	\$99,999.00
OUTCOME /AMT	The Outcome indicated on the case Medi-Cal Paid Claims screen. The outcome options are: Referred for Investigation Referred for O/P Closed no duplication Pending		N	NA	Left	String
OUTCOME DATE	The user entered Outcome Date on the Medi-Cal Paid Claims screen.		N	NA	Left	MM/DD/YYYY
QA WKR #	The QA Worker that entered the outcome in CMIPS.		N	NA	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Intake Tracking Report for Medi-Cal Determination

CI	Document Name
 CI-51777 - DSD RPTS Intake Tracking Report for Medi-Cal Determination <b>IMPLEMENTED</b>	DSD_RPTS_Intake_Tracking_Report_for_MediCal_Determination.doc

## Report Business Description

The Intake Tracking Report for Medi-Cal Eligibility is used to track the number of days a determination for Medi-Cal has taken by tracking the date it was referred to SAWS and the date Medi-Cal Eligibility was returned to the CMIPS application and whether the requested Medi-Cal Eligibility was approved or denied. The Recipient name and IHSS case number are used to identify these requests.

Cases displayed on this report are those that have:

1. MEDI-CAL REFERRAL MONTH (Date Referred to SAWS)
2. A MEDI-CAL INITIAL ELIGIBILITY NOTIFICATION DATE that is either:
  3. Blank or
  4. A date within the report month
  5. Case Status any time in the report month is:
    6. Pending or
    7. Presumptive Eligible

Used for monitoring compliance with regulatory timelines, evaluating customer service issues and staffing needs by tracking time elapsed for Medi-Cal and IHSS eligibility determination. For example, if timelines are not meeting regulatory requirements, additional staff may be required in order to meet customer needs.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff

<input type="checkbox"/>	Management
<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Forth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Last Name, First Name
# DAYS FOR MC DETERMINATION	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the current month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for a one month period based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IHSS SUPPORTIVE SERVICES INTAKE TRACKING REPORT FOR MEDICAL DETERMINATION								PAGE #		
COUNTY: ALAMEDA	REPORT DATE: 04/16/2010	CYCLE DATE: 03/10/2010	TO: 04/16/2010	FROM: 03/10/2010						
INTERVIEWER: STETZ										
WORKER #: 00000000000000000000										
RECIPIENT NAME	CASE NUMBER	DATE OF REQUEST FOR IHSS	HC AHP ID#	DATE REFERRAL TO IHSS	DATE REFERRAL FROM IHSS	HC # HHS ID#	HC AHP ID#	DISCHARGE STATUS	IN #	
Balding, Bill	00000000000000000000	04/16/2010	00000000000000000000	04/16/2010	04/16/2010	00000000000000000000	00000000000000000000	Discharged	00000000000000000000 - Building 1000 Off Facility	00000000000000000000
Interim Agency Name	00000000000000000000	04/16/2010	04/16/2010	04/16/2010	04/16/2010	00000000000000000000	00000000000000000000	Discharged	00000000000000000000 - Building 1000 Off Facility	00000000000000000000

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**Figure – Intake Tracking Report for Medi-Cal Determination**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR	The supervisor's worker number.		N	NA	Left	String
WORKER #	The case owner's worker number.		N	NA	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	This column displays the name of the Recipient that requested IHSS services.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The system generated CMIPS IHSS case number associated with the Recipient for which IHSS services are requested.		N	NA	Left	99999999
DATE OF REQUEST FOR IHSS	Date (MM/DD/YYYY) IHSS services were requested for the associated Recipient (CMIPS IHSS services Application Date).		N	NA	Left	MM/DD /YYYY

MC AID CD	If known in CMIPS, the Recipient's Medi-Cal aid code will be displayed.		N	NA	Left	String
DATE REFERRED TO SAWS	Date (MM/DD/YYYY) CMIPS sent the IHSS services referral to SAWS for Medi-Cal eligibility determination.		N	NA	Left	MM/DD /YYYY
DATE RETURNED FROM MEDS	Date (MM/DD/YYYY) MEDS notified CMIPS of the Medi-Cal eligibility determination status.		N	NA	Left	MM/DD /YYYY
MC # DYS DETERM	The number of days between the referral being interfaced to SAWS and returned to CMIPS.		N	NA	Left	99
MC APPR /DENY	Medi-Cal Eligibility Status returned for Recipient's Medi-Cal Application.		N	NA	Left	String
DENIAL REASON	The Medi-Cal Denial Reason received from the MEDS Daily Update or MEDS Monthly Renewal interface.		N	NA	Left	String
EW #	The Medi-Cal Eligibility Worker Number		N	NA	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/MEDS Alert Caseload Detail

CI	Document Name
 CI-51848 - DSD RPTS MEDS Alert Caseload Detail <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_MEDS_Alert_Caseload_Detail.doc

## Report Business Description

The MEDS Alert Caseload reports are created based upon the daily MEDS Alert interface. This interface file processes directly against the BusinessObjects Reporting database and creates the report. The interface data does not process against the CMIPS Case Management System. There are two resulting MEDS Alert reports:

- MEDS Alert Caseload Detail Report - lists the detail information of each MEDS Alert by County, District Office Supervisor and Worker Number (Case Owner). The detail section at the Recipient level and displays the MEDS Alert with a listing of all Recipients that received that alert.
- MEDS Alert Caseload Summary – lists the MEDS Alert number, message verbiage and the number received based for that particular MEDS Alert. This report may be requested by the County, District Office or Worker Number (Case Owner).

The purpose of this report is to list Recipients with alerts identified by MEDS and the number of alerts received at different summary levels.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date		
County		

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
MEDS ALERT NUMBER	Primary	Caseload Detail Report
MEDS ALERT TEXT	Secondary	Caseload Detail Report
RECIPIENT NAME	Third	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: Generated based on selected criteria – Detail generates detail only for worker requesting report
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MEDS ALERT CASeload DETAIL REPORT							FILED: 04/01/2014 BY 10:00 AM
REPORT DATE: 04/01/2014	REPORT TIME: 10:00 AM	FILE NUMBER: 04/01/2014	CREATED BY: CALIFORNIA				
MEDS ALERT NUMBER: 1000	MEDS ALERT TEST: CRITICAL CLIENT DATA THREATENED - CREATE FOR DEDUCTION						
RECIPIENT NAME: Shelly, 0-44444	COUNTY ID: 000-0000000-0-00	HEDE ID: 001-00-0000	SSN: 00-00-0000	CDR: 000-0000000	TRANS CODE: 0000	CREATION DATE: 04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
MEDS ALERT NUMBER: 1001	MEDS ALERT TEST: CRITICAL CLIENT DATA THREATENED - CREATE FOR DEDUCTION						
RECIPIENT NAME: Shelly, 0-44444	COUNTY ID: 000-0000000-0-00	HEDE ID: 001-00-0000	SSN: 00-00-0000	CDR: 000-0000000	TRANS CODE: 0000	CREATION DATE: 04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
MEDS ALERT NUMBER: 1002	MEDS ALERT TEST: CRITICAL CLIENT DATA THREATENED - CREATE FOR DEDUCTION						
RECIPIENT NAME: Shelly, 0-44444	COUNTY ID: 000-0000000-0-00	HEDE ID: 001-00-0000	SSN: 00-00-0000	CDR: 000-0000000	TRANS CODE: 0000	CREATION DATE: 04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
MEDS ALERT NUMBER: 1003	MEDS ALERT TEST: CRITICAL CLIENT DATA THREATENED - CREATE FOR DEDUCTION						
RECIPIENT NAME: Shelly, 0-44444	COUNTY ID: 000-0000000-0-00	HEDE ID: 001-00-0000	SSN: 00-00-0000	CDR: 000-0000000	TRANS CODE: 0000	CREATION DATE: 04/01/2014	
Shelly, 0-44444	000-0000000-0-00	001-00-0000	00-00-0000	000-0000000	0000	04/01/2014	
<hr/> <small>CONFIDENTIAL DATA RELATED TO THE ATTACHMENT IS OWN BY THE SUBMITTING FIRM.</small>							

Figure – MEDS Alert Caseload Detail

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The Worker Number of the Supervisor of the Case Owner. This field will only display on the Caseload Detail, Caseload Summary Worker and Caseload Summary District Office versions.		N	NA	Left	String
WORKER #:	The Worker Number associated to the Case Owner for the Recipient being reported. This field will only display on the Caseload Detail and Caseload Summary Worker.		N	NA	Left	String
<b>REPORT BODY</b>						

MEDS ALERT NUMBER:	The numeric code that identifies the message from MEDS.		N	NA	Left	String
MEDS ALERT TEXT:	The message (Alert) text that briefly describes the message.		N	NA	Left	String
RECIPIENT NAME	The name of the IHSS Recipient the associated MEDS alert applies.	Last Name, First Name	N	NA	Left	String
COUNTY ID	The MEDS County ID associated with the MEDS Alert.		N	NA	Left	String
MEDS ID	The MEDS ID associated with the MEDS Alert.		N	NA	Left	String
DOB	Date of birth of the Recipient associated with the MEDS Alert.		N	NA	Left	MM/DD /YYYY
CIN	The CIN associated with the MEDS Alert.		N	NA	Left	99999999X
TRANS CODE	Identifies the CMIPS transaction type from which the MEDS Alert resulted. The value can be the transaction that was submitted by CMIPS to update MEDS or a MEDS-generated transaction such as EW99.		N	NA	Left	String
CREATION DATE	The date on which the transaction was entered. It is used by MEDS to apply the county's transactions in the correct sequence for the batch update process.		N	NA	Left	MM/DD /YYYY

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/MEDS Alert Caseload Summary

CI	Document Name
 CI-670581 - DSD RPTS MEDS Alert Caseload Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_MEDS_Alert_Caseload_Summary.docx

## Report Business Description

The MEDS Alert Caseload reports are created based upon the daily MEDS Alert interface. This interface file processes directly against the BusinessObjects Reporting database and creates the report. The interface data does not process against the CMIPS Case Management System. There are two resulting MEDS Alert reports:

- MEDS Alert Caseload Detail Report - lists the detail information of each MEDS Alert by County, District Office Supervisor and Worker Number (Case Owner). The detail section at the Recipient level and displays the MEDS Alert with a listing of all Recipients that received that alert.
- MEDS Alert Caseload Summary – lists the MEDS Alert number, message verbiage and the number received based for that particular MEDS Alert. This report may be requested by the County, District Office or Worker Number (Case Owner).

The purpose of this report is to list Recipients with alerts identified by MEDS and the number of alerts received at different summary levels.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date		
County		
Version		County, District Office, Worker Number

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
MESSAGE TYPE	Primary	
MESSAGE NUMBER	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: Generated based on selected criteria – Detail generates detail only for worker requesting report
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

LOCATION: San Bruno	STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MEDS ALERT CASeload SUMMARY REPORT	PHONE: 510-638-7040/317946 CREATE DATE: 10/17/2010 TIME: 15:03:14 SUB-LIST: 10/17/2010
<hr/>		
MESSAGE TYPE	MESSAGE NUMBER AND DESCRIPTION	ISS TOTAL
ALERT	4221 111 0048: ORANGE BY STATE RESERVE - MEDICATIONS LIST	1
REFUSE	3108 ALARM CODE NUMBER / THE CODE IS NOT ENLIST	1
NOTICE	3724 REFUSED - 10/17/2010 10:45 AM - 10/17/2010 10:45 AM	1
UNKNOWN	(0) 0000 RECDEN: 10/17/2010 10:45 AM - 10/17/2010 10:45 AM	0
	TOTAL NUMBER	0
<hr/>		
TAPS: SYSTEM ID: 02 OF APPROXIMATELY 0246 IN THIS REPORT		

Figure – MEDS Alert Caseload Summary – Worker Number

STATE OF CALIFORNIA		PAGE:	2
DR-HOME SUPPORTIVE SERVICES		DATE: 01/01/2010 TO 01/31/2010	
MEDS ALERT CASeload SUMMARY REPORT		A/N DATE: 10/18/2010	00000000000000000000000000000000
<b>REASON AND DESCRIPTION</b>			
12. APP PROB: DENIED BY STATE AGENT/ADMISSIONS (000)		HHS TOTAL:	2
13. ALERT INDEX STATUS / THE HOMELESS CONFLICT			2
14. PENDING: CASE NOT OPENED - CASE FOR THIS CLIENT			1
17. BEING RECEIVED (CASE NUMBER NOT ALLOWED ON THIS TRANSACTION)			0
		TOTAL NUMBER:	3

LATE TIME/RE: OF ADDENDUM(S) FILED IN THIS TRANSACTION

Figure – MEDS Alert Caseload Summary – District Office

STATE OF CALIFORNIA		PAGE:	
IN-HOME SUPPORTIVE SERVICES		CYCLE DATE: 01/01/2010	
MEDS ALERT CASeload SUMMARY REPORT		RUN DATE: 01/15/2010	TIME: 14:26:17
<b>DATA FIELDS AND DESCRIPTION</b>		<b>ITEM TOTAL</b>	
13. ALL HIGH RISK INDIVIDUALS HAVE RELIABLE COMMUNICATIONS 14. CLIENT AGENT NUMBER / CASE OWNER AGENT NUMBER 15. DATE FIELD INDICATES AN UNENCLOSURE DATE 16. INITIAL CLIENT DATA CHANGES = CHANGES FOR THIS INDIVIDUAL 17. THIS REPORTS THAT CENTS ARE ACTUALLY ON THIS TRANSACTION 18. THE VALUE ENTERED IS NOT USED FOR THIS TRANSACTION		13 14 15 16 17 18	
		TOTAL NUMBER	
<small>THIS REPORT IS A COPY OF INFORMATION FROM THE PREVIOUS DAY.</small>			

**Figure – MEDS Alert Caseload Summary – County**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Only on the District Office and Worker Number version	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The Worker Number of the Supervisor of the Case Owner. This field will only display on the Caseload Detail, Caseload Summary Worker and Caseload Summary District Office versions.	Only on the Worker Number version	N	NA	Left	String

WORKER #:	The Worker Number associated to the Case Owner for the Recipient being reported. This field will only display on the Caseload Detail and Caseload Summary Worker.	Only on the Worker Number version	N	NA	Left	String
<b>REPORT BODY</b>						
MESSAGE TYPE	The message type from MEDS identifying the criticality of the message.		N	NA	Left	String
MESSAGE NUMBER AND DESCRIPTION	The number and description of the message from MEDS.		N	NA	Left	String
SUB TOTALS	A count of each message number and type.		N	NA	Left	99
TOTAL NUMBER	The total number of all messages reported		N	NA	Left	999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Assessment Due

CI	Document Name
 CI-51785 - DSD RPTS Monthly Assessment Due Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Assessment_Due_Report.doc

## Report Business Description

The Monthly Assessment Due report provides social workers and their supervisors with a list of active cases (Eligible, Presumptive Eligible and Leave case status) that need reassessments in the current and two future months. The report will provide Recipient details the assessment due date and additional information to help the social worker prepare for the reassessment based on case characteristics. This list will enable a social worker to schedule home visits more efficiently by providing a view of his or her upcoming reassessments.

When this report runs it will contain reassessments due for the current month (report month) and two future months. Example: Current report run date is 05/01/10; the "reassessments due" that populate for this report are for "reassessments" due in May 2010, June 2010 and July 2010.

This report assists the social worker and supervisory staff in planning for the current month and future month(s) by providing the number of assessments due in the current and upcoming months.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
<b>County</b>	X	Program Staff
	X	Supervisors
		Management
		QA Staff
		Fiscal Staff
		Security Administrator
<b>CDSS</b>		Program Staff
		Management
		Accounting
		QA Staff
		Fraud
		Adult Program Division (APD)
		Security Administrator
<b>External Partner</b>		Department of Aging
		DHCS
		Health Benefit Managers
		Labor Organizations
		EDD
		SCO

		WPCS Program Staff (IHO)
		Lien Holder
<b>Vendor/CaHHS OTSI</b>		Help Desk Staff
		Back Office Staff
		Security Administrator
		Application Administrator
		Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
X	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Download		QA/Fraud
	Data Retention		State Only
	Health Benefit Managers		State Only – BatchPDF
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security
	Labor Organizations		Time and Attendance
	Ops_HelpDesk		WPCS

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Landscape	X	8.5"x11" (letter)
	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	
Funding Source	Required	Sorted in the following order: All, CFCO, PCSP, IPO, IHSS-R
Sort Option	Required	Assessment Due Date

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
ASSESSMENT DUE DATE	Primary	
RECIPIENT NAME	Secondary	Alphabetically (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
		Daily	
		Weekly	
		Bi Weekly	
		Semi-Monthly	
X	X	Monthly	DAY OF THE MONTH: First business day of the month for the current month
		Quarterly	
		Annual	
X	N/A	On Demand	RANGE: On request based on the date entered
	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY ASSESSMENT DUE REPORT												REG#	CDR#	
RECIPIENT NAME	RECIPIENT ADDRESS	RECIPIENT PHONE	PRI MC AID CDE	SUPERVISOR	SUPERV. SIS DATE	ELIGIBILITY	CASE STATUS	DISTRICT SUPER	PARK REGIONAL	CONTRACTOR CASE	REPORTER/STAFF	WORKERS		
[REDACTED]	[REDACTED]	880-000-0000	001	[REDACTED]	02/14/2012	Eligible	000	000	000	[REDACTED]	[REDACTED]			

CONFIDENTIAL  
DATA UTILIZED IS IF APPROXIMATELY 8:11 PM THIS PREVIOUS DAY

Figure – Monthly Assessment Due Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D/NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The work number of the Supervisor to whom the Worker (Case Owner) is assigned.		Y	A	Left	String
WORKER #:	The Worker Number associated to the social worker (Case Owner) to whom the case is assigned.		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The name of the Recipient.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The CMIPS Case Number associated to the Recipient		N	NA	Left	9999999
RECIPIENT ADDRESS	The Residence Address of the Recipient.		N	NA	Left	String
RECIP PHONE	The primary phone number of the Recipient		N	NA	Left	999-999-9999
PRI MC AID CDE	The Medi-Cal Aid Code associated with the Recipient's current Medi-Cal Eligibility information.		N	NA	Left	String

FUND SOURCE	The current IHSS Funding Source aid code.		N	NA	Left	String
ASSESSMENT DUE DATE	The Re-Assessment Due Date from the Recipient case. Displayed as MM/DD/YYYY		N	NA	Left	MM/DD/YYYY
SPOKEN LANGUAGE	The Recipient's indicated Spoken Language.		N	NA	Left	String
CASE STATUS	The current CMIPS case status.		N	NA	Left	String
PROTECTIVE SUPERVISION	Indicates whether or not (Yes or No) the Recipient has Protective Supervision Services.		N	NA	Left	String
PARAMEDICAL	Indicates whether or not (Yes or No) the Recipient has Paramedical Services.		N	NA	Left	String
COMPANION CASE	Indicates whether or not (Yes or No) the Recipient has associated Companion Cases.		N	NA	Left	String
SUPERVISOR:	The work number of the Supervisor to whom the Worker (Case Owner) is assigned.		Y	A	Left	String
WORKER #:	The Worker Number associated to the social worker (Case Owner) to whom the case is assigned.		Y	A	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Change to Primary Medi-Cal Aid Code

CI	Document Name
 CI-51801 - DSD RPTS Monthly Change to Primary Medi-Cal Aid Code Report <b>IMPLEMENTED</b>	DSD_RPTS_Monthly_Change_to_Primary_MediCal_Aid_Code_Report.doc

## Report Business Description

The Monthly Change to Primary Medi-Cal Aid Code Report notifies the Social Worker (Case Owner) of a change to a Recipient's primary Medi-Cal Aid Code. Cases will be reported based on the effective date of the change to a new Medi-Cal primary Aid Code which is based on the date the MEDS Daily or Monthly Renewal file with the Aid Code change is processed by in the CMIPS application.

This report also indicates the Termination Reason for any case where the Medi-Cal primary Aid Code prior to termination was other than 10, 20 or 60. For cases which indicate a Termination Reason, the Date of Change will be the effective date of the Termination. This information is associated with the SAWS Eligibility Information screen.

Used to identify cases which may require action by the social worker based on change to the Recipient's primary Medi-Cal aid code. This report identifies Recipients with a change in their primary Medi-Cal aid code in the reporting month. This includes a change to Medi-Cal aid code due to termination from SSI/SSP. Report should also include change from no Medi-Cal aid code to current Medi-Cal aid code.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY CHANGE TO PRIMARY MEDI-CAL AID CODE REPORT							PAGE: 4
COUNTY: Alameda	OFFICE: 02	SUPERVISOR: 8008	WORKER #: AAC01	CYCLE DATE: 04/01/2009 TO 04/30/2009	RUN DATE: 10/13/2009	TIME: 7:36:09	
RECIPIENT NAME	CASE NUMBER	FROM PRIMARY AID CODE	TO PRIMARY AID CODE	DATE OF CHANGE	MC TERMINATION REASON	CURRENT CASE STATUS	EW #
Martie, Fleming	0000013	ABC	CBA	04/07/2009		DENIED	MC15
Steven, S	0000015	CC1	CC2	04/01/2009		PENDING	MC74
Steven, S	0000015	CC1	CC3	04/27/2009		PENDING	MC75

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DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Monthly Change to Primary Medi-Cal Aid Code Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The worker number of the Supervisor to whom the Social Worker (Case Owner) is assigned. The supervisor is an element the report is grouped by.		Y	A	Left	String
WORKER #:	Indicates the Social Worker (Case Owner) to which the listed case(s) are assigned in the report period.		Y	A	Left	String
<b>REPORT BODY</b>						

RECIPIENT NAME	The Recipient's name	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number		N	NA	Left	9999999
FROM PRIMARY MC AID CDE	The Recipient's primary Medi-Cal aid code prior to the change. This field will be blank if the Recipient did not have a primary aid code, but received a new aid code.		N	NA	Left	String
TO PRIMARY MC AID CDE	The Recipient's new primary Medi-Cal aid code. This field will be blank when a Recipient is terminated from Medi-Cal and the update comes on the MEDS Monthly Renewal file.		N	NA	Left	String
DATE OF CHANGE	The date the MEDS Daily or MEDS Monthly Renewal Interface file with the Medi-Cal Aid Code change is received and processed in the CMIPS application. For cases where a MC Termination Reason this date will be the Medi-Cal Status Effective Date indicated on the SAWS Eligibility Information screen.		N	NA	Left	MM/DD/YYYY
MC TERMINATION REASON	The Medi-Cal reason for termination. This field will only be populated when the previous Medi-Cal Primary Aid Code was other than 10, 20 or 60 and the Medi-Cal eligibility has been terminated. This Reason will match the SAWS Eligibility Information screen Medi-Cal Status Reason field.		N	NA	Left	String
CURRENT CASE STATUS	The current IHSS case status: Pending, Eligible, Presumptive Eligible, Leave, Terminated, Denied, or Application Withdrawn.		N	NA	Left	String
EW #	Eligibility Worker Number as provided by MEDS.		N	NA	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Inter-County Transfer Case Status

CI	Document Name
 CI-51842 - DSD RPTS Monthly Inter-County Transfer Case Status <span style="background-color: #d3d3d3; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_InterCounty_Transfer_Case_Status.doc

## Report Business Description

The Monthly Inter-County Transfer Status Report lists cases being transferred between counties. Cases are reported based upon the Inter-County Transfer Status associate with a case. Cases continue to be reported until a status update from In-Progress to Completed or Cancelled. Cases will be dropped from the report the month following the Status change.

Used to improve communication between counties when transferring and receiving cases and to monitor Inter-County Transfer statuses to ensure Inter-County Transfers are being completed timely and Recipients begin receiving services locally as soon as possible.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Version	Required	Summary by State, Summary by County, Summary by District Office, ICT Details
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	All Versions
OFFICE	Secondary	Summary by District Office and ICT Detail
SUPERVISOR	Third	ICT Detail
WORKER #	Fourth	ICT Detail
INTER-COUNTY TRANSFERS RECEIVED	Fifth	All Versions
INTER-COUNTY TRANSFERS SENT	Sixth	All Versions

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	ICT Detail Alphabetically (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTEBELLO CITY COUNTY TRANSFER (ICT) CASE STATUS REPORT								PAGE: 10	
REPORT DATE: 06/01/2010	PERIOD COVERED: 05/01/2010 - 05/31/2010	REPORTER: MONTEBELLO CITY COUNTY TRANSFER (ICT)	RECEIVED BY: MONTEBELLO CITY COUNTY TRANSFER (ICT)						
<b>INTER-COUNTY TRANSFER RECEIVED</b>									
RECIPIENT NAME	CASE NUMBER	TRANSFERRING COUNTY	RECEIVING COUNTY	DATE REC'D. MM/DD/YY	FILE# MM/DD/YY	TRANSFERRING COUNTY MM # MM DD YY	RECEIVING COUNTY MM # MM DD YY		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
<b>TOTAL RECORDS</b>	<b>8</b>								
<b>INTER-COUNTY TRANSFER SENT</b>									
RECIPIENT NAME	CASE NUMBER	TRANSFERRING COUNTY	RECEIVING COUNTY	DATE REC'D. MM/DD/YY	FILE# MM/DD/YY	TRANSFERRING COUNTY MM # MM DD YY	RECEIVING COUNTY MM # MM DD YY		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
MONTEBELLO CITY COUNTY TRANSFER (ICT)	00-11294	Los Angeles	Los Angeles	05/21/2010	05/21/2010	05/21/2010	05/21/2010		
<b>TOTAL RECORDS</b>	<b>8</b>								

C:\USERS\JULIE\DESKTOP\2010-05-01-05-31-ICT-REPORT-06-01-2010.DAT

Figure – Monthly Inter County Transfer (ICT) Case Status Report – ICT Details

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY INTER COUNTY TRANSFER (ICT) CASE STATUS REPORT				PAGE: 9
REPORT DATE: 06/01/2010	PERIOD COVERED: 05/01/2010 - 05/31/2010	REPORTER: MONTEBELLO CITY COUNTY TRANSFER (ICT)	RECEIVED BY: MONTEBELLO CITY COUNTY TRANSFER (ICT)	
Data received at 06/01/2010 00:00:00 from the previous day.				

Figure – Monthly Inter County Transfer (ICT) Case Status Report – Summary by District Office

STATE OF CALIFORNIA  
IN-JAIL COOPERATIVE SERVICES  
MONTHLY INTER COUNTY TRANSFER (ICT) CASE STATUS REPORT

FILED: 1  
CIVIL DATE: 7/1/2018 TO 7/31/2018  
FROM DATE: 10/10/2018 TIME: 04:47:48

DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Monthly Inter County Transfer (ICT) Case Status Report – Summary by County

STATE OF CALIFORNIA  
IN-JAIL COOPERATIVE SERVICES  
MONTHLY INTER COUNTY TRANSFER (ICT) CASE STATUS REPORT

FILED: 1  
CIVIL DATE: 7/1/2018 TO 7/31/2018  
FROM DATE: 10/10/2018 TIME: 04:47:48

DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

**Figure – Monthly Inter County Transfer (ICT) Case Status Report – Statewide Summary**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	This data element displays on the ICT Detail and Summary by District Office versions. Value may be blank if an ICT is in Cancelled status or is still in the ICT Work Queue awaiting assignment.	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the Worker's (Case Owner) supervisor.	This data element displays on the ICT Detail version. Value may be blank if an ICT is in Cancelled status or is still in the ICT Work Queue awaiting assignment.	Y	A	Left	String
WORKER #:	The Worker Number associate with the Case Owner.	This data element displays on the ICT Detail version. Value may be blank if an ICT is in Cancelled status or is still in the ICT Work Queue awaiting assignment.	Y	A	Left	String
<b>REPORT BODY – Summary Versions</b>						
INTER-COUNTY TRANSFERS RECEIVED	Section header which identifies cases received by the County from another county		Y	NA	Left	Text
TOTAL RECEIVED	A count of the Inter-County Transfers received by the Worker, District Office, County or Statewide		N	NA	Left	999
INTER-COUNTY TRANSFERS SENT	Section header for the list by worker number of all of the cases sent by the specified county, the county the worker is associated with.		Y	NA	Left	Text
TOTAL TRANSFERRED	A count of the Inter-County Transfers received by the Worker, District Office, County or Statewide		N	NA	Left	999
<b>REPORT BODY – ICT Detail Version</b>						
INTER-COUNTY TRANSFERS RECEIVED	Section header which identifies cases received by the County from another county	Section Header	Y	NA	Left	MM/DD /YYYY
INTER-COUNTY TRANSFERS SENT	Section header for the list by worker number of all of the cases sent by the specified county, the county the worker is associated with.	Section Header	Y	NA	Left	Text
RECIPIENT NAME	The name of the Recipient to which the Inter-County Transfer is requested.	Column Header occurs under each Section Header Last Name, First Name	N	A	Left	String
CASE NUMBER	The CMIPS case number assigned to the Recipient. The case number will remain the same when received or transferred to any county.	Column Header occurs under each Section Header	N	NA	Left	9999999

TRANSFERRING COUNTY	The County (name) which is currently owns the Recipient case and is initiating the Inter-County Transfer to the RECEIVING COUNTY.	Column Header occurs under each Section Header	N	NA	Left	String
RECEIVING COUNTY	The County (name) to which the Recipient case is being transferred.	Column Header occurs under each Section Header	N	NA	Left	String
DATE ICT INITIATED	The date on which Inter-County Transfer was initiated by the Sending County in CMIPS.	Column Header occurs under each Section Header	N	NA	Left	MM/DD/YYYY
ICT STAT	The current Status of the Inter-County Transfer. Valid Status are: In-Progress Completed Cancelled	Column Header occurs under each Section Header	N	NA	Left	String
TRANSFERRING COUNTY SW#	Transferring county Social Worker's number.	Column Header occurs under each Section Header	N	NA	Left	String
TRANSFERRING COUNTY SW PHONE #	Transferring county Social Worker's phone number.	Column Header occurs under each Section Header	N	NA	Left	999-999-9999
RECEIVING COUNTY SW #	Receiving county Social Worker's number.	Column Header occurs under each Section Header	N	NA	Left	String
RECEIVING COUNTY SW PHONE #	Receiving county Social Worker's phone number.	Column Header occurs under each Section Header	N	NA	Left	999-999-9999
TOTAL RECEIVED	A count of the Inter-County Transfers received by the Worker, District Office, County or Statewide	Bold – Located at the end of the INTER-COUNTY TRANSFERS RECEIVED section for each worker	N	NA	Left	999
TOTAL TRANSFERRED	A count of the Inter-County Transfers received by the Worker, District Office, County or Statewide	Bold – Located at the end of the INTER-COUNTY TRANSFERS SENT section for each worker	N	NA	Left	999

#### REPORT FOOTER

	Footer – Detail	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
	Footer – Summary	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Investigation Referrals Activity

CI	Document Name
 CI-51844 - DSD RPTS Monthly Investigation Referrals Activity <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Investigation_Referrals_Activity.doc

## Report Business Description

The Monthly Investigation Referrals Activity Report tracks the Status and Outcome of a QA Case Investigation made in the report period to Department of Health Care Services (DHCS) and to a local agency (Locally).

Cases will no longer be reported when the Case Investigation Outcome Date is 12 months from the report request date (Run Date).

This report provides a means to track the Status and Outcome of Case Investigation referrals.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Frequency	Required	Monthly or Yearly
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
CASE NUMBER	Primary	
NAME	Secondary	(Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: For a single calendar month period based on the date selected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
	N/A	Other	<p>Describe: Yearly version was designed to work differently than other annual reports. Based on the parameter date entered, the report will display a Cycle Date period of the 12 months prior to the selected date.</p> <p>Example: If a user enters, for the Annual report, a parameter date of 01/15/10, the Cycle Date period will show data for 02/01/09 - 01/31/10.</p>

## Sample

REPORTER #: 7010	OFFICE #: 01	SUPERVISOR #: 0094	WORKER #: 0045	STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY INVESTIGATION REFERRALS ACTIVITY				FILED: 12/01/2011	TO: 12/31/2011
				CYCLE DATE: 01/01/2011	REF ID#: 0011000	TIME: 14500011			
NAME	PHONE/ EMAIL	DISPOSITIVE NUMBER	CASE NUMBER	DATE RECORDED	WORKER NUMBERED	OFFICE#	OUTCOME DATE		
BOUL, JAMES	800-555-1045	0001010	00010010	06/20/2011	0000	Completed	06/20/2011		
BILLIE, HELEN	800-555-1045	0001011	00010011	06/09/2011	0000	Substantiated	06/09/2011		
CHETTY, LINDA	800-555-1045	0001012	00010012	06/12/2011	Local, County	Completed without Investigation	06/12/2011		
CHERRY, JESSIE	800-555-1045	0001013	00010013	06/10/2011	0000	Completed	06/10/2011		
CHERRY, JESSIE	800-555-1045	0001014	00010014	06/05/2011	0000	Investigative	06/05/2011		
CHERRY, JESSIE	800-555-1045	0001015	00010015	06/06/2011	0000	Completed	06/06/2011		
CHERRY, JESSIE	800-555-1045	0001016	00010016	06/01/2011	Local, County	Completed	06/01/2011		
CHERRY, JESSIE	800-555-1045	0001017	00010017	06/01/2011	Local, County	Completed	06/01/2011		
(RECORDS 1-10)									
DATA UPDATED NO OR APPROXIMATELY 1000 IN THE PREVIOUS PAGE									

Figure – Monthly Investigation Referrals Activity

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the Worker's (Case Owner) supervisor.		Y	A	Left	String
WORKER #:	The Worker Number associate with the Case Owner.		Y	A	Left	String

REPORT BODY						
NAME	Name of individual referred for fraud investigation; can be a Recipient or Provider.	Last Name, First Name	N	NA	Left	String
PROV /RECIP	Identifies the individual being referred: <ul style="list-style-type: none"> <li>• PROV – IHSS Provider</li> <li>• RECIP – IHSS Recipient</li> </ul>		N	NA	Left	String
PROVIDER NUMBER	When the PROV/RECIP field is populated with PROV, this field will populate with the Provider's number. When RECIP, this field will be blank.		N	NA	Left	999999999
CASE NUMBER	The Recipient case number referred for fraud investigation and to which the QA Case Investigation is associated.		N	NA	Left	9999999
DATE REFERRED	Date the fraud referral was sent.		N	NA	Left	MM/DD /YYYY
WHERE REFERRED	The agency to which referral was sent. Valid values are: <ul style="list-style-type: none"> <li>• DHCS</li> <li>• Locally</li> </ul>		N	NA	Left	String
OUTCOME	Current status or disposition of referral. Valid Values are: <ul style="list-style-type: none"> <li>• Completed Substantiated</li> <li>• Completed Unsubstantiated</li> <li>• Completed Inconclusive</li> <li>• Completed without Investigation</li> </ul>		N	NA	Left	String
OUTCOME DATE	The date the referral disposition was entered in CMIPS		N	NA	Left	MM/DD /YYYY
REPORT FOOTER						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Leave Status Report – Provider

CI	Document Name
 CI-51776 - DSD RPTS Monthly Leave Status Report Provider <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Leave_Status_Report_Provider.doc

## Report Business Description

The Monthly Leave Status Report – Provider is a point in time report. The report provides a listing of Providers in a Leave Status when associated with an active status Recipient case (Eligible or Presumptive Eligible). This report includes the Provider name and Provider number. The case number associated with all active status Recipient cases to which the Provider is associated, the Recipient case status and the effective date the Provider's Leave status.

This report will ensure regular review of Leave status cases in order to ensure appropriate actions are taken in a timely manner. Only Providers with a Leave status at the time the report is generated are reported. Records will be reported until the Provider status is other than "Leave".

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROVIDER NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: On the first business day of the month report will display individuals in leave status as of the run date
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Report will display individuals in leave status as of the run date
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA				POSTED DATE	1
IN-HOME AUTOMOTIVE SERVICES				POSTED DATE	08/22/2010
MONTHLY LEAVE STATUS REPORT - DECEMBER				FROM DATE	TO DATE
EMPLOYEE NAME	PROGRESS NUMBER	CASE NUMBER	DATE ENTERED	NUMBER OF DAYS	
ADAMS, RANDI	000101010	00010101	12/23/2010	00/01/2010	
AGUILAR, LINDA	000100999	00010099	12/23/2010	00/01/2010	
BROWN, JAMES	000100999	00010099	12/23/2010	00/01/2010	
DELMONTE, MARIEL	000101010	00010101	12/23/2010	00/01/2010	
ELLEN, CLAUDIO	000100970	00010097	12/23/2010	00/01/2010	
ESTRADA, MARIA T	000100970	00010097	12/23/2010	00/01/2010	
FONSECA, MARIE	000100970	00010097	12/23/2010	00/01/2010	
GARCIA, JAMES	000100970	00010097	12/23/2010	00/01/2010	
GOMEZ, MONICA	000100970	00010097	12/23/2010	00/01/2010	
HARRIS, ROBERT	000100970	00010097	12/23/2010	00/01/2010	
HERRERA, MARIA S	000100970	00010097	12/23/2010	00/01/2010	
HIGGINS, MARIA	000100970	00010097	12/23/2010	00/01/2010	
HOLMES, MARGARET	000100970	00010097	12/23/2010	00/01/2010	
JORDAN, MARIE C	000100970	00010097	12/23/2010	00/01/2010	
KOCH, OMAR	000100970	00010097	12/23/2010	00/01/2010	
LAWRENCE, PAUL	000100970	00010097	12/23/2010	00/01/2010	
MILLER, MARINA	000100970	00010097	12/23/2010	00/01/2010	
RODRIGUEZ, MARIA	000100970	00010097	12/23/2010	00/01/2010	
SALVADOR, RITA	000100970	00010097	12/23/2010	00/01/2010	
THOMAS, MARIA	000100970	00010097	12/23/2010	00/01/2010	
WILSON, MARINA	000100970	00010097	12/23/2010	00/01/2010	

### **Figure – Monthly Leave Status – Provider**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
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REPORT HEADER						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
WORKER #:	Worker number associated with the Case Owner of the Recipient case being reported.	The report will break with a change in worker number.	Y	A	Left	String
REPORT BODY						
PROVIDER NAME	Name of Provider in a Leave status when the report is generated. Only records with a Recipient case Status of Eligible or Presumptive Eligible are reported.	Last Name, First Name	N	NA	Left	String
PROVIDER NUMBER	Provider Identification Number assigned by CMIPS and associated to the reported Provider.		N	NA	Left	999999999
CASE NUMBER	The Recipient case number to which the Provider is assigned.		N	NA	Left	9999999
CASE STATUS	The current case Status of the Recipient case. Only Recipient cases in Eligible or Presumptive Eligible will be listed.		N	NA	Left	String
DATE OF LEAVE	The effective date (MM/DD/YYYY) of the Provider's Leave status.		N	NA	Left	MM/DD/YYYY
REPORT FOOTER						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Leave Status Report – Recipient

CI	Document Name
 CI-670580 - DSD RPTS Monthly Leave Status Report Recipient <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Leave_Status_Report_Recipient.docx

## Report Business Description

The Monthly Leave Status Report – Recipient is a point in time report. The report provides the Recipient name, case number, the Date of Leave and the leave reason. The reason for leave will display the Notice of Action Code and Title associated with the Reason indicated when the Leave status.

This report will ensure regular review of Leave status cases in order to ensure appropriate actions are taken in a timely manner. Only cases with a Leave status at the time the report is generated are reported. Records will be reported until the case status is other than "Leave".

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: On the first business day of the month report will display individuals in leave status as of the run date
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Report will display individuals in leave status as of the run date
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY LEAVE STATUS REPORT - RECIPIENT				PAGE: 1
COUNTRY: San Diego	OFFICE: DH	RECIPIENT #: 3045	CYCLE DATE: 04/15/2013	REF DATE: 04/15/2013 TIME: 19014508
RECIPIENT NAME	CASE NUMBER	DATE OF LEAVE	REASON	
DPG, Bill	0000451	04/15/2013	IV01 - Not Currently Residing in Own Home - Temporarily Hospitalized	

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Monthly Leave Status Report – Recipient

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
WORKER #:	Worker number associated with the Case Owner of the Recipient case being reported.	The report will break with a change in worker number.	Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The name of the Recipient case in Leave status	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The Recipient case number		N	NA	Left	9999999
DATE OF LEAVE	The Authorization Date (MM/DD/YYYY) of the Recipient case Leave status		N	NA	Left	MM/DD/YYYY
REASON	The Notice of Action Code and Title associated with the Reason indicated when the case was set to Leave status		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Medi-Cal RV Due (Non SSI)

CI	Document Name
 CI-51852 - DSD RPTS Monthly Medi-Cal RV Due Non-SSI <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_MediCal_RV_Due_Non_SSI.doc

## Report Business Description

The Monthly Medi-Cal RV Due (Non-SSI) Report lists Non-Supplemental Security Income (SSI) cases with a Medi-Cal Renewal Due date identified on the most current Medi-Cal Eligibility record as being in the report month or two future months; a three month period. Cases with a Status of Denied, Application Withdrawn or Terminated will not be reported.

This report is used to assist social workers in monitoring IHSS Recipients Medi-Cal eligibility and the due date of their Medi-Cal renewal. This will assist in preventing Recipients from being discontinued from Medi-Cal and having to utilize residual funds. The report may be run at the beginning of a calendar month to allow social workers a three-month view of those Recipients with Medi-Cal Reviews due in that time period.

**Note:** The Medi-Cal RV Date reported by MEDS on the Medi-Cal Eligibility record is only a calendar month without a year association. It cannot be determined by this report if the Medi-Cal RV is overdue.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
RV Due Month	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the current month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on selected parameters
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES MONTHLY MEDICAL-CAL REV DUE (FOR NON SSI CASES)						
RECIPIENT NAME	PHONE NUMBER	PRIMARY NO	PHONE	NO BY RPT	PHONE	LASTNAME
JOHN D. DAVIS	000-000-0000	54	000-000-0000	12	000-000-0000	
CONFIDENTIAL DATA DISPLAYED AS OF 12/31/2011 10:42 AM THE PREVIOUS DAY						

**Figure – Monthly Medi-Cal RV Due (For Non SSI Cases) Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the supervisor to whom the Worker is assigned.		Y	A	Left	String
WORKER #:	Worker number associated with the Case Owner of the Recipient case being reported. The report will break with a change in worker number.		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient name associated with the reported case	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The CMIPS case number		N	NA	Left	9999999

PRIMARY MC AID CODE	The primary Medi-Cal Aid Code associated with the Recipient's current Medi-Cal Eligibility record.		N	NA	Left	String
FUNDING SOURCE	The Funding Source Aid Code, CFCO, PCSP, IPO or IHSS-R, associated with the Recipient's current authorization. If the case the case has only Pending Evidence, this field will be blank		N	NA	Left	String
MC RV DUE DATE	The month the next Medi-Cal RV is due. This month is from the Medi-Cal interface RV DUE MONTH. This is a numeric value representing a calendar month (01-12).		N	NA	Left	MM
SPOKEN LANGUAGE	Language spoken of the Recipient as identified on the Person Home page.		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Renewal Exception

CI	Document Name
 CI-51794 - DSD RPTS Monthly Renewal Exception <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Renewal_Exception.doc

## Report Business Description

The Monthly Renewal Exception Report is produced when the MEDS Monthly Renewal file processes against IHSS Recipient case. Any case with a status other than Terminated or Denied at the time the file is processed will be evaluated. If a Recipient case has multiple exceptions, a row will display for each exception.

There are two version of the Monthly Renewal Exception Report:

- Monthly Renewal Exception Report – Lists individual Recipient data associated with an exception between the CMIPS and MEDS data
- Monthly Renewal Exception Report State Summary – Providers, by county, counts of each Exception Reason

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	Detail only
OFFICE	Secondary	Detail only
SUPERVISOR	Third	Detail only
WORKER #	Fourth	Detail only

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
CASE NUMBER	Primary	Detail only
EXCEPTION	Secondary	Detail only
COUNTY	Primary	Summary only

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON:  <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: After MEDS Renewal processing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a selected month
<input type="checkbox"/>	N/A	Other	Describe:

## Exception Messages

Exception Message	Description
MEDS CIN DOES NOT MATCH IHSS CIN	A Recipient where the CIN on the IHSS case does not match the CIN on the Monthly Renewal File being processed
MEDS DOB DOES NOT MATCH IHSS DOB	A Recipient where the DOB on the IHSS case does not match the DOB on the Monthly Renewal File being processed.
MEDS SSN DOES NOT MATCH IHSS SSN	A Recipient where the SSN on the IHSS case does not match the SSN on the Monthly Renewal File being processed.
MEDI-CAL ELIGIBILITY TERMINATION	A Recipient case in Pending, Eligible, Presumptive Eligible, Leave status which in the previous eligibility month was eligible for Medi-Cal, but the current MEDS Renewal indicates a termination (Record Type 1 with a blank Medi-Cal County ID for the report month).
RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN LEAVE STATUS	Notification from MEDS that the IHSS Recipient is currently in a Long-Term care facility (Record Type 1 with a Medi-Cal Aid Code begins with a 1 or 2 for the report month) and the IHSS case is in Eligible or Presumptive Eligible Status
NO MEDS ELIGIBILITY	A Recipient indicated as Medi-Cal eligible in the prior eligibility month, but the current MEDS Renewal file does not contain a record for this Recipient.

## Sample

STATE OF CALIFORNIA							FILED:	4		
IN-SITE INVESTIGATIVE SERVICES							DOC DATE:	07/01/2010	ED:	271-11-1017
GENERAL INSPECTION REPORT							REC'D DATE:	07/01/2010	TIME:	14:07:48
DEFINITION DESCRIPTION	INSPECTOR NAME	INSPECTOR ID#	CASE NUMBER	INSPECTOR ID NUMBER	INSPECTOR NAME	ED: FILED NUMBER	TYPE	ED: FILED NUMBER	TYPE	
HEIN CIN DOB NOT MATCH STATE DOB	Glosson, William	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN CIN DOB NOT MATCH STATE DOB	Glosson, William B	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN DOB DOB NOT MATCH STATE DOB	Glosson, Odile	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN DOB DOB NOT MATCH STATE DOB	Glosson, Paul	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN DOB DOB NOT MATCH STATE DOB	Hewett, John	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN-CAI ELECTRICALS INSPECTION	Hewett, Jason	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	
HEIN-CAI ELECTRICALS INSPECTION	Hewett, Abby	121-48-2010	0000012	0000012	121-48-2010	ED:	22	ED:	22	

## **Figure – Monthly Renewal Exception Report**

## **Figure – Monthly Renewal Exception Report – State Summary**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name (Detail) STATEWIDE (Summary)	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Not on Summary	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR	The worker number of the supervisor to whom the Worker is assigned.	Not on Summary	Y	A	Left	String
WORKER #:	Worker number associated with the Case Owner of the Recipient case being reported. The report will break with a change in worker number.	Not on Summary	Y	A	Left	String
<b>REPORT BODY – Detail</b>						
EXCEPTION DESCRIPTION	Description of the case exception based on discrepancies found in the MEDS Monthly Response file.		N	NA	Left	String
RECIPIENT NAME	The name of the Recipient associated with the case being reported with an outstanding exception.	Last Name, First Name MI	N	NA	Left	String
RECIP SSN	The Recipient's SSN as displayed in CMIPS on the Person Home page.		N	NA	Left	999-99-9999
CASE NUMBER	The Recipient's case number in CMIPS.		N	NA	Left	9999999
CMIPS VALUE	Based on the exception message received, several different items may appear in this field. It is used to identify mismatches between CMIPS and MEDS. If the DOB in MEDS is different from the DOB in CMIPS, the CMIPS DOB will be displayed here. The same occurs for SSN mismatches and Share of Cost mismatches. The MEDS value will display in the next field "MEDS VALUE".		N	NA	Left	Variable
MEDS VALUE	Based on the exception message received, several different items may appear in this field. It is used to identify mismatches between MEDS and CMIPS. If the DOB in MEDS is different from the DOB in CMIPS, the MEDS DOB will be displayed here. The same occurs for SSN mismatches and Share of Cost mismatches. The CMIPS value will display in the previous field "CMIPS VALUE".		N	NA	Left	Variable
MC AID CODE	Indicates the Medi-Cal Primary Aid Code for the Recipient.		N	NA	Left	String
FUND SOURCE	The Recipient's IHSS program funding source aid code, CFCO, PCSP, IPO or IHSS-R which is determined in CMIPS at authorization.		N	NA	Left	String
<b>REPORT BODY – Summary</b>						
CTY #	The county number		N	NA	Left	99
COUNTY NAME	The county name		N	NA	Left	String
CIN MISMATCH	County total for exception – MEDS CIN DOES NOT MATCH IHSS CIN		N	NA	Left	999
SSN MISMATCH	County total for exception – MEDS SSN DOES NOT MATCH IHSS SSN		N	NA	Left	999
DOB MISMATCH	County total for exception – MEDS DOB DOES NOT MATCH IHSS DOB		N	NA	Left	MM/DD /YYYY

MEDI-CAL TERMINATED	County total for exception – MEDI-CAL ELIGIBILITY TERMINATION		N	NA	Left	999
IN LTC	County total for exception – RECIPIENT ADMITTED TO LONG-TERM CARE, IHSS CASE NOT IN L STATUS		N	NA	Left	999
IHSS SOC > MEDS	County total number of cases with IHSS SOC greater than reported MEDS SOC.		N	NA	Left	999
IHSS SOC UPDT REQ	County total number of cases that require an IHSS SOC update.		N	NA	Left	999
NOT 18 28 OR 68	County total number of cases that are no indicated as 18, 28 or 68 in program evidence.		N	NA	Left	999
RES W /SOC > NEED	IHSS – Residual SOC is greater than determined need.		N	NA	Left	999
NO MEDS ELIG	County total for exception – NO MEDS ELIGIBILITY		N	NA	Left	999
TOTAL	Total of all exceptions for the county		N	NA	Left	9,999
ALL COUNTIES	Report row which totals each exception for all counties		N	NA	Left	99,999

**REPORT FOOTER**

	Footer – Detail	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Monthly Rescinded Termination Listing

CI	Document Name
 CI-51824 - DSD RPTS Monthly Rescinded Termination Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Rescinded_Termination_Listing.doc

## Report Business Description

The Monthly Rescind Termination Listing Report lists cases that were terminated and the termination was rescinded in the report month. The reason for the termination will display on this report and is based on the Termination NOA message. The Rescind is based upon the Rescind Reason selected by the user when the Rescind action is taken. This report is generated monthly and will include records where a case status changed from Terminated to Eligible or Presumptive Eligible Status based on the Rescind Case action taken in the report month.

This report will support the review of cases where termination was rescinded in order to identify issues such as training needs, workload and potential fraud.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	X	Program Staff
	X	Supervisors
		Management
		QA Staff
		Fiscal Staff
		Security Administrator
CDSS		Program Staff
		Management
		Accounting
		QA Staff
		Fraud
		Adult Program Division (APD)
		Security Administrator
External Partner		Department of Aging
		DHCS
		Health Benefit Managers
		Labor Organizations
		EDD
		SCO
		WPCS Program Staff (IHO)
		Lien Holder

Vendor/CalHHS OTSI		
		Help Desk Staff
		Back Office Staff
		Security Administrator
		Application Administrator
		Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
X	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Download		QA/Fraud
	Data Retention		State Only
	Health Benefit Managers		State Only – BatchPDF
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security
	Labor Organizations		Time and Attendance
	Ops_HelpDesk		WPCS

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Portrait	X	8.5"x11" (letter)
	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
		Daily	Sun Mon Tues Wed Thurs Fri Sat
		Weekly	ON: Sun Mon Tues Wed Thurs Fri Sat
		Bi Weekly	ON: Sun Mon Tues Wed Thurs Fri Sat
		Semi-Monthly	DAYS OF THE MONTH:
X	X	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
		Quarterly	DAY OF THE QUARTER:
		Annual	DAY OF THE YEAR:
X	N/A	On Demand	RANGE: For a one month period based on selected date
	N/A	Other	Describe:

# Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES MONTHLY RESCINDED TERMINATION LISTING REPORT							PAGE: 1
COUNTY: Alameda	OFFICE: OL	SUPERVISOR: SU14	WORKER #: 7000	CYCLE DATE: 07/01/2009 TO 07/31/2009	RUN DATE: 11/16/2009	TIME: 17:02:05	
RECIPIENT NAME	CASE NUMBER	TERM DATE	TERM REASON	TERM WRK #	RESUME DATE	RESUME WRK #	RESCINCTION REASON
Steven, S	2000001	06/10/2009	Terminated	30001	07/01/2009	40001	Administrative Error
<small>CONFIDENTIAL</small> <small>DATA UPDATED AS OF APPROXIMATELY 9:00 PM THE PREVIOUS DAY</small>							

Figure – Monthly Rescinded Termination Listing Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR	The worker number of the supervisor to whom the Worker is assigned.		Y	A	Left	String

WORKER #:	Worker number associated with the Case Owner of the Recipient case being reported. The report will break with a change in worker number.		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The name of the Recipient on the terminated case that was rescinded during the reporting month.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number of the Recipient from the terminated case that was rescinded during the reporting month.		N	NA	Left	9999999
TERM DATE	The date the case was terminated.		N	NA	Left	MM/DD/YYYY
TERM REASON	The case termination reason, see NOA messages for termination reasons.		N	NA	Left	String
TERM WKR #	The worker number for the worker that terminated the case.		N	NA	Left	String
REOPEN DATE	The date the case was rescinded.		N	NA	Left	MM/DD/YYYY
REOPEN WKR #	The worker number for the worker that rescinded the case.		N	NA	Left	String
RESCISSIO N REASON	The reason the case was rescinded. Rescission reasons are: <ul style="list-style-type: none"> <li>• Administrative Error</li> <li>• Medi-Cal Restored</li> <li>• Recipient rescinds request for termination of services</li> <li>• State Hearing Decision</li> <li>• State Hearing filed before Termination effective</li> </ul>		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Overdue Assessment Listing

CI	Document Name
 CI-51792 - DSD RPTS Overdue Assessment Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Overdue_Assessment_Listing.doc

## Report Business Description

The Overdue Assessment Listing Report lists cases which have a Re-assessment Due Date in any month prior to the calendar month in which the report is run.

There are three version of this report:

- Detail – Lists case details by Worker # (Case Owner)
- District Office – Count of cases by Supervisor
- County – Count of cases by County

The purpose of the report is to provide SW's and Supervisors a list of cases with overdue reassessments. It will also support State for QA monitoring by providing the county with a (meaningful) list of IHSS cases to pull prior to QA monitoring visits, a required component of the Quality Assurance Initiative (SB 1104).

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input checked="" type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Detail, District Office, County
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	All Versions
OFFICE	Secondary	District Office and Detail Versions
SUPERVISOR	Third	Detail Version
WORKER #	Fourth	Detail Version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
DUE DATE	Primary	Date of oldest overdue assessment will be listed first
CASE STATUS	Secondary	
RECIPIENT NAME	Third	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: Information based on current assessment detail as of selected date
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
OVERDUE ASSESSMENT LISTING REPORT - DETAIL

PAGE: 1  
TITLE DATE: 01/01/2024  
RUN DATE: 01/17/2024 FINISH: 11:14:55

IP PROB#	CASE NUMBER - REC'D CIN	RECIPIENT ADDRESS	COMP CASE	INFO SOURCE	CASE STATUS	DCS IN-PROCESS	SIDE DATE	COMP#	VISOR#	WORKER #
-105-4401	0111354 96211055A5	28488 Cole Ct #H APT 3012, Hayward, CA 94544	2H		Eligible		11/18/2023	98002	PA008	
-545-4750	1881228 9954077902	1920 Barnes Ct., Woodland, CA 95776	2H		Eligible		07/04/2023	98002	PA008	
-848-4327	2061223 9469872360	1591 Shasta DR APT 225, Davis CA 95818	2H		Eligible		07/08/2023	98002	PA008	
-723-0628	2773248 55693010CE	782 W Lincoln AVE APT 18, Woodland, CA 95745	2H		Eligible ?		07/22/2023	98002	PA008	
-897-4478	2125168 9917743000	1626 Alisio Ln., Davis, CA 95818	2H		Eligible		02/07/2023	98002	PA008	
-802-0946	0111368 9318880000	2833 F ST APT 117, DAVIS, CA 95818	2H		Eligible		02/17/2023	98002	PA008	
-302-2401	1437491 00278052A2	1890 Hooper Blvd APT 138, Davis, CA 95818	2H		Eligible		04/12/2023	98002	PA008	
-273-4058	1348472 9100004602	900 Browning Ct., Woodland, CA 95776	2H		Eligible ?		05/04/2023	98002	PA008	
-811-0882	1487378 9188888128	821 Cleveland ST APT 2, Woodland, CA 95745	2H		Eligible		06/20/2023	98002	PA008	
-758-0027	1881128 9954000021	665 4th St., Woodland, CA 95788	2H		Eligible		08/27/2023	98002	PA008	
-482-9654	2148271 00318552A0	1111 Elm AVE, Woodland, CA 95776	2H		Eligible		06/26/2023	98002	PA008	
-804-0440	1870333 9927903401	310 Becker AVE APT 601, Davis, CA 95818	2H		Eligible		07/20/2023	98002	PA008	
-661-2197	2136891 90719954G8	518 State LN, Woodland, CA 95776	2H		Eligible		08/09/2023	98002	PA008	

Figure – Overdue Assessment Listing – Detail by Worker

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
OVERDUE ASSESSMENT LISTING REPORT - SUMMARY

PAGE 1

PRINT DATE: 12/01/2005

REF ID: 10-17750-0 (148) 01-01-05

TOTAL OVERDUE ASSESSMENTS FOR DIVISION #: 0044 19  
TAG OVERDUE ASSESSMENTS FOR DISTRICT OFFICE #: 94 19

CONFIDENTIAL

DATA FURNISHED BY STATE-LEVEL ORGANIZATION ONLY.

**Figure – Overdue Assessment Listing Report – Summary by District Office**

	<b>STATE OF CALIFORNIA</b> <b>IN-HOME SUPPORTIVE SERVICES</b> <b>OVERDUE ASSESSMENT LISTING REPORT - SUMMARY</b>	
COUNTY: LOS ANGELES	PAGE: 3 CYCLE DATE: 10/01/2012 RUN DATE: 11/15/2012    TIME: 09:17:47	
TOTAL OVERDUE REQUIREMENTS FOR DISTRICT OFFICE #: 01      20 TOTAL OVERDUE REQUIREMENTS FOR COUNTY:      20		
<small style="font-size: small;">CONFIDENTIAL DATA IS PROPRIETARY OF IN-HOME SUPPORTIVE SERVICES OF THE STATE OF CALIFORNIA</small>		

Figure – Overdue Assessment Listing Report - Summary by County

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Not on County Summary	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS

SUPERVISOR:	The worker number of the Supervisor of the Worker (Case Owner) for which overdue assessment cases are reported. This field only displays on the Detail report version.	On Detail Only	Y	A	Left	String
WORKER #:	The Worker # of the Case Owner for which overdue assessment cases are reported. This field only displays on the Detail report version.	On Detail Only	Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	Name of the Recipient with an overdue assessment.	Only displays on Detail version. Last Name, First Name	N	NA	Left	String
RECIP PHONE	Recipients home phone number.	Only displays on Detail version.	N	NA	Left	999-999-9999
CASE NUMBER	The Recipient case number.	Only displays on Detail version.	N	NA	Left	9999999
RECIP CIN	The Recipient's Client Index Number assigned by MEDS.	Only displays on Detail version.	N	NA	Left	99999999X
RECIPIENT ADDRESS	The Recipient's Residence Address. Only displays on Detail version.	Only displays on Detail version.	N	NA	Left	String
COMP CASE	An 'X' indicates a Recipient case which has an associated Companion Case.	Only displays on Detail version.	N	NA	Left	X
FUND SOURCE	IHSS Funding Source code to which the IHSS Recipient is currently assigned. Valid values are 2K, 2L, 2M, and 2N.	Only displays on Detail version.	N	NA	Left	String
CASE STATUS	The current CMIPS case status: Eligible, Presumptive Eligible and Leave.	Only displays on Detail version.	N	NA	Left	String
ICT IN-PROGRESS	Displays 'Y' when a Recipient case has an ICT record where Status = In-Progress	Only displays on Detail version.	N	NA	Left	String
DUE DATE	The Re-assessment Due date on the case.	Only displays on Detail version.	N	NA	Left	MM/DD/YYYY
SUPERVISOR	The worker number of the Supervisor of the Worker (Case Owner) for which overdue assessment cases are reported.	Only displays on Detail version.	N	NA	Left	String
WORKER #	The Worker # of the Case Owner for which overdue assessment cases are reported.	Only displays on Detail version.	N	NA	Left	String
TOTAL OVERDUE REASSESSMENTS FOR WKR #: XX99	The total count of overdue reassessments by Social Worker number.	Only displays on Detail version.	N	NA	Left	999
TOTAL OVERDUE REASSESSMENTS FOR SPVSR #: XX99	Provide a total of overdue reassessments due for each supervisor's unit at the end of the grouping of details for social workers assigned to their unit as well as a list of the summarized overdue assessments in a supervisor's unit for the District Office summary section.	Displays on Detail and District Office version.	N	NA	Left	9,999
TOTAL OVERDUE REASSESSMENTS FOR DISTRICT OFFICE #: 99	Provide a total of overdue reassessments due for each District Office by supervisor's unit as well as a list of the summarized overdue assessments in a District Office for the County summary section.	Displays on District Office and County version.	N	NA	Left	9,999
TOTAL OVERDUE REASSESSMENTS FOR COUNTY:	Provide a total of overdue reassessments due for the County by District Office as well as a list of the summarized overdue assessments in a District Office for the County summary section.	Displays on County version.	N	NA	Left	
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Potential Variable Assessment Eligibility

CI	Document Name
 CI-51839 - DSD RPTS Potential Variable Assessment <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Potential_Variable_Assessment.doc

## Report Business Description

The Potential Variable Assessment Eligibility Report provides Social Worker's with a list of Recipient cases in their caseload that have reassessments due in the current or one future month which also meet the following criteria:

- Not first annual reassessment
- No Provider change in last 6 months
- No leave status in last 3 months
- No change in assessed hours in last 24 months
- Living arrangement has not changed since last reassessment
- Not IPO
- Not CFCO

This report will allow the caseworker to pre-screen cases by the defined criteria for potential 18-month assessment eligibility.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	X	Program Staff
	X	Supervisors
		Management
		QA Staff
		Fiscal Staff
		Security Administrator
CDSS		Program Staff
		Management
		Accounting
		QA Staff
		Fraud
		Adult Program Division (APD)
		Security Administrator
External Partner		Department of Aging
		DHCS
		Health Benefit Managers
		Labor Organizations
		EDD

	SCO
	WPCS Program Staff (IHO)
	Lien Holder
Vendor/CalHHS OTSI	Help Desk Staff
	Back Office Staff
	Security Administrator
	Application Administrator
	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
X	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Download		QA/Fraud
	Data Retention		State Only
	Health Benefit Managers		State Only – BatchPDF
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security
	Labor Organizations		Time and Attendance
	Ops_HelpDesk		WPCS

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Portrait	X	8.5"x11" (letter)
	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
		Daily	Sun Mon Tue Wed Thurs Fri Sat
		Weekly ON:	Sun Mon Tue Wed Thurs Fri Sat
		Bi Weekly ON:	Sun Mon Tue Wed Thurs Fri Sat
		Semi-Monthly	DAYS OF THE MONTH:
X	X	Monthly	DAY OF THE MONTH: First business day of the month
		Quarterly	DAY OF THE QUARTER:
		Annual	DAY OF THE YEAR:
X	N/A	On Demand	RANGE: For the selected month and one future month based on the date selected
	N/A	Other	Describe:

# Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES POTENTIAL VARIABLE ASSESSMENT		PAGE: 1	
		CYCLE DATE: 12/01/2010 TO 12/31/2010 RUN DATE: 12/07/2010 TIME: 12:15:58	
CASE NUMBER	RECIPIENT ADDRESS	REC'D PHONE	DATE OF LAST HOME VISIT
[REDACTED]	[REDACTED]	[REDACTED]	12/12/2010
			ASSIGNMENT REC'D DATE 12/12/2010

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 6:00 AM THE PREVIOUS DAY

**Figure – Potential Variable Assessment Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS

SUPERVISOR:	The worker number of the Supervisor to whom the Worker reports.		Y	A	Left	String
WORKER #:	The Worker Number of the Case Owner		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The name of the Recipient	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The CMIPS Case Number		N	NA	Left	9999999
RECIPIENT ADDRESS / PHONE	The Residence Address and Primary Phone Number of the Recipient.		N	NA	Left	String
DATE OF LAST HOME VISIT	The Home Visit Date associated with the latest case assessment.		N	NA	Left	MM/DD/YYYY
ASSESSMENT DUE DATE	The Re-assessment Due Date associated with the latest case assessment.		N	NA	Left	MM/DD/YYYY
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/QA Assessment Review

CI	Document Name
 CI-51806 - DSD RPTS QA Assessment Review <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_QA_Assessment_Review.doc

## Report Business Description

The QA Assessment Review report provides data on the outcome of the QA review.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input checked="" type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
	Data Retention		State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
REVIEW TYPE	Primary	
COMPLETED DATE	Secondary	
REVIEWER NAME	Third	Alphabetical

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

SEARCHED:		INDEXED:		SERIALIZED:		FILED:	
SEARCHED:	INDEXED:	INDEXED:	SERIALIZED:	SERIALIZED:	FILED:	FILED:	
SEARCHED: 12/16/2013	INDEXED: 12/16/2013	INDEXED: 12/16/2013	SERIALIZED: 12/16/2013	SERIALIZED: 12/16/2013	FILED: 12/16/2013	FILED: 12/16/2013	
SEARCHED BY: NANCY	INDEXED BY: NANCY	INDEXED BY: NANCY	SERIALIZED BY: NANCY	SERIALIZED BY: NANCY	FILED BY: NANCY	FILED BY: NANCY	
SEARCHED DATE: 12/16/2013		INDEXED DATE: 12/16/2013		SERIALIZED DATE: 12/16/2013		FILED DATE: 12/16/2013	
<b>STATE OF CALIFORNIA</b> IN-HOME INVESTIGATIVE SERVICES OR ASSESSMENT REVIEW							
SEARCHED DATE: 12/16/2013	INDEXED DATE: 12/16/2013	SERIALIZED DATE: 12/16/2013	FILED DATE: 12/16/2013	SEARCHED DATE: 12/16/2013	INDEXED DATE: 12/16/2013	SERIALIZED DATE: 12/16/2013	FILED DATE: 12/16/2013
SEARCHED INDEXED SERIALIZED FILED							
DATA UPDATED AT 05:49:00PM PST ON 12/16/2013.							

Figure – QA Assessment Review

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR	The worker number for the supervisor.		Y	A	Left	String
WORKER #	The caseworker's number.		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	Name of the Recipient the QA review was performed for.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number of the case that has been reviewed.		N	NA	Left	9999999
REVIEW TYPE	The type of the assessment review. Valid options are "Desk", "Phone", and "In-Home".		N	NA	Left	String
TARGETED	An 'X' will be present in this field when a specific criterion was used to select cases and this case is one of the specified cases.		N	NA	Left	X
DATE REVIEW COMPLETED	The date the assessment review was completed.		N	NA	Left	MM/DD /YYYY
REVIEWER NAME	The name of QA worker associated with the review.	CMIPS user name of the QA worker Last Name, First Name	N	NA	Left	String
CORRECTIVE ACTION DUE DATE	The date the corrective action must be completed by.		N	NA	Left	MM/DD /YYYY
CASE REMEDIATION DATE	The date the corrective action was completed.		N	NA	Left	MM/DD /YYYY
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/QA Case Random Sampling

CI	Document Name
 CI-51808 - DSD RPTS QA Case Random Sampling Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_QA_Case_Random_Sampling_Report.doc

## Report Business Description

The QA Case Random Sampling Report delivers a random pull of cases to be reviewed by QA staff, a balanced workload assignment among the QA staff and an equal review of Social Worker (SW) cases.

Report criteria each time the report runs:

- No duplicates from a prior sampling based upon a case not having had an Assessment Review completed in the prior 12 months
- Five percent (5%) for each workers caseload up to a maximum of 50 cases

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Select Date	Required	
Worker Number	Required	For all workers enter 'ALL'
County	Required	
Case Status	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
HOME VISIT DATE	Primary	
AUTHORIZATION END DATE	Secondary	
SW #	Third	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON:
			<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL GO-CHECK BANJOON INSPECTION REPORT										TYPE	DATE
INSPECTOR NAME ADDRESS	CASE NUMBER	NAME / FIRM NAME	ADMINISTRATIVE REG. NUMBER	TYPE NUMBER	PERIOD END DATE	PERIOD START DATE	PERIOD LAST	PERIOD CASES	PERIOD WEEKS	TYPE / EXCISE	LA MILE MARK NUMBER
SHAWNA L. HARRIS 1000 BROADWAY, SUITE 1000 OAKLAND, CA 94607-1500	1000145	SHAWNA L. HARRIS	1000145	1000145	12/1/2007	11/1/2007	1000	1	1	TYPE 1	1000145
SHAWNA L. HARRIS 1000 BROADWAY, SUITE 1000 OAKLAND, CA 94607-1500	1000146	SHAWNA L. HARRIS	1000146	1000146	12/1/2007	11/1/2007	1000	1	1	TYPE 1	1000146

## **Figure – QA Case Random Sampling Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	The Worker Number of the Supervisor to whom reports Social Workers (Case Owners) are assigned		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient's name	Last Name, First Name	N	NA	Left	String
ADDRESS	The Residence Address of the Recipient		N	NA	Left	String
CASE NUMBER	The Case Number		N	NA	Left	9999999

HOME VISIT DATE	The Home Visit Date on the latest Active Evidence		N	NA	Left	MM/DD /YYYY
AUTHORIZATION END DATE	The Authorization End Date on the latest Active Evidence		N	NA	Left	MM/DD /YYYY
FUND SOURCE	The IHSS Funding Source 2K, 2L, 2M or 2N		N	NA	Left	String
SW #	The Worker Number of the Case Owner on the Recipient case		N	NA	Left	String
SPOKEN LANGUAGE	The spoken language of the Recipient		N	NA	Left	String
COMPANION CASES	The number of associated Companion Cases		N	NA	Left	99
CASE STATUS	The current case status		N	NA	Left	String
TYPE / DATE	Blank		N	NA	NA	NA
QA WORKER NAME / WKR #	Blank		N	NA	NA	NA
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Reason Code

CI	Document Name
 CI-51803 - DSD RPTS Reason Code Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Reason_Code_Report.doc

## Report Business Description

The Reason Code Report lists reasons (NOA Titles) triggered on authorizations processed in the report period. Each reason is totaled within each District Office by County. This is not an unduplicated count as several NOA messages may be related to a single authorized case.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment

County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
<NOA TITLE>	Primary	Alphabetical

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

The screenshot shows a report titled "STATE OF CALIFORNIA INFOVIEW REPORTER REASON CODE REPORT". The report lists reason codes with their descriptions and counts:

Reason Code	Description	Count
00000000000000000000000000000000	Initial Payment Disbursement	1
00000000000000000000000000000000	Healthcare Disbursement	1
00000000000000000000000000000000	Net Pay	1
00000000000000000000000000000000	Refund Disbursement	1
00000000000000000000000000000000	State Disbursement	1
00000000000000000000000000000000	Total Count	3

Figure – Reason Code Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern

REPORT HEADER						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
REPORT BODY						
DISTRICT OFFICE:	Header	Bold	N	NA	Left	Text
<DO #>	The District Office to which the Worker # (Case Owner) is assigned	Bold	N	NA	Left	99
SUMMARY	Total for the identified reason	Bold – Column Header	N	NA	Left	99
<NOA TITLE HERE>	The Title for all NOA messages triggered will be listed and totaled.	All applicable NOA Titles for the month	N	NA	Left	String
TOTAL CASES	Total number of cases affected in the report period for the reported District Office.	Bold	N	NA	Left	999
REPORT FOOTER						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Reassessment Summary Report

CI	Document Name
 CI-51837 - DSD RPTS Reassessment Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Reassessment_Summary_Report.doc

## Report Business Description

The Reassessment Summary Report lists counts of reassessments due in a month for each Worker (Case Owner) in a supervisor's unit. This report lists future month reassessments for a 12-month time period to allow forecasting.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	

Date	Required	
------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
WORKER NUMBER	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: Last business day of the month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For one month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES REASSESSMENT SUMMARY REPORT													PAGE: 1	
COUNTY: San Diego		CYCLE DATE: 04/01/2010 TO 05/31/2011												
OFFICE: 11		TIME DATE: 04/13/2010 TIME: 09:47:42												
SUPERVISOR: 4566														
WORKER NUMBER	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11	02/11	03/11	TOTAL	YEAR AVG PER MONTHS
11117	0	2	0	2	2	0	1	1	2	0	0	1	14	1.17
TOTAL PER MON	0	2	0	2	2	0	1	1	2	0	0	1	14	1.17
Avg Per Mon	0.00	2.00	0.00	1.00	1.00	0.00	1.00	1.00	2.00	0.00	0.00	1.00	14.00	1.17

DATA PROVIDED AS OF APPROXIMATELY 8:00 IN THE PREVIOUS DAY

Figure – Reassessment Summary Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the Supervisor to whom the Workers are assigned		Y	A	Left	String
<b>REPORT BODY</b>						
WORKER NUMBER	The Worker Number of the social worker (Case Owner) assigned to the Recipient case.		N	NA	Left	String
MO/YR	The number of future reassessments due by month/year for each social worker.		N	NA	Left	MM/YY
TOTAL	Total reassessments due in the next year for the specified Social Worker.		N	NA	Left	999
YRLY AVG PER MON	The yearly average, per month, of reassessments to be completed by the specified Social Worker.		N	NA	Left	999.99
TOTAL PER MON	The total number of reassessment due for all social worker's reporting to the supervisor		N	NA	Left	999
AVG PER MO	The average number of reassessment due for all social worker's reporting to the Supervisor		N	NA	Left	999.99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Recipient Summary Characteristics Listing

CI	Document Name
 CI-51781 - DSD RPTS Recipient Summary Characteristics Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Recipient_Summary_Characteristics_Listing.doc

## Report Business Description

The Recipient Summary Characteristics Listing is a county specific report indicating totals of various recipient characteristics. The listing is useful in obtaining an overview of the IHSS population for a given month. Cases and detail will be reported based on the information available for that case as of the last day of the report month as indicated below:

For 'Pending' status:

- Case will be counted in totals but will not be counted in program.
- If the status of a case is 'Pending' as of end of business on the last day of the report month it will be counted to the report as 'Pending' regardless of the application date.
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- There are no authorization detail counts for this status.

For 'Application Withdrawn' and 'Denied' statuses:

- Case will be counted in totals but will not be counted in program.
- These cases will only be counted for the report month in which the status was updated to 'Application Withdrawn' or 'Denied'. They will not be counted in subsequent months.
- Case details will be counted based on details currently available in the system as of the last day of the report month.
- There are no authorization detail counts for this status.

For 'Eligible' or 'Presumptive Eligible' statuses:

- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the authorization segment that is current for the last day of the report month or, if there is not an authorization segment that covers the last day of the report month, details will come from the most recent authorization segment for that status.

For 'Leave' status:

- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the 'Eligible' or 'Presumptive Eligible' authorization just prior to the 'Leave' status segment.
- If the status of a case is 'Leave' as of end of business on the last day of the report month it will be counted to the report as 'Leave' regardless of the date the status began.

For 'Terminated' status:

- Case details will be counted based on details currently available in the system as of the last day of the report month.
- Authorization and program details will be counted based on the 'Eligible' or 'Presumptive Eligible' authorization just prior to the 'Terminated' status segment.
- These cases will only be counted for the report month in which the status was updated to 'Terminated'. They will not be counted in subsequent months.

**Note:** The Blind or Visually Impaired, Timesheet Accommodations, and Notice of Action Option sections on the report are not dependent on Case Status changes to report current BVI Option selections. Cases that are in Active Status (Presumptive Eligible, Eligible, or Leave) in the reporting month and have Blind or Visually Impaired, Timesheet Accommodations, and Notice of Action Option selections (either updated in the reporting month or continuing from a previous reporting month) will be reported on.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	X	Program Staff
	X	Supervisors
	X	Management

	QA Staff
	Fiscal Staff
	Security Administrator
<b>CDSS</b>	Program Staff
	Management
	Accounting
	QA Staff
	Fraud
	Adult Program Division (APD)
	Security Administrator
<b>External Partner</b>	Department of Aging
	DHCS
	Health Benefit Managers
	Labor Organizations
	EDD
	SCO
	WPCS Program Staff (IHO)
	Lien Holder
<b>Vendor/CalHHS OTSI</b>	Help Desk Staff
	Back Office Staff
	Security Administrator
	Application Administrator
	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
X	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Download		QA/Fraud
	Data Retention		State Only
	Health Benefit Managers		State Only – BatchPDF
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security

	Labor Organizations		Time and Attendance
	Ops_HelpDesk		WPCS

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Portrait	X	8.5"x11" (letter)
X	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required /Optional	Comment
REPORT TYPE	Required	County or District
DATE	Required	Data will be selected based on the last day of the month in which this date falls or current date if a date is selected in the current month.
COUNTY	Required	Select County or 'ALL'

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	District version only

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
None		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
		Daily	
		Weekly	
		Bi Weekly	
		Semi-Monthly	
X	X	Monthly	DAY OF THE MONTH: After the last day of the month for the prior month.
		Quarterly	
		Annual	
X	N/A	On Demand	RANGE: Based on the user selected date.
	N/A	Other	

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES T SUMMARY CHARACTERISTICS LISTING					PAGE: 1
CASES	CPID	PCSF	IPU	ESS-N	
3,274	1,431	1,434	76	25	
1	2	2	2	2	
7	4	1	1	1	
1	4	1	0	0	
3,195	1,435	1,435	76	36	
1	2/A	2/A	2/A	2/A	
1	2/A	2/A	2/A	2/A	
142	2/A	2/A	2/A	2/A	
167	2/A	2/A	2/A	2/A	
3,492	1,436	1,436	76	86	
2,187	273	1,437	76	37	
1,318	1,037	1	1	17	
78	44	1	1	6	
229	218	1	1	5	
	15,008	8,008	8,008	12,734	
45	44	1	1	1	
	8,008	8,008	8,008	8,008	
271	217	35	11	4	
13	65	12	2	2	
133	137	21	2	12	
28	11	14	0	0	
34	49	14	0	10	
17	5	7	0	1	
4	3	2	0	1	
33	24	13	0	1	
132	71	57	0	4	

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Figure – Recipient Summary Characteristics Listing

**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**RECIPIENT SUMMARY CHARACTERISTICS LISTING**

PAGE: 2  
 CYCLE DATE: 08/01/2014 TO 08/30/2014  
 SUB DATE: 09/02/2014 TIME: 14:32:11

CASES	EP00	PO00	SP0	RR00-B
1,205	1,115	1,400	54	36
0	1	0	0	0
0	1	0	0	0
0	1	0	0	0
1,484	741	550	20	33
1,568	694	500	26	53
87	58	9	4	0
228	178	18	18	9
46	21	10	15	1
71	14	14	0	2
491	294	175	9	12
765	293	415	15	10
1,002	383	545	14	24
712	363	900	2	21
4	4	0	0	0
2	2	0	0	0
1,010	336	612	18	44
1,281	1,281	972	47	45
2	2	0	1	1
3,447	1,434	1,406	78	65
1	1	0	0	1
2	0	2	9	0
1	1	0	0	0
1	0	1	0	0

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**Figure – Recipient Summary Characteristics Listing – Continued**

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES RECIPIENT SUMMARY CHARACTERISTICS LISTING						PAGE: 3
						CYCLE DATE: 04/01/2004 TO 04/30/2004
						END DATE: 04/30/2004 TIME: 14:02:12
CATEGORY	TOTAL CASES	IPCH	PCOF	IPD	IMSS-R	
<b>ELIGIBILITY BASED ON AGE</b>						
10 - ADLT	465	252	235	7	5	
10 - ELDR	30	15	12	2	2	
60 - SENIORS	4,198	718	437	32	12	
18 - ADULT INCOME ELIGIBLE	380	277	191	4	21	
18 - ELDR INCOME ELIGIBLE	6	3	4	0	0	
65 - SENIOR INCOME ELIGIBLE	916	514	479	37	43	
<b>INCOME ELIGIBLE</b>						
INSS-E SOC	4	N/A	N/A	0/0	0	
INSS-E SSOC	55	N/A	N/A	0/0	0	
<b>BLIND OR VISUALLY IMPAIRED</b>						
BLIND	91	54	16	1	1	
VISUALLY IMPAIRED	1,100	1,045	1,056	43	21	
TOTAL	1,191	1,099	1,072	44	22	
<b>TIMEKEEPER OPTION</b>						
NO ACCOMMODATION NEEDED	2,818	1,419	1,811	70	94	
PEACE OF MIND	16	5	5	0	0	
LARGE PRINT TIMEKEEPER	210	142	131	0	1	
<b>NOTICES OF ACTION OPTION</b>						
NO ACCOMMODATION NEEDED	1,470	770	940	29	34	
LARGE PRINT NOA	144	209	420	14	21	
BRAILLE DOCUMENTS	1	0	1	0	0	
VIDEO CD	2	0	2	0	0	
MAIL TO	0	0	0	0	0	
COUNTY SUPPORT	0	0	0	0	0	

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Figure – Recipient Summary Characteristics Listing – Continued

STATE OF CALIFORNIA COUNTY: STATEWIDE		IN-HOME SUPPORTIVE SERVICES RECIPIENT SUMMARY CHARACTERISTICS LISTING		PAGE: 4 CYCLE DATE: 04/01/2014 TO 04/30/2014 REF DATE: 05/02/2014 TIME: 14:01:22		
CATEGORY	TOTAL IHS CASES	CPD	PSS	IHO	IHS-R	
<b>RACE/CITY</b>						
WHITE	1,554	725	734	13	19	
ASIAN	1,017	412	401	10	22	
BLACK	512	86	87	11	8	
ASIAN OR PACIFIC ISLANDER	247	139	88	4	9	
AMERICAN NATIVE OR AMERICAN INDIAN	22	10	8	0	1	
FILIPINO	40	29	18	4	4	
NO VALID DATA REPORTED	14	10	11	0	1	
NO RESPONSE, CLIENT DECLINED TO STATE	17	7	7	0	0	
CHINESE	17	14	14	0	4	
CAMBODIAN	13	3	2	0	2	
VietNAMESE	3	1	0	0	0	
KOREAN	5	3	2	0	0	
ASIAN INDIAN	211	100	86	6	8	
MAHARASHTRA	1	1	0	0	0	
LAOTIAN	18	6	8	2	0	
VietNAMESE	11	8	5	0	0	

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Figure – Recipient Summary Characteristics Listing – Continued

## D O F CALIFORNIA

IN-HOME SUPPORTIVE SERVICES

RF SUMMARY CHARACTERISTICS LISTING

PAGE: 5

CYCLE DATE: 04/01/2014 TO 04/30/2014

RUN DATE: 05/30/2014 TIME: 14:32:12

CASES	CP03	PESF	ISO	DESS-R
1	4	1	0	9
542	158	157	15	15
14	10	11	0	1
1	1	2	0	0
22	4	8	0	1
158	87	82	2	5
2,147	967	962	55	42
2	2	2	0	3
1	1	2	0	0
39	10	28	0	2
8	3	2	0	1
9	3	2	0	2
2	4	0	0	0
6	4	4	0	4
2	3	2	0	3
2	1	1	1	0
4	1	1	0	3
16	7	8	0	0
4	3	2	0	3
18	8	8	0	3
3	0	0	0	0
163	199	154	1	8
1	0	0	0	1
14	18	12	0	8
11	6	9	0	3
4	2	2	0	0
17	13	14	1	3
3	4	2	0	3
18	6	4	1	3

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Figure – Recipient Summary Characteristics Listing – Continued

DEPARTMENT OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES WT SUMMARY CHARACTERISTICS LISTING		PAGE: 4		
		CYCLE DATE: 04/01/2024 TO 04/30/2024		
CASES	EPD	PCSP	THP	ISSUE-N
449	256	177	12	16
14	8	7	0	1
2	4	4	0	0
4	4	2	0	0
8	4	4	0	0
110	64	56	4	4
1,118	1,071	1,010	60	47
19	4	4	0	0
1	4	0	0	0
30	0	22	0	2
5	4	4	0	1
6	2	5	0	1
1	1	0	0	0
4	0	3	0	1
1	0	0	0	0
7	0	4	0	0
8	0	4	0	0
1	0	1	0	0
1	0	0	0	0
256	133	151	42	6
21	0	10	0	0
7	0	2	0	0
2	0	2	0	0
84	26	40	8	11
2	0	0	0	0
14	0	5	0	1

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Figure – Recipient Summary Characteristics Listing – Continued

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D/NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						

	Data Selection Criteria	<p><b>SELECT FOR COUNTS</b></p> <p>All cases based on status and details as of the last day of the report month. Counts are unduplicated.</p> <p>For eligible, presumptive eligible and leave (active) status the counts and detail</p> <p><b>GET</b></p> <p>Information from authorized segment covering the last day of the report month (not future)</p> <p><b>OR IF NO CURRENT SEGMENT</b></p> <p>Information from the most recent authorized segment</p> <p>The following case statuses will only be counted in the month in which this status begins if this is the status on the last day of the report month. These cases will not be counted in a subsequent month unless the status changes.</p> <p>For terminated status the counts and detail</p> <p><b>GET</b></p> <p>Information from the active authorization segment immediately prior to the termination status.</p> <p>For application withdrawn, denied and pending</p> <p><b>GET</b></p> <p>Information as available in the case as of the last day of the month. There will not be any authorization segment data.</p>	NA	NA	NA	NA
CATEGORY	The characteristic being reported.	Column Header – Bold	N	NA	Left	String
TOTAL IHSS CASES	The sum of recipients meeting the criteria in the following programs: PCSP, CFCO, IPO and IHSS-R.	Column Header – Bold	N	NA	Right	String
CFCO	The sum of recipients meeting the specified criteria in PCSP.	Column Header – Bold	N	NA	Right	String
PCSP	The sum of recipients meeting the specified criteria in CFCO.	Column Header – Bold	N	NA	Right	String
IPO	The sum of recipients meeting the specified criteria in the IPO program.	Column Header – Bold	N	NA	Right	String
IHSS-R	The sum of recipients meeting the specified criteria in the IHSS-R program.	Column Header – Bold	N	NA	Right	String
ELIGIBILITY STATUS CODES	The Case Status of the CMIPS case being reported as of the last day of the report month.	Unduplicated count. Status as of the last day of the report month.  Bold	N	NA	Left	String (Section Header)
ELIGIBLE		Indent label	N	NA	Right	99,999
PRESUMPTIVE ELIGIBLE		Indent label	N	NA	Right	99,999
LEAVE		Indent label	N	NA	Right	99,999
TERMINATED		Counted if this is the status on the last day of the report month and the status began in the report month  Indent label	N	NA	Right	99,999
SUB TOTAL	Sub-Total based upon the Case Status being reported by Funding Source.	Right justify label	N	NA	Right	99,999
APPLICATION WITHDRAWN		Counted if this is the status on the last day of the report month and the status began in the report month  Indent label	N	NA	Right	99,999
DENIED		Counted if this is the status on the last day of the report month and the status began in the report month  Indent label	N	NA	Right	99,999
PENDING		Counted if this is the status on the last day of the report month  Indent label	N	NA	Right	99,999

SUB TOTAL	Sub-Total based upon the Case Status being reported. Application Withdrawn, Denied and Pending do not have Funding Source determined therefore the Funding Source Sub Total will be N/A.	Right justify label	N	NA	Right	99,999
TOTAL	The total number of cases meeting the report criteria by funding source.	Right justify label – Bold	N	NA	Right (Bold)	99,999
IMPAIRMENT STATUS	The count of recipients with the specified impairment level (SI, NSI) reported by program.	These counts will reconcile to the Sub Total associated with Eligible, Presumptive Eligible, Leave and Terminated Eligibility Status Codes. Leave and Terminated status codes will reflect the Impairment Level associated with the case prior to the Leave or Terminated status.  Bold	N	NA	Right	99,999
NON-SEVERELY IMPAIRED (NSI)		Indent label	N	NA	Right	99,999
SEVERELY IMPAIRED (SI)		Indent label	N	NA	Right	99,999
MAXIMUM PAYMENT CASES	The count of recipients with maximum payment cases totaled by impairment status and unmet need (NSI = Non-Severely Impaired, SI = Severely Impaired, UMN = Unmet Needs) for each program.	Bold	N	NA	Right	99,999
NON-SEVERELY IMPAIRED (NSI)	Number of NSI Maximum Payment Cases	Indent label	N	NA	Right	99,999
SEVERELY IMPAIRED (SI)	Number of SI Maximum Payment Cases	Indent label	N	NA	Right	99,999
PERCENTAGE OF TOTAL CASES	Percentage of Total Cases that are NSI/SI Maximum Payment Cases by program only.	(MAXIMUM (NSI) PAYMENT CASES + MAXIMUM (SI) PAYMENT CASES) / ELIGIBILITY STATUS CODES PROGRAM TOTAL  Right justify label	N	NA	Right	999.99%
UNMET NEEDS (UMN)	Number of Maximum Payment Cases with UMN	Indent label	N	NA	Right	99,999
PERCENTAGE OF MAX PAYMENT CASES	Percentage of cases by program and type of impairment/unmet need compared to total.	UNMET NEEDS (UMN) / (MAXIMUM (NSI) PAYMENT CASES + MAXIMUM (SI) PAYMENT CASES)  Right justify label	N	NA	Right	999.99%
SPOUSE/PARENT CODES	The count of cases in each of the Spouse /Parent categories by program.  These counts will not reconcile to the Eligibility Status Codes counts. Leave and Terminated status codes will reflect the Spouse/Parent Code associated with the case prior to the Leave or Terminated Status.	Based on value as of the last day of the report month. Unduplicated.  Bold	N	NA	Left	String
PARENT – PROVIDES ALL SERVICES		Indent label	N	NA	Right	99,999
PARENT – PROVIDES SOME SERVICES		Indent label	N	NA	Right	99,999
PARENT – PROVIDES NO SERVICES		Indent label	N	NA	Right	99,999
PARENT – IHSS RECIPIENT		Indent label	N	NA	Right	99,999
SPOUSE – ABLE AND AVAILABLE		Indent label	N	NA	Right	99,999
SPOUSE – ABLE /PARTIALLY AVAILABLE		Indent label	N	NA	Right	99,999
SPOUSE – ABLE /NOT AVAILABLE		Indent label	N	NA	Right	99,999
SPOUSE – AVAILABLE/NOT ABLE		Indent label	N	NA	Right	99,999
SPOUSE – IHSS RECIPIENT		Indent label	N	NA	Right	99,999

DELIVERY MODES	The count of cases by delivery mode and program; this count is unduplicated. Valid values are: IP, CC, HM and MM.  These counts will reconcile to the Sub total associated with Eligible, Presumptive Eligible, Leave or Terminated Eligibility Status Codes. Leave and Terminated status codes will reflect the Delivery Mode associated with the case prior to the Leave or Terminated status.	Bold	N	NA	Left	String
IP – INDIVIDUAL PROVIDER		Indent label	N	NA	Right	99,999
CC – COUNTY CONTRACTOR		Indent label	N	NA	Right	99,999
HM – HOMEMAKER		Indent label	N	NA	Right	99,999
MM – MIXED MODES		Indent label	N	NA	Right	99,999
SEX	The count of male and female recipients meeting the criteria for inclusion on this report, by program. These counts will reconcile to the Eligibility Status Codes Total count.  Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.	Bold	N	NA	Left	String
MALE		Indent label	N	NA	Right	99,999
FEMALE		Indent label	N	NA	Right	99,999
AGE	The count of recipients in each of the indicated age groups by program.  These counts will reconcile to the Eligibility Status Codes Total count.  Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.	Age of recipient/applicant as of the last day of the report month  Bold	N	NA	Left	String
0 THRU 6 YEARS		Indent label	N	NA	Right	99,999
7 THRU 13 YEARS		Indent label	N	NA	Right	99,999
14 THRU 17 YEARS		Indent label	N	NA	Right	99,999
18 THRU 20 YEARS		Indent label	N	NA	Right	99,999
21 THRU 44 YEARS		Indent label	N	NA	Right	99,999
45 THRU 64 YEARS		Indent label	N	NA	Right	99,999
65 THRU 79 YEARS		Indent label	N	NA	Right	99,999
80 YEARS AND OVER		Indent label	N	NA	Right	99,999
PAY OPTIONS	The count of cases indicating the chosen method of payment for Individual Provider (IP) mode only by program.  The sum of the RECIPIENT ADVANCE PAY, RECIPIENT EFT, PROVIDER ARREARS and PROVIDER DIRECT DEPOSIT will reconcile to the sum of the counts for the IP – INDIVIDUAL PROVIDER and MM – MIXED MODES categories of Delivery Modes.  The Restaurant Meals Allowance – Recipient is a count of cases that are authorized to receive the Restaurant Meals Allowance.  Leave and Terminated status codes will reflect the Pay Option associated with the case prior to the Leave or Terminated status.	Bold	N	NA	Left	99,999
RECIPIENT ADVANCE PAY	A count of advance pay cases where the recipient receives payment via warrant.	Indent label	N	NA	Right	99,999
RECIPIENT EFT	A count of advance pay cases where the recipient receives payment via EFT.	Indent label	N	NA	Right	99,999
PROVIDER ARREARS	A count of arrears pay cases where all the providers assigned to the case receive payment via warrant.	Indent label	N	NA	Right	99,999
PROVIDER DIRECT DEPOSIT	A count of arrears pay cases where at least one provider assigned to the case receives payment via EFT.	Indent label	N	NA	Right	99,999
RESTAURANT MEALS ALLOWANCE – RECIPIENT	A count of recipient cases that are designated to receive RMA payments.	Indent label	N	NA	Right	99,999

MC AID CODE	<p>The count of recipients/applicants by Medi-Cal aid code by program. This defines the linkage to SSI/SSP, or categorically needy Medi-Cal eligibility. Only MC Aid Codes associated with reported cases will be listed.</p> <p>These counts will reconcile to the Total associated with the Eligibility Status Codes section of the report.</p> <p>Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.</p>	<p>Leave and Terminated will reflect the MC Aid Code associated with the eligible or presumptive eligible authorization segment prior to the Leave or Terminated status.</p> <p><b>Bold</b></p>	N	NA	Left	String
NO MEDI-CAL	Count of cases with no Medi-Cal eligibility associated with the report month or for leave and terminated cases with the prior eligible or presumptive eligible authorization segment.	<p>Count of cases where the AID CODE is Blank</p> <p>OR</p> <p>The associated Medi-Cal Eligibility status is:</p> <p>Blank</p> <p>OR</p> <p>'000'</p> <p>OR</p> <p>Starts with a '9'</p> <p>OR</p> <p>Ends with a '9'</p> <p>Indent label</p>	N	NA	Right	99,999
<XX>	<p>Count of cases by program by Medi-Cal aid code.</p> <p>Count will reflect all cases found with a given aid code. Aid codes will be listed in ascending order. Only aid codes with a case count &gt; zero will be listed.</p> <p>Repeat as needed.</p> <p>Descriptions of the Medi-Cal Aid Codes will not be included.</p>	<p>XX = Recipient Aid Code</p> <p>Select Medi-Cal Aid Code if Medi-Cal eligibility status is not:</p> <p>Blank</p> <p>OR</p> <p>'000'</p> <p>OR</p> <p>Starts with a '9'</p> <p>OR</p> <p>Ends with a '9'</p> <p>Indent label</p>	N	A	Right	99,999
ELIGIBILITY BASED ON AGED, BLIND OR DISABLED	<p>The count of cases, by program, that represent the selected IHSS eligibility.</p> <p>These counts will reconcile to the Sub total associated with Eligible, Presumptive Eligible, Leave or Terminated Eligibility Status Codes. Leave and Terminated status codes will reflect the IHSS Aid Code associated with the case prior to the Leave or Terminated status.</p>	<p>This is a drop-down selection from Program Evidence.</p> <p><b>Bold</b></p>	N	NA	Left	String
10 – AGED		Indent label	N	NA	Right	99,999
20 – BLIND		Indent label	N	NA	Right	99,999
60 – DISABLED		Indent label	N	NA	Right	99,999
18 – AGED INCOME ELIGIBLE		Indent label	N	NA	Right	99,999
28 – BLIND INCOME ELIGIBLE		Indent label	N	NA	Right	99,999
68 – DISABLED INCOME ELIGIBLE		Indent label	N	NA	Right	99,999
INCOME ELIGIBLE	The count of Income Eligible cases with a status of Eligible, Presumptive Eligible, Leave or Terminated.	<b>Bold</b>	N	NA	Left	String
IHSS-R SOC	The count of Income Eligible cases which have a Funding Source of IHSS-R with a share of cost (SOC)	Indent label	N	NA	Right	99,999
IHSS-R OSOC	The count of Income Eligible cases which have a Funding Source of IHSS-R with a zero share of cost (OSOC)	Indent label	N	NA	Right	99,999
BLIND OR VISUALLY IMPAIRED	Count of cases with a BVI indication.	<b>Bold</b>	N	NA	Left	String

BLIND	Count of cases with an indication of "Blind".	Indent label	N	NA	Right	99,999
VISUALLY IMPAIRED	Count of cases with an indication of "Visually Impaired".	Indent label	N	NA	Right	99,999
TOTAL		TOTAL = BLIND + VISUALLY IMPAIRED Right justify label	N	NA	Right	99,999
TIMESHEET ACCOMMODATIONS	Selected Timesheet Accommodations for all blind or visually impaired recipients.	Bold	N	NA	Left	String
NO ACCOMODATION NEEDED	Count of BVI recipients that have elected no timesheet accommodations.	Indent label	N	NA	Right	99,999
PRESS OR SAY	Count of recipients that have elected to use the telephonic system for timesheet approval. This selection is available only to blind individuals.	Indent label	N	NA	Right	99,999
LARGE FONT TIMESHEET	Count of recipients that have elected to have their provider receive 18 point font timesheets. This selection is available only to visually impaired individuals.	Indent label	N	NA	Right	99,999
NOTICES OF ACTION OPTION	Selected NOA Options for all blind or visually impaired recipients.	Bold	N	NA	Left	String
NO ACCOMMODATION NEEDED	Count of BVI recipients that have elected no NOA accommodations.	Indent label	N	NA	Right	99,999
LARGE FONT NOA	Count of recipients that have elected to receive 18 point font NOAs. This selection is available only to visually impaired individuals.	Indent label	N	NA	Right	99,999
BRAILLE DOCUMENTS	Count of recipients that have elected to receive Braille NOAs. This selection is available only to blind individuals.	Indent label	N	NA	Right	99,999
AUDIO CD	Count of recipients that have elected to receive Audio CD NOAs when available.	Indent label	N	NA	Right	99,999
DATA CD	Count of recipients that have elected to receive Data CD NOAs when available.	Indent label	N	NA	Right	99,999
COUNTY SUPPORT	Count of recipients that have elected to use county support for NOAs.	Indent label	N	NA	Right	99,999
ETHNICITY	The count of recipients by program with the indicated ethnicity.  These counts will reconcile to the Eligibility Status Codes Total count. Only those Ethnicity indications associated with a case will be listed.  Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.	Value only displayed if count is > zero.  Bold	N	NA	Left	String
WHITE		Indent label	N	NA	Right	99,999
HISPANIC		Indent label	N	NA	Right	99,999
BLACK		Indent label	N	NA	Right	99,999
ASIAN OR PACIFIC ISLANDER		Indent label	N	NA	Right	99,999
ALASKAN NATIVE OR AMERICAN INDIAN		Indent label	N	NA	Right	99,999
FILIPINO		Indent label	N	NA	Right	99,999
NO VALID DATA REPORTED		Indent label	N	NA	Right	99,999
NO RESPONSE, CLIENT DECLINED TO STATE		Indent label	N	NA	Right	99,999
AMERASIAN		Indent label	N	NA	Right	99,999
CHINESE		Indent label	N	NA	Right	99,999
CAMBODIAN		Indent label	N	NA	Right	99,999
JAPANESE		Indent label	N	NA	Right	99,999
KOREAN		Indent label	N	NA	Right	99,999
ASIAN INDIAN		Indent label	N	NA	Right	99,999
HAWAIIAN		Indent label	N	NA	Right	99,999
GUAMANIAN		Indent label	N	NA	Right	99,999
LOATIAN		Indent label	N	NA	Right	99,999
VIATNAMESE		Indent label	N	NA	Right	99,999
OTHER		Indent label	N	NA	Right	99,999

SPOKEN LANGUAGE	The count of recipients by program with the indicated spoken language.  These counts will reconcile to the Eligibility Status Codes Total count. Only those Spoken Language indications associated with a case will be listed.  Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.	Value only displayed if count is > zero.  <b>Bold</b>	N	NA	Left	String
AMERICAN SIGN LANGUAGE		Indent label	N	NA	Right	99,999
SPANISH		Indent label	N	NA	Right	99,999
CANTONESE		Indent label	N	NA	Right	99,999
JAPANESE		Indent label	N	NA	Right	99,999
KOREAN		Indent label	N	NA	Right	99,999
TAGALOG		Indent label	N	NA	Right	99,999
OTHER NON-ENGLISH		Indent label	N	NA	Right	99,999
ENGLISH		Indent label	N	NA	Right	99,999
NO VALID DATA TO REPORT		Indent label	N	NA	Right	99,999
NO RESPONSE, CLIENT DECLINED TO STATE		Indent label	N	NA	Right	99,999
OTHER SIGN LANGUAGE		Indent label	N	NA	Right	99,999
MANDARIN		Indent label	N	NA	Right	99,999
OTHER CHINESE LANGUAGES		Indent label	N	NA	Right	99,999
CAMBODIAN		Indent label	N	NA	Right	99,999
ARMENIAN		Indent label	N	NA	Right	99,999
ILOCANO		Indent label	N	NA	Right	99,999
MIEN		Indent label	N	NA	Right	99,999
HMONG		Indent label	N	NA	Right	99,999
LAO		Indent label	N	NA	Right	99,999
TURKISH		Indent label	N	NA	Right	99,999
HEBREW		Indent label	N	NA	Right	99,999
FRENCH		Indent label	N	NA	Right	99,999
POLISH		Indent label	N	NA	Right	99,999
RUSSIAN		Indent label	N	NA	Right	99,999
PORTUGUESE		Indent label	N	NA	Right	99,999
ITALIAN		Indent label	N	NA	Right	99,999
ARABIC		Indent label	N	NA	Right	99,999
SAMOAN		Indent label	N	NA	Right	99,999
THAI		Indent label	N	NA	Right	99,999
FARSI		Indent label	N	NA	Right	99,999
VIETNAMESE		Indent label	N	NA	Right	99,999
HINDI		Indent label	N	NA	Right	99,999
PUNJABI		Indent label	N	NA	Right	99,999
UKRAINIAN		Indent label	N	NA	Right	99,999
OTHER LANGUAGE (MANUAL ENTRY)		Indent label	N	NA	Right	99,999
NO VALUE AT CONVERSION		Indent label	N	NA	Right	99,999
WRITTEN LANGUAGE	The count of recipients by program with the indicated written language.  These counts will reconcile to the Eligibility Status Codes Total count. Only those Written Language indications associated with a case will be listed.  Cases in an Application Withdrawn, Denied and Pending status will be counted in the Total IHSS Cases column but will not have an associated count by program.	Value only displayed if count is > zero.  <b>Bold</b>	N	NA	Left	String

SPANISH		Indent label	N	NA	Right	99,999
CANTONESE		Indent label	N	NA	Right	99,999
JAPANESE		Indent label	N	NA	Right	99,999
KOREAN		Indent label	N	NA	Right	99,999
TAGALOG		Indent label	N	NA	Right	99,999
OTHER NON-ENGLISH		Indent label	N	NA	Right	99,999
ENGLISH		Indent label	N	NA	Right	99,999
NO VALID DATA TO REPORT		Indent label	N	NA	Right	99,999
NO RESPONSE, CLIENT DECLINED TO STATE		Indent label	N	NA	Right	99,999
OTHER SIGN LANGUAGE		Indent label	N	NA	Right	99,999
MANDARIN		Indent label	N	NA	Right	99,999
OTHER CHINESE LANGUAGES		Indent label	N	NA	Right	99,999
CAMBODIAN		Indent label	N	NA	Right	99,999
ARMENIAN		Indent label	N	NA	Right	99,999
ILOCANO		Indent label	N	NA	Right	99,999
MIEN		Indent label	N	NA	Right	99,999
HMONG		Indent label	N	NA	Right	99,999
LAO		Indent label	N	NA	Right	99,999
TURKISH		Indent label	N	NA	Right	99,999
HEBREW		Indent label	N	NA	Right	99,999
FRENCH		Indent label	N	NA	Right	99,999
POLISH		Indent label	N	NA	Right	99,999
RUSSIAN		Indent label	N	NA	Right	99,999
PORTUGUESE		Indent label	N	NA	Right	99,999
ITALIAN		Indent label	N	NA	Right	99,999
ARABIC		Indent label	N	NA	Right	99,999
SAMOAN		Indent label	N	NA	Right	99,999
THAI		Indent label	N	NA	Right	99,999
FARSI		Indent label	N	NA	Right	99,999
VIETNAMESE		Indent label	N	NA	Right	99,999
HINDI		Indent label	N	NA	Right	99,999
PUNJABI		Indent label	N	NA	Right	99,999
UKRANIAN		Indent label	N	NA	Right	99,999
OTHER LANGUAGE (MANUAL ENTRY)		Indent label	N	NA	Right	99,999
NO VALUE AT CONVERSION		Indent label	N	NA	Right	99,999
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	String

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Referrals by Source by County

CI	Document Name
 CI-51817 - DSD RPTS Referrals by Source by County <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Referrals_by_Source_by_County.doc

## Report Business Description

The Referrals by Source by County report displays the count for each referral source codes on cases created in a county for the report period. The numbers under the Referral Sources column on the report represent the 40 Referral Source codes defined for CMIPS.

The report detail contains the county name and a quarterly count of each referral source for the above-defined referral codes as well as a yearly total by county. The YEAR column total is an accumulative count based on the State Fiscal Year calendar as defined under the Reporting Parameters.

The Referrals by Source by County report will report by quarter. The report is scheduled to run on the first business day of a quarter based upon the State Fiscal Year, July – June. Any referral submitted within the quarter will be counted on this report and the yearly report. The report quarters are pre-defined as follows:

- 1st Quarter – July – September
- 2nd Quarter – October – December
- 3rd Quarter – January – March
- 4th Quarter – April – June

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input checked="" type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
STATEWIDE	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
COUNTY	Primary	Alphabetical

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: Scheduled every quarter based on the State Fiscal Year calendar and on request for a 1-quarter time period. Only a full quarter, based on the defined State Fiscal year, can be requested. A request will not cover partial quarters, but will give data based on the point in time for which it is generated. A quarter cannot cross over multiple quarters or state fiscal years as defined in the Reporting Parameters.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a fiscal quarter based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Referral Source Code List

Code	Description	Code	Description
01	Self	21	Community Care Facility
02	Adult Daughter	22	Health Services Department
03	Other	23	Senior Center
04	Other Relative	24	County Eligibility Worker
05	Friend	25	Mental Health Department
06	County Social Service Worker	26	Multipurpose Senior Services Center
07	Mother	27	Early Hospital Discharge (Diagnostically Related Group)
08	Other Community Agency	28	Linkage Program
09	Adult Son	29	Medi-Cal Review (AB 3398)
10	Home Health Agency	30	Skilled Nursing Facility Discharge Planner
11	Social Security Administration	31	Rehabilitation Department
12	Unknown	32	Reported Adult Abuse
13	Regional Center	33	Senior Day Care Center
14	Spouse	34	Guardian
15	Hospital Discharge Planner	35	Religious Organization
16	Physician	36	Intermediate Care Facility Discharge Planner
17	Neighbor	37	Preadmission Screening (Gatekeeper)
18	Adult Day Health Care Center	38	Law Enforcement
19	Father	39	Conservator
20	Area Agency on Aging	40	Nutrition Center

## Sample

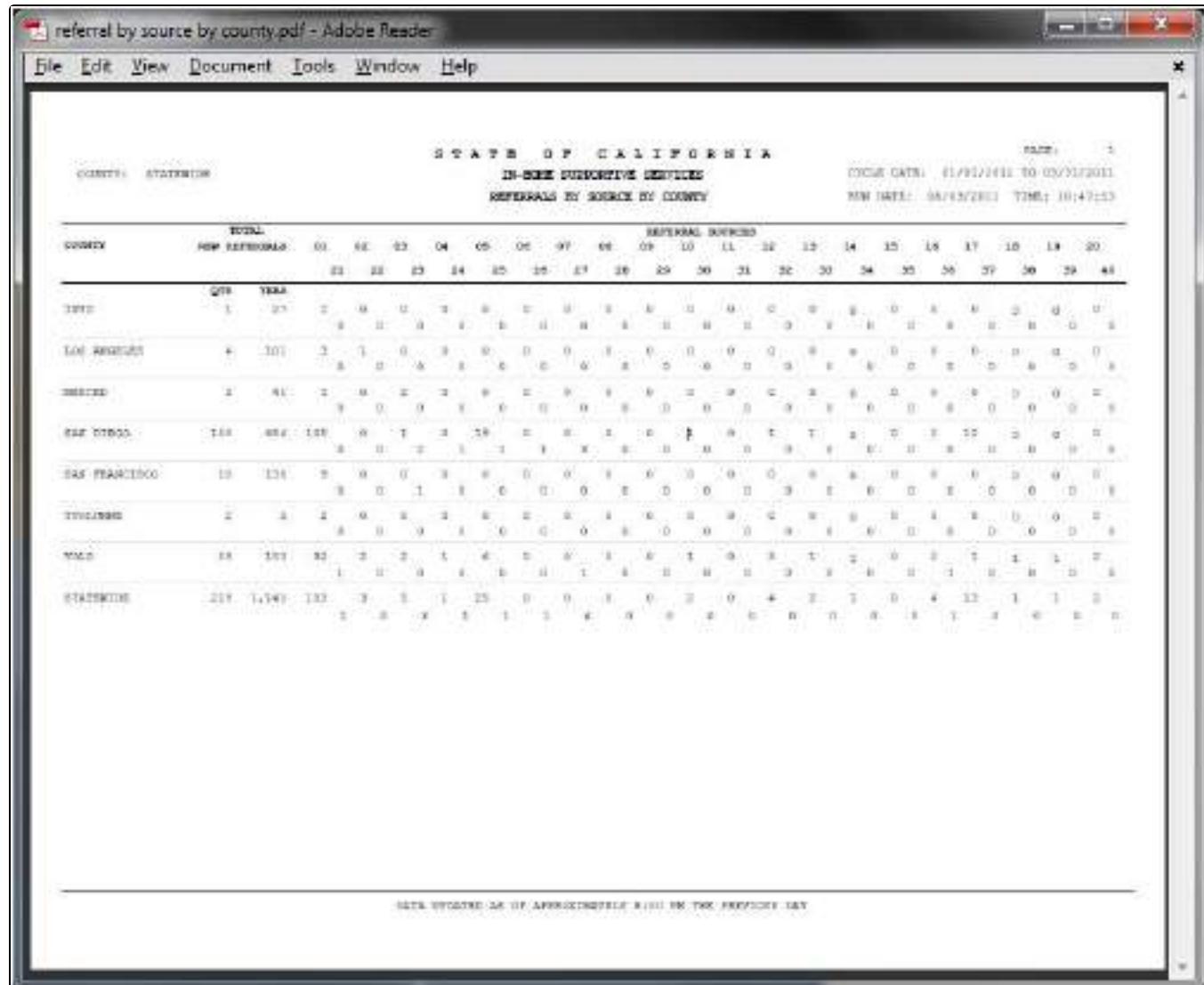


Figure – Referrals by Source by County

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D/NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY 99

TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
COUNTY	The name of the county for which the data displayed is associated. A section is displayed for each of the 58 California counties.		N	NA	Left	String
TOTAL NEW REFERRALS	Header label to identify total columns for the number of new referrals made during the State Fiscal calendar quarter and year.		N	NA	Left	
QTR	YEAR	QTR: The total number of referrals, by any source, received by the displayed county within the state fiscal quarter cycle period.  YEAR: The accumulative total of all referrals, by any source, received by the displayed county within the State Fiscal year July – June.  Note: If the quarter selected is October through December, the YEAR will display accumulative counts for July through December.		N	NA	Left 9,999 9,999
REFERRAL SOURCES	Header numbers 01 – 40 reflect the codes for the type of referral. The number values below these fields reflect the count of referrals based on the above codes for the date range selected; the quarter scheduled and the fiscal year.		N	NA	Left	99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Refused Services Detail Report

CI	Document Name
 CI-51807 - DSD RPTS Refused Services Detail Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Refused_Services_Detail_Report.doc

## Report Business Description

The Refused Services Detail report informs IHSS staff and managers about Recipients who have refused IHSS services. It reports on the types of services, the number of services and the number of hours refused. The report can be used to assess Recipient and program risk as well as quality of services.

This is a point in time report, cases with a Status of Eligible or Presumptive Eligible and Refused Services on the latest Active Evidence will be reported.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON:
			<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES REFUSED SERVICES DETAIL REPORT				PAGE: 3
COUNTY: Alameda	OFFICE: 01	SUPERVISOR: SU15	WORKER #: BB03	CYCLE DATE: 04/01/2009 TO 04/30/2009 RUN DATE: 10/13/2009 TIME: 7:58:36
RECIPIENT NAME	CASE NUMBER	REFUSED SERVICE TYPE	INDIVIDUAL ASSESSED HRS BY SERV TYPE	REFUSED HOURS
Andrew, D	2000006	Other Shopping & Errands	08:20	04:10
Last Name, First Name	2000021	Paramedical Heavy Cleaning Yard Hazard Abatement Remove Ice, Snow Teaching and Demonstration	05:00 16:40 01:40 01:40 01:40	05:00 12:30 01:40 01:40 01:40
Williams, Smith	2000005	Laundry Shopping for Food Bed Baths	01:40 08:20 01:40	01:40 08:20 01:40

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DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Refused Services Detail Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the supervisor being reported. This field will only display on the Detail or the Supervisor or Worker Summary versions.		Y	A	Left	Text

WORKER #:	The worker number of the Case Owner of the cases being reported. This field will only display on the Detail or the Supervisor or Worker Summary versions.		Y	A	Left	Text
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient's name	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number		N	NA	Left	9999999
REFUSED SERVICE TYPE	A list Service Types which have Refused Services indicate on the Assessment associated with the latest Active Evidence.		N	NA	Left	String
INDIVIDUAL ASSESSED HOURS BY SERVICE TYPE	The Total Assessed Need for the Service Type which also has a Refused Service indication		N	NA	Left	999:99
REFUSED HOURS	The hours and minutes of Refused Services indicated for the Service Type.		N	NA	Left	999:99
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Refused Services Summary Report

CI	Document Name
 CI-670575 - DSD RPTS Refused Services Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Refused_Services_Summary_Report.docx

## Report Business Description

The Refused Services Summary report lists the 25 IHSS Services and the associated number of cases with Refused Services for each service type.

This is a point in time report, cases with a Status of Eligible or Presumptive Eligible and Refused Services on the latest Active Evidence will be reported.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Version	Required	County, Office, Supervisor or Worker
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	Office and Supervisor or Worker version
SUPERVISOR	Third	Supervisor or Worker version
WORKER #	Fourth	Supervisor or Worker version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON:
			<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY : Alameda  
OFFICE : 01  
SUPERVISOR : SUI4  
WORKER # : JJ03

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
REFUSED SERVICES SUMMARY REPORT

PAGE : 1  
CYCLE DATE : 04/01/2009 TO 04/30/2009  
RUN DATE : 05/18/2009 TIME : 11:10:41

TOTAL # OF RECIPS	REFUSED SERVICE TYPE	COUNT OF REFUSED SERVICE TYPES	TOTAL INDIVIDUAL ASSESSED HRS BY SERV TYPE	TOTAL REFUSED HOURS BY SERVICE TYPE
1	Domestic	0	03:21	00:00
1	Meal Preparation	1	01:40	01:40
1	Meal Cleanup	1	01:40	01:40
1	Laundry	0	01:40	00:00
0	Shopping For Food	0	00:00	00:00
0	Other Shopping & Errands	0	00:00	00:00
0	Respiration	0	00:00	00:00
0	Bowel & Bladder Care	0	00:00	00:00
0	Feeding	0	00:00	00:00
0	Bed Baths	0	00:00	00:00
0	Dressing	0	00:00	00:00
0	Menstrual Care	0	00:00	00:00
0	Ambulation	0	00:00	00:00
0	Transfers	0	00:00	00:00
0	Bathing, Grooming, Oral Hygiene	0	00:00	00:00
0	Rubbing Skin, Repositioning	0	00:00	00:00
0	Care & Assistance With Prostheses (MEDS)	0	00:00	00:00
0	Accompaniment To Medical Appointments	0	00:00	00:00
0	Accompaniment To Alternative Resource	0	00:00	00:00
0	Protective Supervision	0	00:00	00:00
0	Paramedical	0	00:00	00:00
0	Heavy Cleaning	0	00:00	00:00
0	Yard Hazard Abatement	0	00:00	00:00
0	Remove Ice, Snow	0	00:00	00:00
0	Teaching And Demonstration	0	00:00	00:00

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Refused Services Summary Report – Worker

STATE OF CALIFORNIA				PAGE: 1
UNITY: Alameda	IN-HOME SUPPORTIVE SERVICES		CYCLE DATE: 10/01/2009 TO 10/31/2009	
FICR: 01	REFUSED SERVICES SUMMARY REPORT		BORN DATE: 10/13/2009 TIME: 8:17:26	
TOTAL # OF RECIPS	REFUSED SERVICE TYPE	COUNT OF REFUSED SERVICE TYPES	TOTAL INDIVIDUAL ASSESSED HRS BY SERV TYPE	TOTAL REFUSED HOURS BY SERVICE TYPE
1	Domestic	0	03:21	00:00
1	Meal Preparation	1	01:40	01:40
1	Meal Cleanup	1	01:40	01:40
3	Laundry	1	04:10	01:40
1	Shopping For Food	1	08:20	08:20
1	Other Shopping & Errands	1	08:20	04:10
0	Respiration	0	00:00	00:00
1	Bowel & Bladder Care	1	03:20	01:40
4	Feeding	2	04:35	02:10
2	Bed Baths	2	03:20	00:00
1	Dressing	1	08:20	03:20
0	Menstrual Care	0	00:00	00:00
0	Ambulation	0	00:00	00:00
1	Transfers	1	08:20	06:40
0	Bathing, Grooming, Oral Hygiene	0	00:00	00:00
0	Rubbing Skin, Repositioning	0	00:00	00:00
0	Care & Assistance With Prostheses (MEDS)	0	00:00	00:00
1	Accompaniment To Medical Appointments	1	03:20	01:40
1	Accompaniment To Alternative Resource	1	01:40	00:50
1	Protective Supervision	1	01:40	01:40
1	Paramedical	1	05:00	05:00
1	Heavy Cleaning	1	16:40	12:30
1	Yard Hazard Abatement	1	01:40	01:40
1	Remove Ice, Snow	1	01:40	01:40
1	Teaching And Demonstration	1	01:40	01:40

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Refused Services Summary Report – District Office

STATE OF CALIFORNIA		PAGE : 1		
UNITY : Alameda		IN-HOME SUPPORTIVE SERVICES		
		REFUSED SERVICES SUMMARY REPORT		
TOTAL # OF RECIPS	REFUSED SERVICE TYPE	COUNT OF REFUSED SERVICE TYPES	TOTAL INDIVIDUAL ASSESSED HRS BY SERV TYPE	TOTAL REFUSED HOURS BY SERVICE TYPE
1	Domestic	0	03:21	00:00
1	Meal Preparation	1	01:40	01:40
1	Meal Cleanup	1	01:40	01:40
3	Laundry	1	04:10	01:40
1	Shopping For Food	1	08:20	08:20
1	Other Shopping & Errands	1	08:20	04:10
0	Respiration	0	00:00	00:00
0	Bowel & Bladder Care	0	00:00	00:00
1	Feeding	0	00:50	00:00
1	Bed Baths	1	01:40	00:00
1	Dressing	1	08:20	03:20
0	Menstrual Care	0	00:00	00:00
1	Ambulation	1	05:00	05:00
1	Transfers	1	08:20	06:40
0	Bathing, Grooming, Oral Hygiene	0	00:00	00:00
0	Rubbing Skin, Repositioning	0	00:00	00:00
1	Care & Assistance With Prostheses (MEDS)	1	06:40	05:00
1	Accompaniment To Medical Appointments	1	03:20	01:40
1	Accompaniment To Alternative Resource	1	01:40	00:50
0	Protective Supervision	0	00:00	00:00
1	Paramedical	1	05:00	05:00
1	Heavy Cleaning	1	16:40	12:30
1	Yard Hazard Abatement	1	01:40	01:40
1	Remove Ice, Snow	1	01:40	01:40
1	Teaching And Demonstration	1	01:40	01:40

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Refused Services Summary Report – County

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the supervisor being reported. This field will only display on the Detail or the Supervisor or Worker Summary versions.		Y	A	Left	Text

WORKER #:	The worker number of the Case Owner of the cases being reported. This field will only display on the Detail or the Supervisor or Worker Summary versions.		Y	A	Left	Text
<b>REPORT BODY</b>						
TOTAL NUMBER OF RECIPIENTS	The total number of Recipients with a Refused Service indication for the specified service type.		N	NA	Left	9,999
REFUSED SERVICE TYPE	A list of CMIPS service types based on the Service Types listed on the SOC 293.		N	NA	Left	String
COUNT OF REFUSED SERVICE TYPES	The total number of Recipients with a Refused Service indication for the specified service type.		N	NA	Left	9,999
TOTAL INDIVIDUAL ASSESSED HRS BY SERV TYPE	Summary value showing the Total Assessed Need hours and minutes by Service Type.		N	NA	Left	999:99
TOTAL REFUSED HOURS BY SERVICE TYPE	The total hours and minutes indicated as Refused Services.		N	NA	Left	999:99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Residual Caseload 2N

CI	Document Name
 CI-51813 - DSD RPTS Residual Caseload 2N Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Residual_Caseload_2N_Report.doc

## Report Business Description

The Residual Caseload 2N Report is produced monthly reporting all Recipient cases in an Eligible and Presumptive Eligible status that have a Funding Source Aid Code of 2N – IHSS-R.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	

County	Required	
--------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>		Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>		Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>		Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>		Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input type="checkbox"/>		Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>		Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	N/A	On Demand	RANGE: For a one month period based on date selected
<input type="checkbox"/>	N/A	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES RESIDUAL CASeload 2N REPORT							PAGE: 6
COUNTY: Yolo	OFFICE: 01	SUPERVISOR: MISA	WORKER #: W033	CYCLE DATE: 10/01/2011 TO 10/31/2011	RUN DATE: 10/04/2011 TIME: 13:30:54		
RECIPIENT NAME	CASE NUMBER	CIN	PMS MC AID CODE	MEDI-CAL FS / LS	MEDI-CAL STATUS	MC DISC/ YRISK DATE	REASON FOR MEDI-CAL DISC/YRISK
BALL, LUCY	00-06041	300060928	30	FS	001		
DARLING, ESTHER	00-01126	123456			009		
ST. PASTORA	00-06039	300060928	20	FS	001		

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Residual Caseload 2N Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the Supervisor to which the worker (Case Owner) is assigned.		Y	A	Left	Text
WORKER #:	The social worker (Case Owner) to whom the reported case(s) are assigned		Y	A	Left	Text
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient's name	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number		N	NA	Left	9999999
CIN	The Recipients Client Index Number		N	NA	Left	9999999X
PRIMARY MC AID CODE	The Medi-Cal Aid Code from the current MEDS Eligibility record		N	NA	Left	String
MEDI-CAL FS / LS	Defines if the primary Medi-Cal Aid Code for the Recipient is linked to a Full Scope (FS) or Limited Scope (LS) – restricted services.		N	NA	Left	XX
MC STATUS	The Recipient's current Medi-Cal Eligibility Status from the current MEDS Eligibility record will display as a 3-digit code		N	NA	Left	999
MC DISC /TERM DATE	The date of termination of Medi-Cal Eligibility		N	NA	Left	MM/DD /YYYY
REASON MC DISC /TERM	Reason for Medi-Cal termination		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/SCO Death Match Response

CI	Document Name
 CI-51832 - DSD RPTS SCO Death Match Response Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_SCO_Death_Match_Response_Report.doc

## Report Business Description

The State Controller's Office (SCO) Death Match Response report displays reported date of death information for Providers and Recipients at a summary record level. It also displays the recorded outcome of the QA worker investigation into the reported death of the Provider or Recipient. This report is for review by CDSS QA. The report will carry outcome data for items from the SCO Death Match entity but at a summary by case number level.

CMIPS receives Death Match information from MEDS daily, CDPH monthly and SCO quarterly. The SCO Death Match Response report displays reported date of death information for Providers and Recipients. It also displays the recorded outcome of the QA worker's investigation into the death of the reported Provider or Recipient.

This report will be used by State and County staff to investigate the possibility of erroneous payment in services due to the death of either a Provider or Recipient. The investigation to determine if the Recipient/Provider is deceased could result in referrals for investigation or for the purpose of overpayment reconciliation and collection purposes.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
QA WKR #	Primary	
NAME	Secondary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-DEMO DEPARTMENT OF JUSTICE SCO DEATH MATCH RESPONSE REPORT											Page: 1	
											Case Case: 13/03/2008 To: 11/11/2008	
											Run Date: 14/02/2012 Time: 04:14:48	
NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	Q# N# #
John McWayne	LL12345	EECIP	12/11/2008	12/11/2008	Thru	CONTINUE	LL12345 02_12/12/2008	2541				
Steve McWayne	LL12346	EECIP	12/11/2008	12/11/2008	No	CONTINUE	LL12346 02_12/12/2008	2542				
Bill McWayne	LL12347	EECIP	12/11/2008	12/11/2008	No	CONTINUE	LL12347 02_12/12/2008	2543				
Greg McWayne	LL12348	EECIP	12/11/2008	12/11/2008	No	CONTINUE	LL12348 02_12/12/2008	2544				
Steve McWayne	LL12349	EECIP	12/11/2008	12/11/2008	No	CONTINUE	LL12349 02_12/12/2008	2545				

DISCLAIMER  
DATA CROWDED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY.

Figure – SCO Death Match Response Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
NAME	The name of the person reported by SCO as deceased.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number for the Recipient reported by SCO as deceased.		N	NA	Left	9999999
PROVIDER NUMBER	The Provider number for the Provider reported by SCO as deceased.		N	NA	Left	99999999
PROVIDER OR RECIPIENT	PROV or RECIP indicates the person is either a Provider or Recipient.		N	NA	Left	String
SCO REPORTED DATE OF DEATH	The date of death received from the SCO interface.		N	NA	Left	MM/DD /YYYY
DATE OF DEATH	The actual date of death.		N	NA	Left	MM/DD /YYYY
CONFIRMED	This field will populate with a 'Y' or 'N' after the social worker or QA worker confirms the date of death.		N	NA	Left	X
OUTCOME	The outcome of the workers investigation. Report will display outcomes as entered from CMIPS.		N	NA	Left	String
AMOUNT	The warrant amount received through the SCO interface.		N	NA	Left	\$999,999. 00
OUTCOME DATE	The date the outcome is entered by the worker.		N	NA	Left	MM/DD /YYYY
QA WKR #	The Worker Number that entered the outcome in CMIPS.		N	NA	Left	Text
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Service Assessment Summary

CI	Document Name
 CI-51783 - DSD RPTS Service Assessment Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Service_Assessment_Summary.doc

## Report Business Description

This report should summarize, by Social Worker, District Office, County or Statewide all active (case status of eligible, presumptive eligible or leave) case assessments in the report month as well as a three-month average.

The Service Assessment Summary Report reports case counts, Assessed Hours (Individual Assessed Need) and Authorized (Auth. to Purchase) hour averages for each of the 25 IHSS services as well as the total dollars and average cost per case for each service. The counts and averages are provided for the report month and for a three month period (current month plus two prior months).

Cases with a status of Eligible, Presumptive Eligible or Leave in the report month will be included in the report month. Cases with a status of Eligible, Presumptive Eligible or Leave in the report month or in the prior (2) months will be included in the 3 MONTH AVERAGE section of the report. Detail for Leave status cases will be extracted from the authorization segment prior to the Leave status segment.

Cases with a status of Pending, Denied, Application Withdrawn, or Terminated are not reported because cases in these statuses do not have assessment information.

The Service Assessment Summary Report also reports the counts and averages for NON-ESSENTIAL, DOMESTIC ONLY and MEALS cases and case counts and hours by Mode of Service with by Impairment Level (SI – Severely Impaired or NSI – Non-severely Impaired).

The report contains five reporting sections based upon IHSS Funding Source. There is a section which includes All Funding Sources and one for each of the four, CFCO, PCSP, IPO and IHSS-R.

The report is available in the following summaries:

- Social Worker – Provides details of cases assigned to a specific Social Worker (Case Owner)
- District Office – Provides details of cases assigned to all Social Workers associated with a specific District Office
- County – Provides details of cases assigned to all District Offices in a specific County
- Statewide– Provides details of cases in all Counties

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Select	Audience
County	<input checked="" type="checkbox"/>	X	Program Staff
	<input type="checkbox"/>		Supervisors
	<input type="checkbox"/>		Management
	<input type="checkbox"/>		QA Staff
	<input type="checkbox"/>		Fiscal Staff
	<input type="checkbox"/>		Security Administrator

<b>CDSS</b>	<input type="checkbox"/>		Program Staff
	<input type="checkbox"/>		Management
	<input type="checkbox"/>		Accounting
	<input type="checkbox"/>		QA Staff
	<input type="checkbox"/>		Fraud
	<input type="checkbox"/>		Adult Program Division (APD)
	<input type="checkbox"/>		Security Administrator
<b>External Partner</b>	<input type="checkbox"/>		Department of Aging
	<input type="checkbox"/>		DHCS
	<input type="checkbox"/>		Health Benefit Managers
	<input type="checkbox"/>		Labor Organizations
	<input type="checkbox"/>		EDD
	<input type="checkbox"/>		SCO
	<input type="checkbox"/>		WPCS Program Staff (IHO)
	<input type="checkbox"/>		Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>		Help Desk Staff
	<input type="checkbox"/>		Back Office Staff
	<input type="checkbox"/>		Security Administrator
	<input type="checkbox"/>		Application Administrator

	<input type="checkbox"/>		Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
--------	--------	-------

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
DATE	Required	
VERSION	Required	County, District Office, Supervisor or Worker, Statewide
PROGRAM TYPE	Required	ALL PROGRAMS, CFCO, PCSP, IPO and IHSS-R
COUNTY	Required	Select County or 'ALL'.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	County, District Office, Supervisor or Worker versions
OFFICE	Secondary	District Office, Supervisor or Worker versions
SUPERVISOR		Supervisor or Worker version
WORKER #		Supervisor or Worker version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
None		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on selected date
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

**Figure – Service Assessment Summary – Page 1**

Figure – Service Assessment Summary – Page 2

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or "Statewide"3	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Not located on County or Statewide version	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
SUPERVISOR:	Supervisor Number	Only found on the 'Supervisor or Worker' version	Y	A	Left	String
WORKER #:	Worker Number	Only found on the 'Supervisor or Worker' version	Y	A	Left	String
<b>REPORT BODY – &lt;VERSION&gt; SUMMARY – &lt;PROGRAM TYPE&gt;</b>						
<b>(SERVICE AUTHORIZATION SECTION)</b>						
	Selection Criteria	CURRENT MONTH details = Cases with a status of Eligible, Presumptive Eligible or Leave in the current month  Detail for Leave status cases will be extracted from the authorization segment prior to the Leave status segment.  3 MONTH AVERAGE details = Cases with a status of Eligible, Presumptive Eligible or Leave in the current month or in the two prior months				
Version	Dynamic to report selected – Section Header	County, District Office, Supervisor or Worker, Statewide	NA	NA	Center	String
Program Type	Dynamic to report selected – Section Header	ALL PROGRAMS, CFCO, PCSP, IPO and IHSS-R	NA	NA	Center	String
CURRENT MONTH	Super Header		N	NA	Center	String
3 MONTH AVERAGE	Super Header (Underlined across applicable columns)		N	NA	Center Underlined	String
SERVICE AUTH	Lists all 25 In-Home Supportive Services in order of the IHSS Service Type code table.	Column Header	N	NA	Left	String
CASES	The total number of cases with a "Individual Assessed Need" greater than zero for the Service for the report period	Column Header  Column is repeated for current month and 3 month average  3 MONTH AVERAGE calculation = (Current Month + First Prior Month + Second Prior Month) / 3	N	NA	Right	999,999
% OF TOTAL	The percentage of TOTAL CASES with an Individual Assessed Need greater than zero for the indicated service for the report period	Column Header  Column is repeated for current month and 3 month average  ((CASES/TOTAL CASES)*100)	N	NA	Right	999.99
HOURS ASSESSED	The total hours and minutes for all cases with an Individual Assessed Need greater than zero for the indicated service	Column Header  Reported in Current Month Only  These are hours assessed for the entire month.	N	NA	Right	HHH,HHH:MM

AUTH HOURS	The total Auth. to Purchase hours and minutes for all recipient cases with and Individual Assessed Need greater than zero for the indicated service	Column Header  Column is repeated for current month and 3 month average  3 MONTH AVERAGE calculation = (Current Month + First Prior Month + Second Prior Month) / 3	N	NA	Right	HHH,HHH:MM
\$ AMOUNT	The total dollars authorized for the indicated services.	Column Header  Column is repeated for current month and 3 month average  \$ AMOUNT = County Default Rate * AUTH HOURS for the indicated service	N	NA	Right	99,999,999.99
AUTH/HRS	The average number of authorized hours and minutes per case for the indicated service for the report period.	Column Header  Column is repeated for current month and 3 month average AUTH/HRS = (AUTH HOURS) / (CASES)  This value is rounded to the nearest minute.	N	NA	Right	HHH,HHH:MM
CASE \$ AMT	The average authorized dollar amount per case for the indicated service for the report period.	Column Header  Column is repeated for current month and 3 month average CASE \$ AMT = (\$ AMOUNT) / (CASES)	N	NA	Right	99,999,999.99
List of all 25 Services in order of the IHSS Service Type code table	See SERVICE AUTH Column Header	Leave space to next section of elements.	N	NA	Left	String

**The following row header is associated with the SERVICE AUTH list**

TOTAL CASES	This row reports the following totals for the associated report periods	TOTAL CASES = All cases in the report group  % OF TOTAL = 100%  HOURS ASSESSED = Sum of HOURS ASSESSED for all SERVICES  AUTH HOURS = Sum of AUTH HOURS for all SERVICES  \$ AMOUNT = Sum of \$AMOUNT for all SERVICES  AUTH/HRS = Sum of AUTH/HRS for all SERVICES  CASE \$ AMT = Sum of CASE \$ AMT for all SERVICES	N	NA	Right	See Column
-------------	---	--	---	----	-------	------------

**The following rows display after the SERVICE AUTH list**

**A blank row separates the TOTAL CASES row and the NON-ESSENTIAL row**

NON-ESSENTIAL	The number of recipient cases with an Individual Assessed Need and Auth. to Purchase amount greater than zero for any of the following services. If multiple of these services are associated with a single case the case it will be counted only once. <ul style="list-style-type: none"><li>• Domestic</li><li>• Meal Preparation</li><li>• Meal Clean-up</li><li>• Laundry</li><li>• Shopping for Food</li><li>• Heavy Cleaning</li><li>• Yard Hazard Abatement</li><li>• Teaching &amp; Demonstration</li></ul>	DOMESTIC ONLY will report all the values indicated in "Current Month" and 3 MONTHS AVERAGE.  3 MONTH AVERAGE calculation = (Current Month + First Prior Month + Second Prior Month) / 3	N	NA	Right	See Column
DOMESTIC ONLY	The number of recipient cases where "Domestic Services" is the only Service with an Individual Assessed Need.	DOMESTIC ONLY will report all the values indicated in "Current Month" and 3 MONTHS AVERAGE.  3 MONTH AVERAGE calculation = (Current Month + First Prior Month + Second Prior Month) / 3	N	NA	Right	See Column

MEALS	The number of recipient cases which have a Restaurant Meals Allowance = Yes in the report period.	<p>MEALS will only report the following values for "Current Month" and 3 MONTH AVERAGE:</p> <ul style="list-style-type: none"> <li>CASES</li> <li>% OF TOTAL</li> <li>\$ AMOUNT = CASES multiplied by Monthly Meals Allowance (\$62.00)</li> </ul> <p>CASE \$ AMT = Monthly Meals Allowance (\$62.00)</p> <p>All other columns will be populated with 'N/A' (HOURS ASSESSED, AUTH HOURS, AUTH/HRS)</p> <p>3 MONTH AVERAGE calculation = (Current Month + First Prior Month + Second Prior Month) / 3</p>	N	NA	Right	See Column
-------	---	--	---	----	-------	------------

**REPORT BODY CONT'**  
**(SERVICE MODE SECTION)**  
The following Service Mode column headers appear after the SERVICE AUTHORIZATION section  
A blank row separates this section from the prior section

	Selection Criteria	Data is reported for Current Month only.  CURRENT MONTH details = Cases with a status of Eligible, Presumptive Eligible or Leave in the current month				
IP	Recipient cases with only Individual Provider Mode of Service	Super Column Header	N	NA	Center	String
CC	Recipient cases with only County Contractor Mode of Service	Super Column Header	N	NA	Center	String
HM	Recipient cases with only Homemaker Mode of Service	Super Column Header	N	NA	Center	String
MM	Mixed Mode – Recipient cases indicated with more than one Mode of Service	Super Column Header	N	NA	Center	String
TOTAL	The total number of cases by for all Modes of Service (IP + CC + HM + MM) with the designated Impairment Level served.	Super Column Header	N	NA	Center	String
CASE AVERAGE	Average Assessed and Authorized Hours for case type by Mode of Service.	Column Header	N	NA	Right	String
HOURS	Repeated for each mode of service super column header and total	Column Header	N	NA	Center	String
CASES	Repeated for each mode of service super column header and total	Sub Column Header	N	NA	Right	String
ASSESS	Repeated for each mode of service super column header and total	Sub Column Header located beneath the HOURS column header  ASSESS (CASE AVERAGE) = (Sum of HOURS ASSESSED for all cases with the designated MOS and Impairment Level) / CASES	N	NA	Right	String
AUTH	Repeated for each mode of service super column header and total	Sub Column Header located beneath the HOURS column header  AUTH (CASE AVERAGE) = (Sum of AUTH HOURS for all cases with the designated MOS and Impairment Level) / CASES	N	NA	Right	String
SI	Indicates the number of Cases, average Hours Assessed and average Hours Authorized within Mode of Service where Impairment Level = Severely Impaired	Row Title (Under CASE AVERAGE)	N	NA	Right	See Sub Column
NSI	Indicates the number of Cases, average Hours Assessed and average Hours Authorized within Mode of Service where Impairment Level = Non-Severely Impaired	Row Title (Under CASE AVERAGE)	N	NA	Right	See Sub Column
TOTAL	Total across each mode of service and total for all modes of service	Row Title (Under CASE AVERAGE)  CASES = Total number of cases (SI + NSI)  ASSESSED = ((SI CASES X HOURS ASSESSED)+(NSI CASES X HOURS ASSESSED))/TOTAL CASES  AUTH = ((SI CASES X HOURS AUTH)+(NSI CASES X HOURS AUTH))/TOTAL CASES	N	NA	Right	See Sub Column

**REPORT FOOTER**

	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/SOC COLA Exceptions

CI	Document Name
 CI-51811 - DSD RPTS SOC COLA Exceptions Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_SOC_COLA_Exceptions_Report.doc

## Report Business Description

The SOC COLA EXCEPTION Report lists cases which produced an exception when the Cost of Living Adjustment (COLA) was applied.

Used to assist the social workers in managing their caseload to ensure that the COLA benefit level increase or decrease has been completed. This report provides support to the social worker by listing all Recipients' cases that produced an exception during the COLA processing.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

# Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

# Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input checked="" type="checkbox"/>	N/A	Other	Describe: After COLA processing

## Sample

CONTRIBUTOR	STATE OF CALIFORNIA DOL-COLA REPORTING SERVICES SOC COLA EXCEPTIONS REPORT	REPORT DATE: 09/01/2011 TO 09/30/2011 RUN DATE: 09/18/2011 TIME: 13:30:30
CASE NUMBER	RECIPIENT NAME	RECEPTION REASON
NO DATA TO REPORT		
<small>CONFIDENTIAL</small> <small>DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY</small>		

Figure – SOC COLA Exceptions Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
WORKER #:	The social worker number of the Case Owner		Y	A	Left	9999
<b>REPORT BODY</b>						
CASE NUMBER	The case number assigned to the Recipient case		N	NA	Left	9999999
RECIPIENT NAME	The Recipient name associated with the case	Last Name, First Name	N	NA	Left	String

EXCEPTION REASON	This field will display exception reasons for cases that had an error during the COLA process. The follow exception reason may display:  RECIPIENT ELIGIBILITY EXTENDED FOR ONE MONTH		N	NA	Left	String
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**REPORT FOOTER**

	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/SOC COLA Warning

CI	Document Name
 CI-51840 - DSD RPTS SOC COLA Warning Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_SOC_COLA_Warning_Report.doc

## Report Business Description

The SOC COLA Warning Report lists any Recipient with a Share of Cost – Income Source of Veteran's administration when the COLA is processed.

Used to assist the social workers in managing their caseload to ensure that the Income Source, Veteran's administration is verified when a SOC COLA is processed in CMIPS. This report provides support to the social worker by listing all Recipients' cases that have an IHSS Share of Cost Income Source Veteran's administration – Recipient in their caseload.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
	N/A	Other	Describe: After COLA processing

## Sample

STATE OF CALIFORNIA		IN-HOME SUPPORTIVE SERVICES SOC COLA WARNING REPORT		CYCLE DATE: 01/01/2013 TO 01/31/2013	
WORKER #:	254-16440	RECIPIENT NAME:		RECEIVED BY:	01/31/2013
COUNTY:	01	MAILING ADDRESS:		MAIL DATE:	01/31/2013
WORKER #:	254-16440	MAILING ADDRESS:		MAIL DATE:	01/31/2013
CASE NUMBER:	254-16440	RECIPIENT NAME:		MAILING ADDRESS:	
254-16440	254-16440	JOHN, DALE		MAILING ADDRESS:	
254-16440	254-16440	DALE, JOHN		MAILING ADDRESS:	
DATA FURNISHED AS OF 10:00 AM PT ON THE REPORT DAY					

**Figure – SOC COLA Warning Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
WORKER #:	The Worker Number associated with the Case Owner		Y	A	Left	9999
<b>REPORT BODY</b>						
CASE NUMBER	The case number assigned to the Recipient case		N	NA	Left	9999999
RECIPIENT NAME	The Recipient name associated with the case	Last Name, First Name	N	NA	Left	String
WARNING MESSAGE	The only warning message which will display is:  VET ADMIN BENEFIT CODE 2		N	NA	Left	String

REPORT FOOTER						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/State Hearings Request

CI	Document Name
 CI-51820 - DSD RPTS State Hearings Request Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_State_Hearings_Request_Report.doc

## Report Business Description

The State Hearings Request Report lists cases with State Hearing activity within the prior month, quarter or year of the date of request. This report is intended to report any state hearing activities entered into CMIPS in the report period. The State Hearing outcome of Erroneous Entry will not be reported.

When a State Hearing is entered, the case/individual will appear on the report from the first month of entry and the case will be reported when one of the following conditions is met:

- All versions if the State Hearing outcome is Pending
- All versions if the State Hearing outcome, except Erroneous Entry was set in the Report period
- Yearly report is run and the outcome, except Erroneous Entry, was indicated within the report period

State Hearing statuses are: Pending, Granted, Complete Withdrawal, Conditional Withdrawal, Denied, Partial Grant/Partial Denial, Dismissal and Erroneous Entry, and Dismissal.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

	<input type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input checked="" type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	
Frequency	Required	Monthly, Quarterly, Yearly

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER: On request based on date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR: On request based on date
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Based on requested parameters
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

RECIPIENT NAME 1234567890 1234567890 1234567890		STATE OF CALIFORNIA DOLYHE HEARING REQUEST REPORT STATE HEARING REQUEST REPORT				DATE SENT: 10/01/2018 TO 10/01/2018 OFFICE: 1234567890 1234567890	
RECIPIENT NAME		INFO NUMBER	DATE OF REQUEST	STATE HEARINGS REQUEST NUMBER	REQUEST DATE	HEARING OUTCOME	DISBURSEMENT DATE
1234567890, CALIFORNIA		1234567890	10/01/2018	1234567890	10/01/2018	INITIAL REQUEST - PENDING	10/01/2018
INITIAL REQUEST		1234567890	10/01/2018	1234567890	10/01/2018	INITIAL	10/01/2018
<hr/> <hr/> <hr/>							

**Figure – State Hearing Request Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the Supervisor to which the worker (Case Owner) is assigned.		N	NA	Left	9999
WORKER #:	The Worker # of the social worker (Case Owner) being reported.		N	NA	Left	9999
<b>REPORT BODY</b>						
RECIPIENT NAME	The Recipient requesting a state hearing.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The Recipient's case number.		N	NA	Left	99999999

DATE OF REQUEST	The State Hearing request date. Any case with a request date within the reporting period will appear on this report.		N	NA	Left	MM/DD /YYYY
STATE HEARING REQUEST NUMBER	Number assigned for the state hearing.		N	NA	Left	999
OUTCOME DATE	The State Hearing Outcome Date		N	NA	Left	MM/DD /YYYY
HEARING OUTCOME	The Statue Hearing Outcome		N	NA	Left	String
COMPLIANCE SENT DATE	The Compliance Form Sent Date. This field may be blank if outcome does not require Compliance Form.		N	NA	Left	MM/DD /YYYY
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Unannounced Home Visit Quarterly Report

CI	Document Name
 CI-116559 - DSD RPTS Unannounced Home Visit Quarterly Report <b>IMPLEMENTED</b>	DSD_RPTS_Unannounced_Home_Visit_Quarterly_Report.doc

## Report Business Description

The Unannounced Home Visits Quarterly Report lists Recipients for whom an Unannounced Home Visit event was performed in the report period. An Unannounced Home Visit event can be any of 6 events that may occur in an Unannounced Home Visit series.

- Initial Home Visit
- Follow-up Letter
- Follow-up Phone Call
- Follow-up Visit
- Final Phone Call
- Final Visit and

The report displays, as the status, the most recent event and the date that event occurred. The report also displays the outcome of the most recent (current) home visit.

When the Unannounced Home Visit series status date spans the 'To' date of the report, only the last event that occurred prior to the 'To' date will display on the report. Subsequent events of that series will display on the following report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
--------------------------	---------------------------

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
--------	--------	-------

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First Business Day of the quarter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES UNANNOUNCED HOME VISIT QUARTERLY REPORT										Page 1
OFFICE: CENTRAL VALLEY		CYCLE DATE: FEBRUARY 16-28, 2013 END DATE: 02/28/2013 TIME: 03:01:44								
RECIPIENT NAME	PROVIDER NAME	CASE NUMBER	RESIDENCE NUMBER	INITIAL REV DATE	REF REASON	CURRENT STATUS	CURRENT STATUS DATE	LAST VISIT OUTCOME	MEMBER NAME	
TOLES, JESS		00000000	81/00/2013	SA IDENTIFICATION	Follow-up Case Full Visit	81/01/2013	Entry Denied	NOVIE, ARCEL		
TABRIZI, EBB		00000000	81/07/2013	SA Identification	Follow-up HCP Requested	81/02/2013	No Contact Date	NOVIE, ARCEL		
CARR, RAMIREZ		00000000	81/20/2013	Refused Service Refusal	Follow-up SA Case Visit	81/20/2013	Inoperative	SETHAK, JESSICA		
SHETH, JESS	HEALTH INSURANCE	00000000	80/00/2013	Provide Residency Status	Follow-up HCP Requested	80/01/2013	Entry Denied	SETHAK, JESSICA		

Figure – Unannounced Home Visit Quarterly Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
RECIPIENT NAME	This column displays the name of the IHSS Recipient associated with the Unannounced Home Visit record.	Last Name, First Name	N	A	Left	String
PROVIDER NAME	This column displays the name of the Provider indicated on the Unannounced Home Visit Provider field.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The system generated CMIPS IHSS case number associated with the Recipient for which IHSS services are requested.		N	NA	Left	9999999
PROVIDER NUMBER	The system generated CMIPS Provider number associated with the Recipient case.		N	NA	Left	999999999
INITIAL HOME VISIT DATE	The user entered date for the Initial Unannounced Home Visit for an UHV series – this does not change through the life of the UHV series.		N	NA	Left	MM/DD /YYYY
UHV REASON	The user entered reason for the Unannounced Home Visit series		N	NA	Left	String
CURRENT STATUS	The status of the most recent event in the UHV series as of the end date		N	NA	Left	String
CURRENT STATUS DATE	Date that was record as the date the most recent event took place.		N	NA	Left	MM/DD /YYYY
CURRENT VISIT OUTCOME	The user entered outcome of the most recent visit as of the end date of the report		N	NA	Left	String
HOME VISIT OUTCOME	The user entered outcome of the Unannounced Home Visit		N	NA	Left	String
WORKER NAME	The name of the user who entered the Unannounced Home Visit information.		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Recipient /Case/Unannounced Home Visit Statewide Summary

CI	Document Name
 CI-116560 - DSD RPTS Unannounced Home Visit Statewide Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Unannounced_Home_Visit_Statewide_Summary.doc

## Report Business Description

The Unannounced Home Visits Statewide Report lists, by county, the reasons and outcomes of Unannounced Home Visits in the requested report period. Only the most recent visit outcome in a UHV series for a particular recipient will be included in the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the range selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN HOME SUPPORTIVE SERVICES UNANNOUNCED HOME VISIT STATEWIDE SUMMARY										DATE: 04/01/2014 TO 04/30/2014	
COUNTY	DETAILS	UNANNOUNCED RECORDS				ANNOUNCED RECORDS				NO. CONTACTS	NO. AVAILABLE
		CONTACTED	FOLLOW-UP CONTACTED	PHONE REFERRED	UNANNOUNCE RECORDS	CONTACTED	NONCONTACTED	NO. CONTACT MADE			
Alameda County	UNANNOUNCED PHONE CALL	0	0	0	0	0	0	0	0	0	0
	COUNTY REFERRAL	0	0	0	0	0	0	0	0	0	0
	HOMELESS POINT	0	0	0	0	0	0	0	0	0	0
	HOUSING AGENT	0	0	0	0	0	0	0	0	0	0
	HOUSING POLICE UNIT	0	0	0	0	0	0	0	0	0	0
	PROVIDER RESIDENT AGENT	0	0	0	0	0	0	0	0	0	0
	RE-ASSIGNATION	0	0	0	0	0	0	0	0	0	0
	RECIPIENT CASE AGENT	0	0	0	0	0	0	0	0	0	0
	RECIPIENT CONTACT VERIFICATION	0	0	0	0	0	0	0	0	0	0
	RECIPIENT SERVICES VERIFICATION	0	0	0	0	0	0	0	0	0	0
	STATE REFERRAL	0	0	0	0	0	0	0	0	0	0
	UNANNOUNCED ADVANCE PAY	0	0	0	0	0	0	0	0	0	0
TOTAL UNANNOUNCED HOME VISITS - COUNTY:		0	0	0	0	0	0	0	0	0	0
DATA TAKEN AS OF 12:00AM PT ON THE PREVIOUS DAY											

Figure – Unannounced Home Visit Statewide Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE	Y	A	Left	String

CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUCCESSFUL OUTCOME	Sub heading for successful outcomes		N	NA	Left	Text
UNSUCCESSFUL OUTCOME	Sub heading for successful outcomes		N	NA	Left	Text

#### REPORT BODY

COUNTY	Report page break is by County		N	NA	Left	String
REASON	Reason for the Unannounced Home Visit.		N	NA	Left	String
SUCCESSFUL OUTCOME		Super Header - Underlined	N	NA	Center	99
COMPLETED	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report.	Sub – Column Heading for Successful Outcome	N	NA	Right	99
FOLLOW-UP REQUIRED	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for Successful Outcome	N	NA	Right	99
FRAUD REFERRAL	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for Successful Outcome	N	NA	Right	99
REASSESSMENT REQUIRED	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for Successful Outcome	N	NA	Right	99
UNSUCCESSFUL OUTCOME		Super Header - Underlined	N	NA	Center	Text
ENTRY DENIED	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report.	Sub – Column Heading for unsuccessful Outcome	N	NA	Right	99
UNCOOPERATIVE	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for unsuccessful Outcome	N	NA	Right	99
NO CONTACT MADE	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for unsuccessful Outcome	N	NA	Right	99
NOT AVAILABLE	The total number of this outcome listed by reason for the last visit of a UHV series as of end date of the report	Sub – Column Heading for unsuccessful Outcome	N	NA	Right	99
TOTAL QUARTERLY UNANNOUNCED HOME VISITS – COUNTY:	This column will be the total for all outcomes for the reporting month or quarter.		N	NA	Right	99
STATEWIDE:	This will be the entire statewide total. This total appears on along with the total for the county and for every county.		N	NA	Right	99

#### REPORT FOOTER

	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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## **DSD 28/CMIPS Reporting/Case Management – Provider**

# DSD 28/CMIPS Reporting/Case Management – Provider /Chronology of Public Authority Rate Approval

CI	Document Name
 CI-51800 - DSD RPTS Chronology of Public Authority Rate Approval Report IMPLEMENTED	DSD_RPTS_Chronology_of_Public_Authority_Rate_Approval_Report.doc

## Report Business Description

This report provides the overall history of all changes made to each county's rate that will be used to provide information for the Fiscal and Administrative Unit (FAU) staff and their budget drills.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
		Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
None		

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
EFFECTIVE DATE	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Reports current data as of the date report is requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA									
COUNTRY: STATEWIDE		IN-HOME SUPPORTIVE SERVICES				PAGE: 1			
		CHRONOLOGY OF PUBLIC AUTHORITY RATE APPROVAL				FILE DATE: 04/12/2010 TIME: 16:01:57			
COUNTRY		HEALTH BENEFITS				NON HEALTH BENEFITS			
EFFECTIVE DATE	END DATE	RATE #	PA RATE	TOTAL IP WAGE	STATE SHARES	NET STATE SHARES	SEGMENT	ADJUST RATE	ESTIMATED TAXES
<b>Imperial</b>									
01/01/2004	12/31/2004	1	\$8.25	\$4.00	\$0.10	\$0.10	\$0.04	\$0.01	\$0.69
01/01/2005	12/31/2005	2	\$8.75	\$8.25	\$0.15	\$0.04	\$0.06	\$0.08	\$0.81
01/01/2006	12/31/2006	3	\$7.25	\$6.75	\$0.20	\$0.15	\$0.15	\$0.12	\$0.75
01/01/2007	12/31/2007	4	\$7.75	\$7.25	\$0.25	\$0.16	\$0.12	\$0.18	\$0.75
01/01/2008	12/31/2008	5	\$8.00	\$7.75	\$0.20	\$0.17	\$0.14	\$0.19	\$0.75
01/01/2009		6	\$8.25	\$8.00	\$0.25	\$0.18	\$0.16	\$0.25	\$0.75
<b>Kern</b>									
01/01/2004	12/31/2004	1	\$8.25	\$4.00	\$0.10	\$0.10	\$0.04	\$0.01	\$0.69
01/01/2005	12/31/2005	2	\$8.75	\$8.25	\$0.15	\$0.14	\$0.06	\$0.08	\$0.81
01/01/2006	12/31/2006	3	\$7.25	\$6.75	\$0.20	\$0.15	\$0.13	\$0.12	\$0.75
01/01/2007	12/31/2007	4	\$7.75	\$7.25	\$0.25	\$0.16	\$0.12	\$0.15	\$0.75
01/01/2008	12/31/2008	5	\$8.00	\$7.75	\$0.20	\$0.17	\$0.14	\$0.19	\$0.75
01/01/2009		6	\$8.25	\$8.00	\$0.25	\$0.18	\$0.16	\$0.25	\$0.75
<b>Los Angeles</b>									
01/01/2004	12/31/2004	1	\$8.75	\$8.00	\$0.20	\$0.10	\$0.08	\$0.10	\$0.71
01/01/2005	12/31/2005	2	\$7.25	\$6.75	\$0.22	\$0.11	\$0.07	\$0.15	\$0.52
01/01/2006	12/31/2006	3	\$7.75	\$7.25	\$0.24	\$0.12	\$0.11	\$0.22	\$0.55
01/01/2007	12/31/2007	4	\$8.50	\$7.75	\$0.26	\$0.13	\$0.15	\$0.25	\$0.59
01/01/2008	12/31/2008	5	\$9.25	\$8.50	\$0.30	\$0.14	\$0.17	\$0.30	\$0.82
01/01/2009		6	\$10.75	\$9.25	\$0.35	\$0.15	\$0.20	\$0.35	\$0.85
<b>San Bernardino</b>									
01/01/2004	12/31/2004	1	\$8.75	\$6.00	\$0.20	\$0.10	\$0.08	\$0.10	\$0.71
01/01/2005	12/31/2005	2	\$7.25	\$4.75	\$0.22	\$0.11	\$0.07	\$0.15	\$0.52
01/01/2006	12/31/2006	3	\$7.75	\$4.25	\$0.24	\$0.12	\$0.11	\$0.22	\$0.55
01/01/2007	12/31/2007	4	\$8.50	\$4.75	\$0.26	\$0.13	\$0.15	\$0.25	\$0.59
01/01/2008	12/31/2008	5	\$9.25	\$5.25	\$0.30	\$0.14	\$0.17	\$0.30	\$0.82
01/01/2009		6	\$10.75	\$6.25	\$0.35	\$0.15	\$0.20	\$0.35	\$0.85
DATA UPDATED 15 OF APPROXIMATELY 8100 IN THE PREVIOUS DAY									

Figure – Chronology of Public Authority Rate Approval

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern

REPORT HEADER						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	Statewide		Y	A	Left	String
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
REPORT BODY						
COUNTY	Name of the county for which the rates apply		N	NA	Left	String
EFFECTIVE DATE	Effective date of rates in sequential order.		N	NA	Left	MM/DD/YYYY
END DATE	End date of the rate. Date prior to the new effective date.		N	NA	Left	MM/DD/YYYY
RATE #	Sequential order of rate changes processed.		N	NA	Left	9
PA RATE	Public Authority rate for the specified date range.		N	NA	Left	\$99.99
TOTAL IP WAGE	Total Individual Provider wage for the specified date range.		N	NA	Left	\$99.99
HEALTH BENEFITS	Column header for State and Not-State shared health benefits.		N	NA	Left	\$99.99
STATE SHARED	Total of the State's share of health benefits.		N	NA	Left	\$99.99
NOT STATE SHARED	Total health benefits NOT shared by the State.		N	NA	Left	\$99.99
NON-HEALTH BENEFITS SEGMENT	The segment of any Non-Health benefits.		N	NA	Left	\$99.99
ADMIN RATE	Rate for administrative fees.		N	NA	Left	\$99.99
ESTIMATED TAXES	Estimate of employer taxes.		N	NA	Left	\$99.99
REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Provider /Live-in Provider/Recipient Residence Address Mismatch

CI	Document Name
 CI-718058 - DSD RPTS Live-in Provider Recipient Residence Address Mismatch <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Live-in_Provider_Recipient_Residence_Address_Mismatch.docx

## Report Business Description

The Live-in Provider Recipient Residence Address Mismatch report, at the point in time the report is run, list those providers that have self-certified they resided (Live-in) with the recipient for which they provide care and the provider residence or mailing address does not match the of the recipient residence address as described below.

This report is for point in time and contains all mismatch address regardless entry/updated date.

This report will assist the social worker in identifying and correcting residence addresses.

To appear on this report:

1. The Provider's Self-Certification status must be YES.
2. The Recipient Case must in Eligible or on Leave status.
3. The Provider must be assigned and active or on leave on the Case Recipient.
4. The Provider's current Residence Address does not match the Recipient's current Residence Address. If the Provider's Residence Address is not present or is indicated as 'Unknown' the Provider's Mailing Address will be compared to the Recipient's Residence Address.
  - a. Zip code compare will be done on the 5 digit zip code only.
  - b. Address case will not affect the compare.
    - 123 ELM STREET and 123 Elm Street will compare as the same and not appear on the report.
    - c. Prefix, Suffix and Unit type will affect the compare.
      - 123 Elm Street and 123 Elm St will compare as different and appear on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
Count	Primary	
District Office	Secondary	
Worker #	Tertiary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
Provider Name	Primary	Last Name, First Name (alphabetical ascending)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Point in time
<input type="checkbox"/>	N/A		

## Trigger Event

None

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES LIVE-IN PROVIDER/RECIPIENT RESIDENCE ADDRESS MISMATCH							PAGE: 1 CYCLE DATE: 10/26/2014 RUN DATE: 10/26/2014 TIME: 13:47:37
PROVIDER NAME	PROVIDER NUMBER	SELF-CERT DATE	PROVIDER ADDRESS	RECIPIENT NAME	CASE NUMBER	RECIPIENT RESIDENCE ADDRESS	
ASHMIT, CASH	002333333	10/19/2014	2897 N Station DR Anaheim CA 92808-3988	SARAH, JULI	0166666	1116 NC JARRON DR FULTON DR CA 92809-6466	
BITE, BABA	002177777	10/21/2014	306 La La Way Santa Ana CA 92777-277	KANG, MARK	1466596	664 S Diamond St UNIT 61 Santa Ana CA 92704-1666	
NO. 11111 INC	002407000	10/12/2014	1111 E Spencer DR Orange CA 92716-1111	MILOK, VIK	1423359	34334 N Lark DR Anaheim CA 92706-3332	

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Live-in Provider - Recipient

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
WORKER #:	The worker number for the social worker being reported	The report will break with a change in worker number.	Y	A	Left	NA
<b>REPORT BODY</b>						
PROVIDER NAME	Name of Live-in Provider: Last, First MI		NA	NA	Left	String

PROVIDER NUMBER	The system generated CMIPS number assigned to the Provider.		NA	NA	Left	999999999
SELF-CERT DATE	The date the Self-Certification form was entered into CMIPS		NA	NA	Left	MM/DD /YYYY
PROVIDER ADDRESS	Provider Residence Address at the time the report was run. If the Provider Residence Address is 'UNKNOWN' or not present then the Provider Mailing Address.		NA	NA	Left	String
RECIPIENT NAME	The name of the Recipient in which the Provider certified Live-in status: Last, First MI		NA	NA	Left	String
CASE NUMBER	The CMIPS Case Number associated to the Recipient		NA	NA	Left	9999999
RECIPIENT RESIDENCE ADDRESS	The current Recipient Residence Address at the time the report was run		NA	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Provider/PA Providers Report

CI	Document Name
 CI-51788 - DSD RPTS PA Providers Report <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_RPTS_PA_Providers_Report.doc

Cancelled by ASR Sprint 28 Team 1&2.

# DSD 28/CMIPS Reporting/Case Management – Provider /Provider Hours>300 Paid Report

CI	Document Name
 CI-51816 - DSD RPTS Provider Hours > 300 Paid Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Provider_Hours_Gtr_300_Paid_Report.doc

## Report Business Description

The Provider Hours > 300 Paid Report is run for a service month and lists Provider and Recipient data for Providers who were paid more than 300 hours for that service month.

This report displays the Provider's name and their associated CMIPS generated Provider number, the Providers SSN, the Providers telephone number as entered in CMIPS, along with the Provider's address where the warrants were mailed. The gross wages paid to the Provider will be aggregated along with the number of paid hours.

The report also displays the Recipient name, Recipient case number, Recipient SSN, and the district office number for which the Recipient case is associated. The social worker number assigned to the Recipient case, the Recipient's impairment level indicated by SI or NSI in the type field. If an indicator of an "X" appears in the WPCS column it is representation that some of the hours aggregated include WPCS.

Used to identify Providers working greater than 300 hours in a service month. This helps keep social workers aware of potential health and safety risks for their Recipients, and potential fraud situations.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input checked="" type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROV NAME	Primary	Alphabetical (Last Name, First Name)
RECIPIENT NAME	Secondary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Service month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## **Figure – Provider Hours > 300 Paid Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
<b>Provider Details – Not titled on report</b>						
PROV NAME	The name of the Provider who has worked in excess of 300 hours in the service month.	Last Name, First Name	N	NA	Left	String
PROV #	The nine-digit Provider number of the Provider who has worked in excess of 300 hours in the service month.		N	NA	Left	999999999

SSN #	The Provider's social security number who worked in excess of 300 hours in the service month.		N	NA	Left	999-99-9999
ADDRESS	The Provider's address to which the warrants are mailed. Format will be Mailing Address, City, State, Zip+4.		N	NA	Left	String
TELEPHONE	Provider's telephone number		N	NA	Left	999-999-9999

**Recipient Details – Not titled on report**

CASE #	The Recipient's case number associated to the Provider who worked in excess of 300 hours in the service month.	Below PROV NAME	N	NA	Left	9999999
RECIPIENT NAME	The Recipient's name (last name, first name) associated to the Provider who worked in excess of 300 hours in the service month.	Blank Above Last Name, First Name	N	NA	Left	String
SSN #	The Recipient's Social Security Number associated to the Provider who worked in excess of 300 hours in the service month.	Below PROV #	N	NA	Left	999-99-9999
COUNTY	The county the associated Recipient receives services in.	Below SSN # (Provider)	N	NA	Left	String
SW	The social worker's number associated to the Recipient's case with the Provider working in excess of 300 hours in the service month.	Blank Above	N	NA	Left	String
DO	The district office where the Recipient' case is located. Listed as a 2-digit code.	Blank Above	N	NA	Left	99
TYPE	The Recipient's impairment level for the eligibility segment against which the payment was issued. Valid values are:  • NSI – Non-Severely Impaired, • SI – Severely Impaired	Blank Above	N	NA	Left	String
ADV PAY	The Recipient's pay option (Advance Pay – Yes or No) for the eligibility segment against which the payment was issued.	Blank Above	N	NA	Left	String
PAID HOURS	The number of service hours the Provider worked per Recipient. All of the hours provided to all of the Recipients within the reporting month will be totaled at the end of the Recipients for that Provider.	Blank Above	N	NA	Left	999:99
WPCS	Waiver Personal Care Services hours paid to the Provider for the indicated Recipient. These hours, indicated by an "X", are included when aggregating the total hours worked by a Provider in the service month.	Blank Above	N	NA	Left	X or blank
GROSS WAGES	The gross wages earned by the Provider for each Recipient within the service month.	Blank Above	N	NA	Left	9,999.99
NA	Total Paid Hours for the recipient	Field title does not display on report, but hours are worked by the provider for the indicated recipient are totaled.	N	NA	Left	999:99
NA	Total Gross Wages paid to the Provider for the recipient	Field title does not display on report, but wages paid to the provider for the indicated recipient are totaled.	N	NA	Left	99,999.99

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Provider /Provider Payment Summary and Detail

CI	Document Name
 CI-51804 - DSD RPTS Provider Payment Summary Detail Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Provider_Payment_Summary_Detail_Report.doc

## Report Business Description

The Provider Payment Summary report provides the county/state staff with a Provider's payment summary. The report can be run at any time, and will return payment data for the Provider number for which it is run.

The Provider Payment Detail Report provides the county/state staff with a Provider's payment details. The report is accessible by selecting the Warrant Number link on the Provider Payment Summary Report..

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Provider Number	Required	
Service From Date	Required	
Service To Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
PROVIDER NUMBER		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the service date range and provider selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER PAYMENT SUMMARY REPORT												PAGE:
												FROM DATE: 07/01/2010 TO: 07/31/2010
												BU: 00000000000000000000000000000000
PROVIDER NAME: SMITH, MARY PROVIDER NUMBER: 000007526 SERVICE FROM: 07/01/2010 SERVICE TO: 07/31/2010												
SERVICE FROM	TO/ED DATE	STATUS	VISITANT NUMBER	AMOUNTS OCCURRED	NET	STANDING BALANCE	CASE NUMBER	RECIPIENT	ODDITY/ OFFICE	TYPE	DOC	
07/01/2010	07/30/2010	PAL	00002508	\$111.75	\$111.75	00000000000000000000000000000000	00000000000000000000000000000000	SMITH, MARY	07/01	AB	0.00	
07/01/2010	07/30/2010	PLANNER	00002506	1,000.00	947.25	1201.00	00000000000000000000000000000000	SMITH, MARY	07/01	A	0.00	
			PCPS TOTAL:	\$1,111.75	\$1,111.75	1201.00					\$0.00	
07/01/2010	07/30/2010	PLANNER	00002504	1,111.00	1,012.00	1301.00	00000000000000000000000000000000	SMITH, MARY	07/01	II	0.00	
07/01/2010	07/30/2010	WIC	00002508	1,043.00	947.25	1001.00	00000000000000000000000000000000	SMITH, MARY	07/01	B	0.00	
			WIC TOTAL:	\$2,154.00	\$1,980.25	2201.00					\$0.00	
			TOTAL:	\$4,145.75	\$3,783.00	8191.00					\$0.00	

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY

Figure – Provider Payment Summary Report

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
PROVIDER PAYMENT DETAIL REPORT

PAGE: 1

CYCLE DATE: 07/16/2014 TO 07/31/2014

RUN DATE: 08/08/2014 TIME: 15:10:11

00373258  
KA, PATOUL  
248 E CAMBRIDGE AVE  
REEDS, CA 95127

TAX RELATIONSHIP: F

01440500  
CMA, TIA

COUNTY: TRINITY  
OFFICE: 10-01 District Offi

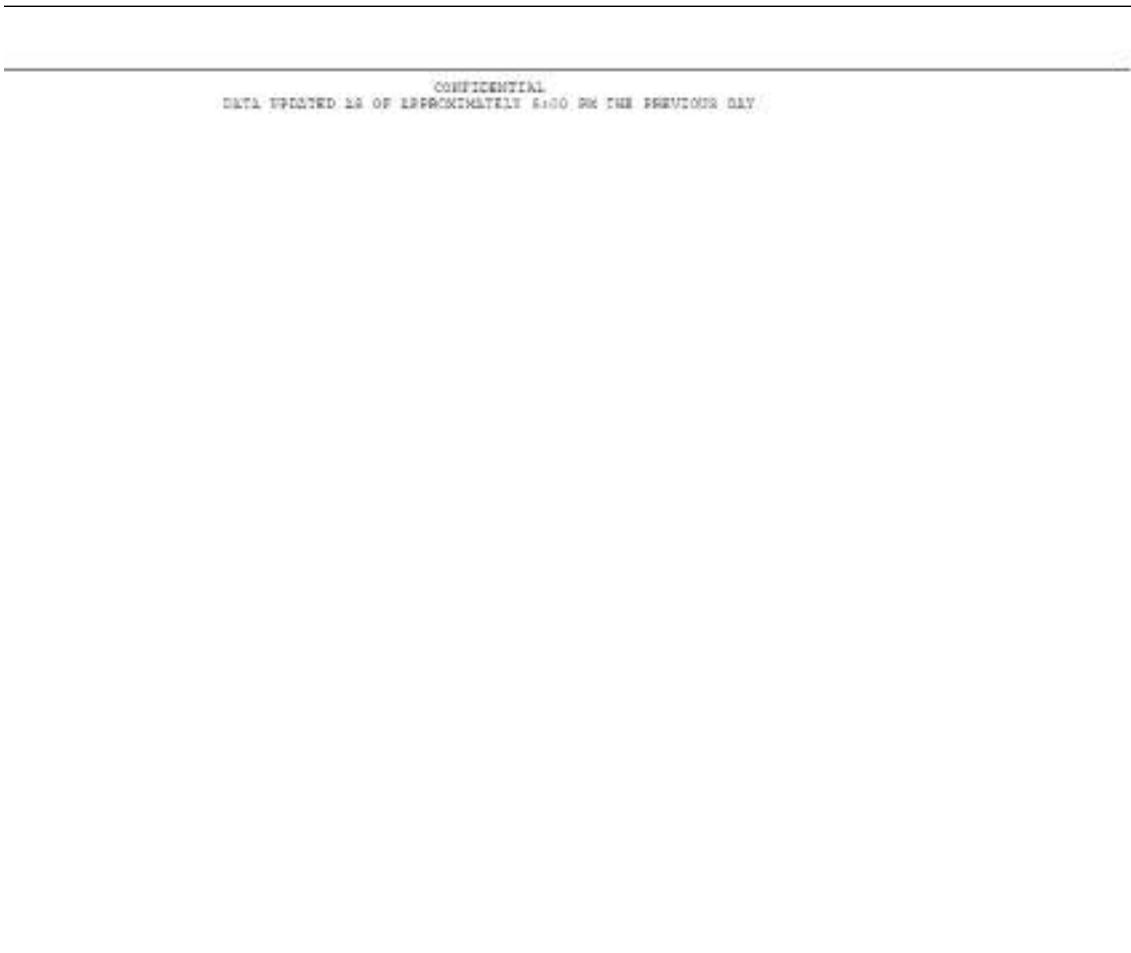
01171400  
GP  
06/06/2014  
06/07/2014  
CFOO  
PAID

EFT: NO  
PAY PERIOD: 07/16/2014 TO 07/31/2014  
PAY RATE: 19.69  
HOURS PRD1: 83.00  
HOURS NOT PAID: 00.00

CURRENT	YTD
1,411.00	5,629.77

44.94	112.95
5.00	15.00

\$1,361.06	\$4,396.91
------------	------------



**Figure – Provider Payment Detail Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY TO MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY – Summary</b>						
Provider Name	Provider Name	Last Name, First Name	N	NA	Left	String
Provider Number	Provider Number		N	NA	Left	999999999
Service From	Service From Date		N	NA	Left	MM/DD/YYYY
Issued Date	Date warrant was issued.		N	NA	Left	MM/DD/YYYY

Status	Status of the payment. The following are the possible code values that can be populated in this field, along with the associated descriptions: <ul style="list-style-type: none"><li>PAID - Paid</li><li>CLEARED - Cleared</li><li>PNDVOID - Pending Void</li><li>VOID - Void</li><li>PNDRPLCM - Pending Replacement</li></ul>		N	NA	Left	String
Warrant Number	Warrant Number – Hyperlink provides access to the Provider Payment Detail Report for EFT and Warrant payments	Hyperlink	N	NA	Left	999999999
Gross	Gross pay before deductions		N	NA	Right	\$999,999.99
Net	Net Pay after deductions		N	NA	Right	\$999,999.99
Hours	Authorized hours		N	NA	Left	HHH:MM
Funding Source	Funding Source		N	NA	Left	String
Case Number	Case Number		N	NA	Left	9999999
Recipient Name	Recipient's Name	Last Name, First Name	N	NA	Left	String
County/Office	2 Digit County Code and 2 Digit District Office Code		N	NA	Left	99/99
Type	Type of payment. The following are the possible code values that can be populated in this field, along with the associated descriptions: <ul style="list-style-type: none"><li>GP - IP Pay</li><li>L - Legislative Change</li><li>S - Supplemental Hours</li><li>TE - Timesheet Exception</li><li>U - Prior Underpayment</li><li>W - Writ of Administrative Mandamus</li></ul>		N	NA	Left	String
SOC	Share of Cost amount		N	NA	Right	\$9,999.99
<Funding Source> Total	Subtotals by Funding Source of Gross, Net, Hours and SOC		N	NA	Left	N/A
Total	Totals for all Funding Sources of Gross, Net, Hours and SOC		N	NA	Left	As Above

#### REPORT BODY – Detail

Warrant Number	Warrant Number	SCO Warrant Number	N	NA	Left	999999999
Payee Number	Payee Number	Provider Number for the payment detail selected	N	NA	Left	999999999
Payee Name	Payee Name	Provider Name for the payment detail selected Last Name, First Name	N	NA	Left	String
Tax Relationship	Tax Relationship	Values are: <ul style="list-style-type: none"><li>F = Family/Child Provider (Child less than 18 years old)</li><li>J = Child Provider Age 18-21 Provider</li><li>P = Child Provider (greater than 21 years of age) OR Non-Family Provider</li><li>D = Domestic Partner</li><li>AP = Advance Pay</li><li>R = Recipient</li></ul>	N	NA	Left	String
Address	Payee Address		N	NA	Left	String
Case Number	Case Number		N	NA	Left	9999999
Recipient Name	Recipient Name	Last Name, First Name	N	NA	Left	String
County Name	County Name		N	NA	Left	String
Office	District Office Name	County Code District Office Code DO Name	N	NA	Left	99 99 String
EFT	Indicates if payment is EFT		N	NA	Left	String

Status Date	Payment Status Date		N	NA	Left	MM/DD/YYYY
Issue Date	Warrant Issue Date		N	NA	Left	MM/DD/YYYY
Funding Source	Funding Source		N	NA	Left	String
Pay Status	Status of the payment. The following are the possible code values that can be populated in this field, along with the associated descriptions: <ul style="list-style-type: none"><li>• PAID – Paid</li><li>• CLEARED – Cleared</li><li>• PNDVOID – Pending Void</li><li>• VOID – Void</li><li>• PNDRPLCM – Pending Replacement</li></ul>		N	NA	Left	String
Pay Type	Type of payment. The following are the possible code values that can be populated in this field, along with the associated descriptions: <ul style="list-style-type: none"><li>• GP – IP Pay</li><li>• L – Legislative Change</li><li>• S – Supplemental Hours</li><li>• TE – Timesheet Exception</li><li>• U – Prior Underpayment</li><li>• W – Writ of Administrative Mandamus</li></ul>		N	NA	Left	String
Pay Period	Pay Period start and end dates		N	NA	Left	MM/DD/YYYY TO MM/DD /YYYY
Pay Rate	Payment rate		N	NA	Right	\$99.99
Hours Paid	Authorized hours paid		N	NA	Left	HHH:MM
Hours Not Paid	Hours over the authorized amount (unpaid)		N	NA	Left	HHH:MM
Gross	Gross Pay		N	NA	Right	\$999,999.99
Pay Adjustment	Payment Adjustment		N	NA	Right	\$999,999.99
FICA	FICA tax amount		N	NA	Right	\$9,999.99
Medicare	Medicare tax amount		N	NA	Right	\$9,999.99
SDI/DIEC	SDI/DIEC tax amount		N	NA	Right	\$9,999.99
Federal	Federal Tax Amount		N	NA	Right	\$99,999.99
Additional Federal Tax	Additional Federal tax withheld		N	NA	Right	\$99,999.99
State	State tax amount		N	NA	Right	\$99,999.99
Additional State Tax	Additional State tax withheld		N	NA	Right	\$99,999.99
Share of Cost	Share of Cost amount		N	NA	Right	\$9,999.99
Recovery	Recovery amount		N	NA	Right	\$9,999.99
Lien	Lien Amount		N	NA	Right	\$99,999.99
Health	PA Health Benefits deduction amount		N	NA	Right	\$9,999.99
Dues	Labor Organization deduction Amount		N	NA	Right	\$9,999.99
Health Trust	Labor Organization deduction Amount		N	NA	Right	\$9,999.99
CAF/PEOPLE Fund	Labor Organization deduction Amount		N	NA	Right	\$9,999.99
Initiation	Labor Organization deduction Amount		N	NA	Right	\$9,999.99
Other Insurance	Labor Organization deduction Amount		N	NA	Right	\$9,999.99
CalSavers	CalSavers amount		N	NA	Right	\$9,999.99
Net Pay	Net pay after deductions		N	NA	Right	\$999,999.99

#### REPORT FOOTER

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Provider /Provider SSN Enrollment Status

CI	Document Name
 CI-51830 - DSD RPTS Provider SSN and Enrollment Status Report <b>IMPLEMENTED</b>	DSD_RPTS_Provider_SSN_and_Enrollment_Status_Report.doc

## Report Business Description

The Provider SSN and Enrollment Status Report identifies provider enrollment and SSN verification status information. The report has two sections that provide the following information:

1. SSN Verified and Enrollment is Completed – A provider is listed in this section if they have completed all enrollment activities (indicated as 'Yes' in the report) and the SSN Verification Response has been returned from SSA as "(V) Verified by SSA"
2. Pending Completion of SSN Verification or Enrollment – A provider will be listed in this section if there are any outstanding enrollment activities (indicated by a blank) and/or the SSN Verification Response indicates any value other than "(V) Verified by SSA"

This report contains system default and generated SSN Status values as well as SSN Status values received from the Social Security Administration (SSA). SSN verification requests are submitted to SSA twice per week and responses to prior submissions are retrieved at this time. Those responses are processed into CMIPS and reflected on this report.

For SSN verification, the following data elements are submitted to the SSA for verification:

- Provider Name (Last, First MI)
- Provider SSN
- Provider Date of Birth

For Provider Enrollment activities the following data elements are entered and tracked on the Provider Enrollment Details screen:

- Provider Orientation
- Provider Enrollment (SOC 426)
- Provider Agreement (SOC 846)
- Background Check

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Category	Required	Select one, some or all
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
Section	Secondary	SSN Verified and Enrollment is Completed  OR  Pending Completion of SSN Verification and Enrollment

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
CATEGORY	Primary	See SSN RESPONSES values
PROVIDER NAME	Secondary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the selected criteria (The 7 days prior to the selected date parameter – Does not include the date used as the parameter)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES PROVIDER SSN AND ENROLLMENT STATUS REPORT										PAGE: 1
										CYCLE DATE: 08/18/2018 TO 07/18/2018
										END DATE: 07/18/2018 TIME: 16:12:18
PROVIDER NAME	PROVIDER NUMBER	PROVIDER SSN	PROVIDER DOB	PROVIDER GENDER	SSC 846	SSC 826	ORIENTATION	BACKGROUND CHECK	SSN RESPONSES	
<b>SSN Verified and Enrollment is Completed</b>										
DOE, JOHN R	00000000000	987-65-4321	01/01/1940	M	Yes	Yes	Yes	Yes	(V)Verified By SSA	
DOE, JOE L	00000000000	777-77-7777	01/01/1940	M	Yes	Yes	Yes	Yes	(V)Verified By SSA	

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CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY

**Figure – Provider SSN and Enrollment Status Report – Section 1**

STATE OF CALIFORNIA IN-RIGHTS SUPPORTIVE SERVICES PROVIDER SSN AND ENROLLMENT STATUS REPORT									PAGE: 2
									CYCLE DATE: 06/26/2014 TO 07/03/2014
									RUN DATE: 07/04/2014 TIME: 16:22:13
PROVIDER NAME	PROVIDER SSN	PROVIDER DOB	PROVIDER GENDER	SSC #46	SSC #428	ORIENTATION	BACROGRAM CHECK	SSN RESPONSE	
<b>SSN Verification and/or Enrollment</b>									
TTTTTTTTT	111-11-1111	11/11/1998	M	Yes	Yes	Yes	Yes	(1) Cleared SSN Verification	
000000001	111-11-1111	11/11/1998	F	Yes	Yes	Yes	Yes	(2) Pending Enrollment	

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY

Figure – Provider SSN and Enrollment Status Report – Section 2

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Right	9,999
COUNTY:	The county for which the report was run		Y	Na	Left	String
CYCLE DATE:	The time period being reported		N	NA	Right	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Right	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Right	HH:MM: SS
<b>REPORT BODY</b>						

CATEGORY	Indicates the section of the report; 1) SSN Verified and Enrollment is Completed or 2) Pending Completion of SSN Verification or Enrollment	Section Header – Bold Font  Section 1 – SSN Verified and Enrollment is Completed  <Page Break>  Section 2 – Pending Completion of SSN Verification or Enrollment	Y	NA	Left	Text
PROVIDER NAME	The Provider's Name	Last Name, First Name MI	N	A	Left	Last Name, First Name
PROVIDER NUMBER	The nine-digit Provider Number		N	NA	Left	999999999
PROVIDER SSN	The Provider's Social Security Number		N	NA	Left	999-99-9999
PROVIDER DOB	The Provider's Date of Birth		N	NA	Left	MM/DD/YYYY
PROVIDER GENDER	The Provider's Gender	Values are:  • F = Female • M = Male	N	NA	Center	X
SOC 846	Yes indicates the Provider has completed the SOC 846.		N	NA	Left	"Yes"
SOC 426	Yes indicates the Provider has completed the SOC 426		N	NA	Left	"Yes"
ORIENTATION	Yes indicates the Provider has completed orientation		N	NA	Left	"Yes"
BACKGROUND CHECK	Yes indicates the Provider has completed a criminal background check		N	NA	Left	"Yes"
SSN RESPONSES	The SSN verification status for the Provider (system generated or SSA returned)	Section 1 Category Values are:  • [V] Verified by SSA  Section 2 Category Values are:  • [0] Not Yet Verified • [1] SSN not in file • [2] Name and DOB match; gender code does not match • [3] Name matches; DOB does not match • [4] Name matches; DOB and gender code do not match • [5] Name does not match; DOB not checked • [6] SSN did not verify; other reason • [D] Deceased • [V] Verified by SSA • [P] Pending Enrollment	N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	N/A

# DSD 28/CMIPS Reporting/Case Management – Provider /Provider Violation Report

CI	Document Name
 CI-775181 - DSD RPTS Provider Violation Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Provider_Violation_Report.docx

## Report Business Description

The Provider Violation Report allows the user to track FLSA overtime and travel time violations that incurred in the reporting month.

The Supervisor Detail version displays those providers which have incurred a violation within the reporting period, including the violation date, violation status, and violation count. The report also lists all active recipients (regardless of county) in which the provider is currently assigned. An asterisk preceding the recipient name indicates the violation was incurred on a timesheet submitted for services for that recipient.

Violation status is determined as of the last day of the reporting period. For example a violation that goes from Pending County Review to Inactive by the end of the reporting month will only be counted as inactive. For the daily version of this report activity must have occurred on the report day.

The summary level versions displays the number of total violations incurred in the reporting period, by violation category, broken down by violation count and status. The summary level versions also includes the number of providers that have completed training within the reporting period along with the cumulative count of all providers that have completed training within the prior three months, not including the month of the report. These cumulative counts will not be available on the Daily version of the report.

For all versions, a single county, multiple counties or 'All' may be selected. Provider/recipient details will be listed only on the Supervisor Detail version. Statewide grand total page will be generated only on the Statewide version.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management

	<input type="checkbox"/>	Accounting
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County Summary, District Office Summary, Supervisor Detail
County Name	Required	A single county, multiple counties or 'All' may be selected for each version
Frequency	Required	Daily, Monthly
Start Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	On District Office Summary, Supervisor Detail version
SUPERVISOR	Third	On Supervisor Detail version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
Violation Category	Primary	
Social Worker	Secondary	
Provider Name	third	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER VIOLATION - MONTHLY EXCEEDS WEEKLY MAXIMUM - PROVIDER SERVING ONE CASE										PAGE: 11
										CIVIL DATE: 09/01/2017 TO 09/30/2017 PER DATE: 09/18/2017 TIME: 09:00:00
PROVIDER NAME	PROVIDER #	PROVIDER FNAME	PROVIDER ADDRESS	VIOLATION DATE	VIOLATION STATUS	VIOLATION CODE	RECIPIENT NAME	CASE NUMBER	MER #	
DALE, RONALD F	300074478	RONALD F	1114 PARK AVE APT E ELMWOOD CA 94544	09/18/2017	ACTIVE	141	DALE, RONALD F	0004880	0071	
ELLIOTT, MARIAH	300074479	MARIAH	1112 HOBSON ST APT E ELMWOOD CA 94544	09/17/2017	Active	141	ELLIOTT, MARIAH	0130938	0072	

THIS REPORT IS OF 09/17 IN THE PREVIOUS DAY

VIOLATION OCCURRED AGAINST THIS CASE

Figure – Provider Violation – Exceeds Weekly Max – Serving One Case (Supervisor Detail – Monthly)

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER VIOLATION - MONTHLY EXCEED WEEKLY MAXIMUM - PROVIDER SERVING MULTIPLE CASES										PAGE: 11
										CIVIL DATE: 09/01/2017 TO 09/30/2017 PER DATE: 09/18/2017 TIME: 09:00:00
PROVIDER NAME	PROVIDER #	PROVIDER FNAME	PROVIDER ADDRESS	VIOLATION DATE	VIOLATION STATUS	VIOLATION CODE	RECIPIENT NAME	CASE NUMBER	MER #	
DEMO, DEMONIA	300075462	DEMONE	1101 SANTA FE APT 100 ELMWOOD CA 94544	09/18/2017	ACTIVE	141	DEMO, DEMONIA	1911007	1049	
							DEMO, DEMONIA	0139988	1050	
							DEMO, DEMONIA	1299600	1051	
DEMO, DEMONIA C	300075463	DEMONE C	4645 CEDARVILLE DR ELMWOOD CA 94544	09/18/2017	ACTIVE	141	DEMO, DEMONIA C	0139989	1051	
							DEMO, DEMONIA C	0139990	1051	
ELI, ELIZABETH L	300075464	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111740	1052	
							ELI, ELIZABETH L	1911000	1053	
ELI, ELIZABETH L	300075465	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111741	1054	
							ELI, ELIZABETH L	1911001	1054	
ELI, ELIZABETH L	300075466	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111742	1055	
							ELI, ELIZABETH L	1911002	1055	
ELI, ELIZABETH L	300075467	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111743	1056	
							ELI, ELIZABETH L	1911003	1056	
ELI, ELIZABETH L	300075468	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111744	1057	
							ELI, ELIZABETH L	1911004	1057	
ELI, ELIZABETH L	300075469	ELIZABETH L	1118 HOBSON ST ELMWOOD CA 94544	09/18/2017	ACTIVE	141	ELI, ELIZABETH L	0111745	1058	
							ELI, ELIZABETH L	1911005	1058	

THIS REPORT IS OF 09/17 IN THE PREVIOUS DAY

VIOLATION OCCURRED AGAINST THIS CASE

**Figure – Provider Violation – Exceeds Weekly Max – Serving Multiple Cases (Supervisor Detail – Monthly)**

STATE OF CALIFORNIA IN-HOME INDEFINITE SERVICES PROVIDED VIOLATION - MONTHLY EXCESS TRAVEL TIME							PAGE: / 62	
NUMBER #	PROVIDER NAME	PROVIDER ADDRESS	VIOLATION DATE	VIOLATION STATUS	VIOLATION COUNT	RECIPIENT NAME	CASE NUMBER	MOX #
							CASE NUMBER	
00000001	314-511-4814	2000 FREDERIC AVE. MENLO PARK, CA 94025	08/01/2017	Inactive	000	• KING, TELLAR	10000001	00000001
						CRUZ, JRC	00000002	00000002
00000002	314-511-7546	JAN KIMBERLY ART 100 100 FRANCISCO, CA 94104	08/14/2017	Inactive	000	• CRUZ, CORTINA	10000001	00000001
						GRUCCIO, IDA	00000002	00000002
						GRUCCIO, IDA	00000003	00000003

**Figure – Provider Violation – Exceeds Travel Time (Supervisor Detail – Monthly)**

COUNTY: LOS ANGELES OFFICE: 47		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER VIOLATION - DAILY										(PAGE) 17	
												CYCLE DATE: 07/14/2017 TO 07/15/2017 PERIOD DATE: 07/14/2017 TIME: 13:47:00	
VIOLATION		ACTIVE VIOLATIONS				VIOLATIONS PENDING COUNTY REVIEW				INACTIVE VIOLATIONS	PROVIDERS COMPLETED TRAINING:		
		1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH		REPORTING PERIOD	LAST 3 MONTHS	
Exceeds Weekly Hours - Provider Serving Non Case		2	0	0	0	0	0	0	0	1	0	0	
Exceeds Weekly Hours - Provider Serving Multiple Cases		2	1	0	1	1	0	0	0	2	0	0	
Exceeds Daily Time		2	1	0	1	0	0	0	0	0	0	0	
<b>TOTALS</b>		<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	

COLUMNS ARE FOR THOSE VIOLATIONS INCURRED IN THE REPORTING PERIOD NOT FOR THE DAY PERIOD  
DATA PRESENT AS OF 11:00 AM THE REPORTING DAY

Figure – Provider Violation – (District Office Summary - Daily)

COUNTY: LOS ANGELES		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER VIOLATION - MONTHLY										(PAGE) 1	
												CYCLE DATE: 07/01/2017 TO 07/31/2017 PERIOD DATE: 07/01/2017 TIME: 13:59:12	
VIOLATION		ACTIVE VIOLATIONS				VIOLATIONS PENDING COUNTY REVIEW				INACTIVE VIOLATIONS	PROVIDERS COMPLETED TRAINING:		
		1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH		REPORTING PERIOD	LAST 3 MONTHS	
Exceeds Weekly Hours - Provider Serving Non Case		10	10	2	0	0	0	0	0	70	0	0	
Exceeds Weekly Hours - Provider Serving Multiple Cases		18	21	4	0	0	0	0	0	50	0	0	
Exceeds Daily Time		9	3	0	1	1	0	0	0	0	0	0	
<b>TOTALS</b>		<b>118</b>	<b>111</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>148</b>	<b>0</b>	<b>0</b>	

COLUMNS ARE FOR THOSE VIOLATIONS INCURRED IN THE REPORTING PERIOD NOT FOR THE DAY PERIOD  
DATA PRESENT AS OF 11:00 AM THE REPORTING DAY

Figure – Provider Violation – (County Summary - Monthly)

STATE OF CALIFORNIA IN-ROME INDEFINITE SERVICES PROVIDER VIOLATION - MONTHLY											APRIL	
											CYCLE DATE: 07/01/2017 TO 07/31/2017 RUN DATE: 08/01/2017 12:00:00 AM (ET)	
VIOLATION	ACTIVE VIOLATIONS				MONTHLY PENDING COUNTY REVIEW						PENDING CONSOLIDATED VIOLATION	
	100	200	300	400	100	200	300	400	100	200	MONTHLY PERIOD	LAST 3 MONTHS
Excessive Weekly Maximum - Provider Serving One Case	44	39	2	8	5	4	6	6	70	4	41	
Excessive Weekly Maximum - Provider Serving Multiple Cases	29	31	4	8	8	3	8	8	27	3	26	
Excessive Travel Time	1	12	1	8	1	12	8	8	3	2	2	
STATEWIDE TOTALS	118	23	7	8	8	12	8	8	146	9	92	

REPORTS ARE FOR THOSE VIOLATIONS INCURRED IN THE REPORTING PERIOD NOT FOR THE DAY REPORTED  
DATA PROVIDED AS OF 12:00 PM ON THE PAST 30 DAYS

Figure – Provider Violation – (Statewide Summary - Monthly)

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or Statewide	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Supervisor of the WKR # (Case Owner of Case in which the violation occurred) is assigned.	Only on Office Summary and Supervisor Detail versions	Y	A	Left	99
	Report name followed by reporting period	MONTHLY, DAILY	N	NA	Center	Text
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	Supervisor of the WKR # (Case Owner of Case in which the violation occurred) is assigned.	Only on Supervisor Detail version	Y	A	Left	String
	Violation Category	Only on Supervisor Detail version	Y	NA	Center	Text
<b>REPORT BODY – Detail – Column Headers</b>						

PROVIDER NAME	Name of the provider who incurred the violation	Last Name, First Name	N	NA	Left	String
PROVIDER #	Provider number		N	NA	Left	999999999
PROVIDER PHONE	Primary Phone number for the provider		N	NA	Left	999-999-9999
PROVIDER ADDRESS	Mailing address for the provider		N	NA	Left	String
VIOLATION DATE	Date the violation incurred		N	NA	Left	MM/DD/YYYY
VIOLATION STATUS	Status of the violation as of the reporting period		N	NA	Left	String
VIOLATION COUNT	The number of the violation for that provider	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup>	N	NA	Left	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup>
RECIPIENT NAME	Name of recipient for which the provider is actively providing care	Last Name, First Name  An asterisk proceeding the recipient name indicates the violation was incurred on a timesheet submitted for services for that recipient	N	NA	Left	String
CASE NUMBER	Case number assigned to the recipient		N	NA	Left	9999999
WKR #	Case Owner assigned to the Case		N	NA	Left	String
	Information literal	'VIOLATION OCCURRED AGAINST THIS CASE'				

**REPORT BODY – Totals – COLUMN HEADERS**

VIOLATION	Name of violation		N	NA	Left	Text
ACTIVE VIOLATIONS		Super Header	N	NA	Center	Text
1ST	Count of providers that have received a 1 <sup>st</sup> violation in the reporting period and is in Active status as of the last date of the reporting period.		N	NA	Right	999,999
2ND	Count of providers that have received a 2 <sup>nd</sup> violation in the reporting period and is in Active status as of the last date of the reporting period.		N	NA	Right	999,999
3RD	Count of providers that have received a 3 <sup>rd</sup> violation in the reporting period and is in Active status as of the last date of the reporting period.		N	NA	Right	999,999
4TH	Count of providers that have received a 4 <sup>th</sup> violation in the reporting period and is in Active status as of the last date of the reporting period.		N	NA	Right	999,999
VIOLATIONS PENDING COUNTY REVIEW		Super Header	N	NA	Center	Text
1ST	Count of providers that have received a 1 <sup>st</sup> violation in the reporting period and is in Pending County Review status as of the last date of the reporting period.		N	NA	Right	999,999
2ND	Count of providers that have received a 2 <sup>nd</sup> violation in the reporting period and is in Pending County Review status as of the last date of the reporting period.		N	NA	Right	999,999
3RD	Count of providers that have received a 3 <sup>rd</sup> violation in the reporting period and is in Pending County Review status as of the last date of the reporting period.		N	NA	Right	999,999
4TH	Count of providers that have received a 4 <sup>th</sup> violation in the reporting period and is in Pending County Review status as of the last date of the reporting period.		N	NA	Right	999,999
INACTIVE VIOLATIONS	Violation that have been set to an Inactive Status during the reporting period either by the system or user as of the last date of the reporting period.		N	NA	Right	999,999

PROVIDERS COMPLETED TRAINING			N	NA	Center	Text
REPORTING PERIOD	Count of providers that have completed training in the reporting period		N	NA	Right	999,999
LAST 3 MONTHS	Point in time count of providers that have completed training for the prior 3 months as of the end of the reporting period.	N/A on Daily version	N	NA	Right	999,999
	Information literal	'Counts are for those violations incurred in the reporting period not for the pay period'	N	NA	Center	Text
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Provider /Provider Violation Activity Report

CI	Document Name
 CI-775182 - DSD RPTS Provider Violation Activity Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Provider_Violation_Activity_Report.docx

## Report Business Description

This is a point in time report which reports activity related to Overtime Violation in the report month. This report runs on the first business day of the month reporting activity for the previous service month. The numbers reported are 209 Section 28.2.8 associated with a Violation Lifecycle (process cycle). This means as a violation moves through the various reviews (County Review, County Dispute, State Review (SAR) or CDSS Review, the stage in-which the violation "sits" when the report is run will be reported. Additionally, actions are taken by the system when certain circumstances occur when the system takes an action, the Review Type will be indicated as the review segment against which the action was taken. (For example: if a provider has an Overtime Violation Exemption and a timesheet is processed for the provider and triggers a violation, an overtime violation is created, but is immediately set to Inactive-Exemption. When this type of action occurs the Review Type will be set to County Review. Similarly, if a user fails to take an action in the allocated time period for the action, the system will take an action. In this situation, the Review Type will be indicated as the Review Type which was acted upon.

Due to the number of days associated with each review cycle, it is highly unlikely that an overtime violation will process through more than one review cycle in a single report month. In fact, it is more likely that a violation will be reported over the course of several months, depending upon the outcome of each review cycle.

Some violations, therefore, may be reported in multiple counts depending upon the stages in the cycle which have occurred. For instance a violation is triggered and automatically set to "Inactive – Exemption" is again counted twice once as being "Triggered" and the second would be "Inactive – Exemption". The Violation Status is never reported as "Pending" because this violation record is triggered when a provider submits a timesheet which triggers a violation, but because the provider has an Overtime Violation Exemption, the Violation Status is automatically set to "Inactive – Exemption."

Otherwise a violation that is triggered in the report month, enters the County Review cycle. The Violation Status is set to "Pending" and the County Review Outcome is "Pending Review". If the County Review Outcome results in an Outcome of "Upheeld", the Violation Status is updated from "Pending" to "Active". Therefore, this violation would be counted twice. The first would be the "Triggered" and the second would be in the "County Review" "Active".

If, for this same violation, the provider submitted a "County Dispute" and the Dispute Filed Date is entered in CMIPS in the same report month, resulting in the Dispute Outcome to be "Pending Review", but no further action was completed before the end of the month, this violation would be counted an additional time and would appear on the report and counted as "County Dispute" "Pending".

Therefore, it has direct correlation to this report is the associated "Detail" report, but this data will not reconcile to the monthly data download.

The "TOTAL (ALL VIOLATION TYPES)" section at the bottom of the page, provides the totals of each of the following:

- **TRIGGERED** – The number of violations triggered, regardless of the Violation Type
- **PENDING** – The total number of violations which are in some sort of Pending review
- **ACTIVE** – The total number of violations which are in "Active" status. This may include violations where a County Dispute or State Review was completed but the "Violation Status" did not change from "Active"
- **INACTIVE** – The total number of violations which were set from "Active" to "Inactive". This count includes any violation which had a Violation Status which changed from "Active" to "Inactive" in the report month regardless of the process cycle. This includes any violation which was changed from "Active" to "Inactive – No Violations For One Year".
- **IN-ACTIVE – EXEMPTION** – The number of violations which were set to "Inactive – Exemption"

You will also notice this report produces the same statics by Overtime Violation Types, "Exceeds Monthly Maximum and Exceeds Travel Maximum. The Exceeds Weekly Maximum will be further tracked based upon whether the provider serves "Multiple Recipients" or "Single Recipient".

Please see the field descriptions which follow to understand the indication which populate counts to the various fields.

- **Triggered** – The total count of Overtime Violations triggered (Violation Date) in the report month.
- **Inactive – Exemption** – The count of violations which were created and then set to "Inactive – Exemption" (Violation Status) in the report month (Status Date).
- **County Review – Pending** – The number of Overtime Violations where the current review process is "County Review" and the County Review Outcome is Pending Review OR the Supervisor Review Outcome is "Supervisor Review".
- **County Review – Active** – The number of County Reviews where the "Violation Status" changed from "Pending" to "Active" in the report month (Status Date).
- **County Review – Inactive** – The number of County Reviews where the "Violation Status" changed from "Pending" to "Inactive" in the report month (Status Date).

## COUNTY DISPUTE

- **County Dispute – Pending** – The number of Overtime Violations where the most recent review process is "County Dispute" and the "County Dispute Outcome" is "Pending Review" OR, if indicated, the "Dispute Supervisor Outcome" is "Supervisor Review" and the "County Dispute Outcome Date" is in the report month.
- **County Dispute – Active** – The number of Overtime Violations where the most recent review process is "County Dispute"

AND the "County Dispute Outcome Entered Date" OR the "Supervisor Outcome Entered Date" is in the report month

AND the "Violation Status" is "Active"

- **County Review – Inactive** – The number of Overtime Violations where the most recent review process is "County Dispute"

AND the "County Dispute Outcome Entered Date" OR, if present the "Supervisor Outcome Entered Date" is in the report month

AND the "Violation Status" has changed from "Active" to "Inactive" in the report month (Status Date)

## STATE REVIEW

- **State Review – Pending** – The number of Overtime Violations where the most recent review process is "State Review" and the "State Review Outcome" is "Pending Review" OR, if indicated, the "State Supervisor Outcome" is "Supervisor Review" AND the "State Review Outcome Date" is in the report month.
- **State Review – Active** – The number of Overtime Violations where the most recent review process is "State Review"

AND the "State Review Outcome Entered Date" OR the "State Supervisor Outcome Entered Date" is in the report month

AND the Violation Status is "Active"

- **State Review – Inactive** – The number of Overtime Violations where the most recent review process is "State Review"

AND the "State Review Outcome Entered Date" OR, if present, the "State Supervisor Outcome Entered Date" is in the report month

AND the "Violation Status" has changed from "Active" to "Inactive" in the report month (Status Date)

## CDSS REVIEW

- **CDSS – Pending** – The number of Overtime Violations where the most recent review process is "CDSS Review" and the "CDSS Review Outcome" is "Pending Review" OR, if present, the "CDSS Supervisor Review Outcome" is "CDSS Supervisor Review" and the "CDSS Supervisory Outcome Date" is in the report month.
- **CDSS – Active** – The number of Overtime Violations where the most recent review process is "CDSS Review"

AND the "CDSS Review Outcome Entered Date" OR, if present, the "CDSS Supervisor Outcome Entered Date" is in the report month

AND the Violation Status is "Active"

- **CDSS – Inactive** – The number of Overtime Violations where the most recent review process is "CDSS Review"

AND the "CDSS Review Outcome Entered Date" OR, if present, the "CDSS Supervisor Outcome Entered Date" is in the report month

AND the "Violation Status" has change from "Active" to "Inactive" in the report month (Status Date)

Provider/recipient details will only be listed on the Supervisor Detail version. Statewide grand total page will be generated only on the "Statewide" version.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff

	<input type="checkbox"/>	Security Administrator
<b>CDSS</b>	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input checked="" type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder

<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance

<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS
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## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input checked="" type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County Summary, District Office Summary, Supervisor Detail
County Name	Required	A single county, multiple counties or 'All' may be selected for each version
Start Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	On District Office Summary, Supervisor Detail version
SUPERVISOR	Third	On Supervisor Detail version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
Violation Type	Primary	
Social Worker	Secondary	
Provider	Third	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
--------	-------	-----------	--------

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	<b>ON:</b> <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	<b>DAY OF THE MONTH:</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	<b>DAY OF THE MONTH:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	<b>DAY OF THE QUARTER:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	<b>DAY OF THE YEAR:</b>
<input type="checkbox"/>	N/A	On Demand	<b>RANGE:</b>
<input type="checkbox"/>	N/A	Other	<b>Describe:</b>

## Sample - Provider Violation Activity Report - Detail

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PROVIDER VIOLATION ACTIVITY - DETAIL										DATE:	10/16/2017 TO 10/17/2017
										CYCLE DATE:	10/16/2017 END 10/17/2017
										FROM DATE:	10/16/2017 END 10/17/2017
PROVIDER NAME	PROVIDER #	REGISTRY NUMBER	WORKER #	VIOLATION TYPE	VIOLATION DATE	REGULATION STATUS	REVIEW TYPE	VIOLATION DATE	REVIEW DATE	OUTCOME DATE	STATUS DATE
ZAPATA, ISABEL L	110221914	01221914	SL012	Excessive Weekly Sessions - Provides Missing Care Case	09/14/2017	ACTIVE	CONTINUATION	09/16/2017	09/16/2017	09/21/2017	09/21/2017
AGUILAR-RODRIGUEZ, TERESA J	100177987	0002147	SL012	Excessive Weekly Sessions - Provides Providing Multiple Cases	09/01/2017	ACTIVE	CONTINUATION	09/03/2017	09/04/2017	09/04/2017	09/04/2017
VISION, AMBROSIO	100299979	0403149	SL012	Excessive Travel Time	09/04/2017	ACTIVE	CONTINUATION	09/05/2017	09/05/2017	09/21/2017	09/21/2017

DATA: 0004885 AS OF 10/17/2017 10:45:20 PM (PST) 10/17/2017

Figure - Provider Violation Activity Report – Detail

## Sample - Provider Violation Activity Report - District Office Summary

## Figure – Provider Violation Activity Report – District Office Summary

## Sample - Provider Violation Activity Report – County Summary

REPORT ID: 1AABE18		STATE OF CALIFORNIA DEPARTMENT OF MEDICAL CARE PROVIDER VIOLATION ACTIVITY - COUNTY										PAGE: 1 PRINT DATE: 10/01/2019 10:41:07 EXPIRE DATE: 10/31/2019 10:41:07	
VIOLATION TYPE		CURRENT MONTH				PREVIOUS MONTH				PERIOD OVER 12			
		OCCURRED	PENDING	ACTIVE	INACTIVE	OCCURRED	PENDING	ACTIVE	INACTIVE	OCCURRED	PENDING	ACTIVE	INACTIVE
Violations		1	0	0	0	21	0	14	0	19148	0	11646	140140
Reviews Pending Reviewed + Reopened Reviewed Case Clos.	COUNTY REVIEW	1	0	0	0	0	0	0	0	0	0	0	0
	COUNTY SUSPENSE	1	0	0	0	0	0	0	0	0	0	0	0
	STATE	0	0	0	0	0	0	0	0	0	0	0	0
	EDITIONED	0	0	0	0	0	0	0	0	0	0	0	0
	ESCR REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
Violations		0	0	0	0	19	0	14	0	422130	0	21130	0
REVIEWED PENDING PENDING + REOPENED Reviewed Suspended Closed	COUNTY ADVISE	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY SUSPENSE	0	0	0	0	0	0	0	0	0	0	0	0
	STATE	0	0	0	0	0	0	0	0	0	0	0	0
	EDITIONED	0	0	0	0	0	0	0	0	0	0	0	0
	ESCR REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
Violations		0	0	0	0	2	0	0	0	427030	0	2130	0
Reviewed Closed Closed	COUNTY REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY SUSPENSE	0	0	0	0	0	0	0	0	0	0	0	0
	STATE	0	0	0	0	0	0	0	0	0	0	0	0
	EDITIONED	0	0	0	0	0	0	0	0	0	0	0	0
	ESCR REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
Violations		1	0	0	0	47	0	42	0	49924	0	44734	0
REVIEWED PENDING PENDING + REOPENED Reviewed Suspended Closed	COUNTY REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY SUSPENSE	0	0	0	0	0	0	0	0	0	0	0	0
	STATE	0	0	0	0	0	0	0	0	0	0	0	0
	EDITIONED	0	0	0	0	0	0	0	0	0	0	0	0
	ESCR REVIEW	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS ARE FOR ACTIVITIES FROM OCTOBER 01 TO THE MONTH END OF THE LAST DAY OF THE MONTH													

Figure – Provider Violation Activity Report – County Summary

## Sample - Provider Violation Activity Report – Statewide Summary

COUNTY: PLACER		STATE OF CALIFORNIA DEPARTMENT OF LABOR WORKERS' COMPENSATION DIVISION INSPECTOR GENERAL ACTIVITIES - SUMMARY										PAGE: 1 CYCLE DATE: 01/01/2011 TO 01/31/2011 RUN DATE: 02/01/2011 FROM 01/01/2011				
VIOLATION TYPE		PREVIOUS MONTH				THIS MONTH				PERIOD CHANGED						
		TRIGGERED	OPENED	ACTIVE	INACTIVE	INITIATIVE- DESCRIPTION	TRIGGERED	OPENED	ACTIVE	INACTIVE	INITIATIVE- DESCRIPTION	TRIGGERED	OPENED	ACTIVE	INACTIVE	INITIATIVE- DESCRIPTION
Violations Overall	VISITATION	181				+	228				-12.7%	1,30	8,22	-81.7%	0.0%	
	COUNTY REVIEW	0	171	11			5	117	14			0.0%	0.00	0.00	0.00	
	DISPUTE	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
	PARTICLE CASE	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
	STATE REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
General Health Hazardous Facilities Services Management Cases	VISITATION	141				-79	226			125	-15.1%	1,18	8,24	-81.8%	0.0%	
	COUNTY REVIEW	0	95	6			5	94	10			0.0%	0.00	0.00	0.00	
	COUNTY DISPUTE	0	0	16			0	1	20			0.0%	0.00	0.00	0.00	
	STATE REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
	CODS REVIEW	0	0	2			0	0	0			0.0%	0.00	0.00	0.00	
Technician Cases	VISITATION	0				0	13			0	-15.1%	1,18	8,24	-81.8%	0.0%	
	COUNTY REVIEW	0	8	1			0	11	2			0.0%	-13.6%	-85.0%	0.0%	
	COUNTY DISPUTE	0	1	1			0	0	4			0.0%	0.00	-100.0%	0.0%	
	STATE REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
	CODS REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
TOTALS ALL VIOLATIONS TYPE	VISITATION	141				-79	422			125	-15.1%	1,18	8,24	-81.8%	0.0%	
	COUNTY REVIEW	0	104	17			0	109	23			0.0%	0.00	-25.7%	0.0%	
	COUNTY DISPUTE	0	17	12			0	1	74			0.0%	100.0%	21.0%	0.0%	
	STATE REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
	CODS REVIEW	0	0	0			0	0	0			0.0%	0.00	0.00	0.00	
COLUMNS ARE FOR ACTIVITIES THAT OCCURRED IN THE MONTH AS OF THE LAST DAY OF THE MONTH.																
DATA IS AGGREGATED AT THE STATE LEVEL FOR THE PREVIOUS MONTH.																

Figure – Provider Violation Activity Report – Statewide Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
COUNTY:	The county for which the report was run		Y	A	Left	String
PAGE:	Page number		N	NA	Left	9,999
OFFICE:	The District Office to which the Supervisor of the Worker (Case Owner of Case in which the violation occurred) is assigned.	Only on Office Summary and Supervisor Detail versions	Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
SUPERVISOR:	Supervisor of the Worker (Case Owner of Case in which the violation occurred) is assigned.	Only on Supervisor Detail version	Y	A	Left	String
	Report Name		N	NA	Center	Text
RUN DATE:	The date the report was generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY – Detail – Column Headers</b>						
PROVIDER NAME	The Last Name, First Name of the provider		N	NA	Left	String

PROVIDER #	The providers nine digit CMIPS provider number		N	NA	Left	999999999
RECIPIENT NUMBER	The seven-digit recipient case number for whom to the provider is assigned in which the violation was triggered		N	NA	Left	9999999
WORKER #	Case Worker assigned to the case					String
VIOLATION TYPE	The type of violation the provider received		N	NA	Left	String
VIOLATION DATE	The date the violation was received		Y	NA	Left	MM/DD/YYYY
VIOLATION STATUS	The status of the overtime violation received by the provider		N	NA	Left	String
REVIEW TYPE	If the violation went through a review process list the type of review		N	NA	Left	String
VIOLATION STATUS DATE	The date the violation was placed into its current status		N	NA	Left	MM/DD/YYYY
REVIEW DATE	The date the review was completed		N	NA	Left	MM/DD/YYYY
OUTCOME DATE	The date the review outcome was entered		N	NA	Left	MM/DD/YYYY

**REPORT BODY – Summary – COLUMN HEADERS**

VIOLATION TYPE	Type of violation incurred	EXCEEDS WEEKLY MAXIMUM – PROVIDER SERVING MULTIPLE CASES  EXCEEDS WEEKLY MAXIMUM – PROVIDER SERVING A SINGLE CASE  EXCEEDS TRAVEL TIME  TOTALS (ALL VIOLATION TYPES)	N	NA	Centered	String
	Super Header	CURRENT MONTH	N	NA	Centered	String
	Row Header	VIOLATION	N	NA	Centered	String
TRIGGERED	A count of all violations triggered in the reporting month		N	NA	Right	999
INACTIVE - EXEMPTION	A count of all violations were the Violation Status was set to "Inactive – Exemption" in the reporting month		N	NA	Right	999
	Row Header	COUNTY REVIEW	N	NA	Center	Text
PENDING	The number of Overtime Violations in the reporting month where the current review process is "County Review" and the County Review Outcome is Pending Review or the Supervisor Review Outcome is "Supervisor Review"		N	NA	Right	99
ACTIVE	The number of County Reviews – where the Violation Status changed from Pending to Active in the report month		N	NA	Right	99
INACTIVE	The number of County Reviews where the Violation Status changed from Pending to Inactive in the report month		N	NA	Right	99
	Row Header	COUNTY DISPUTE	N	NA	Center	Text
PENDING	The number of Overtime Violations where the most recent review process is "County Dispute" and the County Dispute Outcome is Pending Review or the Dispute Supervisor Outcome is Supervisor Review and the County Dispute Outcome Date is in the report month.		N	NA	Right	99

ACTIVE	The number of Overtime Violations where the most recent review process is "County Dispute" and the County Dispute Outcome is "Upheld" and the County Dispute Outcome Date is in the report month OR the County Dispute Outcome is "Override" and Dispute Supervisor Outcome is "Rejected" and Supervisor Outcome Dates is in the report month.		N	NA	Right	99	
INACTIVE	The number of Overtime Violations where the most recent review process is "County Dispute" and the County Dispute Outcome is "Override" and Dispute Supervisor Outcome is "Approved" and Supervisor Outcome Dates is in the report month		N	NA	Right	99	
	Row Header		STATE REVIEW (SAR)	N	NA	Center	Text
PENDING	The number of Overtime Violations where the most recent review process is "State Review" and the State Review Outcome is "Pending Review" or the "State Supervisor Review Outcome" is "Supervisor Review" and the "State Outcome Date" is in the report month.		N	NA	Right	99	
ACTIVE	The number of Overtime Violations where the most recent review process is "State Review" and the State Review Outcome is "Upheld" and the State Review Outcome Date is in the report month OR the State Review Outcome is "Override" and "State Supervisor Review Outcome" is "Rejected" and "State Supervisor Review Outcome Date" is in the report month.		N	NA	Right	99	
INACTIVE	The number of Overtime Violations where the most recent review process is "State Review" and the State Review Outcome is "Override" and State Supervisor Review Outcome is "Approved" and "State Supervisor Review Outcome Date" is in the report month		N	NA	Right	99	
	Row Header		CDSS REVIEW	N	NA	Center	Text
PENDING	The number of Overtime Violations where the most recent review process is "CDSS Review" and the CDSS Review Outcome is "Pending Review" or the "CDSS Supervisor Outcome" is "Supervisor Review" and the "CDSS Outcome Date" is in the report month		N	NA	Right	99	
ACTIVE	The number of Overtime Violations where the most recent review process is "CDSS Review" and the CDSS Review Outcome is "Upheld" and the "CDSS Review Outcome Date" is in the report month OR the "CDSS Review Outcome" is "Override" and "CDSS Supervisor Outcome" is "Rejected" and "CDSS Supervisor Outcome Date" is in the report month		N	NA	Right	99	
INACTIVE	The number of Overtime Violations where the most recent review process is "CDSS Review" and the CDSS Review Outcome is "Override" and CDSS Supervisor Outcome is "Approved" and "CDSS Supervisor Outcome Date" is in the report month		N	NA	Right	99	
	Super Header		PRIOR MONTH		Center	Text	
	Row Header		VIOLATION	N	NA	Center	
TRIGGERED	A count of all violations triggered in the prior month		N	NA	Right	99	
INACTIVE - EXEMPTION	A count of all violations were the Violation Status was set to "Inactive – Exemption" in the prior month		N	NA	Right	99	
	Row Header		COUNTY REVIEW	N	NA	Center	Text
PENDING	The number of Overtime Violations where in the prior month the review process was "County Review" and the County Review Outcome was Pending Review or the Supervisor Review Outcome was "Supervisor Review"		N	NA	Right	99	
ACTIVE	The number of County Reviews – where the Violation Status changed from Pending to Active in the prior month		N	NA	Right	99	
INACTIVE	The number of County Reviews where the Violation Status changed from Pending to Inactive in the prior month		N	NA	Right	99	
	Row Header		COUNTY DISPUTE	N	NA	Center	Text
PENDING	The number of Overtime Violations where in the prior month the review process was "County Dispute" and the County Dispute Outcome was Pending Review or the Dispute Supervisor Outcome was Supervisor Review and the County Dispute Outcome Date was in the prior month.		N	NA	Right	99	
ACTIVE	The number of Overtime Violations where in the prior month the review process was "County Dispute" and the County Dispute Outcome was "Upheld" and the County Dispute Outcome Date is in the report month OR the County Dispute Outcome was "Override" and Dispute Supervisor Outcome was "Rejected" and Supervisor Outcome Dates is in the prior month.		N	NA	Right	99	
INACTIVE	The number of Overtime Violations where the prior month review process was "County Dispute" and the County Dispute Outcome was "Override" and Dispute Supervisor Outcome was "Approved" and Supervisor Outcome Dates was in the prior month		N	NA	Right	99	

	Row Header	STATE REVIEW (SAR)	N	NA	Center	Text
PENDING	The number of Overtime Violations where in the prior month the review process was "State Review" and the State Review Outcome was "Pending Review" or the "State Supervisor Review Outcome" was "Supervisor Review" and the "State Outcome Date" was in the prior month.		N	NA	Right	99
ACTIVE	The number of Overtime Violations where in the prior month the review process was "State Review" and the State Review Outcome was "Upheled" and the State Review Outcome Date was in the report month OR the State Review Outcome was "Override" and "State Supervisor Review Outcome" was "Rejected" and "State Supervisor Review Outcome Date" was in the prior month.		N	NA	Right	99
INACTIVE	The number of Overtime Violations where in the prior month the review process was "State Review" and the State Review Outcome was "Override" and State Supervisor Review Outcome was "Approved" and "State Supervisor Review Outcome Date" was in the prior month		N	NA	Right	99
	Row Header	CDSS REVIEW	N	NA	Center	Text
PENDING	The number of Overtime Violations in the prior month where the review process was "CDSS Review" and the CDSS Review Outcome was "Pending Review" or the "CDSS Supervisor Outcome" was "Supervisor Review" and the "CDSS Outcome Date" was in the prior month		N	NA	Right	99
ACTIVE	The number of Overtime Violations in the prior month where the review process was "CDSS Review" and the CDSS Review Outcome was "Upheled" and the "CDSS Review Outcome Date" was in the report month OR the "CDSS Review Outcome" was "Override" and "CDSS Supervisor Outcome" was "Rejected" and "CDSS Supervisor Outcome Date" was in the prior month		N	NA	Right	99
INACTIVE	The number of Overtime Violations in the prior month where the review process was "CDSS Review" and the CDSS Review Outcome was "Override" and CDSS Supervisor Outcome was "Approved" and "CDSS Supervisor Outcome Date" was in the prior month		N	NA	Right	99
	Super Header	PERCENT CHANGE %	N	NA	Center	Text
	Row Header	VIOLATION	N	NA	Center	Text
TRIGGERED	The percent change in violations triggered from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
INACTIVE - EXEMPTION	The percent change in overtime violations set to Inactive – Exemption status from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
	Row Header	COUNTY REVIEW	N	NA	Center	Text
PENDING	The percent change in overtime violations pending County Review status from Prior Month to Current Month	Current Month – Prior Month ----- --- X 100 Prior Month	N	NA	Right	-999.99
ACTIVE	The percent change in overtime violations set to active status after County Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
INACTIVE	The percent change in overtime violations set to inactive status after County Review from Prior Month to Current Month	Current Month – Prior Month ----- --- X 100 Prior Month	N	NA	Right	-999.99
	Row Header	COUNTY DISPUTE	N	NA	Center	Text
PENDING	The percent change in overtime violations pending County Dispute Review status from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
ACTIVE	The percent change in overtime violations set to active status after County Dispute Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99

INACTIVE	The percent change in overtime violations set to inactive status after County Dispute Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
	Row Header	STATE REVIEW (SAR)	N	NA	Center	Text
PENDING	The percent change in overtime violations pending State Review status from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
ACTIVE	The percent change in overtime violations set to active status after State Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
INACTIVE	The percent change in overtime violations set to inactive status after State Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
	Row Header	CDSS REVIEW	N	NA	Center	Text
PENDING	The percent change in overtime violations pending CDSS Review status from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
ACTIVE	The percent change in overtime violations set to active status after CDSS Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
INACTIVE	The percent change in overtime violations set to inactive status after CDSS Review from Prior Month to Current Month	Current Month – Prior Month ----- ---- X 100 Prior Month	N	NA	Right	-999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Provider /Provider YTD Payment History

CI	Document Name
 CI-51802 - DSD RPTS Provider YTD Payment History Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Provider_YTD_Payment_History_Report.doc

## Report Business Description

The Provider YTD Payment History Report provides information on all Recipients for whom the Provider has worked in the requested calendar year. The report is used for employer verification purposes. Payment information is calculated based on the service periods within the selected calendar year.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Provider Number	Required	Only one Provider Number may be entered

Calendar Year	Required	
---------------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: On request for the selected calendar year
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES POINT-IN-TIME PAYMENT HISTORY REPORT							REPORT DATE: 07/17/2003	FILE NUMBER: 100-1000000000
RECIPIENT NAME	STREET ADDRESS	ZIP CODE	PHONE NUMBER	ORIGINAL DATE OF RECD.	RECD. DATE	EXPIRE DATE	YTD PAYMENTS	
RECIPIENT NAME:	EDWARD, MARY			07/17/2003	07/17/2003	07/17/2003	\$1,300.00	
RECIPIENT NUMBER:	0000000000							
ORIGINAL DATE OF RECD.:	07/17/2003							
RECIPIENT NAME	CASE ID	PROVIDER STATE	DATE OF HIRE	YTD PAYTS	PAYING SOURCE	CURRENT DATE	LAST PAY DATE	YTD PAYTS
EDWARD, MARY	0000000000	CA STATE	07/17/2003	400.00	STATE	07/17/2003	07/17/2003	400.00
EDWARD, MARY	0000000000	STATE	07/17/2003	300.00	STATE	07/17/2003	07/17/2003	300.00
		TOTAL PAYTS	STATE	100.00		TOTAL PAYTS	STATE	100.00
EDWARD, MARY	0000000000	STATE	07/17/2003	100.00	STATE	07/17/2003	07/17/2003	100.00
EDWARD, MARY	0000000000	STATE	07/17/2003	100.00	STATE	07/17/2003	07/17/2003	100.00
		TOTAL PAYTS	STATE	200.00		TOTAL PAYTS	STATE	200.00
		TOTAL YTD PAYTS		400.00		TOTAL YTD PAYTS		400.00
		TOTAL YTD PAYTS		400.00		TOTAL YTD PAYTS		400.00

## **Figure – Provider YTD Payment History Report**

## Data Element Details

PAGE:	Page number		N	NA	Left	9,999
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
CALENDAR YEAR: <CCYY>	Title – Calendar Year		N	NA	Center	Text

#### REPORT BODY

PROVIDER NAME	Provider Name	Last Name, First Name	N	NA	Left	String
PROVIDER NUMBER	Provider Number		N	NA	Left	999999999
ORIGINAL HIRE DATE	Date the Provider was hired into the IHSS program.		N	NA	Left	MM/DD /YYYY
RECIPIENT NAME	Recipient's Name	Last Name, First Name	N	NA	Left	String
CASE ID	Recipient Case ID		N	NA	Left	9999999
PROVIDER STATUS	Provider's status with specific Recipient		N	NA	Left	String
DATE OF HIRE	Hire date for specific Recipient		N	NA	Left	MM/DD /YYYY
YTD HOURS	YTD total hours worked for Recipient as of report run date.		N	NA	Left	9,999.99
FUNDING SOURCE	IHSS Funding Source program: CFCO, PCSP, IPO, IHSS-R or WPCS		N	NA	Left	String
CURRENT RATE	Provider's rate as of the run date of the report.		N	NA	Left	99.99
LAST PAID DATE	Date the Provider was last paid for specific Recipient.		N	NA	Left	MM/DD /YYYY
YTD WAGES	YTD total wages earned for Recipient as of report run date.		N	NA	Left	99,999.99
TOTAL <Funding Source> HOURS	YTD total hours for Provider across all Recipients as of report run date for the indicated Funding Source.		N	NA	Left	9,999.99
TOTAL <Funding Source> WAGES	YTD total wages for Provider across all Recipients as of report run date for the indicated Funding Source.		N	NA	Left	\$99,999.99
TOTAL YTD WAGES	Totals for YTD Hours for all reported recipients for all reported Funding Sources		N	NA	Left	99,999.99
TOTAL YTD WAGES	Totals for YTD Wages for all reported recipients for all reported Funding Sources		N	NA	Left	\$999,999. 99

#### REPORT FOOTER

	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Provider /Provider Training Time Entry Report

CI
 CI-823559 - DSD RPTS Provider Training Time Entry Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>

## Report Business Description

This report provides information on Providers that have completed CDSS approved Career Pathways courses. The report displays a list of the Approved Career Pathways training time entry details for providers enrolled in the county indicated.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	CDSS has all county access.

Career Pathway	Required	Career Pathway Type
Provider ID	Required	User editable field. Can only enter on Provider at a time.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
Provider Name	Primary	Alphabetical (Last Name, First Name)
Class Number	Secondary	Ascending

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Reports current data as of the date report is requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA  
HEALTH CARE SERVICES

Provider Training Time Entry Report			
Class Name	Training Date	Hour/Minutes	
CPR	2/1/2022	3:00	
Caring	2/3/2022	3:00	

Figure – Provider Training Time Entry Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run.		Y	A	Left	String
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/ YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
Provider Name	Provider Name (Last Name, First Name)		N	A	Left	String
Provider Number	Provider ID Number		N	NA	Left	999999999
Career Pathway	Career Pathway Type Name		N	NA	Left	String
Class Number	Class Number		N	A	Left	999
Class Name	Class Name		N	NA	Left	String
Training Date	Date training occurred		N	NA	Left	MM/DD/ YYYY

Hours /Minutes	Total hours and/or minutes of course time		N	NA	Left	HH:MM
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

## **DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management**

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Contractor Payment Auth – Alpha

CI	Document Name
 CI-51784 - DSD RPTS Contractor Payment Auth Alpha Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Contractor_Payment_Auth_Alpha_Report.doc

## Report Business Description

The Contractor Payment Auth Report – Alpha lists cases by Recipient for which a Billing Invoice was submitted by the County Contractor and hours were authorized for payment.

This report will be produced when a Billing Invoice is processed. The Invoice Number is the key to the data appearing on the report. The Contractor may submit billing for any service month on a Billing Invoice.

The Contractor Payment Auth Report assists counties in monitoring Contractor billing submissions for which billing is authorized for payment. This report may also be used to evaluate the contractor's performance in providing services to Recipients.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input checked="" type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
INVOICE NUMBER	Required	
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH: After County Contractor invoice processing
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested after invoice processing
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

WORKER: Jim Jones	STATE OF CALIFORNIA	REPORT DATE: 01/01/2014																																																																
OFFICE: LA	DEPARTMENT OF LABOR	INVOICE DATE: 01/01/2014																																																																
	CONTRACTOR PAYMENT AUTHORITY - ALPHA	INVOICE NUMBER: 017402500																																																																
		INVOICE NUMBER: 000000000																																																																
<table border="1"> <thead> <tr> <th rowspan="2">RECIPIENT NAME / CASE NUMBER</th> <th rowspan="2">SERVICE NUMBER</th> <th colspan="2">CHECK 11 APPROVED SOURCES</th> <th colspan="2">CHECK 11 APPROVED SOURCES</th> <th rowspan="2">TOTAL AMOUNT</th> <th rowspan="2">DISCOUNT AMOUNT</th> <th rowspan="2">CHECK 11 NOT APPROVED SOURCES</th> <th rowspan="2">APPROVED PER. (%)</th> <th rowspan="2">AMOUNT NOT APPROVED</th> <th rowspan="2">PER. CENT</th> </tr> <tr> <th>OC APPROVED</th> <th>OC APPROVED</th> <th>OC APPROVED</th> <th>OC APPROVED</th> </tr> </thead> <tbody> <tr> <td>LA COUNTY, CALIFORNIA</td> <td>00-00000000</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>0.00</td> <td>100.00</td> <td>100.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>LA COUNTY</td> <td>00-00000000</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>100.00</td> <td>0.00</td> <td>100.00</td> <td>100.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table>			RECIPIENT NAME / CASE NUMBER	SERVICE NUMBER	CHECK 11 APPROVED SOURCES		CHECK 11 APPROVED SOURCES		TOTAL AMOUNT	DISCOUNT AMOUNT	CHECK 11 NOT APPROVED SOURCES	APPROVED PER. (%)	AMOUNT NOT APPROVED	PER. CENT	OC APPROVED	OC APPROVED	OC APPROVED	OC APPROVED	LA COUNTY, CALIFORNIA	00-00000000	100.00	100.00	100.00	100.00	100.00	0.00	100.00	100.00	0.00	0.00	LA COUNTY	00-00000000	100.00	100.00	100.00	100.00	100.00	0.00	100.00	100.00	0.00	0.00																								
RECIPIENT NAME / CASE NUMBER	SERVICE NUMBER	CHECK 11 APPROVED SOURCES			CHECK 11 APPROVED SOURCES		TOTAL AMOUNT	DISCOUNT AMOUNT							CHECK 11 NOT APPROVED SOURCES	APPROVED PER. (%)	AMOUNT NOT APPROVED	PER. CENT																																																
		OC APPROVED	OC APPROVED	OC APPROVED	OC APPROVED																																																													
LA COUNTY, CALIFORNIA	00-00000000	100.00	100.00	100.00	100.00	100.00	0.00	100.00	100.00	0.00	0.00																																																							
LA COUNTY	00-00000000	100.00	100.00	100.00	100.00	100.00	0.00	100.00	100.00	0.00	0.00																																																							
<p style="text-align: center;">THIS REPORT IS FOR INFORMATIONAL PURPOSES ONLY.</p>																																																																		

Figure – Contractor Payment Auth Report - Alpha

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
INVOICE DATE:	The Invoice Date indicated on the Billing Invoice submitted by the Contractor		N	NA	Left	MM/DD /YYYY
INVOICE NUMBER:	The Invoice Number indicated on the Billing Invoice submitted by the Contractor.		N	NA	Left	999999
<b>REPORT BODY</b>						
RECIPIENT NAME/ CASE NUMBER	The CMIPS Case Number and Recipient name for whom the services are being billed.	Last Name, First Name	N	NA	Left	String

SERVICE MON/PER	The month and year (MM/YYYY) services being billed were provided to the Recipient. The period (PER) indicates the Contractors billing period. Valid indications are: <ul style="list-style-type: none"><li>• A – Days 1 -15 for Contractors billing bimonthly</li><li>• B – Days 16 – last day of billing month for Contractors billing bimonthly</li><li>• C – Contractors billing monthly</li></ul>		N	NA	Left	MM/YYYY
CMIPS AUTH HOURS	The Recipient case TOTAL AUTH TO PURCHASE AFTER LMA Hours and minutes for the billed service month.		N	NA	Right	999:99
CC AUTH HOURS	The Contractor hours and minutes the Recipient is authorized to receive during the billed service month.		N	NA	Right	999:99
BILLED HOURS	The number of service hours and minutes billed by the contractor for the service month.		N	NA	Right	999:99
CUTBACK HOURS	The number of BILLED HOURS not paid for the service month. Cutback hours will occur when the Billed Hours exceed the number of CC AUTH HOURS not already paid for the service month.	Ex: BILLED HOURS = 35:00, CC AUTH HOURS = 30:00, CUTBACK HOURS WILL = 5:00 or BILLED HOURS = 10:00, CC AUTH HOURS =18:00 and 15:00 hours were authorized on a previous Billing Invoice which results in only 3:00 hours remaining to be paid, so the 10:00 billed would be CUTBACK by 7:00 hours and the remaining 3:00 would be authorized to be paid.	N	NA	Right	999:99
CMIPS AUTH AMOUNT	This field will always display the SOC Compare Cost.	CMIPS AUTH HOURS multiplied by the highest County Rate = SOC Compare Cost.	N	NA	Right	\$9,999.99
CC AUTH AMOUNT	The amount authorized to be paid to the Contract for the Recipient for this service month.	CC Auth Hours multiplied by the CC Rate	N	NA	Right	\$9,999.99
BILLED AMOUNT	The amount, resulting from the CC Billed Hours multiplied by the SUBMITTED RATE.		N	NA	Right	\$9,999.99
CUTBACK AMOUNT	The CUTBACK HOURS multiplied by the SUBMITTED RATE.	Ex: BILLED AMOUNT = \$35.00, CC AUTH AMOUNT = \$30.00, CUTBACK AMOUNT WILL = \$5.00.	N	NA	Right	\$9,999.99
SOC OBLIGATED	For cases with Funding Source IHSS-R the amount collected by the Contractor from the Recipient.  For cases with Funding Source IPO1-5 or PCSP, the Medi-Cal SOC amount indicated collected by the Contractor from the Recipient.		N	NA	Right	\$9,999.99
CURRENT CMIPS SOC	For cases with Funding Source IHSS-R the IHSS Share of Cost from the case.  For cases with Funding Source IPO1-5 or PCSP, the Medi-Cal SOC amount indicated on the MEDS Eligibility record for the service month being billed.		N	NA	Right	\$9,999.99
SOC OBLIGATED DATE	For cases with Funding Source IHSS-R the date on which the contractor collected the indicated SOC amount from the Recipient.	For cases with Funding Source IPO1-5 or PCSP, the date on which the MEDS POS spend-down transactions was processed.	N	NA	Right	MM/DD /YYYY
APPROVED FOR PAY	The BILLED AMOUNT minus any CUTBACK AMOUNT and/or SOC amount.		N	NA	Right	\$999,999.99
SERV LVL	The percentage of Contractor hours authorized for the service month being billed. ((BILLED HOURS/CC AUTH HOURS) * 100)	No Decimal	N	NA	Right	99%
FUND SOURCE	The FUNDING SOURCE AID CODE associated with the Authorization for the service month (IPO1-5, PCSP, CFCO or IHSS-R).		N	NA	Right	String

SUBMITTED RATE	Rate submitted by the County Contractor for the Recipient for the service month		N	NA	Center	\$99.99
INFORMATION & WARNING MESSAGES	The messages appearing result from conflicts in the information submitted by the contractor and CMIPS data.		N	NA	Center	Text
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY				

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Contractor Payment Auth – Summary

CI	Document Name
 CI-670578 - DSD RPTS Contractor Payment Auth Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Contractor_Payment_Auth_Summary_Report.doc

## Report Business Description

The Contractor Payment Auth – Summary Report lists cases by service month for which a Billing Invoice was submitted by the County Contractor and hours were authorized for payment.

This report will be produced when a Billing Invoice is processed. The Invoice Number is the key to the data appearing on the report. The Contractor may submit billing for any service month on a Billing Invoice.

The Contractor Payment Auth Reports assists counties in monitoring Contractor billing submissions for which billing is authorized for payment. This report may also be used to evaluate the contractor's performance in providing services to Recipients.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input checked="" type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
INVOICE NUMBER	Required	
FUND TYPE	Required	
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SERVICE MONTH	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH: After County Contractor invoice processing
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested after invoice processing
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CONTRACTOR PAYMENT AUTH REPORT - SUMMARY								PAGE #	8
COUNTY:	San Francisco	REPORT DATE:	03/09/2010	TIME:	22:12:42				
OFFICE:	OL	CREATE DATE:	03/05/2010	INVOICE NUMBER:	004803				
SUMMARY TOTALS - ALL FISCAL									
SERVICE MONTH	CHARGE TO WORKER NUMBER	BILLED AMOUNT	CARRYBACK AMOUNT	CHARGE TO RPTN AMOUNT	BILLED AMOUNT	CARRYBACK AMOUNT	BDC CHARGED	APPROVED FOR PAY	
	CC AUTH NUMBER	CC AUTH AMOUNT		CC AUTH AMOUNT			CURRENT CHARGE TO BDC		
03-0311	572111	888133	00.00	116,389.14	88,741.62	00.00	1122.18 8886.48	88,426.52	
				116,389.14					
TOTAL MONTHS	572111	888133	00.00	116,389.14	88,741.62	00.00	1122.18 8886.48	88,426.52	
TOTAL CASE MONTHS: T									

DATA REPORTED AS OF 12:00 AM ON THE PREVIOUS DAY

Figure – Contractor Payment Auth Report – Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	99
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
INVOICE DATE:	The Invoice Date indicated on the Billing Invoice submitted by the Contractor		N	NA	Left	MM/DD /YYY
INVOICE NUMBER:	The Invoice Number indicated on the Billing Invoice submitted by the Contractor.		N	NA	Left	999999
<b>REPORT BODY</b>						
SERVICE MONTH	The month(s) and year (MM/YYYY) being billed on the Billing Invoice.		N	NA	Left	MM/YYYY

CMIPS AUTH HOURS	The total AUTH TO PURCHASE in hours and minutes for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	\$9,999.99
CC AUTH HOURS	The total CC AUTH HOURS in hours and minutes for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	999:99
BILLED HOURS	The total BILLED HOURS in hours and minutes for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	999:99
CUTBACK HOURS	The total CUTBACK HOURS in hours and minutes for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	999:99
CMIPS AUTH AMOUNT	The amount associated with the Auth to Purchase Hours, in hours and minutes, for all Recipient cases for the indicated Service Month for the District Office. This amount is the Auth to Purchase Hours multiplied by the County Default Rate.		N	NA	Left	\$999,999.99
CC AUTH AMOUNT	The amount associated with CC AUTH HOURS for all cases minutes for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	\$999,999.99
BILLED AMOUNT	The total BILLED AMOUNT (BILLED HOURS multiplied by SUBMITTED RATE) for all Recipient cases for the indicated Service Month for the District Office which were authorized for payment for the Service Month for the District Office		N	NA	Left	\$999,999.99
CUTBACK AMOUNT	The total CUTBACK AMOUNT (CUTBACK HOURS multiplied by SUBMITTED RATE) for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	\$999,999.99
SOC OBLIGATED	The total SOC OBLIGATED amount for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	\$9,999.99
CURRENT CMIPS SOC	The total		N	NA	Left	\$9,999.99
APPROVED FOR PAY	The total APPROVED FOR PAY amount for all Recipient cases for the indicated Service Month for the District Office		N	NA	Left	\$999,999.99
TOTAL MONTHS	The sum total for all Service Months on the Billing Invoice.		N	NA	Left	\$999,999.99
TOTAL CASE MONTHS	The Total Case Months will be a duplicated count when a Recipient is billed for multiple services months on the same Billing Invoice.		N	NA	Left	99

#### REPORT FOOTER

	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Contractor Payment Rejects – Detail

CI	Document Name
 CI-51846 - DSD RPTS Contractor Payment Rejects Detail Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Contractor_Payment_Rejects_Detail_Report.doc

## Report Business Description

The Contractor Payment Rejects Report lists Recipient cases for which the County Contractor submitted billing invoice record for payment which was rejected.

This report will be produced when a Billing Invoice is processed. The Invoice Number is the key to the data appearing on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input checked="" type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
INVOICE NUMBER	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	
WORKER #	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SERVICE MONTH	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH: After County Contractor invoice processing

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: As requested after invoice processing
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA							Page 1
COUNTY: SAN MATEO	IN-HOME SUPPORTIVE SERVICES						
OPTIONAL: 01	CONTRACTOR PAYMENT REPORTS REPORT - DETAIL						REV 10/11 08/05/2010
NUMBER #: 00430							TIME: 22:15:10
							CREATE DATE: 08/10/2010 PRINTED NUMBER: 00430
RECIPIENT NAME	CASE NUMBER	SERVICE DATE/YEAR	BILLED TO/DOB	BILLED AMOUNT	HIC NUMBER	REC OBLIGATION DATE	SELECTED PAYMENT AND PAYMENT CODES
VERGEL, MARITA	00005236	04/2010 8	05/08/09	\$1450.00	111111	05/09/2010	4141-00 EXISTING OR NEW SUBMITTER
MCDONALD, GRETCHEN	00002254	04/2010 8	03-33	\$1111.00	111111	05/09/2010	4111-00 Collected Recipient Case Not Found.

## **Figure – Contractor Payment Rejects Report – Detail**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
WORKER #:	The Social Worker (Case Owner) to whom the case is assigned. This field only appears on the detail report.		N	NA	Left	String
INVOICE DATE:	The Invoice Date indicated on the Contractor Billing Invoice		N	NA	Left	MM/DD /YYYY
INVOICE NUMBER:	The Invoice Number submitted by the Contractor On the Contractor Billing Invoice		N	NA	Left	999999
<b>REPORT BODY</b>						
RECIPIENT NAME	The name associated with the case number indicated on the submitted Contractor Billing Invoice	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number indicated on the Contractor Billing Invoice		N	NA	Left	9999999
SERVICE MON /PER	The month and year (MM/YYYY) and period (PER) indicated on the Contractor Billing Invoice.  Valid period indications are: <ul style="list-style-type: none"><li>• A: Days 1 – 15 for Contractors billing bimonthly</li><li>• B: Days 16 – 31 for Contractors billing bimonthly</li><li>• C: Contractors billing monthly</li></ul>		N	NA	Left	MM/YYYY X
BILLED HOURS	The number of hours and minutes billed by the contractor for a service month which have been rejected		N	NA	Left	999:99
BILLED AMOUNT	The BILLED HOURS multiplied by the RECIPIENT CONTRACTOR RATE submitted on the Contractor Billing Invoice for the rejected record		N	NA	Left	\$9,999.99
SOC OBLIGATED	The SOC COLLECTED amount submitted on the record being rejected		N	NA	Left	\$9,999.99
REJECTED PAYMENT AMOUNT	The BILLED AMOUNT for the rejected record		N	NA	Left	\$9,999.99
REJECT AND WARNING CODES	One of the following reasons will display associated with each rejected record: <ul style="list-style-type: none"><li>• Invalid SSN – The SSN submitted does not match the Alternative ID Type – Social Security Number on the Recipient Person record</li><li>• Incorrect Recipient Name – The Recipient name submitted does not match Recipient name on the indicated case</li><li>• Recipient Not Eligible – The IHSS Recipient case does not have County Contractor hours (Modes of Service) for the service month indicated on the Contractor Billing Invoice</li><li>• Incorrect CC Rate Submitted – The Contractor Rate submitted for the service month does not match the County Contractor Pay Rate for the service period</li><li>• SOC Collected Recipient Case Not Found – The case number submitted is a Share of Cost case and either the SOC Obligated Date or SOC Obligated Amount is missing</li><li>• Invalid Service Month – Contractor billing include "future" billing</li><li>• Contractor not eligible for Service Month – For the Service Month submitted the County Contractor did not have a Contract with the County</li></ul>		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	No	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Contractor Payment Rejects – Summary

CI	Document Name
 CI-670579 - DSD RPTS Contractor Payment Rejects Summary Report <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Contractor_Payment_Rejects_Summary_Report.docx

## Report Business Description

The Contractor Payment Rejects Report lists cases by service month for which the County Contractor submitted billing invoice record for payment which was rejected.

This report will be produced when a Billing Invoice is processed. The Invoice Number is the key to the data appearing on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input checked="" type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
INVOICE NUMBER	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SERVICE MONTH	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH: After County Contractor invoice processing
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested after invoice processing
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CONTRACTOR PAYMENT REQUESTS REPORT - SUMMARY						REPORT DATE: 01/01/2018	TIME: 00:00:00
SERVICE NUMBER	SELLER NUMBER	SELLER ACCOUNT	BAL UNPAID/DO	REQUESTED PAYMENT AMOUNT	NUMBER RECORDS	LAST RECORD	
00000000000000000000	00000000000000000000	00000000000000000000	000,00	000,00	0	000,00	

Figure – Contractor Reject Payment Report – Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
INVOICE DATE:	The Invoice Date indicated on the Contractor Billing Invoice		N	NA	Left	MM/DD /YYYY
INVOICE NUMBER:	The Invoice Number submitted by the Contractor On the Contractor Billing Invoice		N	NA	Left	999999
<b>REPORT BODY</b>						
SERVICE MONTH	The service month for which rejected services were indicated		N	NA	Left	MM/YYYY
BILLED HOURS	The total hours and minutes billed by the contractor for a service month which were rejected		N	NA	Left	999:99
BILLED AMOUNT	The BILLED HOURS multiplied by the RECIPIENT CONTRACTOR RATE submitted on the Contractor Billing Invoice which were rejected		N	NA	Left	\$9,999.99
SOC OBLIGATED	The SOC COLLECTED amount submitted on the Contractor Billing Invoice for records which were rejected		N	NA	Left	\$9,999.99
REJECTED PAYMENT AMOUNT	The BILLED AMOUNT for the rejected record		N	NA	Left	\$9,999.99
NUMBER OF RECORDS	Count of records which were rejected		N	NA	Left	999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Disenrolled Provider – No Timesheet Activity

CI	Document Name
 CI-117114 - DSD RPTS Disenrolled Provider No Timesheet Activity Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Disenrolled_Provider_No_Timesheet_Activity_Report.doc

## Report Business Description

The Disenrolled Provider – No Timesheet Activity report identifies Providers who have been terminated or made ineligible due to no timesheets (IHSS or WPCS) processed and paid in the preceding 12 months. This report is produced at the county level based upon the DOJ County listed for the Provider.

The report will select those Providers with an Ineligible Reason Code of Inactive/No Payroll Activity for 1 Year and the Effective Date is in the month following the requested reporting month. Recipients will be displayed if the Provider has been terminated on the case in the month following the requested reporting month.

Used to identify which Providers have been made ineligible due to no timesheets processed for 12 months. County staff will use this report to inform Providers of the change in their eligibility. County staff will also use this report to inform DOJ to discontinue sending subsequent arrest reports.

It is not the intent to use this report to notify Recipients of the change in status of their Provider. Recipient case workers will receive a separate CMIPS notification when a Provider is disenrolled due to inactivity.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input checked="" type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
--------	--------	-------

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROVIDER NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a month based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES DISENROLLED PROVIDER - NO TIMESHEET ACTIVITY REPORT								PAGE # PAGE NUMBER: 0000000000 RUN DATE: 01/15/2017 TIME: 18:05:20
PROVIDER NAME NAME	PROVIDER MAILING ADDRESS ADDRESS	CASE NUMBER NUMBER	RECIPIENT NAME NAME	RECIPIENT PHONE PHONE	RECIPIENT COUNTY COUNTY	NUMBER NUMBER	NUMBER NUMBER	
NO DATA TO DISPLAY								
								CONFIDENTIAL DATA FURNISHED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY

Figure – Disenrolled Provider – No Timesheet Activity Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
PROVIDER NAME	Name of the Provider.	Last Name, First Name MI	N	NA	Left	String
PROVIDER NUMBER	The system generated CMIPS number assigned to the Provider.		N	NA	Left	999999999
PROVIDER MAILING ADDRESS	The Mailing address for the Provider.		N	NA	Left	String
CASE NUMBER	The Case Number of the Recipient associated with this Provider.		N	NA	Left	999999
RECIPIENT NAME	The name of the Recipient which this Provider served. Only those Recipients who the Provider was serving as of the end of the month.	Last Name, First Name	N	NA	Left	String
RECIPIENT PHONE	The primary phone number for the Recipient. Format 999-999-9999		N	NA	Left	999-999- 9999

RECIPIENT COUNTY	The county associated with the Recipient case.		N	NA	Left	String
WORKER NUMBER	The assigned case worker for the Recipient.		N	NA	Left	String
COMMENT	Indicates 'No Activity' if the Provider has never submitted any timesheets for any case.		N	NA	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Listing of Requests for Copies of Cashed Warrants

CI	Document Name
 CI-51828 - DSD RPTS Listing of Requests for Copies of Cashed Warrants Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Listing_of_Requests_for_Copies_of_Cashed_Warrants_Report.doc

## Report Business Description

Users with County Worker, County Supervisor or State Worker access have the ability to run the report. The report is located in the Payroll – Fraud /Warrant Management folder. This report is required for audit payroll staff activities.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input checked="" type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Report Frequency	Required	Daily, Monthly, Quarterly
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
DATE REQUESTED	Primary	
USER NAME	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

### **Figure – Listing of Requests for Copies of Cashed Warrants**

# Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	sTRING
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
USER NAME	The Username associated with CMIPS User ID of the individual who keyed the request.		N	NA	Left	String
USER ID	The CMIPS User ID of the individual who keyed the request.		N	NA	Left	String
ORIGINAL WARRANT #	The original warrant number being requested.		N	NA	Left	99999999
ORIGINAL ISSUE DATE	The issue date of original warrant being requested.		N	NA	Left	MM/DD /YYYY
NET AMOUNT	The net amount of the original warrant.		N	NA	Left	\$99,999.99

PAYEE NAME	The name of the person to whom the warrant was issued.		N	NA	Left	String
DATE REQUESTED	Date the request was keyed in CMIPS.		N	NA	Left	MM/DD/YYYY
FOR SCO USE ONLY STATUS OF WARRANT	This field is blank and provided for the user to record notes.					
DISTRICT OFFICE ADDRESS	The district office address for the reported district office		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY				

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Monthly Caseload, Hours and Expenditures – Total

CI	Document Name
 CI-51849 - DSD RPTS Monthly Caseload Hours and Expenditures Total <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Monthly_Caseload_Hours_and_Expenditures_Tot al.doc

## Report Business Description

The "Monthly Caseload, Hours Paid and Expenditures – Total Report" is a statewide summary report with a single row for each of the 58 counties. This report provides counties and CDSS with a summary, by modes of service, for all counties and a statewide total. This report is used by counties and CDSS for planning and budgeting purposes.

The report contains information pertaining to IHSS service authorizations for the reporting month and payments made in the reporting month. The payments made in the service month may or may not be associated with the actual authorized services for the month because IHSS payments are made on a flow basis. When an IHSS timesheet is processed it is considered paid in that month regardless of the actual service period. For example an IHSS timesheet may be process in April 2015, for services provided in the January 2015. Therefore, the actual payment will be reported in the April report, but this payment will not be associated to the IHSS services authorized for the month of April.

The report contains a single row for each of the 58 counties. The report has "AUTHORIZED" and "PAID" sections with three columns, in each of these sections, which report "CASES", "HOURS" and "GROSS WAGES". At the bottom of the report the "ALL COUNTIES" row is a sum of the data reported for each county.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
		Management
	<input type="checkbox"/>	QA Staff
		Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS		Program Staff
	<input type="checkbox"/>	

<input type="checkbox"/>	Management
<input checked="" type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
DATE	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
COUNTY	Primary	Alphabetical

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: On demand based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## Figure – Monthly Caseload, Hours and Expenditures – Total Report

Note: Total of all modes is unduplicated as related to "mixed mode cases". The amount in the Expense column should match the Payment Voucher report for gross wages.

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	Because the report is a statewide summary the County will always be "STATEWIDE".	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
COUNTY	Name of the county for which the row of detail is applicable		N	A	Left	NA
TOTAL OF ALL MODES	This is an unduplicated count of cases which includes all Modes of Service (IP, CC and/or HM/PAC).	Bold/Underlined – Super Column Header	NA	NA	Centered	NA
INDIVIDUAL PROVIDER (IP)	Number of cases and details for which IP Mode of Service was paid by the county in the report month	Bold/Underlined – Super Column Header	NA	NA	Centered	NA
CONTRACT CASES (CC)	Number of cases and details for which CC Mode of Service was paid by the county in the report month	Bold/Underlined – Super Column Header	NA	NA	Centered	NA

HOMEMAKER (HM)/PA CONTRACT (PAC)	Number of cases and details for which HM/PAC Mode of Service was paid by the county in the report month	Bold/Underlined – Super Column Header	NA	NA	Centered	NA
CASES	An unduplicated count of cases for which payments were made for the county in the report month.	Column Header occurs under each Super Column Header	NA	NA	Right	NA
HOURS	The total number hours and minutes associated with the IP, CC and HM /PAC cases paid for the county in the report period.	Column Header occurs under each Super Column Header	NA	NA	Right	NA
GROSS WAGES	Sum total of the gross wage expense amount for cases with IP, CC and HM/PAC modes of service by county. This amount is unduplicated and will match the Payment Voucher report for gross wages was generated in the proper sequence.	Column Header occurs under each Super Column Header	NA	NA	Right	NA
ALL COUNTIES	This row sums the all columns previously report for each county.	Bold – Grand Total line	NA	NA	Right	NA

REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	NA	NA	Centered	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/No Timesheet Activity for 60 Days – Provider Report

CI	Document Name
 CI-51815 - DSD RPTS No Timesheet Activity for 60 Days Provider Report <b>IMPLEMENTED</b>	DSD_RPTS_No_Timesheet_Activity_for_60_Days_Provider_Report.doc

## Report Business Description

The No Timesheet Activity for 60 Days Provider Report lists individual Providers and the associated Recipient cases for which no timesheets have been submitted on the case within the 60 days preceding the report period. Providers will be listed on the report until a timesheet is submitted.

Identify Providers assigned to active Recipient case (Eligible or Presumptive Eligible) that have not submitted a timesheet within the past 60 days. This ensures Recipients are receiving services and the Providers are submitting their timesheets in a timely manner.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## **Figure – No Timesheet Activity for 60 Days – Provider Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
PROVIDER NAME / PHONE NUMBER	The name of the individual Provider that has not submitted a timesheet within the 60-day time period and their primary telephone number.	Last Name, First Name	N	NA	Left	String 999-999-9999
PROVIDER NUMBER	The number of the Provider that has not submitted a timesheet within the 60-day time period.		N	NA	Left	9999999999
RECIPIENT NAME	The name of the Recipient associated to the Provider that is not turning in time sheets.	Last Name, First Name	N	NA	Left	String

CASE NUMBER	The case number associated with no timesheet activity by this Provider.		N	NA	Left	9999999
LAST PAY PERIOD PROCESSED	NO ACTIVITY – Indicates that no timesheet has ever been processed for this Recipient/Provider relationship.  MM/DD/YYYY – Indicates the date on which the last timesheet was processed for this Provider for the indicated Recipient case.		N	NA	Left	MM/DD /YYYY
ISSUANCE DATE	The date the last warrant was issued to the Provider.		N	NA	Left	MM/DD /YYYY
WKR #	The Case Owner to which the Recipient case is assigned.		N	NA	Left	String
EFT PMT	Indicates whether or not the Provider has Provider Direct Deposit or Electronic Funds Transfer (EFT). A blank = 'No' and 'Y'= 'Yes".		N	NA	Left	String
REMARKS	This is a blank area allocated for county staff manual use.					

**REPORT FOOTER**

Footer	CONFIDENTIAL  DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/No Timesheet Activity for 60 Days – Social Worker Report

CI	Document Name
 CI-116546 - DSD RPTS No Timesheet Activity for 60 Days Social Worker Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_No_Timesheet_Activity_for_60_Days_Social_Worker_Report.doc

## Report Business Description

The No Timesheet Activity for 60 Days – Social Worker Report contains records for Recipient cases where no timesheets have been submitted by any individual Provider on the case within the 60 days preceding the begin date of the report period. The Recipient will continue to be listed on the report until at least one Provider submits a timesheet.

Identify Recipients with active cases where none of their active Providers have submitted timesheets within the past 60 days. This ensures Recipients are receiving services and the Providers are submitting their timesheets in a timely manner.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: Based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES NO TIMESHEET ACTIVITY FOR 60 DAYS - SOCIAL WORKER REPORT						RECEIVED DATE: 10/11/2018 REF ID: 1A342817 - 1000 - 152658
RECIPIENT NAME / PHONE NUMBER	CASE NUMBER	AUTH HOURS	NO TIMESHEET ACTIVITY DATES	AWARD DATE	STANZA	
LAWRENCE, RITA 134-441-7488 777-441-7777	1181014	0.000	01/01/2018	2018-09-01		
	1181015	0.000	01/01/2018	2018-09-01		

PRINTED BY: [REDACTED] ON: [REDACTED]

**Figure – No Timesheet Activity for 60 Days – Social Worker Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
WORKER #:	The Worker Number of the Case Owner		N	NA	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME /PHONE NUMBER	The name of the Recipient associated to the Provider(s) that are not turning in time sheets and their primary telephone number.	Last Name, First Name	N	NA	Left	String 999-999-9999
CASE NUMBER	The case number associated with no timesheet activity.		N	NA	Left	9999999
AUTH HOURS	The Total Auth to Purchase After LMA hours for the Recipient at the case level for the eligibility month reporting period.		N	NA	Left	999:99

NO TIMESHEET ACTIVITY SINCE	NO ACTIVITY – Indicates that no timesheet has ever been processed against the Recipient's case since approval. MM/DD/YYYY – Indicates the date on which the last timesheet was processed for this Recipient case.		N	NA	Left	String MM/DD /YYYY
APPROVAL DATE	The date the case was initially approved for authorized services.		N	NA	Left	MM/DD /YYYY
REMARKS	This is a blank area allocated for county staff manual use.					
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Textg

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Out of State Provider Payment

CI	Document Name
 CI-51787 - DSD RPTS Out of State Provider Payment Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Out_of_State_Provider_Payment_Report.doc

## Report Business Description

The Out-of-State Provider Payment Report assists counties in monitoring warrants issued to payees that are mailed to an out-of-state address. The report is produced monthly and excludes warrants issued to lien holders and FICA refunds. This information is provided to the counties to verify any possible fraudulent activities and assist in identifying potentially incorrect payments.

The business need is to monitor warrants sent to payees with an address outside of the State of California.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Frequency	Required	Monthly, Quarterly
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
WORKER #	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)
PAYEE NAME	Secondary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month for the prior month
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER: First business day of the quarter for the prior quarter
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month or one quarter period based on parameters selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA OUT-OF-STATE PROVIDER PAYMENT REPORT OUT-OF-STATE PROVIDER PAYMENT REPORT										Report Date: 10/01/2012 to 04/01/2013	
Report Period: 04/01/2012 to 04/30/2012										Report Type: Standard	
RECIPIENT NAME	PHONE#	NAME LAST, FIRST MIDDLE	GIRN NUMBER	NAME LAST, FIRST MIDDLE	GIRN NUMBER	NAME LAST, FIRST MIDDLE	GIRN NUMBER	NAME LAST, FIRST MIDDLE	GIRN NUMBER	NAME LAST, FIRST MIDDLE	GIRN NUMBER
ARMSTRONG, JESSIE	9095101	JACOBEL, THOMAS	0000000000	JOHN ELLIOTT WALTER HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000
ARMSTRONG, JESSIE	9095101	JACOBEL, THOMAS	0000000000	JOHN ELLIOTT WALTER HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000
ARMSTRONG, JESSIE	9095101	JACOBEL, THOMAS	0000000000	JOHN ELLIOTT WALTER HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000
ARMSTRONG, JESSIE	9095101	JACOBEL, THOMAS	0000000000	JOHN ELLIOTT WALTER HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000	JOSEPH LEE HARRINGTON, JR.	0000000000

DISCLAIMER:  
THIS REPORT IS FOR INFORMATIONAL PURPOSES ONLY.

Figure – Out of State Provider Payment Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
WORKER #	The Worker Number associated with the Case Owner.		N	NA	Left	String
<b>REPORT BODY – STATE USE</b>						
RECIPIENT NAME	The Recipient name	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The CMIPS case number		N	NA	Left	9999999
PAYEE NAME /ADDRESS	The name and address of the payee to whom the warrant was sent out-of-state	Last Name, First Name Street Address City, State Zip	N	NA	Left	String
PAY PERIOD	The pay period (service period) the warrant covered in the report month. This date will display as MM/DD/YY. More than one pay period can be displayed for the same payee if the warrant was sent to the same out-of-state address within the reporting month. If the address is different, a separate line will be created.		N	NA	Left	MM/DD /YY
WARRANT DATE(S)	The date the out-of-state warrant was issued.		N	NA	Left	MM/DD /YYYY
WARRANT NUMBER(S)	The warrant number associated with the payee's out-of-state payment.		N	NA	Left	99999999
AMOUNT(S) PAID	The net amount of the payee's out-of-state address warrant		N	NA	Left	\$99,999.00
<b>REPORT BODY – COUNTY USE</b>						
#OF TIMESHEETS ESTIMATED TO RESULT IN O/P	Number of time sheets associated with a warrant that may have resulted in an overpayment.	Report will not populate this field				
EST O/P AMT	The estimated overpayment amount for a given warrant.	Report will not populate this field				
O/P ACTIONS INITIATED (YES /NO)	"Y" = Overpayment Actions have been initiated. "N" = Overpayment Actions have not been initiated.	Report will not populate this field				
CASES REFERRED TO DHCS FOR INVESTIGATION (YES/NO)	"Y" = Case has been referred to DHCS for investigation. "N" = Case has not been referred to DHCS for investigation.	Report will not populate this field				
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text



# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Overpayment Collection Detail

CI	Document Name
 CI-766279 - DSD RPTS Overpayment Collection Detail <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Overpayment_Collection_Detail.docx

## Report Business Description

The Overpayment Collection Detail report provides an accounting of all monies collected to repay overpayments that are the responsibility of the county (the case may be the responsibility of another county). This report details Payroll Deductions and Personal Payments and provides a summary totals page by program for the collection payments. Payroll Deductions are included based on Status Date for the 'Collected' payment and Personal Payments are reported based on the Date Entered in CMIPS by the user. Payments with a Collection Status of Cancelled or Returned Check will be deducted (shown as a negative value in the detail) in the month the cancel action was taken or the date the check was marked as returned in the system.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
		Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
		Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County
County Name	Required	A single County, multiple Counties, or All Counties
Start Date	Required	Report Start Date
End Date	Required	Report End Date

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	Ascending
RECOVERY METHOD	Secondary	Payroll Deductions Personal Payments Total

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
NAME	Primary	Ascending
DATE COLLECTED	Secondary	Ascending

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable.

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: 1 <sup>st</sup> day of the month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a given date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES OVERPAYMENT COLLECTION DETAIL								PAGE: 1		
COUNTY: Alameda RECOVERY METHOD: Payroll Deductions				CYCLE DATE: 04/01/2017 TO 04/30/2017						
				RUN DATE: 04/26/2017 TIME: 18:37:58						
COLLECTIONS										
NAME	OVERRATEID #	OVERRATEID CASE #	PROGRAM	RECEIPT CASE #	STATUS	STATUS DATE	PAYOUT METHOD	DATE COLLECTED	AMOUNT	WARRANT #
LAST, FIRST NAME	123456	4166074	CHDO	4860074	ACTIVE	01/19/2017	Payroll Deductions	01/19/2017	\$28.00	4166071

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

**Figure – Overpayment Collection Detail – Payroll Deduction**

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES OVERPAYMENT COLLECTION DETAIL								PAGE: 1		
COUNTY: Alameda RECOVERY METHOD: Personal Payments								CYCLE DATE: 04/01/2017 TO 04/30/2017		
						RUN DATE: 04/16/2017 TIME: 16:27:06				
DESCRIPTION										
NAME	OVERTIME #	OVERTIME CASE #	PROGRAM	STATUS	STATUS DATE	PAYOUT METHOD	DATE COLLECTED	AMOUNT	ANCHOR #	RECORDED BY
LIST, FIRST NAME	123456	654321	CHCS	Active	01/15/2017	Money Order	01/15/2017	\$15.00	4561234	overpaid01

---

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Overpayment Collection Detail – Personal Payments

COUNTY: Alameda RECOVERY METHOD: Total		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES OVERPAYMENT COLLECTION DETAIL		PAGE: 3 CYCLE DATE: 04/01/2017 TO 04/30/2017 RUN DATE: 05/16/2017 TIME: 16:00:34	
		CDCO	PCFP	IHO	TOTAL
Payroll Deductions:					
Amount Collected	\$287,645.85	\$561,645.23	\$125,465.76	\$547,455.74	\$196,785.06
Personal Payments:					
Amount Collected	\$256,755.04	\$511,211.74	\$114,433.55	\$477,655.71	\$193,623.24
Grand Total:					
Amount Collected	\$543,371.89	\$1078,856.97	\$240,465.31	\$1021,455.11	\$380,988.70

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 IN THE PREVIOUS DAY.

Figure – Overpayment Collection Detail – Totals

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or STATEWIDE	Y	A	Left	String
RECOVERY METHOD	The method of recovery for the overpayment collections reported in this section	Payroll Deductions (Method of Payment = Payroll Deduction, Cash, Check or Money Order)  Personal Payments (Method of Payment = Cash, Check or Money Order)  Total = Total by section and grand total	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS

REPORT BODY – PAYROLL DEDUCTIONS						
NAME	Name of the Recipient or Provider who incurred the overpayment.	Last Name, First Name	N	A	Left	String
OVERPAYMENT #	The Overpayment Number that corresponds to the details reported		N	NA	Right	999999
OVERPAYMENT CASE #	Case Number on which the overpayment occurred.		N	NA	Right	9999999
PROGRAM	Funding Source associated with the overpayment: <ul style="list-style-type: none"><li>• IHSSR</li><li>• IPO</li><li>• CFCO</li><li>• PCSP</li></ul> Note: Overpayments for the WPCS program will be excluded from this report.		N	A	Left	String
RECOVER CASE #	Case Number from which collections will be made when Payroll Deductions are specified.		N	NA	Right	9999999
COLLECTION	Super Column Header	Super Column Header – Centered and Underlined over Status, Status Date, Payment Method, Date Collected and Amount	NA	NA	Center	String
STATUS	Status of this collection		NA	NA	Left	String
STATUS DATE	Date of the reported status for this collection	This is the system generated date associated with creation of this payment status. This is also the accounting date used for determining the time of payment.	NA	A	Right	MM/DD/YYYY
PAYMENT METHOD	Mode of Payment for this collection record	In this section values are: <ul style="list-style-type: none"><li>• Payroll Deduction</li><li>• Cash</li><li>• Check</li><li>• Money Order</li></ul>	NA	NA	Left	String
DATE COLLECTED	The date the payroll deduction was taken and payment posted to the overpayment  OR  The date entered for a manual collection on a payroll deduction case.	This will be blank if the Status is 'Pending Payroll'	NA	A	Right	MM/DD/YYYY
AMOUNT	Amount collected by payroll deduction for the identified overpayment	If the Status = Returned Check or Cancelled then the Amount will be a negative number	NA	NA	Right	\$999,999.99
WARRANT #	The SCO warrant number from which the payment was deducted	This field will be blank if the warrant number has not yet been received from the SCO	NA	NA	Right	99999999
REPORT BODY – PERSONAL PAYMENTS						
NAME	Name of the Recipient or Provider who incurred the overpayment.	Last Name, First Name	N	A	Left	String
OVERPAYMENT #	The Overpayment Number that corresponds to the details reported		N	NA	Right	999999
OVERPAYMENT CASE #	Case Number on which the overpayment occurred		N	NA	Right	9999999
PROGRAM	Funding Source associated with the overpayment: <ul style="list-style-type: none"><li>• IHSSR</li><li>• IPO</li><li>• CFCO</li><li>• PCSP</li></ul> Note: Overpayments for the WPCS program will be excluded from this report.		N	A	Left	String
COLLECTION	Super Column Header	Super Column Header – Centered and Underlined over Status, Status Date, Payment Method, Date Collected, Amount, Receipt and Recorded By	NA	NA	Center	String

STATUS	Status of this collection		NA	NA	Left	String
STATUS DATE	Date of the reported status for this collection	This is the system generated date associated with creation of this payment status. This is also the accounting date used for determining the time of payment.	NA	A	Right	MM/DD/YYYY
PAYMENT METHOD	Mode of Payment for this collection record	In this section values are: <ul style="list-style-type: none"><li>• Cash</li><li>• Check</li><li>• Money Order</li></ul>	NA	NA	Left	String
DATE COLLECTED	The date entered into CMIPS when the payment is entered by a user. This date may be in a month prior to the reporting month as payments are populated to the report based on the date the payment was actually entered into CMIPS.		NA	A	Right	MM/DD/YYYY
AMOUNT	Amount collected by personal payment for the identified overpayment	If the Status = Returned Check or Cancelled then the Amount will be a negative number	NA	NA	Right	\$999,999.99
RECEIPT #	The user entered receipt number for this personal payment		NA	NA	Right	String
RECORDED BY	The user that recorded the personal payment in the system		NA	NA	Left	String
<b>REPORT BODY – TOTAL COLLECTED</b>						
CFCO	CFCO amount collected by section	Bold – Column Header	NA	NA	Right	\$999,999.99
PCSP	PCSP amount collected by section	Bold – Column Header	NA	NA	Right	\$999,999.99
IPO	IPO amount collected by section	Bold – Column Header	NA	NA	Right	\$999,999.99
IHSSR	IHSSR amount collected by section	Bold – Column Header	NA	NA	Right	\$999,999.99
TOTAL	Total amount collection by section	Bold – Column Header	NA	NA	Right	\$9,999.99
PAYROLL DEDUCTIONS:		Section Row	NA	NA	Left	String
AMOUNT COLLECTED	The amount the amount collected for the county by payroll deduction for the reporting period	Indent	NA	NA	Right	\$999,999.99
PERSONAL PAYMENTS:		Section Row	NA	NA	Left	String
AMOUNT COLLECTED	The amount collected for the county by personal payment (cash in door) for the reporting period	Indent	NA	NA	Right	\$999,999.99
GRAND TOTAL:		Section Row	NA	NA	Left	String
AMOUNT COLLECTED	The total amount collected for the county by payroll deduction and personal payment (cash in door) for the reporting period	Indent  Payroll Deduction – Amount Collected + Personal Payment – Amount Collected = Grand Total – Amount Collected	NA	NA	Right	\$9,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	NA	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Overpayment Status

CI	Document Name
 CI-51798 - DSD RPTS Overpayment Status Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Overpayment_Status_Report.doc

## Report Business Description

The Overpayment Status Report is a list of overpayments by County, District Office, Supervisor, and Worker. The report details are sorted by the name of the Recipient or Provider that incurred the overpayment. The report provides current status information about each overpayment.

Overpayments will appear on the "Active Overpayments" report version until one of the following conditions is met:

- The overpayment balance is reduced to zero by a collection. The case will be removed from this version of the report one month after the overpayment balance reaches zero. Status of the overpayment is 'Closed'.
- A 'Stop Collection' date is entered in CMIPS for the overpayment. The case will be removed from this version of the report one month after the Stop Collection date. Status of the overpayment is 'Stopped'.
- Overpayments that are cancelled will be removed from this version of the report one month after this status is set. Status of the overpayment is 'Cancelled'.

Overpayments will appear on the "Inactive Overpayments" report version if they have been in the status of 'Stopped', 'Closed', 'Cancelled' or 'Unavailable' for the entire report month.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input checked="" type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required /Optional	Comment
Date	Required	
County	Required	
Status Type	Required	<ul style="list-style-type: none"> <li>Active Overpayments (status of 'Pending', 'Pending Payroll', 'Active' or the status became 'Stopped', 'Closed' or 'Cancelled' in the report month)</li> <li>Inactive Overpayments (status of 'Stopped', 'Closed' ' Cancelled' or 'Unavailable' for the entire reporting month)</li> </ul>

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month the 'Active Overpayments' version will be generated in batch
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Based on the date selected and Status Type selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

## **Figure – Overpayment Status Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	Worker number for the Supervisor to whom the Worker (Case Owner) is assigned		Y	NA	Left	String
WORKER:	Worker number for the Case Owner		Y	NA	Left	String
STATUS TYPE:	Identifies if the report contains 'Active Overpayments' of 'Inactive Overpayments' for the reporting period	<ul style="list-style-type: none"> <li>Active Overpayments (status of 'Pending', 'Pending Payroll', 'Active' or the status became 'Stopped', 'Closed' or 'Cancelled' in the report month)</li> <li>Inactive Overpayments (status of 'Stopped', 'Closed' 'Cancelled' or 'Unavailable' for the entire reporting month)</li> </ul>	N	NA	Left	String

NAME	Name of the Recipient or Provider who incurred the overpayment.	Last Name, First Name	N	Y	Left	Alphabetic al
OVERPAY MENT #	The Overpayment Number that corresponds to the details reported		N	NA	Right	999999
OVERPAY MENT Case Number	Case Number on which the overpayment occurred.		N	NA	Right	9999999
IND	Indicator of the role of the person who incurred the overpayment:  • P – Provider • R – Recipient		N	NA	Left	String
PROVIDER STATUS	Status of the Provider on the Overpayment Case Number as of the Run Date of the report. This field is populated only when the IND is 'P'.		N	NA	Left	String
PROGRAM	Funding Source associated with the overpayment:  • IHSSR • IPO • CFCO • PCSP  Note: Overpayments for the WPCS program will be excluded from this report.		N	NA	Left	String
RECOVER Y CASE	Case Number from which collections will be made when Payroll Deductions are specified.		N	NA	Right	9999999
OVERPAY MENT	Super Column Header	Super Column Header – Centered and underlined over Status Date, Hours, Total, Recovery and Balance	NA	NA	Center	String
STATUS	Status of the overpayment as of the Run Date of the report:  • Active • Closed • Pending • Pending Payroll • Stopped • Cancelled • Unavailable		N	NA	Left	String
STATUS DATE	Date the current overpayment status began		NA	NA	Right	MM/DD /YYYY
HOURS	The number of hours which were overpaid	Populated only when the data is available for the overpayment.	N	NA	Right	HHH, HHH:MM
TOTAL	The original amount of the overpayment	Populated only when the data is available for the overpayment.	N	NA	Right	\$999,999. 99
TOTAL RECOVERY	The total amount collected to repay this overpayment.	Populated only when the data is available for the overpayment.	N	NA	Right	\$999,999. 99
BALANCE	The balance of overpayment after collections /recoveries are applied	Populated only when the data is available for the overpayment.	N	NA	Right	\$999,999. 99
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Paid Case Summary and Detail

CI	Document Name
 CI-116547 - DSD RPTS Paid Case Summary and Detail Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Paid_Case_Summary_and_Detail_Report.doc

## Report Business Description

The Paid Case Summary and Detail report is separated into several sections to capture information on expenditures made during the reporting month. The five (5) main sections of the report follow:

- All Program Types Paid Cases (Excludes WPCS)
- CFCO Paid Cases
- PCSP Paid Cases
- IPO Paid Cases
- IHSS-R Paid Cases

Within each of these sections are the following pages:

A Summary page outlining total expenditures.

- Detail pages outlining Paid Cases, Paid Provider, Paid Hours, and Program Expense for Current Month, One Month Prior, Two Months Prior, and Three Months and Older.
- A Grand Totals page which provides totals, averages, and percent of overall totals for each program.

In addition, each page has a break-out by modes of service. When determining if a payment was made during the reporting month, the following criteria is used:

- IP Payments are considered paid on the date processed in CMIPS.
- CC payments are considered paid on the Invoice Paid Date entered by the county in CMIPS.
- HM/PAC payments are considered paid on the date a Homemaker Timesheet is approved in CMIPS.

This report also includes a single Summary page for WPCS.

## Target Audience

Indicate the audience(s) expected to access this report. This may not be the ultimate destination of the report if it is then passed on to other users by the target audience.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input checked="" type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required).

Parameter Name	Required/Optional	Comment
VERSION	Required	Statewide, County, District Office
COUNTY	Required	Any selection for Statewide
DATE	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	
DISTRICT OFFICE	Secondary	
FUNDING SOURCE	Third	All IHSS Program, CFCO, PCSP, IPO, IHSS-R, WPCS

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling information. Indicate batch where applicable if Case Management or Payroll.

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: After end of month processing complete
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Returns data for the month of date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: SANTA CLARA		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES ALL THESE PROGRAMS PAID CASE SUMMARY		PHONE: 1-800-33 CYCLE DATE: 08/01/2013 TO 08/31/2013 FMT DATE: 09/10/2013 TIME: 0912154	
EXPENDITURE TYPE	TOTAL	12	60	PERCENT	
ADMISSION FEES	\$16.00	\$16.00	\$16.00	\$16.00	100%
CHARGING	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
TELE LISTS	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
PHONE TAN	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
EXHIBITION FEES	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
BBG	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
PROFESSIONAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
PTC	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
TOTAL EXPENDITURES MADE IN THIS MONTH	\$46.00	\$46.00	\$0.00	\$46.00	100%

DATE REPORTED BY OR APPROXIMATELY 8:00 IN THE PREVIOUS DAY

Figure – Paid Case Summary and Detail – Summary

## **Figure – Paid Case Summary and Detail – Detail**

## Figure - Paid Case Summary and Detail - Grand Total - All IHSS Programs

## Figure – Paid Case Summary and Detail – Grand Total – By Funding Source

STATE OF CALIFORNIA		REPORT DATE: 01/06/2010
IN-HOME SUPPORTIVE SERVICES		CYCLE DATES: 01/01/2010 TO 01/31/2010
WPCS PAID CASE SUMMARY		RUN DATE: 01/14/2010 TIME: 11:48:47
<b>TOTAL</b>		
P WORKER	1,174,634.12	
ME DAID WORKS	1,174,634.12	
WORKS	17,138.17	
BASE WORKS	99.00	
<b>TOTAL</b>		
	22,198,287.30	
	8191,031.11	
	8394.11	
	92.16	
IT	518,531.84	
EXPENDITURE BASED IN THE MONTH	\$0,111,329.30	
	1,378	
ITEMS	2,170	

Figure – Paid Case Summary and Detail – WPCS

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
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### REPORT HEADER

PAGE:	Page number	N of M	N	NA	Left	999 of 999
COUNTY:	The county for which the report was run.		Y	A	Left	String
CYCLE DATE:	The time period being reported.		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned.		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr. clock format.		N	NA	Left	HH:MM:SS

### REPORT BODY – PAID CASE SUMMARY

(Layout repeated for each of the following: ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS)

FUNDING SOURCE	Include dynamically ahead of the page title for each section.	<ALL IHSS PROGRAM or CFCO or PCSP or IPO or IHSS-R or WPCS> PAID CASE SUMMARY	Y	NA	Center	As listed
EXPENDITURE TYPE	The expenditure types include Gross Wages, Advance Pay, Employer Taxes, SOC (Share of Cost), RMA (Restaurant Meals Allowance), and Payment Adjustment.	Column Header	N	NA	Left	Text
TOTAL	Total of all IP, CC, and HM/PAC expenditures for each of the given expenditure types.	Column Header	N	NA	Right	\$999,999.99
IP	Total of Individual Provider expenditures by type.	Column Header Excluded from Funding Source = WPCS	N	NA	Right	\$999,999.99
CC	Total of County Contractor expenditures by type.	Column Header Excluded from Funding Source = WPCS	N	NA	Right	\$999,999.99
HM/PAC	Total of Homemaker/PA Contract expenditures by type.	Column Header Excluded from Funding Source = WPCS	N	NA	Right	\$999,999.99

GROSS WAGES	Total of all Gross Wages paid in the reporting month and for a given mode of service (IP, CC or HM/PAC). Includes OT, Travel, and Sick Leave. For IP this includes payments with the following pay types: <ul style="list-style-type: none"><li>• IP Pay</li><li>• Timesheet Exception</li><li>• Advance Pay Overtime</li><li>• Advance Pay – Travel</li><li>• Advance Pay - Back-Up Provider</li><li>• Arrears Travel</li><li>• Overtime Exemption – Pay Over Limit</li><li>• Retroactive Overtime Pay</li><li>• Sick Leave</li><li>• Travel Claim</li><li>• Travel Claim – Supplemental</li></ul>		N	NA	Left	\$999,999.99
OVERTIME	Portion of Gross Wages from overtime pay (IP only).		N	NA	Left Indent	\$999,999.99
TRAVEL	Portion of Gross Wages from travel pay (IP only).		N	NA	Left Indent	\$999,999.99
SICK LEAVE	Portion of Gross Wages from sick leave pay (IP only).		N	NA	Left Indent	\$999,999.99
ADVANCE PAY	Total of all Advance Payments paid in the reporting month and for a given mode of service (IP only). This includes payments with the following pay types: <ul style="list-style-type: none"><li>• Advance Pay</li><li>• Advance Pay – Initial</li><li>• Advance Pay – Additional</li><li>• Advance Pay – Recovery Refund</li><li>• Advance Pay - Overpayment Collection</li><li>• Advance Pay - Back-Up Provider</li></ul>	Excluded from Funding Source = PCSP and WPCS	N	NA	Left	\$999,999.99
EMPLOYER TAXES	Total of all Employer Taxes paid in the reporting period, and for a given mode of service (IP only).	Excluded from Funding Source = WPCS	N	NA	Left	\$999,999.99
RMA	Total of all RMA paid in the reporting month. This includes payments with the following pay types: <ul style="list-style-type: none"><li>• Meal Allowance</li><li>• Restaurant Meals - Initial</li></ul>	Excluded from Funding Source = PCSP and WPCS	N	NA	Left	\$999,999.99
PAYMENT ADJUSTMENT	Total of all Payment Adjustments which occurred in the reporting month (IP only). This includes payments with the following pay types: <ul style="list-style-type: none"><li>• Legislative Change</li><li>• Overpayment Recovery Refund</li><li>• Paramedical Reimbursement</li><li>• Prior Underpayment</li><li>• Retroactive Pay Rate Adjustment</li><li>• Service Auth Reimbursement</li><li>• Supplemental Hours</li><li>• State Hearing Decision</li><li>• Writ of Admin Mandamus</li><li>• Advance Pay - Back-Up Provider</li></ul> The Payment Adjustment expenditure type. Includes any payments paid in a prior reporting month, and voided in the current reporting month (negative amount). Payments paid and voided in the same reporting month are not reflected on the report.		N	NA	Left	\$999,999.99
SOC	Total of all SOC deducted in the reporting month, and for a given mode of service (IP or CC). The amount is displayed as a negative value and is subtracted from the total.	Excluded from Funding Source = WPCS	N	NA	Left	\$999,999.99
TOTAL <Funding Source> EXPENDITURE S IN THE MONTH	Total of all Expenditure Types (excludes OT, Travel, and Training because they are included in Gross Wages), and a total for each mode of service (IP, CC and HM/PAC).	BOLD FONT	N	NA	Right	\$999,999.99
TOTAL WPCS CASES	Distinct, unduplicated total of all WPCS cases paid in the reporting month.	BOLD FONT ONLY FOUND ON Funding Source = WPCS	N	NA		999
TOTAL PAID HOURS	Total hours paid for WPCS in the reporting month.	BOLD FONT  ONLY FOUND ON Funding Source = WPCS	N	NA	Label Left  Data Right	HHH,HHH, HHH:MM
SERVICES PAID HOURS	Portion of Total Hours paid for services in the reporting month.	ONLY FOUND ON Funding Source = WPCS	N	NA	Label Left  Data Right	HHH,HHH, HHH:MM
OVERTIME PAID HOURS	Portion of services hours paid as overtime in the reporting month.	Indent further under SERVICES PAID HOURS  ONLY FOUND ON Funding Source = WPCS	N	NA	Label Left  Data Right	HHH,HHH, HHH:MM
TRAVEL PAID HOURS	Portion of Total Hours paid for travel in the reporting month.	ONLY FOUND ON Funding Source = WPCS	N	NA	Label Left  Data Right	HHH,HHH, HHH:MM
SICK LEAVE PAID HOURS	Portion of Total Hours paid for sick leave in the reporting month.	ONLY FOUND ON Funding Source = WPCS	N	NA	Label Left  Data Right	HHH,HHH, HHH:MM

<b>&lt;PAGE BREAK&gt;</b> <b>REPORT BODY – PAID CASE DETAIL</b> <b>(Layout repeated for each of the following: ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R)</b>						
FUNDING SOURCE	Include dynamically ahead of the page title for each section.	ALL IHSS PROGRAM or CFCO or PCSP or IPO or IHSS-R or WPCS> PAID CASE DETAIL	Y	NA	Center	As listed
<Funding Source> Category	Include dynamically hyphenated after the page title for each section. There is a page for each value.	<p>&lt;Funding Source&gt; PAID CASE DETAIL –</p> <ul style="list-style-type: none"> <li>• CURRENT MONTH = Payments made in the report month for a service period in the report month</li> <li>• 1 MONTH PRIOR = Payments made in the report month for a service period in the 1 month prior to the report month</li> <li>• 2 MONTHS PRIOR = Payments made in the report month for a service period in the month 2 months prior to the report month</li> <li>• 3 PRIOR MONTHS OR OLDER = Payments made in the report month for a service period in any month 3 months prior to the report month or older</li> </ul> <p>ADVANCE PAY included in GROSS WAGES for Detail sections</p>	N	NA	N/A	String
TOTAL	Total per line item	Column Header	N	NA	Label Right	
PERCENT OF TOTAL	Percentage of the <Funding Source> Grand Total in the <category> month per line item.	<p>Column Header</p> <p>Total number of &lt;Funding Source&gt; cases paid in the &lt;category&gt; month divided by the Grand Total of &lt;Funding Source&gt; cases paid in the reporting month per line item.</p>	N	NA	Label Right	999.00%
IP	Total Individual Provider per line item.	Column Header	N	NA	Label Right	
CC	Total County Contractor per line item.	Column Header	N	NA	Label Right	
HM/PAC	Total Homemaker/PA Contract per line item.	Column Header	N	NA	Label Right	
PAID CASES	<p>Total is a distinct unduplicated count of all cases paid in the reporting month for the &lt;category&gt; month.</p> <p>Total will not necessarily equal the sum of the IP, CC and HM/PAC case counts. Cases will receive a count for each mode of service paid in the month for the &lt;category&gt; month.</p> <p>A case is only counted once per month in any column, regardless of how many payments were made on that case.</p>	BOLD FONT	N	NA	Label Left Data Right	999,999
MIXED MODES	Total is a distinct unduplicated count of mixed mode cases paid in the reporting month for the <category> month. Mixed Modes includes paid case counts for IP, CC and HM/PAC.		N	NA	Label Left Data Right	999,999
ADVANCE PAY	Total is a distinct unduplicated count of Advance Pay cases paid in the reporting month for the <category> month. Advance Pay has no corresponding values in the IP, CC or HM/PAC columns.		N	NA	Label Left Data Right	999,999
RMA	Total is a distinct unduplicated count of mixed mode cases paid in the reporting month for the <category> month. RMA payments have no corresponding values in the IP, CC or HM/PAC columns.		N	NA	Label Left Data Right	999
PAID PROVIDERS	<p>Total is a distinct unduplicated count of all providers paid in the reporting month for the &lt;category&gt; month.</p> <p>Total may not necessarily equal the sum of the IP provider counts. CC and HM/PAC will always be N/A.</p> <p>Providers receive a count for each mode of service paid in the month for the &lt;category&gt; month.</p> <p>A Provider is only counted once per month in any column, regardless of how many payments were made to that provider.</p>		N	NA	Label Left Data Right	999,999
TOTAL PAID HOURS	Total and detail of all IP, CC, and HM/PAC hours paid for the <Funding Source> in the reporting month for the <category> month, and the portion for each mode of service (IP, CC and HM/PAC).	BOLD FONT	N	NA	Label Left Data Right	HHH,HHH,HHH:MM
SERVICES PAID HOURS	Portion of Total Hours paid for services in the reporting month for the <category> month (IP, CC and HM/PAC).		N	NA	Label Left Data Right	HHH,HHH,HHH:MM
OVERTIME PAID HOURS	Portion of services hours paid as overtime in the reporting month for the <category> month (IP only).	Indent further under SERVICES PAID HOURS	N	NA	Label Left Data Right	HHH,HHH,HHH:MM
TRAVEL PAID HOURS	Portion of Total Hours paid for travel in the reporting month for the <category> month (IP only).		N	NA	Label Left Data Right	HHH,HHH,HHH:MM
SICK LEAVE PAID HOURS	Portion of Total Hours paid for sick leave in the reporting month for the <category> month (IP only).		N	NA	Label Left Data Right	HHH,HHH,HHH:MM
PROGRAM EXPENSE	Total of all <Funding Source> expenses (excludes OT, Travel and Training because they are included in Gross Wages) paid for the <Funding Source> in the reporting month for the <category> month and the portion for each mode of service (IP, CC and HM/PAC).	<p>BOLD FONT</p> <p>PROGRAM EXPENSE = GROSS WAGES + EMPLOYER TAXES + RMA + PAYMENT ADJUSTMENT – SOC</p>	N	NA	Label Left Data Right	\$999,999.99

GROSS WAGES	Gross Wages paid in the reporting month for the <Funding Source> for the <category> month (includes OT, Travel, and Training).		N	NA	Label Left Data Right	\$999,999,99.99
OVERTIME	Portion of Gross Wages from overtime pay (IP only).		N	NA	Label Left Data Right	\$999,999,99.99
TRAVEL	Portion of Gross Wages from travel pay (IP only).		N	NA	Label Left Data Right	\$999,999,99.99
SICK LEAVE	Portion of Gross Wages from sick leave pay (IP only).		N	NA	Label Left Data Right	\$999,999,99.99
ADVANCE PAY	Advance Payments paid in the reporting month for the <Funding Source> for the <category> month (IP only).	Excluded from Funding Source = PCSP	N	NA	Label Left Data Right	\$999,999,99.99
EMPLOYER TAXES	Employer Taxes paid in the reporting month for the <Funding Source> for the <category> month (IP only).		N	NA	Label Left Data Right	\$999,999,99.99
RMA	RMA paid in the reporting month for the <Funding Source> for the <category> month (no IP, CC or HM/PAC values).	Excluded from Funding Source = PCSP	N	NA	Label Left Data Right	\$999,999,99.99
PAYMENT ADJUSTMENT	Payment Adjustments paid in the reporting month for the <Funding Source> for the <category> month (IP only).	Only listed for Category Month = CURRENT	N	NA	Label Left Data Right	\$999,999,99.99
SOC	Total of all SOC deducted in the reporting month for the <Funding Source> for the <category> month (IP or CC). The amount is displayed as a negative value, and is subtracted during expense calculation.		N	NA	Label Left Data Right	-\$999,999,99.99

**<PAGE BREAK>**  
**REPORT BODY – PAID CASE DETAIL – GRAND TOTAL**  
**(Layout repeated for each of the following: CFCO, PCSP, IPO, IHSS-R)**

FUNDING SOURCE	Include dynamically ahead of the page title for each section.	<ALL IHSS PROGRAM or CFCO or PCSP or IPO or IHSS-R> PAID CASE DETAIL	Y	NA	N/A	As listed
Category	Include GRAND TOTAL dynamically hyphenated after the page title for each section.	<Funding Source> PAID CASE DETAIL – GRAND TOTAL	N	NA	N/A	
PAID IN MONTH	Line item categories.	Column Header	N	NA	Label Left Data Left	
TOTAL	Report grand total per line item for the reporting month.	Column Header	N	NA	Label Right	
OVERTIME	Report grand total overtime per line item for the reporting month.	Column Header	N	NA	Label Right	
TRAVEL	Report grand total travel per line item for the reporting month.	Column Header	N	NA	Label Right	
TRAINING	Report grand total training per line item for the reporting month.	Column Header	N	NA	Label Right	
IP	Report grand total Individual Provider per line item for the reporting month.	Column Header	N	NA	Label Right	
CC	Report grand total County Contractor per line item for the reporting month.	Column Header	N	NA	Label Right	
HM/PAC	Report grand total Homemaker/PA Contract per line item for the reporting month.	Column Header	N	NA	Label Right	
CASES	Report grand total of cases paid in the reporting month.  Total is a distinct unduplicated count of all cases paid.  Total may not necessarily equal the sum of the OT, Travel, Training, IP, CC, and HM/PAC case counts. Cases receive a count for each FLSA payment type, and each mode of service paid.  A case is only counted once in any column, regardless of how many payments were made on that case.		N	NA	Data Right	999,999
PROVIDERS	Report grand total of providers paid in the reporting month.  Total is a distinct unduplicated count of all providers paid.  Total may not necessarily equal the sum of the OT, Travel, Training, IP, CC, and HM/PA Contract case counts. Providers receive a count for each FLSA payment type, and each mode of service paid.  A provider is only counted once in any column, regardless of how many payments were made to that provider.		N	NA	Data Right	999,999
DOLLARS	Report grand total of total dollars paid, and detail for each FLSA payment type, and each mode of service.		N	NA	Data Right	\$999,999,99.99
AVG PER CASE	Average dollars paid per case total, for each FLSA payment type, and each mode of service.	DOLLARS/CASES = AVG PER CASE	N	NA	Data Right	\$99,999.99
AVG PER PROVIDER	Average dollars paid per provider total, for each FLSA payment type, and each mode of service.	DOLLARS/PROVIDERS = AVG PER PROVIDER	N	NA	Data Right	\$99,999.99
TOTAL HOURS	Report grand total of total hours paid, detail for each FLSA payment type, and each mode of service.		N	NA	Data Right	HHH.HHH, HHH:MM
AVG PER CASE	Average hours paid per case total, for each FLSA payment type, and each mode of service.	TOTAL HOURS/CASES = AVG PER CASE	N	NA	Data Right	HHH:MM
AVG PER PROVIDER	Average hours paid per provider total, for each FLSA payment type, and each mode of service.	TOTAL HOURS/PROVIDERS = AVG PER PROVIDER	N	NA	Data Right	HHH:MM
RMA DOLLARS	Report grand total of total restaurant meals allowance dollars paid.	Only TOTAL column has a value  Excluded from Funding Source = PCSP	N	NA	Data Right	\$99,999.99

PERCENT OF TOTAL DOLLARS	Total Dollars paid on CFCO/PCSP/IPO/IHSS-R cases in the reporting month, divided by the Total Dollars paid in the reporting month	Excluded from Funding Source = All IHSS Programs  All columns will have a value or display 000.00%  Funding Source Dollars + RMA Dollars/All IHSS Program Dollars for each column	N	NA	Data Right	999.00%
PERCENT OF TOTAL HOURS	Total Hours paid on CFCO/PCSP/IPO/IHSS-R cases in the reporting month, divided by the Total Hours paid in the reporting month.	Excluded from Funding Source = All IHSS Programs.  All columns will have a value or display 000.00%  Funding Source Hours/All IHSS Program Hours for each column.	N	NA	Data Right	999.00%
<b>REPORT FOOTER – All Pages</b>						
	Footer	DATA UPDATED AS OF 8:00 P.M. THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Request for Void/Stop Payment

CI	Document Name
 CI-51789 - DSD RPTS Request For Void Stop Payment Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Request_For_Void_Stop_Payment_Report.doc

## Report Business Description

The Request for Void/Stop Payment Report contains detailed information for warrants that need to have a "Stop Payment" placed on them by the SCO.

Stop Payments can be requested for the following reasons:

- Incorrect Information
- Cancelled
- Payee Ineligible
- Damaged

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input checked="" type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
WARRANT NUMBER	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON:
			<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: Based on selected date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: LOS ANGELES OFFICE: LA 38 District Office		STATE OF CALIFORNIA IN-RATE SUPPORTIVE SERVICES REQUEST FOR VOID / STOP PAYMENT			PAGE: 1 CYCLE DATE: 07/06/2016 TO 07/07/2016 RUN DATE: 07/07/2016 TIME: 09:48:27
WARRANT NUMBER / ISSUE DATE	NET AMOUNT	PAYER NAME / ADDRESS	RECIPIENT NAME / CASE NUMBER	PROVIDER NAME / PROVIDER NUMBER	VOID / STOP PAY REASON
78000018 06/08/2016	1127.00	DOE, JANE 1234 FAIR DR TACOMA, WA 98001	DOE, JOHN 99999999	DOE, JOHN 99999999	Damaged
78000019 06/08/2016	1444.10	DOE, JANE 1234 FAIR DR TACOMA, WA 98001	DOE, JOHN 99999999	DOE, JOHN 99999999	Damaged

CONFIDENTIAL  
DATA TREATED AS IF AUTOMATICALLY T-10 IN THE PREVIOUS DAY

Figure – Request for Void/Stop Payment

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
WARRANT NUMBER	Warrant number for which request for stop payment is being made.		N	NA	Left	99999999

ISSUE DATE	Date the warrant was issued.		N	NA	Left	MM/DD /YYYY
NET AMOUNT	Net amount of the warrant.		N	NA	Left	\$9,999.99
PAYEE NAME	Payee name in a Last Name, First Name format.		N	NA	Left	String
PAYEE ADDRESS	Payee address as it appeared on warrant.		N	NA	Left	String
RECIPIENT NAME	Recipient Name	Last Name, First Name	N	NA	Left	String
CASE NUMBER	Recipient Case Number		N	NA	Left	99999999
PROVIDER NAME	Provider Name	Last Name, First Name	N	NA	Left	String
PROVIDER NUMBER	Provider Number		N	NA	Left	999999999
VOID/STOP PAYMENT REASON	Reason for Stop Payment Possible Values:  • Incorrect Information • Cancelled • Payee Ineligible • Damaged		N	NA	Left	String
<b>REPORT FOOTER</b>						
	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Special Transaction Summary

CI	Document Name
 CI-51835 - DSD RPTS Special Transaction Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Special_Transaction_Summary_Report.doc

## Report Business Description

The Special Transaction Summary Report provides counties with a view of special transactions that occurred during the report month. Special transactions that appear on this report will have a status of Processed or Cancelled, Special Transactions in statuses other than Processed and Cancelled will not be reported.

Records are reported based upon the date the transaction type status changed to Processed or Cancelled.

This report helps counties assess the workload of Payroll staff with relation to the processing of special transactions. It will assist in identifying potential training needs for Recipients, Providers, and staff based on the types of special transactions processed.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input checked="" type="checkbox"/> QA Staff
	<input checked="" type="checkbox"/> Fraud
	<input type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
DATE	Required	
COUNTY	Required	
TYPE	Required	
TRANSACTION TYPE	Required	Multiple may be selected

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	
DISTRICT OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
SPECIAL TRANS TYPE	Primary	
CASE NUMBER	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: May only be requested for a full month, no partial months are allowed, and a month cannot cross over multiple months.
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES SOCIAL TRANSACTION SUMMARY REPORT											
PROVIDER NUMBER	CASE NUMBER	DISASTER NUMBER	SOCIAL TRANSACTION TYPE	SOURCE	SERVICE FROM DATE	STATUS	MANAGER NUMBER	CREATOR	BILLS	DEBTS	AMOUNT
000000000000	00000000	00000000	00000000	00000000	00000000	00000000	00000000	00000000	00000000	00000000	00000000
TOTAL: 00000000											

Figure – Special Transaction Summary Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
RECIPIENT / PROVIDER	This field contains the name of the payee on the special transaction. The payee could be a Recipient or Provider.	(Last Name, First Name MI)	N	NA	Right	String
IND	This field indicates the type of payee in the Recipient/Provider field.	Valid values are: <ul style="list-style-type: none"><li>• R - Recipient</li><li>• P - Provider</li></ul>	N	NA	Right	String
CASE NUMBER	The case number on which the special transaction occurred.	Only Cancelled and Processed special transactions are reported.	N	A	Right	9999999
PROVIDER NUMBER	The Provider number when the payee on the special transaction is a Provider on a case.	This field will be blank if the payee is a Recipient.	N	NA	Right	99999999
SPECIAL TRANS TYPE	The element identified in this field is either (1) the special transaction type selected on the Create Special Transaction screen, (2) the correction type selected on the Create Payment Correction screen or (3) the request type selected on the Request Void/Reissue/ Replacement screen.	Valid values can be found in the Payroll Within Case Management DSD Code Table: SpecialTransactionType.  Code Table: TimeAdjustmentType and Code Table: VoidReplacementType.	Y	NA	Left	String

REASON	This field contains the reason entered for the following special transactions only: Replacement, Stop Payment, and Void/Reissue.  If the Special Trans Type is on the SpecialTransactionType or TimeAdjustmentType code tables, a reason will not be present in this field.	Valid reasons for this field can be found in the Payroll Within Case Management DSD Code Table: VoidReplacementReason.	N	NA	Right	String
SERVICE FROM DATE	The service from date is the first day of the pay period the special transaction covers.  This is the value entered on the Create Special Transaction screen, associated with the timesheet upon which a Payment Correction is based, or associated with the warrant upon which the Replacement, Stop Payment, or Void/Reissue request was made.		N	NA	Right	Date MM /DD/YYYY
STATUS	This field is key to the selection of the record for this report. The transaction must have a status of Processed or Cancelled within the reporting period (Cycle Date range) to be included on this report.	For transactions entered on the Create Special Transaction screen, Create Payment Correction screen or the Request Void/Reissue/ Replacement screen, a status of Cancelled or Processed must be present.	N	NA	Right	String
WARRANT NUMBER	The warrant number is a unique identifier of the warrant issued by the SCO. After a request is made to SCO for a new warrant, SCO sends the warrant number back and it is processed through Payroll and interfaced to CMIPS in the nightly batch.	For transactions entered on the Create Special Transaction and Create Payment Correction screens a warrant number will only be populated for a status of Processed and only after the warrant number is received from SCO.  This field will be blank if the Status is Cancelled.	N	NA	Right	99999999
OPERATOR	This field will display the user ID of the user that entered the transaction in CMIPS. The user ID is the unique ID used to sign in to CMIPS.	When a user enters a transaction, CMIPS captures the user ID for the transaction.	N	NA	Right	xxxxxxxx99
RATE	For transactions entered on the Void/Reissue/Replacement screen, this field will reflect the Pay Rate, if any, associated with the payment upon which the action is being taken.  For transactions entered on the Create Special Transaction screen, this field will reflect the Rate Override if entered by the user. If the Rate Override was not entered by the user and the transaction was Processed, this field will reflect the Pay Rate associated with the resulting payment. If the Rate Override was not entered by the user and the transaction was Cancelled, this field will be zero.  For transactions entered on the Create Payment Correction screen, if the transaction was Processed this field will reflect the Pay Rate associated with the resulting payment. If the transaction was Cancelled, this field will be zero.  For Advance Pay - Back-up Provider special transactions, this field will display the differential pay rate (Back - Up Provider rate minus default county rate).		N	NA	Right	\$99.99
HOURS	For transactions entered on the Void/Reissue/ Replacement screen, this field will reflect the Hours Paid, if any, associated with the payment upon which the action is being taken.  For transactions entered on the Create Special Transaction screen, Hours will only be displayed in this field if Hours were entered by the user.  For transactions entered on the Create Payment Correction screen, the total Hours entered will be displayed.		N	NA	Right	HHH:MM
AMOUNT	For transactions entered on the Void/Reissue/ Replacement screen, this field will reflect the Gross amount associated with the payment upon which the action is being taken.  For transactions entered on the Create Special Transaction screen, this field will reflect the Amount entered by the user.  If an Amount was not entered, this field will reflect the Hours entered by the user multiplied by the Rate Override entered by the user.  If only Hours were entered and the transaction was Processed, this field will reflect the Gross amount associated with the resulting payment.  If only Hours were entered and the transaction was Cancelled, this field will be zero.  For transactions entered on the Create Payment Correction screen, if the transaction was Processed this field will reflect the Gross amount associated with the resulting payment. If the transaction was Cancelled, this field will be zero.  For Advance Pay - Back-up Provider special transactions, this field will display the gross amount associated with the differential pay rate.		N	NA	Right	\$99,999.99
TOTAL:	A total of the number of records for each Special Trans Type. The report will not page break by Special Trans Type, but will display a count of each type.		N	NA	Right	999

#### REPORT FOOTER

	Footer	CONFIDENTIAL  DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Timesheet Exception

CI	Document Name
 CI-51854 - DSD RPTS Timesheet Exception Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Timesheet_Exception_Report.doc

## Report Business Description

The Timesheet Exception Report lists County or WPCS Recipients and Providers where an exception was encountered during the validation of their timesheet. The report is inclusive of hard and soft timesheet exception edits. A hard edit exception record will remain on this report until the pay period following the resolution. Soft edit exception records will display on this report for the reporting period only (cycle date) as they do not need resolution.

The exceptions displayed on this report can be found in the Timesheet Exception Code Table in DSD Section 24 – Time and Attendance.

Example: If a timesheet comes in on 05/02/2009 with a hard edit exception and this hard edit exception is not resolved until 06/02/2009, the timesheet exception will appear on the May reports and the first pay period June report. If a timesheet comes in on 05/02/2009 with a soft edit exception, this soft edit exception will appear on the May report only.

If county or WPCS personnel are keying the timesheets manually and an exception is encountered, it will not be displayed on this report; county staff should resolve issues at the time of entry.

This report will help supervisors and DHCS – IHO assess additional workload created due to the processing of exception timesheets, help to identify areas of training needed for Providers and Recipients on time sheet completion and assess timesheets submittals for potential fraud or authorization issues.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	X	Program Staff
	X	Supervisors
		Management
		QA Staff
		Fiscal Staff
		Security Administrator
CDSS	X	Program Staff
		Management
		Accounting
		QA Staff
	X	Fraud
		Adult Program Division (APD)
		Security Administrator
External Partner		Department of Aging
		DHCS
		Health Benefit Managers
		Labor Organizations

	EDD
	SCO
X	WPCS Program Staff (IHO)
	Lien Holder

Vendor/CalHHS OTSI	Help Desk Staff
	Back Office Staff
	Security Administrator
	Application Administrator
	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
	Case Maintenance		Payroll
	Case Maintenance – IPO		Payroll – Contractor Reports
	Case Maintenance – Management Reports		Payroll – Fund/Warrant Management
	Case Maintenance – QA		Provider Management
	Case Maintenance – State Hearings		Provider Management – PA
	Data Download		QA/Fraud
	Data Retention		State Only
	Health Benefit Managers		State Only – BatchPDF
	Homemaker Reports		State Only – Lien Holder
	Internal Reports		System Performance
	Internal Reports – Payroll		System Security
	Labor Organizations	X	Time and Attendance
	Ops_HelpDesk		WPCS

## Format/Layout

Indicate values in each column.

Format		Layout		Paper	
X	Crystal		Portrait	X	8.5"x11" (letter)
	PDF	X	Landscape		8.5"x14" (legal)
	Other (Describe):		Other (Describe):		Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
Counties/WPCS	Required	

County	Required	WPCS select 'ALL'
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## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	Counties Version
OFFICE	Secondary	Counties Version
SUPERVISOR	Third	Counties Version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
EXCEPTION TYPE	Primary	Alphabetical
WKR #	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
		Daily	
		Weekly	
		Bi Weekly	
X	X	Semi-Monthly	DAY OF THE MONTH: on the 1 <sup>st</sup> and the 16 <sup>th</sup> of the month for the prior pay period
		Monthly	
		Quarterly	
		Annual	
X	N/A	On Demand	RANGE: By pay period based on date selected
	N/A	Other	Describe:

## Sample

NAME:			
09/14/1800 09/14/2018 09/14/2018			
09:00AM PT/CT/EST 09:00AM CT/EST			
<hr/>			
NAME:	DATE:	TIME:	AMOUNT:
STATE:	STATE:	STATE:	STATE:
DATE:	DATE:	DATE:	DATE:
09/14/18	09:00AM	09:00AM	09:00AM
09/15/18	09:00AM	09:00AM	09:00AM
09/16/18	09:00AM	09:00AM	09:00AM
09/17/18	09:00AM	09:00AM	09:00AM
09/18/18	09:00AM	09:00AM	09:00AM
09/19/18	09:00AM	09:00AM	09:00AM
09/20/18	09:00AM	09:00AM	09:00AM
09/21/18	09:00AM	09:00AM	09:00AM
09/22/18	09:00AM	09:00AM	09:00AM
09/23/18	09:00AM	09:00AM	09:00AM
09/24/18	09:00AM	09:00AM	09:00AM
09/25/18	09:00AM	09:00AM	09:00AM
09/26/18	09:00AM	09:00AM	09:00AM
09/27/18	09:00AM	09:00AM	09:00AM
09/28/18	09:00AM	09:00AM	09:00AM
09/29/18	09:00AM	09:00AM	09:00AM
09/30/18	09:00AM	09:00AM	09:00AM
09/31/18	09:00AM	09:00AM	09:00AM
<hr/>			

Figure – Timesheet Exception Report – Counties

NAME:			
09/14/1800 09/14/2018 09/14/2018			
09:00AM PT/CT/EST 09:00AM CT/EST			
<hr/>			
NAME:	DATE:	TIME:	AMOUNT:
STATE:	STATE:	STATE:	STATE:
DATE:	DATE:	DATE:	DATE:
09/14/18	09:00AM	09:00AM	09:00AM
09/15/18	09:00AM	09:00AM	09:00AM
09/16/18	09:00AM	09:00AM	09:00AM
09/17/18	09:00AM	09:00AM	09:00AM
09/18/18	09:00AM	09:00AM	09:00AM
09/19/18	09:00AM	09:00AM	09:00AM
09/20/18	09:00AM	09:00AM	09:00AM
09/21/18	09:00AM	09:00AM	09:00AM
09/22/18	09:00AM	09:00AM	09:00AM
09/23/18	09:00AM	09:00AM	09:00AM
09/24/18	09:00AM	09:00AM	09:00AM
09/25/18	09:00AM	09:00AM	09:00AM
09/26/18	09:00AM	09:00AM	09:00AM
09/27/18	09:00AM	09:00AM	09:00AM
09/28/18	09:00AM	09:00AM	09:00AM
09/29/18	09:00AM	09:00AM	09:00AM
09/30/18	09:00AM	09:00AM	09:00AM
09/31/18	09:00AM	09:00AM	09:00AM
<hr/>			

Figure – Timesheet Exception Report – WPCS

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	For version "Counties"	Y	A	Left	String
ORGANIZATION:		For version "WPCS"	Y	NA	Left	String
CYCLE DATE:	The time period being reported	MM/01/YYYY TO MM/15 /YYYY or MM/16/YYYY TO MM/28, 29, 30 or 31/YYYY	N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
SUPERVISOR	The worker number of the supervisor to which the Case Owner is assigned for the reported case.		Y	A	Left	String
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
RECIPIENT NAME	Name of the Recipient associated to the timesheet that generated an exception.	Last Name, First Name	N	NA	Left	String
CASE NUMBER	The case number associated with timesheet submitted by the Provider.		N	NA	Right	99999999
PROVIDER NAME	Name of the Provider that submitted the timesheet.	Last Name, First Name	N	NA	Left	String
PROVIDER #	Provider ID of the Provider that submitted the timesheet.		N	NA	Right	999999999
PAY PERIOD	The first day of the pay period from the submitted timesheet with an exception.	Date displays as MM/DD /YY. The only days that will populate here are the 1st or 16th of the pay period.	N	NA	Left	MM/DD /YYYY
EXCEPTION TYPE	Description of the exception. For exception types that note 'Day XX', the XX will not be populated with a specific day. Multiple instances of the same error can occur on different days on the same timesheet but will only display once on this report.		N	A	Left	String
QUEUE RECEIVED DATE	The date CMIPS sent the exception to the county queue or the date CMIPS identified the hold condition or the soft edit exception, in MM/DD/YY format.		N	NA	Left	MM/DD /YYYY
OPR	The user id of the CMIPS operator that resolved the hard edit. When the report is generated, this field will be blank until the edit is resolved. This may be a system end user or a batch process.		N	NA	Left	String
DATE RESOLVED	The date, MM/DD/YY format the exception is manually cleared or system cleared. This applies to hard edits and hold conditions only. When the report is generated, this field will be blank until the edit is resolved.		N	NA	Left	MM/DD /YYYY
WKR #	The number for the social worker assigned to the Recipient case impacted by the timesheet exception.		N	A	Left	String
1. OF DAYS TO RESOLVE	The elapsed time, in Days, between the Queue Received Date and the Date Resolved.		N	NA	Right	999
SUBTOTAL FOR EXCEPTION TYPE (abbreviated message)	The subtotal of Recipients/Providers receiving the specified error message.	BOLD  This will display at the end of each Exception Type section.	N	NA	Center	String
<b>REPORT FOOTER</b>						

	Footer	DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Travel Claim Exception

CI	Document Name
 CI-673787 - DSD RPTS Travel Claim Exception Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Travel_Claim_Exception_Report.docx

## Report Business Description

The Travel Claim Exception report lists Recipients and Providers where an exception was encountered during the validation of their travel claim. The report is inclusive of all travel claim exception edits. Travel Claim Exception hard edits cannot be resolved and payment requires that a new travel claim be issued. Hard and soft exception edits will be listed on this report based on the Status Date of the Exception status. The report will be generated in weekly batch for the prior week. Users will have to option to manually run the report for alternate report periods.

The exceptions displayed on this report can be found in the Travel Claim Exception Code Table in DSD Section 24 – Time and Attendance.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input checked="" type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input checked="" type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
	Health Benefit Managers		State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input checked="" type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
COUNTIES/WPCS	Required	

COUNTY	Required	Selection box with ability to select multiple counties, one county or ALL WPCS select 'ALL'
FREQUENCY	Required	Values are: Daily, Weekly (Sunday – Saturday) or Monthly (Calendar Month)
DATE	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
SUPERVISOR	Third	
WORKER #	Fourth	
TRAVEL CLAIM STATUS	Fifth	Held – No Timesheet Exception – No Payment Exception – With Payment

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
PROVIDER NAME	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable.

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: For week ending <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: On request for a calendar month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the selected criteria
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA TRAVEL CLAIM EXCEPTION								PAGE	
DEPT/DIR:	CDI	OFFICE:	CL	<FREQUENCY> TRAVEL CLAIM EXCEPTION - <TRAVEL CLAIM SERVICE>				DATE RANGE:	07/16/2016 TO 07/31/2016
SUPERVISOR:	BBB	WORKER#:	MMU					RUN DATE:	07/16/2016 TIME: 2:19:41AM
<b>TRAVEL CLAIM EXCEPTION</b>									
WORKER#	POSITION #	EMPLOYEE NAME	CASE NUMBER	TRAVEL CLAIM #	PAY TRAVEL AT	EXCEPTION REASON(S)	EXCEPTION DATE	INFO	
00000001	00000001	BOB, JOHN	00000001	00000001	04/30/16	Replace travel claim	07/16/2016	X	
00000002	00000002	BOB, JOHN	00000002	00000002	04/30/16	Traveler not eligible	07/16/2016	Y	
00000003	00000003	BOB, JOHN	00000003	00000003	04/30/16	Traveler not eligible	07/16/2016	N	
00000004	00000004	BOB, JOHN	00000004	00000004	04/30/16	Replace travel claim	07/16/2016	Y	
TOTAL: 4									
DATA ENTERED OR APPROVED BY: [ ] IN THE REPORTING TAB									

Figure – Travel Claim Exception

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or Statewide	Y	A	Left	String
CYCLE DATE:	The time period being reported	Daily = 1 day  Weekly = Sunday – Saturday of the week the selection date is in  Monthly = 1 <sup>st</sup> and Last day of the month the selection date is in	N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SUPERVISOR:	The worker number of the supervisor to which the Case Owner is assigned for the reported case.		N	A	Left	String
WORKER #:	The Worker # of the social worker (Case Owner) being reported.		N	A	Left	String

	Report Title	<p>&lt;FREQUENCY&gt; TRAVEL CLAIM EXCEPTION &lt;TRAVEL CLAIM STATUS&gt;</p> <p>Values are:</p> <ul style="list-style-type: none"> <li>• HELD – NO TIMESHEET</li> <li>• EXCEPTION – NO PAYMENT</li> <li>• EXCEPTION – WITH PAYMENT</li> </ul> <p>Page Break between travel claim status</p>	Y	A	Center	String
<b>REPORT BODY</b>						
	Data Selection	<p>Travel Claims with a status of:</p> <ul style="list-style-type: none"> <li>• HELD – NO TIMESHEET</li> <li>• EXCEPTION – NO PAYMENT</li> <li>• EXCEPTION – WITH PAYMENT</li> </ul>	N/A	N/A	N/A	N/A
PROVIDER NAME	Provider Name	<p>Column Header</p> <p>Last Name, First Name I</p>	N	A	Left	String
PROVIDER ID	Provider Number	Column Header	N	NA	Right	999999999
RECIPIENT NAME	Recipient Name	<p>Column Header</p> <p>Last Name, First Name I</p>	N	A	Left	String
CASE NUMBER	Recipient Case Number	Column Header	N	NA	Right	9999999
TRAVEL CLAIM NUMBER	Travel Claim Number	Column Header	N	NA	Right	99999999 99999999
PAY PERIOD START	First day of the Pay Period for the travel claim	Column Header	N	NA	Right	MM/DD /CCYY
EXCEPTION MESSAGE(S)	Each exception message associated to the travel claim	Column Header	N	NA	Right	String
EXCEPTION DATE	Travel Claim Status Date	Column Header	N	NA	Right	MM/DD /CCYY
SUPP Y/N	'Y' identifies that the Travel Claim Type is Supplemental – IHSS Travel Claim or Supplemental – WPCS Travel Claim	Column Header	N	NA	Right	Y or N
TOTAL <TRAVEL CLAIM STATUS>	Total individual Travel Claims with exceptions for that Travel Claim Status.	<p>Bold – Last Row Bottom of Status Section</p> <p>Values are:</p> <ul style="list-style-type: none"> <li>• HELD – NO TIMESHEET</li> <li>• EXCEPTION – NO PAYMENT</li> <li>• EXCEPTION – WITH PAYMENT</li> </ul>	N	NA	Right	String
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Wage Rates – All Counties

CI	Document Name
 CI-51841 - DSD RPTS Wage Rates All Counties Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Wage_Rates_All_Counties_Report.doc

## Report Business Description

The Wage Rates – All Counties Report is used by Fund Accounting Unit (FAU) staff to provide wages and rates to get accurate estimates or actual expenses for counties.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
--------	--------	--------	--------

<input checked="" type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
	Data Retention		State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date	Required	
County	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
COUNTY	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month

<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: Based on date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COURT: STATEWIDE		STATE OF CALIFORNIA IN HOME INDEPENDENT SENSITIVE HOME CARE - BILL COVERAGE										PAGE: 1						
CO. #	COMPANY	PUBLIC ATTENDANT				JOINT FEDERAL ALLOWANCE				PRIVATE ATTENDANT				LAW	PRIVATE RATE			
		STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	STATE CODE NAME		STATE CODE NAME	STATE CODE NAME	STATE CODE NAME	
01	Alameda	19.16	21.87	0.00	0.00	0.00	0.00	0.00	0.00	21.27	0.00	0.00	0.00	103.85	01.00	01.00	01.00	01.00
02	Alpine	21.79	23.37	0.00	0.00	0.00	0.00	0.00	0.00	20.37	0.00	0.00	0.00	120.09	01.25	01.25	01.25	01.25
03	Benton	11.78	13.03	0.00	0.00	0.00	0.00	0.00	0.00	15.81	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
04	Burns	11.84	12.09	0.00	0.00	0.00	0.00	0.00	0.00	12.41	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
05	Carmichael	18.44	18.69	0.00	0.00	0.00	0.00	0.00	0.00	18.94	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
06	Colusa	11.75	12.02	0.00	0.00	0.00	0.00	0.00	0.00	12.31	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
07	Contra Costa	14.77	15.03	0.00	0.00	0.00	0.00	0.00	0.00	15.71	0.00	0.00	0.00	120.42	120.09	01.00	01.00	01.00
08	Del Norte	14.86	15.80	0.00	0.00	0.00	0.00	0.00	0.00	16.41	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
09	El Dorado	14.30	14.49	0.00	0.00	0.00	0.00	0.00	0.00	14.61	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
10	Fresno	8.85	8.97	0.00	0.00	0.00	0.00	0.00	0.00	9.47	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
11	Glenn	11.82	12.03	0.00	0.00	0.00	0.00	0.00	0.00	12.33	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
12	Humboldt	14.42	14.63	0.00	0.00	0.00	0.00	0.00	0.00	14.83	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
13	Inyo	11.36	12.03	0.00	0.00	0.00	0.00	0.00	0.00	12.33	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
14	Jude	5.53	5.53	0.00	0.00	11.40	10.95	0.00	0.00	10.75	0.00	0.00	0.00	20.22	120.48	01.30	01.30	01.30
15	Kings	14.86	15.29	0.00	0.00	14.49	14.49	0.00	0.00	14.49	0.00	0.00	0.00	140.01	01.20	01.20	01.20	01.20
16	Lake	11.29	12.07	0.00	0.00	0.00	0.00	0.00	0.00	12.31	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
17	Lassen	11.03	11.03	0.00	0.00	0.00	0.00	0.00	0.00	10.83	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
18	Los Angeles	18.77	18.99	0.00	0.00	0.00	0.00	0.00	0.00	19.81	0.00	0.00	0.00	130.09	01.00	01.00	01.00	01.00
19	Madera	14.37	14.38	0.00	0.00	0.00	0.00	0.00	0.00	14.37	0.00	0.00	0.00	140.48	01.20	01.20	01.20	01.20
20	Marin	18.89	19.48	0.00	0.00	0.00	0.00	0.00	0.00	19.81	0.00	0.00	0.00	130.48	01.00	01.00	01.00	01.00
21	Marinette	18.89	19.34	0.00	0.00	0.00	0.00	0.00	0.00	19.34	0.00	0.00	0.00	130.48	01.00	01.00	01.00	01.00
22	Mendocino	14.76	14.76	0.00	0.00	0.00	0.00	0.00	0.00	14.76	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
23	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
24	Mendocino	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
25	Mesa	0.00	0.00	11.78	11.78	0.00	0.00	0.00	0.00	12.31	0.00	0.00	0.00	120.09	01.00	01.00	01.00	01.00
26	Mesa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	01.00	01.00	01.00	01.00
27	Madera	14.42	14.42	0.00	0.00	0.00	0.00	0.00	0.00	14.42	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
28	Merced	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
29	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
30	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
31	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
32	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
33	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
34	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
35	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
36	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
37	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
38	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
39	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
40	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
41	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
42	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
43	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
44	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
45	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
46	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
47	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
48	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
49	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
50	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
51	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
52	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
53	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
54	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00	01.00	01.00	01.00
55	Madera	14.30	14.30	0.00	0.00	0.00	0.00	0.00	0.00	14.30	0.00	0.00	0.00	140.01	01.00			

### **Figure – Wage Rates – All Counties – Continued**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE	Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
CO #	County Number.	Column Header	N	NA	Left	99
COUNTY	County Name.	Column Header	N	NA	Left	String
PUBLIC AUTHORITY	Super Header		N	NA	Left	Text
PUBLIC AUTHORITY		Super Header – Below Public Authority Super Header	N	NA	Left	Text
RATE	Rate set by Public Authority	Column Header – Below Public Authority Super Header	N	NA	Left	99.99
WAGE	Wage set by Public Authority	Column Header – Below Public Authority Super Header	N	NA	Left	99.99

NON-STATE SHARE OVER \$11.50	Non State Share of Health Benefits over \$11.50.	Column Header – Below Public Authority Super Header	N	NA	Left	99.99
NON PROFIT CONSORTIUM		Super Header – Below Public Authority Super Header	N	NA	Left	99.99
RATE	Rate of Non Profit.	Column Header – Below Non Profit Consortium Super Header	N	NA	Left	99.99
WAGE	Wage of Non Profit.	Column Header – Below Non Profit Consortium Super Header	N	NA	Left	99.99
JOINT POWERS AGREEMENT		Super Header – Below Public Authority Super Header	N	NA	Left	99.99
RATE	Rate of Joint Powers.	Column Header – Below Joint Powers Agreement Super Header	N	NA	Left	99.99
WAGE	Wage of Joint Powers.	Column Header – Below Joint Powers Agreement Super Header	N	NA	Left	99.99
HEALTH BENEFITS	Health Benefits like State shared or Non-State share.	Column Header – Below Joint Powers Agreement Super Header	N	NA	Left	99.99
STATE SHARED	State Share of Health Benefits.	Column Header – Below Joint Powers Agreement Super Header	N	NA	Left	99.99
NON-STATE SHARE OVER \$0.60	Non State Share of Health Benefits over \$11.50	Column Header – Below Joint Powers Agreement Super Header	N	NA	Left	99.99
NON-HEALTH BENEFITS	Column Header	Below Public Authority Super Header – No associated Super Header	N	NA	Left	99.99
IP		Super Header – No Associated Super Header	N	NA	Left	99.99
WAGE	Wage of Individual Provider.	Column Header – Below IP Super Header	N	NA	Left	99.99
CONTRACT MODE	Mode of agreement is Contract.	Super Header – No Associated Super Header	N	NA	Left	99.99
RATE	Contract Mode Rate.	Column Header – Below Contract Mode Super Header	N	NA	Left	99.99
WAGE	Contract Mode Wage.	Column Header – Below Contract Mode Super Header	N	NA	Left	99.99
MACR	Contract Mode MACR.	Column Header – Below Contract Mode Super Header	N	NA	Left	99.99
CONTRACTOR NAME	Name of Contractor.	Column Header – Below Contract Mode Super Header	N	NA	Left	String

**REPORT FOOTER**

	Footer	CONFIDENTIAL DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/Warrants Issued Report

CI	Document Name
 CI-51779 - DSD RPTS Warrants Issued Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Warrants_Issued_Report.doc

## Report Business Description

The Warrants Issued Report lists the number of individual warrants issued in the reporting month and the gross amounts by Category of the benefits. The WPCS figures are not included in the total section of the report. They are stand-alone figures. This report will provide county staff with paid warrant information.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment

County	Required	
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
County	Primary	
District Office	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
Funding Source Group	Primary	Counts being reported must be associated the Funding Source associated with the payment.

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: After month end processing for the prior month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the selected criteria – May only be run for a one-month period. One-Month period may not cross calendar months.
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA			DATE: 12/15/2014	
COUNTY: CALIFORNIA	IN-HOME SUPPORTIVE SERVICES	WARRANTS ISSUED REPORT	CYCLE DATE: 12/11/2014 TO 12/12/2014	PERIOD: 12/15/2014 TIME: 16:02:07
<b>CATEGORY</b>				
TOTAL CFSO, FCSS, IPO & IMSS-R PROGRAM ACTIVITY				
MEMBER				
AMOUNT				
ATTANCE PAY	0	00.00		
IF GROSS PAYES	0	00.00		
HEAL ALLOWANCE	0	00.00		
STATE HEARING & MEET	0	00.00		
ADJUDICATIONS	0	00.00		
VOIDS	0	00.00		
REPLACEMENTS	0	00.00		
RELEASES	0	00.00		
<b>TOTAL ALL WARRANTS</b>	0	<b>\$0.00</b>		
Paid Providers	0			
<b>CATEGORY</b>				
CFSO				
MEMBER				
AMOUNT				
ATTANCE PAY	0	00.00		
IF GROSS PAYES	0	00.00		
HEAL ALLOWANCE	0	00.00		
STATE HEARING & MEET	0	00.00		
ADJUDICATIONS	0	00.00		
VOIDS	0	00.00		
REPLACEMENTS	0	00.00		
RELEASES	0	00.00		
<b>TOTAL ALL WARRANTS</b>	0	<b>\$0.00</b>		
Paid Providers	0			
<b>CATEGORY</b>				
FCSS				
MEMBER				
AMOUNT				
ATTANCE PAY	0	00.00		
IF GROSS PAYES	0	00.00		
HEAL ALLOWANCE	0	00.00		
STATE HEARING & MEET	0	00.00		
ADJUDICATIONS	0	00.00		
VOIDS	0	00.00		
REPLACEMENTS	0	00.00		
RELEASES	0	00.00		
<b>TOTAL ALL WARRANTS</b>	0	<b>\$0.00</b>		
Paid Providers	0			

DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Warrants Issued Report – Page 1

**Figure – Warrants Issued Report – Page 2**

## Data Element Details

CATEGORY	Groups counts by Funding Source	IHSS-R, IPO, PCSP, CFCO, WPCS	Y	NA	Left	Text
TOTAL IHSS PROGRAM ACTIVITY	The aggregate of CFCO, PCSP, IPO, and IHSS-R  The data in this section excludes WPCS.	This Category sums all payments for Funding Source IHSS-R, IPO, PCSP and CFCO in the report month	N	NA	Centered	Text
CFCO	Payments issued in the report month from CFCO	REPORTING CATEGORY	N	NA	Left	
PCSP	Payments issued in the report month from PCSP	REPORTING CATEGORY	N	NA	Left	
IPO	Payments issued in the report month from IPO	REPORTING CATEGORY	N	NA	Left	
IHSS-R	Payments issued in the report month from IHSS-R	REPORTING CATEGORY	N	NA	Left	
NUMBER	The count of payments in the report month associated with the CATEGORY and COLUMN.	COLUMN HEADER	N	NA	Right	9,999
AMOUNT	The Gross Wages of the payment dollar amount in the report month associated with the CATEGORY and COLUMN.	COLUMN HEADER	N	NA	Right	\$999,999.99
ADVANCE PAY	The number and associated payment amount of advance payments issued in the report month, including payments initiated through Special Transactions for Advance Pay – Initial.	Reported in for each category	N	NA	Left	\$999,999.99
IP GROSS WAGES	The number and associated payment amount of Individual Provider payments issued in the report month including sick leave. This row will appear in the Total IHSS Program Activity, CFCO, PCSP, IPO and IHSS-R sections of the report.	Reported in for each category	N	NA	Left	\$999,999.99
MEAL ALLOWANCE	The number and associated payment amount of Restaurant Meal Allowance payments issued in the report month, including payments initiated through Special Transactions for Restaurant Meals – Initial.	Reported in for each category	N	NA	Left	\$999,999.99
STATE HEARINGS AND WRITS	The number and associated payment amount for State Hearing Decisions and Writs of Administrative Mandamus initiated through a Special Transaction.	Reported in for each category	Na	NA	Left	\$999,999.99
ADJUSTMENTS	<p>The number and associated payment amount of Adjustment payments issued in the report month. This includes payments initiated through the following Special Transactions:</p> <ul style="list-style-type: none"> <li>• Advance Pay - Additional</li> <li>• Advance Pay - Back-Up Provider</li> <li>• Legislative Change</li> <li>• Overpayment Recovery Refund</li> <li>• Paramedical Reimbursement</li> <li>• Share of Cost Refund</li> <li>• Health Benefit Refund</li> </ul> <p>It also includes payments initiated through Time Adjustments for:</p> <ul style="list-style-type: none"> <li>• Supplemental Hours to Provider</li> <li>• Prior Underpayment</li> </ul>	Reported in for each category	NA	NA	Left	\$999,999.99
VOIDS	The number and associated payment amount of payments Voided in the report month.	Reported in for each category	NA	NA	Left	\$999,999.99
REPLACEMENTS	<p>This is the number and associated amounts of the replacement warrants recorded by the CGI Back Office staff in the report month.</p> <p>Requests are submitted by the counties to SCO via an STD435 Request for Duplicate Controller's Warrant/Stop Payment form to replace a warrant that was destroyed, lost, stolen or never received by the payee. SCO replaces the warrant using the same warrant number and issue date as the original warrant. Once replaced, SCO provides a hardcopy Replacement Warrant Detail Report to the CGI Back Office. The CGI Back Office staff uses this report to manually key the Replacement Date into CMIPS.</p>	Reported in for each category	NA	NA	Left	\$999,999.99
REISSUES	<p>The number and associated amount of reissued payments issued in the report month. This number is derived from the original warrant and void/reissue request date.</p> <p>A reissued payment is initiated by CMIPS via user request to reissue a warrant that was damaged. A new warrant number is used for the reissued payment.</p>	Reported in for each category	NA	NA	Left	\$999,999.99

TOTAL WARRANTS	<p>NUMBER (Count) Calculation is the number of ADVANCE PAY + ARREARS PAY (IP GROSS WAGES OR WPCS GROSS WAGES) + MEAL ALLOWANCE + STATE HEARING DECISIONS AND WRITS + ADJUSTMENTS + REPLACEMENTS + REISSUES – VOIDS = TOTAL ALL WARRANTS NUMBER</p> <p>AMOUNT (Dollars) Calculation is the amount of ADVANCE PAY + ARREARS PAY (IP GROSS WAGES OR WPCS GROSS WAGES) + MEAL ALLOWANCE + STATE HEARING DECISIONS AND WRITS + ADJUSTMENTS + REPLACEMENTS + REISSUES – VOIDS = TOTAL ALL WARRANTS AMOUNT</p>	Reported in for each category	NA	NA	Left	\$999,999,999.99
PAID PROVIDERS	This is an unduplicated count of providers paid in the report month. This category should not include payments made to Recipients.	Reported in for each category	NA	NA	Left	999,999
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Case Management – Payroll Within Case Management/WPCS Authorized and Paid Cases, Hours and Gross Wages Summary Report

CI	Document Name
 CI-706209 - DSD RPTS WPCS Authorized and Paid Cases Hours and Gross Wages Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_WPCS_Authorized_and_Paid_Cases_Hours_and_Gross_Wages_Summary.doc

## Report Business Description

The WPCS Authorized and Paid Cases, Hours and Gross Wages Summary is a monthly statewide summary report specific to Waiver of Personal Care Services (WPCS) authorized by the In-Home Operations (IHO) program. This report will assist IHO staff in planning and budgeting.

The report contains information pertaining to WPCS service authorizations for the reporting month and payments made in the reporting month. The payments made in the service month may or may not be associated with the actual authorized services for the month because WPCS payments are made on a flow basis. When a WPCS timesheet is processed it is considered paid in a services month regardless of the actual service period. For example a WPCS timesheet may be process in April 2015, for services provided in the January 2015. Therefore, the actual payment will be reported in the April report, but this payment will not be associated to the WPCS services authorized for the month of April.

The report contains a single row for each of the 58 counties. The report has "AUTHORIZED" and "PAID" sections with three columns, in each of these sections, which report "CASES", "HOURS" and "GROSS WAGES". At the bottom of the report the "ALL COUNTIES" row is a sum of the data reported for each county.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input type="checkbox"/>	QA Staff
<input type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input checked="" type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CaHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input checked="" type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
DATE	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
Alphabetically	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: After end of month processing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: This report can be run on request for a one-month time period. (Only a full month can be requested and a month cannot cross over multiple months.)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA						FROM:	TO:		
IN-HOME SUPPORTIVE SERVICES						CYCLE DATE: 06/01/2010 TO 06/30/2010			
WPCS AUTHORIZED AND PAID CASES, HOURS AND						RUN DATE: 06/29/2010 TIME: 06:30:00			
<b>AUTHORIZED</b>									
<b>COUNTY</b> <b>CASES</b> <b>WORKS</b> <b>GROSS WAGES</b> <b>CASES</b> <b>WORKS</b> <b>GROSS WAGES</b>									
LOS ANGELES	410	4000.00	\$2000.00	340	3000.00	\$1500.00			
MONTEREY	500	7000.00	\$3500.00	520	9000.00	\$4500.00			
SAN FRANCISCO	310	11000.00	\$5500.00	540	10000.00	\$5000.00			
SDA	150	1000.00	\$500.00	160	800.00	\$400.00			
ALL COUNTIES	410	4000.00	\$2000.00	308	8000.00	\$4000.00			

Figure – WPCS Authorized and Paid Case, Hours and Gross Wages Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	Because the report is a statewide summary the County will always be "STATEWIDE."	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS

REPORT BODY						
COUNTY	Lists each county being reported		Y	A	Left	String
AUTHORIZED	Super Header (Underlined across applicable columns)		N	NA	Centered Underlined	String
CASES	An unduplicated count of cases for which WPCS hours were authorized for the county for the report month.	Column Header	N	NA	Right	999,999
HOURS	The total number of WPCS hours and minutes authorized for the county for the report month. If multiple WPCS Hours records are effective during the report month on a case, the sum of the hours and minutes should be reported.	Column Header	N	NA	Right	HHH, HHH:MM
GROSS WAGES	Authorized gross wages is determined by multiplying the WPCS hours and minutes authorized for the county for the report month by the county default rate (lowest county rate) in effect for the service month being paid.	Column Header	N	NA	Right	\$999,999. 99
PAID	Super Header (Underlined across applicable columns)		N	NA	Centered Underlined	String
CASES	An unduplicated count of cases for which payments were made for the county in the report month with a WPCS funding source.	Column Header	N	NA	Right	999,999
HOURS	The total number of paid hours and minutes associated with the payments made for the county in the report month with a WPCS funding source.	Column Header	N	NA	Right	HHH, HHH:MM
GROSS WAGES	Sum of the gross wage expense amount associated with the payments made for the county in the report month with a WPCS funding source. Payments paid and voided in the same reporting month are not reflected in this number.	Column Header	N	NA	Right	\$999,999. 99
ALL COUNTIES	The statewide total for all counties for each of the report columns associated with the Super Headers		N	NA	Right	Depending upon column Cases: 99,999 Hours: 9999:99 Dollars: 99999.99
CASES	Statewide total of CASES reported by county		N	NA	Right	999,999
HOURS	Statewide total of HOURS reported by county		N	NA	Right	HHH, HHH:MM
GROSS WAGES	Statewide total of GROSS WAGES reported by county		N	NA	Right	\$999,999. 99
REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8: 00 PM THE PREVIOUS DAY	N	NA	Center	Text

## **DSD 28/CMIPS Reporting/Payroll – Advanced Pay**

# DSD 28/CMIPS Reporting/Payroll – Advanced Pay /Reconciliation of Advanced Payments

CI	Document Name
 CI-51850 - DSD RPTS Reconciliation of Advance Payments <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Reconciliation_of_Advance_Payments.doc

## Report Business Description

The Reconciliation of Advance Payments report identifies financial details of each warrant issued to Advance Pay Recipients against which no timesheets have been submitted or the timesheet submitted did not reconcile with the Advance Payment. The report is used to reconcile all money paid to Advance Pay Recipients.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input checked="" type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	County, Social Worker
County Name	Required	Either "County Name" or "All Counties" from drop-down list.
Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	County and Social Worker Versions
WORKER #	Secondary	Social Worker Version

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
CASE NUMBER	Primary	
PROVIDER NUMBER	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH: For a one month period based on the date selected
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a one month period based on the date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DE-2020 SUPPORTIVE SERVICES RECONCILIATION OF ADVANCE PAYMENTS								PAGE: 1
								CYCLE DATE: 11/01/2010 TO 11/30/2010
								RUN DATE: 08/26/2011 TIME: 18:04:45
RECIPIENT NAME/ CASE NUMBER	PAYMENT TYPE	AMOUNT/ DATE	GROSS WAGES	EMPLOYEE FICA	EMPLOYER FICA	EMPLOYEE MEDICARE	EMPLOYER MEDICARE	NET PAYMENT REGULAR
ZDO, JOHN D001793	11/2010 10.00	117.17 10.00	1,148.00	77.00	10.00	13.00	13.00	1,134.41
PROVIDER NAME/NUMBER								
None		00:00 0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBMITTED		0:00	0.00	0.00	0.00	0.00	0.00	0.00
NET DIFFERENCE		117.17	\$1,148.00	\$77.00	\$10.00	\$13.00	\$13.00	\$1,134.41
-----	-----	-----	-----	-----	-----	-----	-----	-----
ZDO, SAM D001791	11/2010 10.00	117.17 10.00	1,150.12	78.00	10.71	14.19	14.19	1,137.13
PROVIDER NAME/NUMBER								
None		00:00 0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBMITTED		0:00	0.00	0.00	0.00	0.00	0.00	0.00
NET DIFFERENCE		117.17	\$1,150.12	\$78.00	\$10.71	\$14.19	\$14.19	\$1,137.13
-----	-----	-----	-----	-----	-----	-----	-----	-----
ZDO, SAM D001794	11/2010 10.00	117.17 10.00	1,148.00	77.00	10.00	13.00	13.00	1,134.41
PROVIDER NAME/NUMBER								
None		00:00 0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBMITTED		0:00	0.00	0.00	0.00	0.00	0.00	0.00
NET DIFFERENCE		117.17	\$1,148.00	\$77.00	\$10.00	\$13.00	\$13.00	\$1,134.41
-----	-----	-----	-----	-----	-----	-----	-----	-----
ZDO, SAM D001793	11/2010 10.00	117.17 10.00	1,150.12	78.00	10.71	14.19	14.19	1,137.13
PROVIDER NAME/NUMBER								
None		00:00 0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBMITTED		0:00	0.00	0.00	0.00	0.00	0.00	0.00
NET DIFFERENCE		117.17	\$1,148.00	\$77.00	\$10.00	\$13.00	\$13.00	\$1,134.41
-----	-----	-----	-----	-----	-----	-----	-----	-----
<small>CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY</small>								

Figure – Reconciliation of Advance Payments – County

COUNTY:	STATE OF CALIFORNIA					PAGE:		
SOCIAL WORKER:	IN-HOME SUPPORTIVE SERVICES RECONCILIATION OF ADVANCE PAYMENTS					04/01/2014 TO 04/30/2014		
RECIPIENT NAME/ CASE NUMBER	ENTRANT NAME	INCOMES/ RAISE	INCOME RAISE	EMPLOYEE FICA	EMPLOYEE MEDICARE	EMPLOYEE REC/DEC	NET PAYMENT	REBATES
NO DATA TO REPORT								
<small>CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY</small>								

Figure – Reconciliation of Advance Payments – Social Worker

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
SOCIAL WORKER	The social worker for the cases being reported.	This data element is located on the Social Worker Version	N	NA	Left	String
<b>REPORT BODY</b>						

Recipient Name	The name of the Recipient.	Last Name, First Name	N	NA	Left	String
Case Number	The CMIPS case number.		N	NA	Left	9999999
Provider Name	Name of Provider.	Last Name, First Name	N	NA	Left	String
Provider Number	Provider's number.	"NONE" if no Provider timesheets were received.	N	NA	Left	999999999
Payment Month	The month and year for which the Recipient's Advance Payment was issued.		N	NA	Left	MM /CCYY
Hours	The authorized hours paid.		N	NA	Left	999:99
Rate	The hourly rate of payment for the authorized hours.		N	NA	Left	99.99
Gross Wages	The gross wage paid for authorized services, prior to SOC and tax deductions.		N	NA	Left	9,999.99
Employee FICA	The amount withheld from the Advance Payment for employee Social Security benefits.		N	NA	Left	99.99
Employee Medicare	The total amount withheld from the Advance Payment for employee Medicare benefits.		N	NA	Left	99.99
Employee SDI /DIEC	The amount withheld from the Advance Payment for employee SDI /DIEC.		N	NA	Left	99.99
Net Payment	Gross pay minus FICA, Medicare and SDI/DIEC		N	NA	Left	99.99
Remarks	Blank space. Used during reconciliation for notes.		N	NA	Left	
Submitted Hours	The hours paid based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	999:99
Submitted Rate	The hourly rate based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	99.99
Submitted Gross Wages	The gross wage based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	9,999.99
Submitted Employee FICA	The amount withheld for employee Social Security benefits based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	9,999.99
Submitted Employee Medicare	The amount withheld for employee Medicare benefits based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	9,999.99
Submitted Employee SDI /DIEC	The amount withheld for employee SDI/DIEC based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	9,999.99
Submitted Net Payment	The net payment amount based on the timesheet(s) submitted against a Provider or Recipient for the month.		N	NA	Left	9,999.99
Net Difference Hours	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for HOURS.		N	NA	Left	999:99
Net Difference Gross Wages	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for GROSS WAGES.		N	NA	Left	9,999.99
Net Difference Employee FICA	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for FICA.		N	NA	Left	9,999.99
Net Difference Employee Medicare	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for MEDICARE.		N	NA	Left	9,999.99
Net Difference Employee SDI /DIEC	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for SDI/DIEC.		N	NA	Left	9,999.99
Net Difference Net Payment	The difference between the amounts credited to the Provider(s), adjustments to the Recipient and the initial Advance Payment to the Recipient for NET PAY.		N	NA	Left	9,999.99

**REPORT FOOTER**

	Page Footer	CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Payroll – Advanced Pay /Unreconciled Advance Payment

CI	Document Name
 CI-740777 - DSD RPTS Unreconciled Advance Pay <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Unreconciled_Advance_Pay.docx

## Report Business Description

The Unreconciled Advance Pay Report will allow the CDSS QA staff to have a statewide listing of unreconciled Advance Pay recipients for the purposes of fraud prevention and error rate studies.

The report will be produced on a monthly basis, on the first business day of the month, and report any recipient for whom an Advance Payment was issued for any service month(s) more than two months prior to the run date which has not been fully reconciled.

When multiple payments were issued to the recipient in service month, all payments will be listed, by payment type.

Any provider with an Active provider hours segment at the time the report is run will be listed. When reconciling timesheet(s) were processed the hours paid and these hours do not match the hours on all recipient payments for the service month this results in an unreconciled Advance Payment and will be listed with the hours and wages reconciled which have been processed against the case. If a reconciling timesheet has not yet been submitted, the reconciled hours and wage will be indicated as zero.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management

<input type="checkbox"/>	Accounting
<input checked="" type="checkbox"/>	QA Staff
<input checked="" type="checkbox"/>	Fraud
<input type="checkbox"/>	Adult Program Division (APD)
<input type="checkbox"/>	Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator

<input type="checkbox"/>	Infrastructure Monitoring
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## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
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<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input checked="" type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
County	Required	Select one, multiple or All (Statewide)

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
County	Primary	
District Office	Secondary	
Social Worker	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
Recipient Name	Primary	Last Name, Suffix, First Name MI
Service From Date	Secondary	Oldest to most recent. For each service month the following will be associated "Total", "Reconciled" and "Unreconciled"

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First Business day of month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the selected criteria
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES UNRECONCILED ADVANCE PAY REPORT										Page: 1	
										CYCLE DATE: 04/18/2014 RUN DATE: 04/16/2014 time: 14:16:28	
RECIPIENT NAME	CASE NUMBER	CASE STATUS	STATUS DATE	RESIDENT NUMBER	SERVICE FROM DATE	ELIG. MONTH/ RECORDED MONTH	GROSS AMOUNT	NET AMOUNT/ RECEIVED AMOUNT	DISBURSE TYPE	PLACED DATE	PROVIDER NUMBER
NAME: UNKNOWN	6127461	Eligible	04/16/2014	02222462	11/01/2013	200:00	\$1,254.50	\$1,252.90	Advance Pay	4/16/2014	
					REBATE TOTALS:	200:00	\$1,254.50	\$1,252.90			
						150:00		150:00			000181217
						20:00		20:00			000181247
						22:00		22:00			000181211
					TOTAL RECORDED:	180:00		180:00			
					TOTAL UNRECORDED:	180:00		180:00			
					REBATE TOTALS:	11/01/2013	200:00	\$1,254.50	\$1,252.90	Advance Pay	11/01/2013
					REBATE TOTALS:	200:00	\$1,254.50	\$1,252.90			
						150:00		150:00			000181217
						20:00		20:00			000181247
						22:00		22:00			000181211
					TOTAL RECORDED:	190:00		190:00			
					TOTAL UNRECORDED:	60:00		60:00			
					REBATE TOTALS:	11/01/2013	200:00	\$1,254.50	\$1,252.90	Advance Pay	11/01/2013
					REBATE TOTALS:	200:00	\$1,254.50	\$1,252.90			
						150:00		150:00			000181217
						20:00		20:00			000181247
						22:00		22:00			000181211
					TOTAL RECORDED:	190:00		190:00			
					TOTAL UNRECORDED:	60:00		60:00			
					REBATE TOTALS:	07/01/2014	200:00	\$1,254.50	\$1,252.90	Advance Pay	07/01/2014

DATA STATED AS OF APPROXIMATELY 1PM ON THE PREVIOUS DAY

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
WORKER #	The Worker Number for the social worker who currently owns this recipient case		Y	A	Left	String
<b>REPORT BODY</b>						
RECIPIENT NAME	The Case Recipient Name	Last Name, Suffix, First Name MI	Y	A	Left	String
CASE NUMBER	CMIPS Case Number		N	NA	Right	9999999
CASE STATUS	Case Status	Current Case status as of the date the report is run	N	NA	Right	String
STATUS DATE	Case Status Date	The "From" date associated with the case status reported	N	NA	Right	MM/DD /YYYY

WARRANT NUMBER	SCO Warrant Number	The warrant number associated with the unreconciled warrant for the specific Service From Date. If multiple warrants were issued for a single Service Month, all warrants are listed.	N	NA	Left	99999999
SERVICE FROM DATE	The Service From Date associated with the unreconciled Advance Pay warrant		N	A	Right	MM/DD /YYYY
PAID HOURS /RECONCILED HOURS	The number of authorized hours paid	The number of hours associated with each Advance Pay warrant listed.  For each provider the number of hours which were reconciled to the Advance Payment. If no reconciling timesheet has been processed the field will displays as 0:00	N	NA	Right	HHH:MM
GROSS WAGES	The gross amount associated with the warrant	The gross amount associated with the warrant.	N	NA	Right	\$9999.99
NET WAGES/ RECONCILED WAGES	The net amount associated with the warrant	The net amount associated to the warrant, paid to the recipient including Share of Cost.  For each provider the dollars associated with the hours which were reconciled to the Advance Payment. If no reconciling timesheet has been processed the field will displays as \$0.00	N	NA	Right	\$9999.99
WARRANT TYPE	The CMIPS Pay Type associated with the payment issued to the recipient. There may be multiple payments in a service month. Each Advance Payment issued should be listed	Advance Pay (System generated payment)  Advance Pay – Initial (Special Transaction)  Advance Pay – Additional (Special Transaction)	N	NA	Right	String
CLEARED DATE	The date on which the warrant status changed to "Cleared"	If multiple warrants were issued to the recipient, list the "Cleared" date for each warrant type listed above	N	NA	Right	MM/DD /YYYY
PAYMENT TOTAL	Displays the Totals associated with Authorized Hours, Gross Wage and Net Wage	ROW HEADER – The following columns should be summed for each Service Month listed: <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Gross Wages</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
TOTAL RECONCILED	Reports the hours or dollars reconciled for the service month indicated	ROW HEADER – The following columns should be summed: <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
TOTAL UNRECONCILED	The unreconciled hours and dollars for the service month	ROW HEADER – The difference between the Total and Reconciled amounts for the following: <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
PROVIDER NUMBER	Provider Number(s)	Any provider who was Active on the recipient case for any unreconciled pay period.	N	NA	Right	999999999
PAYMENT TOTALS	Displays the Totals associated with Authorized Hours, Gross Wage and Net Wage per recipient	ROW HEADER – The following columns should be summed for each Recipient listed: <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Gross Wages</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
TOTAL RECONCILED	Reports the hours or dollars reconciled for the service month indicated	ROW HEADER – The following columns should be summed per Recipient" <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
TOTAL UNRECONCILED	The unreconciled hours and dollars for the service month	ROW HEADER – The difference between the Total and Reconciled amounts for the following: <ul style="list-style-type: none"><li>• Sum Authorized Hours</li><li>• Sum of Net Wages</li></ul>	N	NA	Right	\$9999.99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Advanced Pay /Unreconciled Advance Payment Summary

CI	Document Name
 CI-813476 - DSD RPTS Unreconciled Advance Pay Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Unreconciled_Advance_Pay_Summary.docx

## Report Business Description

The Unreconciled Advance Pay Summary Report will allow the CDSS QA staff to have a statewide listing of unreconciled Advance Pay warrants for the purposes of fraud prevention and error rate studies.

The report will be produced on a monthly basis, on the first business day of the month, and report any County for whom an Advance Payment was issued for any service month(s) more than two months prior to the run date which has not been fully reconciled.

When reconciling timesheet(s) were processed the hours paid and these hours do not match the hours on all recipient payments for the service month this results in an unreconciled Advance Payment and will be listed with the hours and wages reconciled which have been processed against the case. If a reconciling timesheet has not yet been submitted, the reconciled hours and wage will be indicated as zero.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting

	<input checked="" type="checkbox"/> QA Staff
	<input checked="" type="checkbox"/> Fraud
	<input type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS
<input type="checkbox"/>		<input type="checkbox"/>	

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input checked="" type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment
N/A	N/A	N/A

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
County	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
County	Primary	County which owns the case with unreconciled advance pay warrants

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First Business day of month
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE: For the selected criteria
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES TIME-CORRECTED ADVANCE PAY REPORT - SUMMARY									
COMITE	UNRECONCILED NAME	RECONCILED NAME	POST DATE	RECONCILED DAYS	UNRECONCILED DAYS	GROSS NAME	NET NAME	RECONCILED NAME	UNRECONCILED NAME
ACANTIL	37 300	300	71,001-06	44,121-02	24,372-04	109,153.00	615,475.18	240,361.43	330,372.37
BELLE	8 30	30	71,100-03	16,264-07	8,128-03	400,486.00	415,018.78	310,318.54	217,302.78
CALIFORNIA	4 30	30	71,009-03	25,011-01	4,815-01	101,150.00	417,421.15	82,207.14	113,128.72
CENTRAL COSTA	21 150	150	71,100-03	18,005-06	4,178-03	373,154.00	628,298.18	211,457.00	217,302.78
CHI STATE	3 10	10	71,070-03	5,483-02	977-04	425,045.24	425,045.24	425,045.24	425,045.24
EL DORADO	4 10	10	71,100-03	2,387-03	501-03	228,148.25	216,288.15	216,288.15	211,140.40
FRESNO	9 90	90	71,100-03	7,401-03	6,642-03	418,479.70	418,479.70	476,300.37	431,818.47
HUMBOLDT	1 87	87	71,121-03	7,001-03	7,180-03	206,507.00	194,644.41	276,251.43	211,482.78
IDEA	± 0	0	815-04	875-03	857-04	31,167.00	31,167.00	831-012.00	84,012.00
LAKE	3 10	10	71,100-03	4,931-03	944-03	401,198.77	444,916.57	941,191.00	91,434.46
LAMAR	2 13	13	71,100-03	2,128-03	129-04	114,018.00	113,767.18	312,371.18	211,817.02
LOS ANGELES	122 1,750	497,302.00	708,179-03	208,179-03	100,120-04	96,914,120.44	94,504,969.78	321,909,492.77	81,125,215.76
MADERA	1 12	12	71,089-03	3,401-02	378-03	321,317.48	321,317.48	236,409.89	27,382.02
MARIN	2 20	20	71,100-03	6,001-03	619-03	391,990.00	387,766.18	376,384.51	211,804.39
MARIC	8 8	8	71,140-03	3,769-03	719-03	221,430.00	220,863.18	216,371.37	211,238.78
MARINCO	3 8	8	71,140-03	3,083-03	875-03	162,345.00	162,345.00	162,345.00	162,345.00
MARSH	4 10	10	71,150-03	4,001-03	971-03	221,245.24	220,949.34	217,831.72	211,127.30
MATRA	9 30	30	71,100-03	11,150-03	1,943-04	818,103.00	614,249.76	411,648.20	431,915.56

DATA UPDATED AS OF APPROXIMATELY FIVE IN THE PREVIOUS DAY

Figure – Unreconciled Advance Pay Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES TIME-CORRECTED ADVANCE PAY REPORT - SUMMARY									
COMITE	UNRECONCILED NAME	RECONCILED NAME	POST DATE	RECONCILED DAYS	UNRECONCILED DAYS	GROSS NAME	NET NAME	RECONCILED NAME	UNRECONCILED NAME
ORANGE	19 257	257	81,147-03	71,459-02	11,671-03	400,124.76	424,132.36	419,637.52	412,314.37
PELICAN	4 20	20	81,264-03	4,154-02	1,043-03	154,118.32	141,298.18	240,876.32	211,718.34
REVENGE	29 318	318	71,007-04	81,281-03	25,746-03	100,498.00	494,820.92	488,207.03	210,114.30
REVERE	28 144	144	81,269-03	28,694-02	6,763-03	240,455.00	236,722.00	236,722.00	231,415.12
SAN BENITO	2 8	8	71,020-03	3,004-02	318-03	126,700.00	126,700.00	117,461.48	211,318.12
SAN FRANCISCO	31 152	152	43,117-02	11,871-03	12,452-04	545,175.13	641,598.54	430,462.72	814,116.12
SAN JUAN	89 130	130	94,137-03	18,229-03	8,387-03	140,398.00	618,471.32	338,873.87	261,172.39
SAN MATEO COUNTY	1 43	43	18,540-03	8,127-03	12,411-03	113,752.03	618,652.37	189,811.16	235,769.50
SAN MATEO CO.	8 40	40	81,180-03	31,708-03	1,094-03	261,388.42	261,388.42	238,722.04	211,848.28
SAN MATEO CRASH	1 85	85	18,585-03	18,279-02	4,170-02	212,189.38	412,277.78	412,277.78	211,957.32
SAN MATEO	4 24	24	81,428-03	5,935-02	1,493-03	810,824.00	810,627.78	265,496.87	211,112.36
SANTA BARBARA	3 48	48	18,577-03	18,091-03	9,070-03	100,428.00	418,042.38	411,391.73	411,391.73
SANTA CRUS	12 164	164	71,165-03	52,381-03	21,380-03	560,724.00	563,783.13	262,681.10	210,114.30
SANTA CRUZ	9 48	48	11,329-03	16,422-03	1,244-03	144,188.18	414,082.38	418,714.00	211,846.91
TRINITY	4 22	22	71,789-03	4,536-02	1,202-03	361,494.78	137,402.18	265,682.44	211,762.32
YERBA	11 126	126	34,178-03	27,446-02	4,211-03	280,478.48	278,478.48	238,504.13	211,338.48
YERBA	12 78	78	15,089-03	22,380-03	1,703-04	813,192.05	818,407.43	112,801.14	210,519.78
YERIBAH	8 18	18	1,147-03	2,444-03	1,004-03	126,124.00	126,076.18	126,076.18	210,258.38

DATA UPDATED AS OF APPROXIMATELY FIVE IN THE PREVIOUS DAY

Figure – Unreconciled Advance Pay Summary Page 2

STATE OF CALIFORNIA IN-SOURCE SUPPORTIVE INSPECTOR UNRECONCILED ADVANCE PAY REPORT - SUMMARY										REPORT DATE: 07/01/2019 TIME: 11:57:30	CODE DATE: 07/01/2019	
OFFICE	UNRECONCILED CASES	UNRECONCILED WARRANTS	HOURS PAID	RECONCILED HOURS	UNRECONCILED HOURS	UNIQUE MARSH	NET WORKS	RECONCILED WANTS	UNRECONCILED WANTS			
TESSIE	1	12	3,139.29	2,479.27	912.03	431,817.95	430,395.91	426,287.67	425,631.29			
TRISTY	1	13	1,735.89	1,376.24	359.65	131,311.61	130,311.61	128,060.87	124,762.83			
VERONAL	13	188	47,261.26	39,228.42	8,032.84	234,146.44	234,146.44	234,348.48	232,648.24			
YOLI	0	0	22,331.28	18,971.13	3,760.15	8247,990.22	8239,479.34	818,798.87	809,778.87			
TOTAL	349	6,128	6,139,326.28	5,023,462.13	389,842.17	812,988,350.86	802,872,872.91	80,309,898.27	83,121,179.36			

Figure – Unreconciled Advance Pay Summary Page 3

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	99 XXX 9999
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	99 XXX 9999
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
COUNTY	List all 58 counties		Y	A	Left	String
Unreconciled Cases	Count of the number of cases that are not completely reconciled		N	NA	Right	9999999
Unreconciled Warrants	Count of the number of warrants that are not completely reconciled		N	NA	Right	9999999
Hours Paid	The number of authorized hours paid		N	NA	Right	HH:MM
Reconciled Hours	The number of authorized hours reconciled		N	NA	Right	HH:MM

Unreconciled Hours	The number of authorized hours unreconciled		N	NA	Right	HH:MM
Gross Wages	The gross amount associated with the warrant		N	NA	Right	\$9999.99
NET WAGES	The net amount associated with the warrant	The net amount associated to the warrant, paid to the recipient including Share of Cost.	N	NA	Right	\$9999.99
RECONCILED WAGES	The net amount associated with the warrant. The reconciled dollars for the service month	The net amount associated to the warrant, paid to the recipient including Share of Cost.	N	NA	Right	\$9999.99
UNRECONCILED WAGES	The net amount associated with the warrant. The unreconciled dollars for the service month		N	NA	Right	\$9999.99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	

## **DSD 28/CMIPS Reporting/Payroll – Deduction Management**

# DSD 28/CMIPS Reporting/Payroll – Deduction Management /Health Benefits Deduction Reconciliation

CI	Document Name
 CI-51825 - DSD RPTS Health Benefits Deduction Reconciliation Report CANCELLED	DSD_RPTS_Health_Benefits_Deduction_Reconciliation_Report.doc

Cancelled by ASR Sprint 2 Team Case Management and Apps/Srvcs Improvements.

# DSD 28/CMIPS Reporting/Payroll – Deduction Management /Labor Organization Deduction Reconciliation

CI	Document Name
 <b>CI-51810</b> - DSD RPTS Labor Organization Deduction Reconciliation Report <b>CANCELLED</b>	DSD_RPTS_Labor_Organization_Deduction_Reconciliation_Report.doc

Cancelled by ASR Sprint 59 Team 1&2.

# DSD 28/CMIPS Reporting/Payroll – Deduction Management /Labor Organization Deductions Not Taken

CI	Document Name
 <a href="#">CI-51797</a> - DSD RPTS Labor Organization Deductions Not Taken Report <span style="background-color: #e0f2ff; border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_RPTS_Labor_Organization_Deductions_Not_Taken_Report.doc

Cancelled by ASR Sprint 41 Team 1&2

# DSD 28/CMIPS Reporting/Payroll – Deduction Management /Lien Holder Deduction Reconciliation Report

CI	Document Name
 CI-116545 - DSD RPTS Lien Holder Deduction Reconciliation <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Lien_Holder_Deduction_Reconciliation.doc

## Report Business Description

This Lien Holder Deduction Reconciliation Report allows the Lien Holder to view all deduction activity associated with warrants issued to the individual Lien Holders.

The report provides individual deduction amounts associated with deductions processed for a day. Each provider's deductions are reported as a PROVIDER TOTAL amount. Therefore, when multiple deductions are associated to a provider all deductions will be grouped and totaled. Multiple actions may include an actual provider warrant deduction, a negative deduction amount associated with a voided provider warrant and a positive deduction amount associated with the reissuance of a voided warrant.

The report also contains a DATA VERSION parameter which allows the user to run the report for any of the following:

POSITIVE – Reports only those deductions which result in a PROVIDER TOTAL which is a positive value. If a warrant is voided and reissued on the same date this would result in a PROVIDER TOTAL of zero and these transaction would not appear on the report. However, if a provider warrant has a Lien Holder deduction and results in a PROVIDER TOTAL of a positive value then the transaction would appear on the report. The GRAND TOTAL amount reported for the Lien Hold will always match the amount of the warrant issued to the Lien Holder.

ALL – Reports all deduction transactions processed when the resulting PROVIDER TOTAL is zero, positive or negative. The GRAND TOTAL amount reported for the Lien Hold will not match the amount of the warrant issued to the Lien Holder.

LESS THAN OR EQUAL TO ZERO – Reports only those transactions which results in a PROVIDER TOTAL that is zero or negative. The GRAND TOTAL amount reported for the Lien Hold will not match the amount of the warrant issued to the Lien Holder.

The Back Office runs this report and includes this with the warrant which is received by each Lien Holder listed on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input checked="" type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input checked="" type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
DATE	Required	Report may be run for a single date only
DATA VERSION	Required	Versions include: ALL – All provider deductions regardless of whether the PROVIDER TOTAL is positive, negative or zero POSITIVE – Any PROVIDER TOTAL which is positive only ZERO OR NEGATIVE – Any PROVIDER TOTAL which results in a zero and negative  Note – Batch reporting only for Positives

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
LIEN HOLDER	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROVIDER Number	Primary	
SERVICE FROM DATE	Secondary	Descending

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: For the selected criteria
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-SHOME SUPPORTIVE SERVICES LIEU RECONCILIATION REPORT				PAGE: 1 CYCLE DATE: 09/21/2012 RUN DATE: 09/16/2012 TIME: 10:04:08		
PROVIDER NAME	PROVIDER NUMBER	SERVICE FROM DATE	BENEFIT/CASE NUMBER	DEDUCTION CATEGORY	DEDUCTION AMOUNT	
CASE: TEST	00000000	09/01/2012	CD-999-9999/CD-9999-9999	FDS EM CASTRO, SERVICE TOTAL	79.00 (\$79.00)	
				GRAND TOTAL	79.00	

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 4:01 IN THE PREVIOUS DAY

Figure – Lien Holder Deduction Reconciliation Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
LIEN HOLDER:	The Lien Holder to whom the payment is issued	Insert page break between each Lien Holder	Y	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/YYYY
SCO WARRANT NUMBER	The SCO Warrant Number	Only a single warrant will be issued to a Lien Holder.	N	NA	Left	999999999
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
PROVIDER NAME	Provider's name	Last Name, First Name	N	NA	Left	String

PROVIDER NUMBER	Provider Number		Y	A	Left	999999999
SERVICE FROM DATE	Service From Date		N	D	Left	MM/DD/YY
DOCKET /CASE NUMBER	Docket/Case Number specific to the deduction processed		N	NA	Left	Alpha-numeric String
DEDUCTION CATEGORY	The Deduction Category (Batch Type) entered as part of the Lien Deduction set-up		N	NA	Left	String
DEDUCTION AMOUNT	<p>Deduction amount from each provider payment listed.</p> <p>There may be multiple rows and depending upon the PARAMETER selected this may include positive and negative values</p>	<p>For the individual deduction listing this column should indicate the dedication amount.</p> <p>The amount associated with the "PROVIDER NAME TOTAL" should display the sum of all deductions</p>	N	NA	Left	\$9,999.99
[PROVIDER NAME] TOTAL	The total deductions for the indicated provider	<p>After all deductions included on a single warrant for a provider, indicate the Provider Name (Last Name, First Name MI and Total).</p> <p>Example: SMITH, ROBERT TOTAL</p>	N	NA	<p>Verbiage is right justified under DEDUCTION CATEGORY</p> <p>The associated amount (sum of listed deductions) is right justified under "DEDUCTION AMOUNT" column.</p>	\$9,999.99
GRAND TOTAL	The grand total amount associated with the warrant being reported		N	Na	<p>Verbiage is right justified under DEDUCTION CATEGORY</p> <p>The associated amount (Grand Total of warrant) is right justified under "DEDUCTION AMOUNT" column.</p>	\$9,999,999.99
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Deduction Management /Share of Cost Detail Across Providers

CI	Document Name
 CI-51799 - DSD RPTS Share of Cost Detail Across Providers <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Share_of_Cost_Detail_Across_Providers.doc

## Report Business Description

The report provides details on a Recipient's SOC amount for all Providers for a given date range.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
--------	--------	--------	--------

<input type="checkbox"/>	Case Maintenance	<input checked="" type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Recipient	Required	

Date Range	Required	
------------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Last Name, First Name

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the date range selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES SHARE OF COST DETAIL ACROSS PROVIDERS							PAGE: 1	
							CYCLE DATE: 01/01/2001 TO 03/31/2001	
							RUN DATE: 09/11/2001 TIME:14:19:27	
RECIP LASTI, RECIP FIRSTI 130001								
<hr/>								
MT ID	DATE	DETAILS	WORKER NUMBER	BILLED PAY	NET PAY	SHRINE NAME	PROVIDER NAME	SHARE OF COSTS
5/2001		Paycheck Cleared	BC000102	161.00	130.00	00:00	TESTLASTI, FIRSTI	SHRTOV01 12.00
6/2001		Paycheck Cleared	BC000001	161.00	130.00	00:00	TESTLASTI, FIRSTI	SHRTOV01 12.00
							TOTAL 120.00	
<hr/>								
CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY								

Figure – Share of Cost Detail Across Providers

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
Recipient Name	Recipient Name	Last Name, First Name	N	NA	Left	String
Case Number	Recipient's case number		N	NA	Left	9999999
Service From Date	Service Start date		N	NA	Left	MM/DD /YYYY
Warrant Issued Date	Date warrant was issued.		N	NA	Left	MM/DD /YYYY
Status	Warrant Status		N	NA	Left	String
Warrant Number	Warrant number		N	NA	Left	99999999
Gross Pay	Gross Pay Amount		N	NA	Left	9,999.99
Net Pay	Net Pay Amount		N	NA	Left	9,999.99
Hours	Authorized Hours Paid		N	NA	Left	999:99
Provider Name	Provider Name	Last Name, First Name	N	NA	Left	String
Provider Number	Provider Number		N	NA	Left	99999999
Share of Cost	Share of Cost amount		N	NA	Left	9,999.99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

## **DSD 28/CMIPS Reporting/Payroll – Tax and Contribution**

# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /DE9 DE9C DE88 Backup Listing Report for Default SEIN

CI	Document Name
 CI-116543 - DSD RPTS DE9 DE9C DE88 Backup Listing Report for Default SEIN <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_DE9_DE9C_DE88_Backup_Listing_Report_for_Default_SEIN.doc

## Report Business Description

This report provides a listing of individuals reported in the DE-88 withholdings file using the default SEIN instead of an EDD assigned SEIN. There is no information from the DE-9 or DE-9C included on this report.

NOTE: CMIPS DE-1 registration processing functionality and timing has been set up in such a way that Recipient (Employer) associated with holdings are never reported against the default SEIN. As a result this report is only populated in the test environments.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input checked="" type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Report Year	Required	The calendar year for which the report will be run.
Quarter	Required	1 – 4 The quarter for which the report will be run.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SEIN	Primary	SEIN is coded as the Sort for this report but each individual on the report will have the same SEIN, this results in no visible sort properties.

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: After Quarterly Tax processing after each calendar quarter
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For selected Quarter
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DE-9 / DE-9C / DE-88 BACKUP LISTING FOR DEFAULT SEIN								PAGE	1
COUNTY: STATEWIDE								CYCLE DATE:	08/01/2011 TO 08/20/2011
								RUN DATE:	08/12/2011 TIME: 17:16:32
REC NUM	SEIN#	TOTAL WAGES	SS1	SS2	SEX	BIBO	NET	TOTAL TAXES	
RECIPIENT NAME									
RECIPIENT SSN	RECIPIENT SSN								
1	510000001	1,144.50	101.52	1.02	11.52	0.00	0.00	107.57	
RCIPI, TESTRA 453395994	1985-05-01								
		GRAND TOTALS	\$2,886.50	\$102.82	\$5.82	\$31.53	\$0.00	\$0.00	\$137.57

Figure – DE-9/DE 9C/DE-88 Backup Listing Report for Default SEIN

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
REPORT HEADER						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE	N	A	Left	String

CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
Seq Num	Report sequential record number.	This field does not reference any specific location or information for a record.	N	NA	Left	999
SEIN	State Employer Identification Number.	Source: Advantage HRM TAXING_ENTITY table, State Tax Id 2 field  (First 8 characters store the primary SEIN; last 8 characters store the DIEC SEIN, if applicable)  Default SEIN (53000022) must be displayed, with status of 'Active' in the Computer field	N	A	Left	99999999
Total Wages	Total Wages amount.	Source: Advantage HRM, PAY_CHK_PAY_SUMM table  Reports Provider wages by check date, where warrant is not voided (BANK_CHK_DISP_ID not 'R' or 'S')  For the Primary SEIN, family wages are reported if PIT withheld; non-family wages are reported if PIT or SDI withheld.  For the DIEC SEIN, family wages are reported if DIEC withheld.	N	NA	Left	\$999,999.99
SUI	State Unemployment Tax amount.	Source: Advantage HRM PAY_CHKDED_SUMM table, last updated record for the quarter	N	NA	Left	\$9,999.99
ETT	Employment Training Tax amount.	Source: Advantage HRM PAY_CHKDED_SUMM table, last updated record for the quarter	N	NA	Left	\$9,999.99
SDI/DIEC	State Disability Insurance amount.	Source: Advantage HRM PAY_CHKDED_SUMM table, last updated record for the quarter	N	NA	Left	\$9,999.99
PIT	California Personal Income Tax amount.	Source: Advantage HRM PAY_CHKDED_SUMM table, last updated record for the quarter	N	NA	Left	\$9,999.99
Total Taxes	Total Taxes amount.	Sum of SUI, ETT, SDI/DIEC and PIT taxes	N	NA	Left	\$99,999.99
Recipient Name	Recipient name	Recipient name as displayed on EPM  Last Name, First Name	N	NA	Right	String
Recipient SSN	Recipient Social Security Number.	Recipient SSN as displayed on EPM	N	NA	Left	999999999
Recipient DOB	Recipient date of birth.	Recipient DOB as displayed on EPM	N	NA	Left	YYYY-MM-DD
<b>REPORT FOOTER</b>						
NONE						

# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /Quarterly Provider Wage Report

CI	Document Name
 CI-51805 - DSD RPTS Quarterly Provider Wage Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Quarterly_Provider_Wage_Report.doc

## Report Business Description

This report provides a listing of a provider's quarterly wages for each SEIN under which wages were paid in the quarter. This report is delivered to the EDD Tumbleweed SFT server by the Business Process Manager (RPQS107Q) for use in investigating unemployment claim filings.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input checked="" type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input checked="" type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Select Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	Ascending

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROVIDER NAME	Primary	Ascending – Last, First
PROVIDER SSN	Secondary	Ascending

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>		Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: Batch transfer PDF to ProcServer/BPM (rpqs107q.pdf) and to Back Office – 1 <sup>st</sup> business day of the new quarter (January, April, July, October) for the prior quarter
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the calendar quarter associated with the selected date
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-NURSE ADVOCATIVE SERVICES QUARTERLY PROVIDER WAGE REPORT										PAGE: 1
										CYCLE DATE: 10/01/2010 TO 10/31/2010
										RUN DATE: 01/03/2011 TIME: 8:01:11
PROVIDER NAME	PROVIDER NUMBER	PROVIDER EIN	OCTOBER CASE	SEIN	OCTOBER GROSS AMOUNT	NOVEMBER GROSS AMOUNT	DECEMBER GROSS AMOUNT	QUARTER TOTAL AMOUNT		
CONFIDENTIAL, INC.	800007788	820-32-0788	00000000	0	0.00	1,585.00	0.00	11,585.00		
AUTOMATION USE, INC.	800007782	821-01-0788	00001000	0	0.00	500.00	0.00	500.00		
AUTOMATION USE, INC.	800007782	821-01-0788	00001000	1	0.00	500.00	0.00	500.00		

Figure – Quarterly Provider Wage Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
	Report Name to be followed by REPORT PARAMETERS	QUARTERLY PROVIDER WAGE REPORT – <REPORT YEARQ#>  Example: 2016Q4	N	N	Center	String
<b>REPORT BODY</b>						
PROVIDER NAME	Provider Name	Provider is populated to a County group based on RD_WARRANTS.COUNTY_CD of the latest payment selected for the SEIN/Provider ID  Payments across a quarter can be made from different counties	N	A	Left	Last, First

PROVIDER NUMBER	CMIPS Provider ID		N	NA	Left	999999999
PROVIDER SSN	Provider Social Security Number		N	A	Left	999-99-9999
CASE	CMIPS Recipient Case Number		N	NA	Left	9999999
SEIN	EDD State Employer Identification Number A recipient can have multiple active SEINs		N	NA	Left	999999999
<MONTH 1> GROSS AMOUNT	Sum of gross wages paid to the provider for an SEIN and recipient case number in the 1 <sup>st</sup> month of the requested report quarter	From RD_WARRANTS – WARRANTID where TAX_RELATIONSHIP_CD <> 'AP' (Advance Pay) and WARRNAT_STATUS <> 'VOID'  SUM of CHECK_GROSS for each distinct WARRANTID issued to specific PROVIDER_ID/RECIPIENT_ID/TAXING_ENTITY_CD combination with WARRANT_ISSUE_DT >= the 1 <sup>st</sup> day of the quarter and <= the last day of the quarter.	N	NA	Right	\$99,999.99
<MONTH 2> GROSS AMOUNT	Sum of gross wages paid to the provider for an SEIN and recipient case number in the 2 <sup>nd</sup> month of the requested report quarter	From RD_WARRANTS – WARRANTID where TAX_RELATIONSHIP_CD <> 'AP' (Advance Pay) and WARRNAT_STATUS <> 'VOID'  SUM of CHECK_GROSS for each distinct WARRANTID issued to specific PROVIDER_ID/RECIPIENT_ID/TAXING_ENTITY_CD combination with WARRANT_ISSUE_DT >= the 1 <sup>st</sup> day of the quarter and <= the last day of the quarter.	N	NA	Right	\$99,999.99
<MONTH 3> GROSS AMOUNT	Sum of gross wages paid to the provider for an SEIN and recipient case number in the 3 <sup>rd</sup> month of the requested report quarter	From RD_WARRANTS – WARRANTID where TAX_RELATIONSHIP_CD <> 'AP' (Advance Pay) and WARRNAT_STATUS <> 'VOID'  SUM of CHECK_GROSS for each distinct WARRANTID issued to specific PROVIDER_ID/RECIPIENT_ID/TAXING_ENTITY_CD combination with WARRANT_ISSUE_DT >= the 1 <sup>st</sup> day of the quarter and <= the last day of the quarter.	N	NA	Right	\$99,999.99
QUARTER TOTAL AMOUNT		<MONTH 1> GROSS AMOUNT + <MONTH 2> GROSS AMOUNT + <MONTH 3> GROSS AMOUNT = QUARTER TOTAL AMOUNT	N	NA	Right	\$99,999.99
<b>REPORT FOOTER</b>						
	No Footer					

# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /Quarterly Federal Tax Disbursement Summary

CI	Document Name
 CI-121483 - DSD RPTS Quarterly Federal Tax Disbursement Summary Report <b>IMPLEMENTED</b>	DSD_RPTS_Quarterly_Federal_Tax_Disbursement_Summary_Report.doc

## Report Business Description

The Quarterly Federal Tax Disbursement Summary Report provides the summary information and totals for employee tax deductions and employer tax contributions, including appropriate funding split distribution. It provides a high-level report with total federal tax deduction and contribution amounts for each funding source, as well as the total federal tax payment.

CGI Managed Advantage (MA) staff uses this report to reconcile the quarterly Federal tax amounts. The report is also used to prepare the Case Management, Information and Payrolling System (CMIPS) Federal Tax Memo. California Department of Social Services (CDSS) Accounting staff uses this report to prepare the journal entries to the California State Accounting & Reporting System (CALSTARS) and/or to the Financial information System for the State of California (FISCal).

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element if applicable).

Group By	Priority	Comment
QUARTER	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical).

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if Case Management (CM) or Payroll.

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fr <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fr <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fr <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: After quarterly tax processing for the prior quarter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES QUARTERLY FEDERAL TAX DISBURSEMENT SUMMARY REPORT (FEDTDS) 1 - 3/6/4		PAGE: 1 DATE: 04/01/2014 TIME: 09:00:16				
		1990	1991	1992	1993	1994
FST		11.17	1.46	1.46	1.46	11.17
FICA - EMPLOYEE	10.17*	-43.78	1.39	1.39	21.29	12.38
FICA - EMPLOYER	10.17	-43.78	1.39	1.39	21.29	12.38
MEDICARE - EMPLOYEE	1.79	-4.78	1.39	1.39	3.31	1.36
MEDICARE - EMPLOYER	1.79	-4.78	1.39	1.39	3.31	1.36
TOTAL		21.18	-81.18	1.39	-11.38	18.27
NET		11.18	1.39	1.39	11.38	11.18
TOTAL		850.40	-819.18	81.39	-82.36	817.86
TOTAL FEDERAL TAX PAYMENT		817.86				
*THIS REPORT IS FOR FEDERAL TAXES ONLY. IT DOES NOT INCLUDE STATE TAXES.						

Figure – Federal Quarterly Tax Disbursement Summary Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
REPORT HEADER						
PAGE:	Page number		N	NA	Left	9,999

COUNTY:	The county for which the report was run	STATEWIDE	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/CCYY TO MM/DD/CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
QUARTER <#> - <YYYY>	Tax Quarter and Calendar Year being reported	Included in the title	Y	A	Center	Text

#### REPORT BODY

CFCO	Amount reported for CFCO funding source	Column Header	N	NA	Center	Text
PCSP	Amount reported for PCSP funding source	Column Header	N	NA	Center	Text
IPO	Amount reported for IPO funding source	Column Header	N	NA	Center	Text
IHSS-R	Amount reported for IHSS-R funding source	Column Header	N	NA	Center	Text
WPCS	Amount reported for WPCS funding source	Column Header	N	NA	Center	Text
TOTAL	Total amount reported for all funding sources	Column Header	N	NA	Center	Text
FIT	Employee Federal Income Tax	BSA 3202	N	NA	Right	9,999,999.99
FICA – EMPLOYEE	Employee Federal Insurance Contributions Act	BSA 3204	N	NA	Right	9,999,999.99
FICA – EMPLOYER	Employer Federal Insurance Contributions Act	BSA 3205	N	NA	Right	9,999,999.99
MEDICARE – EMPLOYEE	Employee Medicare	BSA 3206	N	NA	Right	9,999,999.99
MEDICARE – EMPLOYER	Employer Medicare	BSA 3207	N	NA	Right	9,999,999.99
FUTA	Employer Federal Unemployment Tax Act	BSA 3201	N	NA	Right	9,999,999.99
EIC	Employee Earned Income Credit	Always displays as zero as EIC was terminated prior to CMIPS implementation	N	NA	Right	9,999,999.99
TOTAL	Total Federal Tax amount for Employee and Employer	Bold BSAs 3201, 3202, 3203, 3204, 3205, 3206, 3207	N	NA	Right	99,999,999.99
TOTAL FEDERAL TAX PAYMENT	Total Federal Tax amount for Employee and Employer	Bold - underline row above	N	NA	Right	\$99,999,999.99

#### REPORT FOOTER

	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /Quarterly State Tax Disbursement Summary

CI	Document Name
 CI-121484 - DSD RPTS Quarterly State Tax Disbursement Summary Report IMPLEMENTED	DSD_RPTS_Quarterly_State_Tax_Disbursement_Summary_Report.doc

## Report Business Description

The Quarterly State Tax Disbursement Summary Report provides the summary information regarding employee tax deductions and employer tax contributions. It provides high-level report giving total state tax deduction and contribution amounts for each funding source, as well as the total state tax payment.

This report is used by CGI staff to reconcile the quarterly taxes and prepare the State Tax Memo. The report is also used by CDSS Accounting staff to prepare the journal entries to CALSTARS.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
QUARTER	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER: After quarterly tax processing for the prior quarter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA DEPARTMENT OF REVENUE SERVICES QUARTERLY STATE TAX DISBURSEMENT SUMMARY REPORT QUARTER 1 - 2014						
	DATE:	01/01/2014 TO 03/31/2014				
	TIME:	00:00:00				
	CFCO	\$100	\$0.00	\$0.00	\$0.00	\$0.00
	PCSP	\$1,11	\$1.00	\$0.00	\$1.00	\$1.00
	IPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	IHSS-R	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	\$1,11	\$1.00	\$0.00	\$1.00	\$1.00
		<b>\$1,11</b>	<b>\$1.00</b>	<b>\$0.00</b>	<b>\$1.00</b>	<b>\$1.00</b>
		<b>TOTAL STATE TAX DISBURSEMENT</b>				
		<b>\$1,11.00</b>				

Figure – Quarterly State Tax Disbursement Summary Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE	Y	A	Left	99
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY to MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
QUARTER - <#>	Tax Quarter being reported	Included in the title	N	NA	Left	
<b>REPORT BODY</b>						
CFCO	Amount reported for CFCO funding source	Column Header	N	NA	Left	Text
PCSP	Amount reported for PCSP funding source	Column Header	N	NA	Left	Text
IPO	Amount reported for IPO funding source	Column Header	N	NA	Left	Text
IHSS-R	Amount reported for IHSS-R funding source	Column Header	N	NA	Left	Text

WPCS	Amount reported for WPCS funding source	Column Header	N	NA	Left	Text
TOTAL	Total amount reported for all funding sources	Column Header	N	NA	Left	9,999,999.99
PIT	Employee Personal Income Tax	BSA 3101	N	NA	Left	9,999,999.99
SDI	Employee State Disability Insurance	BSA 3104	N	NA	Left	9,999,999.99
DIEC	Employee Disability Insurance Elective Coverage	BSA 3105	N	NA	Left	9,999,999.99
SUI	Employer State Unemployment Insurance	BSA 3102	N	NA	Left	9,999,999.99
ETT	Employer Employment Training Tax	BSA 3103	N	NA	Left	9,999,999.99
TOTAL	Total State Tax for Employee and Employer	BSAs 3101, 3102, 3103, 3104, 3105	N	NA	Left	99,999,999.99
TOTAL STATE INCOME TAX LIABILITY	Total State Tax for Employee and Employer		N	NA	Left	99,999,999.99

**REPORT FOOTER**

	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /Quarterly Tax Disbursement

CI	Document Name
 CI-51819 - DSD RPTS Quarterly Tax Disbursement Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Quarterly_Tax_Disbursement_Report.doc

## Report Business Description

The Quarterly Tax Disbursement report provides detailed information and totals for employee tax deductions and employer tax contributions, including appropriate funding split distribution. It provides subtotals at the employee and employer level, as well as totals for all taxes disbursed.

The report is broken out into eight separate one-page reports. These sub-reports are accessible by hyperlink on the summary report if the report is generated in Crystal format. The reports are as follows:

### **Quarterly Tax Disbursement Report**

High-level report giving total tax deduction and contribution amounts for each funding source, as well as a total for In-Home Supportive Services (IHSS) program contributions; and total contributions.

### **Quarterly Tax Disbursement Report – CFCO**

Total tax deduction and contribution amounts for the Community First Choice Option (CFCO). The total CFCO amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – PCSP**

Total tax deduction and contribution amounts for the Personal Care Services Program (PCSP). The total PCSP amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – IPO**

Total tax deduction and contribution amounts for the IHSS Plus Option Program (IPO). The total IPO amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – IHSS-R**

Total tax deduction and contribution amounts for the In-Home Supportive Services Residual (IHSS-R) program. The total IHSS-R amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – Total IHSS Program Contribution**

Total tax deduction and contribution amounts for the Personal Care Services Program (PCSP) and IHSS-R. The total amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – WPCS**

Total tax deduction and contribution amounts for Waiver Personal Care Services (WPCS). The total WPCS amount is broken down into Federal, State, and County shares.

### **Quarterly Tax Disbursement Report – Total Contribution**

Total tax deduction and contribution amounts for CFCO, PCSP, IHSS-R, IPO, and WPCS. The total amount is broken down into Federal, State, and County shares.

**NOTE:** Business Objects default format is PDF. While the hyperlinks appear to be visible in PDF, they are not accessible. To access the sub reports, the user must change the print format of the report to Crystal when scheduling the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff

	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD

<input type="checkbox"/>	SCO
<input type="checkbox"/>	WPCS Program Staff (IHO)
<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/> Help Desk Staff
	<input checked="" type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator
	<input type="checkbox"/> Application Administrator
	<input type="checkbox"/> Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF

<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated.

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County, District Office
County Name	Required	
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element if applicable).

Group By	Priority	Comment
OFFICE	Primary	District Office Version Only

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical).

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if Case Management (CM) or Payroll.

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
		Quarterly	DAY OF THE QUARTER: Generated after quarterly tax processing for the prior quarter
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

REPORTER NUMBER:  
0000000000

STATE OF CALIFORNIA  
D-9000 SUPPORTIVE SERVICES  
(PREVIOUSLY THE GOVERNMENTAL SOURCE)  
QUARTER 4 - 2013

PAGE: 113 OF 113  
CYCLE PAGE: 0000000000 00 00 00 00  
SOF DATE: 06/26/2014 TIME: 10:27:15

	OPEN	CLOSE	IN	OUT	TOTAL	OPEN	CLOSE	TOTAL CONTRIBUTION
<b>REFUNDS</b>								
<b>STATE TAXES</b>								
FIT	6,291.89	1,181.71	1.00	48.90	6,149.90	40.87	9,199.99	
FII	1,391.59	1,275.89	1.00	12.51	1,198.88	40.71	2,533.58	
SOCSE	99.10	1.00	0.00	1.01	98.09	0.10	99.20	
<b>TOTAL STATE TAX</b>	<b>81,154.17</b>	<b>81,115.49</b>	<b>40.00</b>	<b>154.40</b>	<b>81,142.09</b>	<b>40.17</b>	<b>16,541.12</b>	
<b>FEDERAL TAXES</b>								
FIT	11,434.80	8,119.74	1.00	218.27	11,199.81	141.04	19,121.44	
FII	11,345.84	10,444.15	0.00	134.40	10,220.34	131.48	18,586.14	
HEDCARE	2,126.26	2,126.27	0.00	48.90	2,076.46	48.41	4,193.68	
SSP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>TOTAL FEDERAL TAX</b>	<b>44,641.97</b>	<b>42,684.12</b>	<b>40.00</b>	<b>411.40</b>	<b>42,129.01</b>	<b>133.44</b>	<b>41,127.44</b>	
<b>TOTAL DISBURSED TAX</b>	<b>122,796.14</b>	<b>121,799.61</b>	<b>40.00</b>	<b>195.80</b>	<b>121,171.09</b>	<b>40.41</b>	<b>161,671.46</b>	
<b>REBATES</b>								
<b>STATE TAXES</b>								
FIT	6,121.41	6,081.41	1.00	107.76	6,110.17	189.47	12,343.80	
FII	141.88	221.80	1.00	8.47	122.43	8.48	259.12	
<b>TOTAL STATE TAX</b>	<b>62,471.74</b>	<b>61,971.32</b>	<b>40.00</b>	<b>811.00</b>	<b>61,150.34</b>	<b>214.10</b>	<b>111,321.90</b>	
<b>FEDERAL TAXES</b>								
FIT	41,741.19	38,791.17	1.00	198.40	37,994.71	189.10	45,981.94	
HEDCARE	1,310.11	1,275.39	1.00	48.90	1,012.32	97.31	4,321.44	
<b>TOTAL FEDERAL TAX</b>	<b>43,051.30</b>	<b>40,066.56</b>	<b>40.00</b>	<b>246.24</b>	<b>39,009.11</b>	<b>186.79</b>	<b>49,303.34</b>	
<b>FITP</b>								
FITP	1,271.79	1,231.29	1.00	28.38	1,192.44	47.37	2,451.34	
<b>TOTAL DISBURSED TAX</b>	<b>101,177.89</b>	<b>99,443.81</b>	<b>40.00</b>	<b>970.39</b>	<b>98,740.44</b>	<b>940.40</b>	<b>94,933.34</b>	
<b>TOTAL STATE TAX</b>	<b>122,127.91</b>	<b>121,127.89</b>	<b>40.00</b>	<b>198.39</b>	<b>121,121.81</b>	<b>218.14</b>	<b>121,121.22</b>	
<b>TOTAL FEDERAL TAX</b>	<b>54,081.39</b>	<b>51,074.18</b>	<b>40.00</b>	<b>476.49</b>	<b>50,798.18</b>	<b>138.44</b>	<b>51,196.44</b>	
<b>TOTAL FITP</b>	<b>114,271.79</b>	<b>112,131.18</b>	<b>40.00</b>	<b>128.39</b>	<b>112,603.49</b>	<b>157.31</b>	<b>112,914.84</b>	
<b>TOTAL TAX DISBURSEMENT</b>	<b>493,279.89</b>	<b>489,389.39</b>	<b>80.00</b>	<b>21,829.89</b>	<b>489,189.71</b>	<b>81,529.93</b>	<b>81,921,798.98</b>	

DATA CREDITED AS OF APPROXIMATELY 8:00 AM THE REPORTING DAY

Figure – Quarterly Tax Disbursement Report

STATE OF CALIFORNIA IN-SCHOOL SUPPORTIVE SERVICES QUARTERLY TAX DISBURSEMENT REPORT - CFCO QUARTER 2 - 2018				FILED: 1
	TOTAL	FEDERAL	STATE	COUNTY
STATE TAXES				
FET	4,145.29	2,175.29	1,231.17	834.19
SFT	3,122.09	181.47	421.37	221.19
SST	80.42	11.78	11.17	1.18
TOTAL STATE TAX	85,144.17	45,375.44	31,074.54	8,931.17
FEDERAL TAXES				
FET	21,434.39	10,433.32	5,787.51	2,811.79
FTA	25,443.19	9,458.77	7,089.64	2,344.26
SST	5,424.14	2,487.43	931.61	671.14
SST	0.00	0.00	0.00	0.00
TOTAL FEDERAL TAX	45,844.72	22,379.52	13,207.82	5,827.19
TOTAL DISBURSE TAX	910,979.39	445,755.00	443,081.39	66,853.16
DISBURSEMENTS				
FET	4,125.42	2,165.29	1,230.81	831.19
SFT	3,101.14	17.42	41.81	21.12
TOTAL FET DIS	84,476.74	44,383.00	31,077.83	8,931.19
FEDERAL TAXES				
FTA	16,722.03	8,058.32	3,221.87	2,844.39
SST	3,301.03	1,454.42	730.21	271.14
TOTAL FEDERAL TAX	41,023.06	17,452.73	4,952.08	5,115.53
SFTA				
FTA	8,475.78	7,616.68	441.81	661.19
TOTAL DISBURSE TAX	410,377.00	212,747.29	87,031.21	69,421.19
TOTAL FET TAX	112,327.94	58,402.00	31,981.09	24,271.14
TOTAL FEDERAL TAX	410,377.00	177,457.48	44,952.08	47,877.14
TOTAL FFTA	411,277.99	177,457.48	45,022.89	47,877.14
TOTAL TAX DISBURSE	843,384.39	446,455.00	444,983.09	69,421.19

DATA RECEIVED AND APPROVED BY THE DIRECTOR OF THE INSTITUTE OF

Figure – Quarterly Tax Disbursement Report – CFCO

Q U A R T E R L Y T A X D I S B U R S T M E N T				DATE:
T H R E E M O N T H P E R I O D				CYCLE DATE: 04/01/2014 TO 06/30/2014
Q U A R T E R L Y T A X D I S B U R S T M E N T - 2014				PAY DATE: 06/12/2014 TIME: 00:00:00
	TOTAL	FEDERAL	STATE	LOCAL
<b>ENTRANCE</b>				
STATE TAXES				
FED	\$1,500.00	\$68.40	\$41.87	\$99.79
ST	4,272.40	169.40	64.00	222.00
LCT	0.00	0.00	0.00	0.00
<b>TOTAL STATE TAX</b>	<b>\$5,772.40</b>	<b>\$2,106.80</b>	<b>\$48.87</b>	<b>\$243.79</b>
FEDERAL TAXES				
FED	8,327.70	3,484.70	2,002.27	891.99
STDA	3,494.10	1,321.50	844.40	346.79
REFUNDS	0.00	0.00	0.00	0.00
<b>TOTAL FEDERAL TAX</b>	<b>\$11,821.80</b>	<b>\$4,806.20</b>	<b>\$2,846.67</b>	<b>\$12,037.78</b>
STATE REFUNDS TAX				
<b>TOTAL FEDERAL TAX</b>	<b>\$11,821.80</b>	<b>\$4,806.20</b>	<b>\$2,846.67</b>	<b>\$12,037.78</b>
<b>EXCISES</b>				
FED	4,332.30	2,470.10	2,420.61	337.57
ST	121.70	61.70	31.87	20.19
<b>TOTAL STATE TAX</b>	<b>\$4,454.00</b>	<b>\$2,531.80</b>	<b>\$2,452.48</b>	<b>\$357.76</b>
FEDERAL TAXES				
FED	3,743.10	4,071.70	3,120.31	2,431.70
STDA	0.00	0.00	0.00	0.00
<b>TOTAL FEDERAL TAX</b>	<b>\$3,743.10</b>	<b>\$4,071.70</b>	<b>3,120.31</b>	<b>2,431.70</b>
STATE				
FED	1,601.30	681.30	427.20	223.20
<b>TOTAL STATE TAX</b>	<b>\$1,601.30</b>	<b>\$681.30</b>	<b>427.20</b>	<b>223.20</b>
<b>TOTAL FEDERAL TAX</b>	<b>\$3,743.10</b>	<b>\$4,071.70</b>	<b>3,120.31</b>	<b>2,431.70</b>
<b>TOTAL STATE TAX</b>	<b>\$1,601.30</b>	<b>\$681.30</b>	<b>427.20</b>	<b>223.20</b>
<b>TOTAL TAX DISBURSEMENT</b>	<b>\$30,833.90</b>	<b>\$17,891.80</b>	<b>\$51,728.81</b>	<b>\$6,267.62</b>

DATA PREPARED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY

Figure – Quarterly Tax Disbursement Report – PCSP

STATE OF CALIFORNIA IN-HOME INVESTIGATIVE SERVICES		RECEIVED TIME DATE: 08/04/2014 TIME: 21:12:10	
QUARTERLY TAX DISBURSEMENT REPORT - IPO		FMT DATE: 08/04/2014 TIME: 21:12:10	
QUARTER 3 - 2014			
TAXES	TOTAL	PROGRESS	STATUS
STATE TAXES			
PTA	\$1.00	\$1.00	\$1.00
TII	\$1.00	\$1.00	\$1.00
SII	\$1.00	\$1.00	\$1.00
TOTAL STATE TAX	\$3.00	\$3.00	\$3.00
FEDERAL TAXES			
PTA	\$1.00	\$1.00	\$1.00
PTA-	\$1.00	\$1.00	\$1.00
SII	\$1.00	\$1.00	\$1.00
TII	\$1.00	\$1.00	\$1.00
TOTAL FEDERAL TAX	\$4.00	\$4.00	\$4.00
TOTAL PAYMENT TAX	\$7.00	\$7.00	\$7.00
REFUNDS			
PTA	\$1.00	\$1.00	\$1.00
TII	\$1.00	\$1.00	\$1.00
TOTAL STATE TAX	\$2.00	\$2.00	\$2.00
FEDERAL TAXES			
PTA	\$1.00	\$1.00	\$1.00
SII	\$1.00	\$1.00	\$1.00
TOTAL FEDERAL TAX	\$2.00	\$2.00	\$2.00
TOTAL			
PTA	\$1.00	\$1.00	\$1.00
TOTAL PAYMENT TAX	\$3.00	\$3.00	\$3.00
TOTAL PAYMENT TAX	\$4.00	\$4.00	\$4.00
TOTAL FICA	\$1.00	\$1.00	\$1.00
TOTAL PAYMENT	\$9.00	\$9.00	\$9.00

DATES REFLECTED ARE OF APPROXIMATELY ONE TO THE PREVIOUS DAY.

Figure – Quarterly Tax Disbursement Report – IPO

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES QUARTERLY TAX DISBURSEMENT REPORT - IHSS Q3/2014 - 1 - 2014				4400
	TOTAL	THIRTY	STATE	COUNTS
EMPLOYEE STATE TAXES				
FICA	\$6,31	\$0.00	34,34	14,47
FUTA	\$1,31	\$0.00	4,62	3,10
SUTA	\$1,02	\$0.00	4,00	1,15
TOTAL STATE TAX	47,64	\$0.00	48,96	47,84
FEDERAL TAXES				
FEDERAL UNEMP	\$11,37	\$0.00	204,38	111,19
FICA	\$98,45	\$0.00	127,44	65,75
SECA	\$45,82	\$0.00	23,54	16,19
ESTATE	\$0.00	\$0.00	0.00	0.00
TOTAL FEDERAL TAX	145,64	\$0.00	355,36	143,64
TOTAL EMPLOYEE TAX	193,25	\$0.00	483,33	91,14
EMPLOYER				
FICA	\$17,71	\$0.00	71,39	17,70
FUTA	\$2,21	\$0.00	1,37	1,21
TOTAL FEDERAL TAX	20,92	\$0.00	72,76	18,91
FEDERAL TAXES				
FICA	\$76,42	\$0.00	117,04	62,79
SECA	\$48,39	\$0.00	29,04	43,18
TOTAL FEDERAL TAX	124,81	\$0.00	146,08	105,97
FUTA				
FUTA	\$5,98	\$0.00	39,49	9,39
TOTAL EMPLOYER TAX	171,27	\$0.00	95,61	81,26
TOTAL STATE TAX	117,81	\$0.00	212,33	143,18
TOTAL FEDERAL TAX	175,00	\$0.00	233,33	123,18
TOTAL FUTA	108,48	\$0.00	94,48	23,30
TOTAL TAX PAYMENTS	\$4,029.89	\$0.00	\$681.49	2,007.33

DATA RECORDED IN THE ATTACHMENT(S) FOR THE REPORT DATE.

Figure – Quarterly Tax Disbursement Report – IHSS

COUNTY: ALAMEDA  
OFFICE: CL

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
QUARTERLY TAX DISBURSEMENT REPORT  
TOTAL IHSS PROGRAM CONTRIBUTION  
QUARTER 1 - 2016

PAGE: 1  
CUT-OFF DATE: 01/01/2016 TO 03/31/2016  
RUN DATE: 08/01/2016 TIME: 00:11:28

EMPLOYER	TOTAL	FEDERAL	STATE	COUNTY
STATE TAXES				
SST	\$8,394.95	2,904.15	1,892.74	187.70
BII	2,134.38	1,804.03	274.15	471.34
BRT	60.10	25.73	10.10	0.10
TOTAL STATE TAX	\$10,589.43	\$4,733.91	\$2,144.99	\$1,874.19
FEDERAL TAXES				
FST	\$17,278.81	5,900.04	8,148.82	4,282.89
FICA	10,237.55	10,037.75	6,275.75	3,156.50
MEDICARE	4,701.14	2,400.11	1,487.74	724.63
EIC	1.00	0.00	0.00	0.00
TOTAL FEDERAL TAX	\$32,217.50	\$18,338.80	\$16,733.29	\$8,174.19
TOTAL EMPLOYEE TAX	\$40,887.93	\$21,473.91	\$11,122.11	\$2,112.57
EMPLOYER				
SST	\$11,196.13	4,013.47	8,127.53	1,162.13
BII	272.41	143.47	94.38	49.23
TOTAL STATE TAX	\$11,468.54	\$4,156.94	\$8,222.01	\$1,162.13
FEDERAL TAXES				
FUTA	10,604.31	10,397.03	8,816.32	2,184.30
MEDICARE	4,112.51	2,844.17	1,828.51	714.69
TOTAL FEDERAL TAX	\$14,716.82	\$13,241.20	\$10,644.83	\$2,184.30
FUTA				
FUTA	\$2,878.99	2,000.41	712.81	428.90
TOTAL EMPLOYER TAX	\$17,587.81	\$15,241.61	\$11,257.64	\$2,613.20
TOTAL STATE TAX	\$50,356.55	\$33,951.57	\$18,172.77	\$8,174.19
TOTAL FEDERAL TAX	\$77,716.20	\$62,467.03	\$40,472.71	\$10,616.50
TOTAL FUTA	\$12,655.85	\$11,388.41	\$3,112.81	\$1428.90
TOTAL TAX PAYMENTS	\$130,728.60	\$93,701.01	\$51,655.49	\$20,911.60

DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE EXECUTION DAY

Figure – Quarterly Tax Disbursement Report – Total IHSS Program Contribution

COUNTY: ALAMEDA  
OFFICE: 01

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
QUARTERLY TAX DISBURSEMENT REPORT - WPCS  
QUARTER 1 - 2016

PAGE: 2  
CYCLE DATE: 01/01/2016 TO 03/31/2016  
RUN DATE: 04/05/2016 TIME: 10:17:20

EMPLOYEE	TOTAL	FEDERAL	STATE	OTHER
STATE TAXES				
FIT	40.37	40.37	0.00	0.00
SST	40.70	40.70	0.00	0.00
SIEB	0.00	0.00	0.00	0.00
TOTAL STATE TAX	\$11.07	\$11.07	\$0.00	\$0.00
FEDERAL TAXES				
FIT	542.04	542.04	0.00	0.00
FICA	200.49	200.49	0.00	0.00
MEDICARE	48.41	48.41	0.00	0.00
RICO	0.00	0.00	0.00	0.00
TOTAL FEDERAL TAX	\$790.94	\$790.94	\$0.00	\$0.00
TOTAL EMPLOYEE TAX	\$801.01	\$801.01	\$0.00	\$0.00
EMPLOYER				
FIT	133.47	133.47	0.00	0.00
SST	4.49	4.49	0.00	0.00
TOTAL STATE TAX	\$147.96	\$147.96	\$0.00	\$0.00
FEDERAL TAXES				
FICA	237.00	237.00	0.00	0.00
MEDICARE	47.52	47.52	0.00	0.00
TOTAL FEDERAL TAX	\$284.52	\$284.52	\$0.00	\$0.00
FUTA				
TOTAL EMPLOYER TAX	\$561.03	\$561.03	\$0.00	\$0.00
TOTAL STATE TAX	\$148.00	\$148.00	\$0.00	\$0.00
TOTAL FEDERAL TAX	\$1,194.19	\$1,194.19	\$0.00	\$0.00
TOTAL FUTA	\$148.00	\$148.00	\$0.00	\$0.00
TOTAL TAX PAYMENTS	\$1,590.09	\$1,590.09	\$0.00	\$0.00

DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY

Figure – Quarterly Tax Disbursement Report – WPCS

COUNTY: Alameda OFFICE: 01		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES QUARTERLY TAX DISBURSEMENT REPORT TOTAL CONTRIBUTION QUARTER 1 - 2018		PAGE: 1 DATE: 04/12/2018 TO 06/30/2018 RUN DATE: 06/12/2018 TIME: 11:22:29	
<b>EMPLOYEE</b>	<b>TOTAL</b>	<b>FEDERAL</b>	<b>STATE</b>	<b>COUNTY</b>	
STATE TAXES					
FIT	8,120.18	1,246.74	1,832.74	147.74	
ATC	2,185.38	1,840.74	276.57	471.74	
CCBC	80.10	19.74	18.10	0.10	
<b>TOTAL STATE TAX</b>	<b>\$12,385.66</b>	<b>\$3,106.21</b>	<b>\$3,828.41</b>	<b>\$1,147.54</b>	
FEDERAL TAXES					
FIT	17,301.68	2,442.04	5,046.82	4,322.98	
PTD&R	23,886.18	3,826.24	6,239.86	8,338.98	
HEALTHCARE	4,782.48	1,882.74	1,447.54	714.54	
HII	2.50	0.50	0.50	0.50	
<b>TOTAL FEDERAL TAX</b>	<b>\$46,172.24</b>	<b>\$7,151.34</b>	<b>\$13,373.18</b>	<b>\$11,478.54</b>	
<b>TOTAL EMPLOYEE TAX</b>	<b>\$58,557.48</b>	<b>\$10,257.55</b>	<b>\$17,101.59</b>	<b>\$12,512.58</b>	
<b>EMPLOYER</b>					
FIT	12,548.14	1,411.14	3,627.03	1,040.14	
PTD	277.10	147.10	14.10	44.10	
<b>TOTAL STATE TAX</b>	<b>\$14,825.24</b>	<b>\$1,558.24</b>	<b>\$3,642.13</b>	<b>\$1,084.24</b>	
FEDERAL TAXES					
FICA	11,561.58	11,174.51	4,450.32	3,156.58	
HEALTHCARE	4,202.24	2,418.24	1,102.24	706.24	
<b>TOTAL FEDERAL TAX</b>	<b>\$15,763.82</b>	<b>\$13,592.74</b>	<b>\$5,552.56</b>	<b>\$4,862.78</b>	
FUTA					
FUTA	2,441.59	1,403.09	612.59	428.59	
<b>TOTAL EMPLOYER TAX</b>	<b>\$40,325.38</b>	<b>\$11,517.24</b>	<b>\$10,555.52</b>	<b>\$8,850.24</b>	
<b>TOTAL STATE TAX</b>	<b>\$123,480.22</b>	<b>\$11,647.80</b>	<b>\$16,198.37</b>	<b>\$11,112.24</b>	
<b>TOTAL FEDERAL TAX</b>	<b>\$78,332.62</b>	<b>\$11,701.81</b>	<b>\$13,472.41</b>	<b>\$12,816.81</b>	
<b>TOTAL FUTA</b>	<b>\$2,441.59</b>	<b>\$1,403.09</b>	<b>\$612.59</b>	<b>\$428.59</b>	
<b>TOTAL TAX PAYMENTS</b>	<b>\$198,254.43</b>	<b>\$24,552.70</b>	<b>\$29,043.27</b>	<b>\$26,357.69</b>	
DATA PROVIDED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY					

Figure – Quarterly Tax Disbursement Report – Total Contribution

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or Statewide	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD/CCYY TO MM/DD/ CCYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated		N	NA	Left	MM/DD/CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format		N	NA	Left	HH:MM:SS
TITLE	Sub – Report Detail	Sub report detail the report title includes – CFCO, PCSP, IPO, IHSS, TOTAL IHSS CONTRIBUTION, WPCS or TOTAL CONTRIBUTION	N	NA	Left	Text

QUARTER <#> – <YYYY>	Tax Quarter and Calendar Year being reported	Included in the title	Y	A	Center	Text
<b>REPORT BODY – SUMMARY COLUMNS</b>						
CFCO	CFCO summary details	Column Header on Summary – This displays as a hyperlink that is used to access the CFCO sub-report if the report has been generated in Crystal format	N	NA	Center	Text
PCSP	PCSP summary details	Column Header on Summary – This displays as a hyperlink that is used to access the PCSP sub-report if the report has been generated in Crystal format	N	NA	Center	Text
IPO	IPO summary details	Column Header on Summary – This displays as a hyperlink that is used to access the IPO sub-report if the report has been generated in Crystal format	N	NA	Center	Text
IHSS	IHSS summary details	Column Header on Summary – This displays as a hyperlink that is used to access the IHSS sub-report if the report has been generated in Crystal format	N	NA	Center	Text
TOTAL IHSS	TOTAL IHSS summary details	Column Header on Summary - – This displays as a hyperlink that is used to access the TOTAL IHSS sub-report if the report has been generated in Crystal format  CFCO + PCSP + IPO + IHSS = TOTAL IHSS	N	NA	Center	Text
WPCS	WPCS summary details	Column Header on Summary – This displays as a hyperlink that is used to access the WPCS sub-report if the report has been generated in Crystal format	N	NA	Center	Text
TOTAL CONTRIBUTION	TOTAL CONTRIBUTION summary details	Column Header on Summary – This displays as a hyperlink that is used to access the TOTAL CONTRIBUTION sub-report if the report has been generated in Crystal format  TOTAL IHSS + WPCS = TOTAL CONTRIBUTION	N	NA	Center	Text
<b>REPORT BODY – SUB – REPORT COLUMNS</b>						
TOTAL	Total contributions for the specified report		N	NA	Center	Text
FEDERAL	Total Federal split for the specified contribution		N	NA	Center	Text
STATE	Total State split for the specified contribution		N	NA	Center	Text
COUNTY	Total County split for the specified contribution		N	NA	Center	Text
<b>REPORT BODY – DETAIL ROWS (SUMMARY AND SUB – REPORTS)</b>						
EMPLOYEE	Details below this line item are Employee details		N	NA	Left	Text
STATE TAXES	Details below this line item are Employee State Tax details	Indent	N	NA	Left + Indent	Text
PIT	Employee Personal Income Tax	Indent x2  BSA 3101	N	NA	Right	999,999.99
SDI	Employee State Disability Insurance	Indent x2  BSA 3104	N	NA	Right	999,999.99
DIEC	Employee Disability Insurance Elective Coverage	Indent x2  BSA 3105	N	NA	Right	999,999.99
TOTAL STATE TAX	Employee Total State Tax	Indent – Underline row prior  BSAs 3101, 3104, 3105	N	NA	Right	999,999.99
FEDERAL TAXES	Details below this line item are Employee State Tax details	Indent  Sub-sub-section identifier	N	NA	Left + Indent	Text
FIT	Employee Federal Income Tax	Indent x2  BSA 3202	N	NA	Right	999,999.99

FICA	Employee Federal Insurance Contributions Act	Indent x2 BSA 3204	N	NA	Right	999,999.99
MEDICARE	Employee Medicare	Indent x2 BSA 3206	N	NA	Right	999,999.99
EIC	Employee Earned Income Credit	Indent x2 Always displays as zero as EIC was terminated prior to CMIPS implementation	N	NA	Right	999,999.99
TOTAL FEDERAL TAX	Employee Total Federal Tax	Indent – Underline row prior BSAs 3202, 3203, 3204, 3206	N	NA	Right	999,999.99
TOTAL EMPLOYEE TAX	Employee total tax	Indent – Underline row prior – blank row after BSAs 3101, 3104, 3105, 3202, 3203, 3204, 3205	N	NA	Right	999,999.99
EMPLOYER	Details below this line item are Employer details	Sub-section identifier	N	NA	Left	Text
SUI	Employer State Unemployment Insurance	Indent x2 BSA 3102	N	NA	Right	999,999.99
ETT	Employer Employment Training Tax	Indent x2 BSA 3103	N	NA	Right	999,999.99
TOTAL STATE TAX	Employer total state tax	Indent – Underline row prior BSAs 3102, 3103	N	NA	Right	999,999.99
FEDERAL TAXES	Details below this line item are Employer Federal Tax details	Indent Sub-sub-section identifier	N	NA	Left + Indent	999,999.99
FICA	Employer Federal Insurance Contributions Act	Indent x2 BSA 3205	N	NA	Right	999,999.99
MEDICARE	Employer Medicare	Indent x2 BSA 3207	N	NA	Right	999,999.99
TOTAL FEDERAL TAX	Employer total federal tax contribution amount	Indent – Underline row prior BSAs 3205, 3207	N	NA	Right	9,999,999.99
FUTA	Details below this line item are Employer Federal Tax details	Indent Sub-sub-section identifier	N	NA	Left + Indent	Text
FUTA	Employer Federal Unemployment Tax Act	Indent x2 BSA 3201	N	NA	Right	999,999.99
TOTAL EMPLOYER TAX	Employer total tax	Indent BSAs 3102, 3103, 3201, 3205, 3207	N	NA	Right	999,999.99
TOTAL STATE TAX	Total State Tax for Employee and Employer	Indent BSAs 3101, 3102, 3103, 3104, 3105	N	NA	Right	999,999.99
TOTAL FEDERAL TAX	Total Federal Tax amount for Employee and Employer	Indent BSAs 3202, 3203, 3204, 3205, 3206, 3207	N	NA	Right	999,999.99
TOTAL FUTA	Total Employer Federal Unemployment Tax Act	Indent BSA 3201	N	NA	Right	999,999.99
TOTAL TAX PAYMENTS	Total Tax amount for Employee and Employer	Indent – Bold BSAs 3101, 3102, 3103, 3104, 3105, 3201, 3202, 3203, 3204, 3205, 3206, 3207	N	NA	Right	\$9,999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution/W-2 W-2C Print Statistics

CI	Document Name
 CI-69535 - DSD RPTS W-2 W2-C Print Statistics Report <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_RPTS_W-2_W2-C_Print_Statistics_Report.doc

Cancelled by ASR Sprint 29 Team 1&2.

# DSD 28/CMIPS Reporting/Payroll – Tax and Contribution /Employer Quarterly Federal Tax Return

CI	Document Name
 CI-822707 - DSD RPTS Employer Quarterly Federal Tax Return (941) <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Employer Federal Quarterly Tax Return (941)

## Report Business Description

The Employer Quarterly Federal Tax Return is used internally by the payroll and back office staff to prepare the IRS Form 941 for filing..

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
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<input type="checkbox"/>	Case Maintenance	<input checked="" type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input checked="" type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Tax Year	Required	Year for which the report will be run.

Tax Quarter	Required	Quarter for which the report will be run.
-------------	----------	---

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR: After the last business day of the Calendar Year
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-BOME CORPORATION REPORTS EMPLOYER QUARTERLY FEDERAL TAX RETURN EMPLOYER FEDERAL TAX IDENTIFICATION NUMBER: 141421402		YEAR: 2013 CLOCK DATE: 04/01/2013 TO 06/30/2013 NON DATE: 07/01/2013 TIME: 0:00:00
START QUARTER: 04/01/2013	END QUARTER: 06/30/2013	
TYPE OF INFORMATION	AMOUNT	
1. SALARIES OR EQUIVALENT PAY RECEIVED DURING THIS QUARTER FOR THE 122 EMPLOYEES THOUSAND	144,540	
2. RENT, TILA, AND OTHER COMPENSATION	1,104,328,374.00	
3. TOTAL INCOME TAX WITHHELD FROM SALARIES, TILA, AND OTHER COMPENSATION	41,131,379.00	
4. FEDERAL SOCIAL SECURITY TAXES	1,013,491,137.30 + 0.124	121,319,448.64
5. FEDERAL MEDICAL SECURITY TAX	0.00 + 0.138	8.76
6. FEDERAL MEDICARE TAXES AND TILA	1,013,491,137.30 + 0.235	121,427,834.74
7. TOTAL SOCIAL SECURITY AND MEDICARE TAXES	277,780,979.31	
8. STATE TAXES REIMBURSEMENTS	128,493,182.21	
9. TOTAL TAXES AFTER ADJUSTMENT	121,427,834.74	
10. ADVANCE PAYMENT MADE TO CREDIT STATE PAYMENTS MADE TO RESIDENTS	0.00	
11. NET TAXES AFTER ADJUSTMENT FOR EMPLOYEE LTC	128,493,182.21	

CONFIDENTIAL  
DATA CONTAINED HEREIN ARE UNPUBLISHED AND ARE THE PROPERTY OF  
THE STATE OF CALIFORNIA.

Figure – Employer Quarterly Federal Tax Return

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999

CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY – MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
EMPLOYER FEDERAL TAX IDENTIFICATION NUMBER:	CDSS EIN		N	NA	Center	Text
START QUARTER:	The first day of the quarter		N	NA	Left Center	MM/DD /CCYY
END QUARTER:	The last day of the quarter		N	NA	Right Center	MM/DD /CCYY
<b>REPORT BODY</b>						
TAXR #s	The tax item identification number	Column Header	N	NA	Left	Text
Description	The description of the tax item identification number	Column Header	N	NA	Left	Text
Amount	The summary amount	Column Header	N	NA	Centered	Text
NUMBER OF EMPLOYEES WHO RECEIVED WAGES, TIPS OR OTHER PAY PERIOD COMPENSATION FOR THE PAY PERIOD INCLUDING	Represents the total number of CMIPS providers receiving payments within the quarter indicated.	TAXR # 1	N	NA	Right	99,999,999
WAGES, TIPS, AND OTHER COMPENSATION	Represents the total wages paid that are subject to federal income tax	TAXR # 2	N	NA	Right	99,999,999
TOTAL INCOME TAX WITHHELD FROM WAGES, TIPS, AND OTHER COMPENSATION	Represents the total federal income tax withheld	TAXR # 3	N	NA	Right	99,999,999
TAXABLE SOCIAL SECURITY WAGES	Expected Social Security tax amount (total subject wages * .124)	TAXR # 5A	N	NA	Right	99,999,999
TAXABLE SOCIAL SECURITY TIPS	Expected Social Security tax amount from tips (will always be 0)	TAXR # 5B	N	NA	Right	99,999,999
TAXABLE MEDICARE WAGES AND TIPS	Expected Medicare tax amount (total subject wages * .09)	TAXR # 5C	N	NA	Right	99,999,999
TOTAL SOCIAL SECURITY AND MEDICARE TAXES	Sum of Social Security and Medicare Taxes from 5A, 5B and 5C	-	N	NA	Right	99,999,999
TOTAL TAXES BEFORE ADJUSTMENTS	Sum of Social Security and Medicare Taxes plus Income Taxes	TAXR # 6	N	NA	Right	99,999,999
TOTAL TAXES AFTER ADJUSTMENTS	TAXR #6 minus the total amount of taxes withheld during payroll	-	N	NA	Right	99,999,999
ADVANCE EARNED INCOME CREDIT (EIC) PAYMENTS MADE TO EMPLOYEES	Total Advance Earned Income Credit paid to employees	TAXR # 9	N	NA	Right	99,999,999
NET TAXES AFTER ADJUSTMENT FOR ADVANCE EIC	Net amount after Earned Income Credit adjustment	-	N	NA	Right	99,999,999
<b>REPORT FOOTER</b>						
NONE						

## **DSD 28/CMIPS Reporting/Payroll – Warrant Management**

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Cash in Door Adjustment

CI	Document Name
 CI-116705 - DSD RPTS Cash in Door Adjustment Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Cash_in_Door_Adjustment_Report.doc

## Report Business Description

The Cash in Door Adjustment Report provides summary information for cash in door transactions. It shows the Amount Owed, the Amount Collected (to date) by the County responsible for the overpayment and overpayment collection and the Total Cash in Door Adjustment by Fiscal Year. Both a County and Statewide version of the report may be generated by for a desired date range. This report is used by the CDSS Accounting staff to create the daily posting into CALSTARS/FI\$Cal and to create the credit invoice for the federal share.

Information is reported based on the date the payment is entered into CMIPS by the user, not based on the Date Collected which is entered by the user.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County
County Name	Required	A single County, multiple Counties, or All Counties
Start Date	Required	Report Start Date
End Date	Required	Report End Date

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROGRAM	Primary	CFCO, PCSP, IPO, IHSS, WPCS

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: 1 <sup>st</sup> day of the month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a given date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES CASH IN DOOR ADJUSTMENT REPORT					DATE: 10/01/2014
					CYCLE DATE: 09/01/2014 TO 09/30/2014
					RUN DATE: 09/12/2014 TIME: 16:04:02
PERIOD	STATE	COUNTY	TOTAL		
<b>CFCS</b>					
CASH IN DOOR:					
AMOUNT OWED	-619.20	-279.27	-148.00	-348.00	
AMOUNT COUNTY COLLECTED	0.00	0.00	849.00	849.00	
CASH IN DOOR ADJUSTMENT	-619.20	-279.27	799.47	0.00	
<b>ICSR</b>					
CASH IN DOOR:					
AMOUNT OWED	0.00	0.00	0.00	0.00	
AMOUNT COUNTY COLLECTED	0.00	0.00	0.00	0.00	
CASH IN DOOR ADJUSTMENT	0.00	0.00	0.00	0.00	
<b>IPD</b>					
CASH IN DOOR:					
AMOUNT OWED	0.00	0.00	0.00	0.00	
AMOUNT COUNTY COLLECTED	0.00	0.00	0.00	0.00	
CASH IN DOOR ADJUSTMENT	0.00	0.00	0.00	0.00	
<b>DBSS</b>					
CASH IN DOOR:					
AMOUNT OWED	0.00	0.00	0.00	0.00	
AMOUNT COUNTY COLLECTED	0.00	0.00	0.00	0.00	
CASH IN DOOR ADJUSTMENT	0.00	0.00	0.00	0.00	
<b>WPCS</b>					
CASH IN DOOR:					
AMOUNT OWED	0.00	0.00	0.00	0.00	
AMOUNT COUNTY COLLECTED	0.00	0.00	0.00	0.00	
CASH IN DOOR ADJUSTMENT	0.00	0.00	0.00	0.00	

DATA UPDATED AS OF APPROXIMATELY 9:00 AM THE PREVIOUS DAY

Figure – Cash In Door Adjustment Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or STATEWIDE  NOTE: Cash In Door is reported based on the County responsible for the overpayment (original county) not the current case county	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FEDERAL	Federal share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
STATE	State share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
COUNTY	County share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
TOTAL	Total cash in door detail	Bold – Column Header	N	NA	Left	Text
<PROGRAM>	Program Section (CFCO, PCSP, IPO, IHSS and WPCS)	Bold – Section Header	N	NA	Left	Text
CASH IN DOOR:		Section Row	N	NA	Left	
AMOUNT OWED	Allocation of Cash in Door amount paid by the Provider to the County for billing purposes. Reported by Federal share, State share, County share and Total.  These amounts should reconcile to the Personal Payments Total results on the Overpayment Collection Details report.	Indent  Object 5011 with Reporting Code 222R, 222G and 221R	N	NA	Left	-999,999.99
AMOUNT COUNTY COLLECTED	The amount the County collected from the Provider.	Indent  BSA 1110	N	NA	Left	999,999.99
CASH IN DOOR ADJUSTMENT	Amount refunded to Federal and State based on amount collected by the County. Reported by Federal share, State share, County share and Total.	Bold – Indent	N	NA	Left	-999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /County Contractor Journal Voucher Report

CI	Document Name
 CI-505664 - DSD RPTS County Contractor Journal Voucher <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_County_Contractor_Journal_Voucher.docx

## Report Business Description

The County Contractor Journal Voucher reports provide details of the County Contractor invoice data that has been posted in the financial system. The reports provide the total amount posted into each funding source for each journal voucher entry, as well as a total amount.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	

Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
TRANSACTION NUMBER	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a specified date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY CONTRACTOR JOURNAL VOUCHER REPORT				PAGE: 1 CYCLE DATE: 01/01/2014 TO 01/28/2014 JOB DATE: 01/27/2014 TIME: 13:26:47		
TRANSACTION NUMBER	MONTH OF SERVICE	CHGS	DISC	TRXN-T	TOTAL	
CO22222140000030035	01/2014	4,555.50	0.00	0.00	4,555.50	
	TOTAL:	4,555.50	0.00	0.00	4,555.50	

DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY

Figure – County Contractor Journal Voucher Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
TITLE	Report version added to report title	COUNTY CONTRACTOR				
<b>REPORT BODY</b>						
Transaction Number	Journal Voucher Number	Bold – Column Header	N	A	Centered	Text
Month Of Service	The month and year the services were given	Bold – Column Header	N	NA	Left	MM/CCYY
IHSS-R	IHSS-R Amount from Journal Voucher entry		N	NA	Left	9,999,999.99
PCSP	PCSP Amount from Journal Voucher entry		N	NA	Left	9,999,999.99
CFCO	CFCO Amount from Journal Voucher entry		N	NA	Left	9,999,999.99
IPO	IPO amount from Journal Voucher entry		N	NA	Left	9,999,999.99
Total	Total Amount of Journal Voucher entry		N	NA	Left	9,999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /County Contractor Payment

CI	Document Name
 CI-116706 - DSD RPTS County Contractor Payment Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_County_Contractor_Payment_Report.doc

## Report Business Description

The County Contractor Payment Report provides the payment amounts for the County Contractor Counties. It shows the Amount Owed, the Amount Paid and the Balance for each County Contractor County as well as Statewide and date range.

This report is used by the CDSS Accounting staff to bill the County Contractor Counties. This report is also used to create the monthly posting into CALSTARS which will reconcile to daily run.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Date Range	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROGRAM	Primary	CFCO, PCSP, IPO, IHSS, WPCS

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: 1 <sup>st</sup> business day of the month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the date range selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY CONTRACTOR PAYMENT REPORT				DATE: 1 CYCLE DATES: 02/01/2014 TO 02/28/2014 FMS-DATES: 02/27/2014 TIME: ET-101-18
	FEDERAL	STATE	COUNTY	TOTAL
<b>ICPSS</b>				
COUNTY CONTRACTOR:				
AMOUNT OWED:	2,391.00	1,212.81	701.00	4,303.81
AMOUNT PAID:	0.00	0.00	1,855.00	1,855.00
BALANCE:	2,391.00	1,212.81	-1,153.00	2.00
<b>PCP</b>				
COUNTY CONTRACTOR:				
AMOUNT OWED:	0.00	0.00	0.00	0.00
AMOUNT PAID:	0.00	0.00	0.00	0.00
BALANCE:	0.00	0.00	0.00	0.00
<b>IHO</b>				
COUNTY CONTRACTOR:				
AMOUNT OWED:	0.00	0.00	0.00	0.00
AMOUNT PAID:	0.00	0.00	0.00	0.00
BALANCE:	0.00	0.00	0.00	0.00
<b>3855</b>				
COUNTY CONTRACTOR:				
AMOUNT OWED:	0.00	0.00	0.00	0.00
AMOUNT PAID:	0.00	0.00	0.00	0.00
BALANCE:	0.00	0.00	0.00	0.00
<b>WPCB</b>				
COUNTY CONTRACTOR:				
AMOUNT OWED:	0.00	0.00	0.00	0.00
AMOUNT PAID:	0.00	0.00	0.00	0.00
BALANCE:	0.00	0.00	0.00	0.00

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – County Contractor Payment Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name and STATEWIDE  Report generates for all counties with contractor paid data and then has a STATEWIDE summary at the end	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
FEDERAL	Federal share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
STATE	State share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
COUNTY	County share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
TOTAL	Total cash in door detail	Bold – Column Header	N	NA	Left	Text
<PROGRAM>	Program Section (CFCO, PCSP, IPO, IHSS and WPCS)	Bold – Section Header	N	NA	Left	Text
COUNTY CONTRACTOR:		Section Row	N	NA	Left	Text
AMOUNT OWED	Amount Owed for County Contractor Expenditures Reported by Federal share, State share, County share and Total.	Indent Object 5006 with Reporting Code 222R, 222G and 221R	N	NA	Left	99,999.99
AMOUNT PAID	Amount Paid for County Contractor Expenditures	Indent  This is what was initially paid by the County for County Contractor services.  Only the County column is populated since the County paid the invoice.  Object 5006 with Reporting Code 221	N	NA	Left	99,999.99
BALANCE	Balance Due for County Contractor Expenditures Reported by Federal share, State share, County share and Total.	Bold – Indent  This is the net of the County Contractor amount owed and County amount paid.  The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice.	N	NA	Left	99,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /County Payment Voucher – Advanced Pay

CI	Document Name
 CI-116541 - DSD RPTS County Payment Voucher Advance Pay <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_County_Payment_Voucher_Advance_Pay.doc

## Report Business Description

The County Payment Voucher – Advance Pay report provides detailed information on all Advance Pay warrants issued during the daily 'checkwrite' cycle. Each page of the report will consist of one warrant's information, allowing relevant warrant detail to be presented.

The purpose of this report is to make available to County staff, CDSS APD, and CDSS Accounting a listing of all financial transactions. It will be used to help reconcile the entire suite of financial reports by providing detailed information on every transaction that occurs in the system.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	County or District Office versions
Check Date	Required	Date the warrant was issued
County Name	Required	County Name

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
FUNDING SOURCE	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For warrant date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER - ADVANCE PAY				FILE #:
COUNTY: Yolo				CYCLE DATE: 05/16/2014
RECIPIENT NAME: CASE, ERIC	CASE NUMBER: 1002640	PROVIDER NAME: CASE, ERIC	PROVIDER NUMBER: 1002640	NOW DATE: 05/18/2014 TIME: 15:13:28
				CRIO
	FEDERAL	STATE	COUNTY	TOTAL
GROSS WAGES:	\$115.00	\$11.10	\$14.70	\$130.80
EMPLOYEE DEDUCTIONS:				
FICA	\$4.45	\$0.62	\$0.69	\$5.16
MEDICARE	\$0.82	\$0.16	\$0.35	\$1.33
TDS	\$0.00	\$0.00	\$0.00	\$0.00
SHARE OF COST	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EMPLOYEE DEDUCTIONS:	\$59.85	\$25.96	\$34.00	\$290.81
<small>CONFIDENTIAL DATA UPDATED AS OF IMMEDIATELY 01:00 IN THE PREVIOUS DAY</small>				

Figure – County Payment Voucher – Advance Pay – Individual Warrant Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER - ADVANCE PAY				PAGE: 1
COUNTY: YOLO				CYCLE DATE: 03/10/2014
				RUN DATE: 03/13/2014 TIME: 15:13:26
FUNDING PROGRAM SUMMARY - CFCO				
	FEDERAL	STATE	COUNTY	TOTAL
HOUSING MAINTENANCE:	125.00	385.14	198.08	1,008.02
EMPLOYEE DEDUCTIONS:				
FICA	43.74	12.14	12.04	70.12
MEDICARE	10.18	3.11	3.82	17.11
SST	7.16	3.82	2.94	13.90
SHARE OF COST	0.00	0.00	0.00	0.00
TOTAL EMPLOYEE DEDUCTIONS:	\$61.00	\$51.17	\$16.60	\$109.00
<small>CONFIDENTIAL DATA RELEASING AS OF APPROXIMATELY 11:00 PM THE PREVIOUS DAY</small>				

Figure – County Payment Voucher – Advance Pay – Funding Source Summary (IHSS, CFCO and IPO)

COUNTY: Yolo		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER - ADVANCE PAY		PAGE: 4 CYCLE DATE: 09/19/2004 RUN DATE: 09/19/2014 TIME: 18:11:08	
FILED: DAILY SUMMARY					
	PROGRAM	STATE	COUNTY	TOTAL	
OFFICE NUMBER:	\$18.66	\$80.36	\$84.04	\$1,242.66	
<b>EMPLOYEE REDUCTIONS:</b>					
PTO	42.74	22.14	22.04	76.12	
MEDICARE	10.13	5.13	2.02	17.28	
SDI	7.08	3.40	1.84	12.32	
SHARE OF COST	8.15	6.60	6.00	8.45	
<b>TOTAL EMPLOYEE REDUCTIONS:</b>	<b>\$61.90</b>	<b>\$31.17</b>	<b>\$16.66</b>	<b>\$169.66</b>	
CONFIDENTIAL DATA VOUCHER AS OF AUTOMATICALLY 11:00 AM THE PREVIOUS DAY					

Figure – County Payment Voucher – Advance Pay – County/District Office Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	On District Office Version	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY

TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
FEDERAL	Federal share of reported payment(s)	Bold – Column Header	N	NA	Left	Text
STATE	State share of reported payment(s)	Bold – Column Header	N	NA	Left	Text
COUNTY	County share of reported payment(s)	Bold – Column Header	N	NA	Left	Text
TOTAL	Total payment(s)	Bold – Column Header	N	NA	Left	Text
RECIPIENT NAME	Recipient name associated with the warrant	Data element located on Individual warrant summary Last Name, First Name MI	N	NA	Left	String
CASE NUMBER	Recipient case number associated with the warrant	Data element located on Individual warrant summary	N	NA	Left	9999999
PROVIDER NAME	Provider Name associated with the warrant	Data element located on Individual warrant summary Last Name, First Name MI	N	NA	Left	String
PROVIDER NUMBER	Provider Number associated with the warrant	Data element located on Individual warrant summary	N	NA	Left	999999999
GROSS WAGES:	Gross wage amount from the warrant.	Objects 5001, 5003, 5004, 5005, 5008, 5009 and 5011	N	NA	Left	9,999.99
EMPLOYEE DEDUCTIONS:	Section Header	Indent	N	NA	Left	Text
FIT	Employee Federal Income Tax	Indent – SA 3202	N	NA	Left	9,999.99
PIT	Employee Personal Income Tax	Indent – BSA 3101	N	NA	Left	9,999.99
EIC	Employee Earned Income Credit	Indent – BSA 3203	N	NA	Left	9,999.99
FICA	Employee Federal Insurance Contributions Act amount	Indent – BSA 3204	N	NA	Left	9,999.99
MEDICARE	Employee Medicare amount	Indent – BSA 3206	N	NA	Left	9,999.99
SDI	Employee State Disability	Indent – BSA 3104	N	NA	Left	9,999.99
DIEC	Employee Disability Insurance Elective Coverage amount	Indent – BSA 3105	N	NA	Left	9,999.99
SOC	Employee Share of Cost amount	Indent – BSA 3107	N	NA	Left	9,999.99
HEALTH	Employee Health Benefits contribution amount	Indent – BSAs 3401, 3402 and 3403	N	NA	Left	9,999.99
LABOR ORG	Employee Labor Organization dues amount	Indent – BSAs 3301, 3302, 3303, 3304 and 3305	N	NA	Left	9,999.99
LIEN	Employee Lien deduction amount	Indent – BSA 3501	N	NA	Left	9,999.99
TOTAL EMPLOYEE DEDUCTIONS	Total of all Employee Deductions	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501	N	NA	Left	99,999.99
EMPLOYER CONTRIBUTIONS:		Indent	N	NA	Left	Text
UI	Employer Unemployment Insurance amount	Indent – BSA 3102	N	NA	Left	9,999.99
FICA	Employer Federal Insurance Contributions Act amount	Indent – BSA 3205	N	NA	Left	9,999.99
ETT	Employer Employee Training Tax	Indent – BSA 3103	N	NA	Left	9,999.99
MEDICARE	Employer Medicare amount	Indent – BSA 3207	N	NA	Left	9,999.99

FUTA	Employer Federal Unemployment Tax Act amount	Indent – BSA 3201	N	NA	Left	9,999.99
TOTAL EMPLOYER CONTRIBUTIONS	Total of all Employer Contributions	Indent – BSAs 3102, 3103, 3201, 3205 and 3207	N	NA	Left	99,999.99
TOTAL DEDUCTIONS AND CONTRIBUTIONS	Total of Employee Deductions & Employer Contributions	Indent – BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207	N	NA	Left	999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL  DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /County Payment Voucher (Includes County Payment Voucher Advanced Pay)

CI	Document Name
 CI-116542 - DSD RPTS County Payment Voucher includes County Payment Voucher Advance Pay <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_County_Payment_Voucher_includes_County_Payment_Voucher_Advance_Pay.doc

## Report Business Description

The County Payment Voucher – Advance Pay report provides detailed information on all Advance Pay warrants issued during the daily 'checkwrite' cycle. Each page of the report will consist of one warrant's information, allowing relevant warrant detail to be presented.

The purpose of this report is to make available to County staff, CDSS APD, and CDSS Accounting a listing of all financial transactions. It will be used to help reconcile the entire suite of financial reports by providing detailed information on every transaction that occurs in the system.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	County or District Office versions
Check Date	Required	Date the warrant was issued
County Name	Required	County Name

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	
OFFICE	Secondary	
FUNDING SOURCE	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
RECIPIENT NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For warrant date selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER				PAGE: 3
COUNTY: YOLO OFFICE: DL				ENTRY DATE: 02/19/2014 RUN DATE: 02/10/2014 TIME: 12:00:00
CPOO				
RECIPIENT NAME: MASTERS, ERIC CASE NUMBER: 001888				
PROVIDER NAME: GUSTAFSON, JULIE PROVIDER NUMBER: 00000104				
	FEDERAL	STATE	COUNTY	TOTAL
GROSS TOTAL:	\$36.00	\$16.18	\$1.25	\$53.43
<b>EMPLOYEE DEDUCTIONS:</b>				
PTT	5.71	2.92	1.57	10.20
PIT	0.00	0.00	0.00	0.00
RCD	0.00	0.00	0.00	0.00
FICA	0.00	0.00	0.00	0.00
MEDICARE	0.00	0.00	0.00	0.00
SST	0.00	0.00	0.00	0.00
PDIS	0.00	0.00	0.00	0.00
SHRINK OF COST	0.00	0.00	0.00	0.00
HEALTH	0.00	0.00	0.00	0.00
LAWC ORG	0.00	0.00	0.00	0.00
LIFE	0.00	0.00	0.00	0.00
<b>TOTAL EMPLOYEE DEDUCTIONS:</b>	<b>\$0.71</b>	<b>\$1.92</b>	<b>\$1.57</b>	<b>\$10.20</b>
<b>EMPLOYER CONTRIBUTIONS:</b>				
FICA	0.00	0.10	0.00	0.00
PIT	0.00	0.00	0.00	0.00
MEDICARE	0.00	0.00	0.00	0.00
SST	0.00	0.10	0.00	0.00
PDIS	0.00	0.10	0.00	0.00
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>	<b>\$0.00</b>	<b>\$0.30</b>	<b>\$0.00</b>	<b>\$0.30</b>
<b>EMPLOYEE AND EMPLOYER TOTAL DEDUCTIONS &amp; CONTRIBUTIONS:</b>	<b>\$0.71</b>	<b>\$2.22</b>	<b>\$1.57</b>	<b>\$40.20</b>
<small>CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 01:00 IN THE PREVIOUS DAY</small>				

Figure – County Payment Voucher – Individual Warrant Summary

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER				FILE# 2 CYCLE DATE: 02/10/2014 RUN DATE: 02/10/2014 TIME: 11:30:48
FUNDING PROGRAM SUMMARY - CFCO				
	FEDERAL	STATE	COUNTY	TOTAL
1A	7111.19	383.21	100.00	1,200.40
1B	49.11	28.41	12.70	80.22
1C	1.11	1.11	0.00	0.00
1D	28.19	13.24	7.44	48.47
2A	6.15	3.18	1.66	10.00
2B	44.27	21.15	11.25	73.65
2C	3.10	3.10	0.00	0.00
2F-COST	3.10	3.10	0.00	0.00
I	1.15	1.15	0.00	0.00
ONE	3.10	3.10	0.00	0.00
ONE	3.10	3.10	0.00	0.00
RECEIVED:	581.13	368.85	625.04	1,575.02
CODES:	22.17	13.21	7.11	43.49
3A	3.12	1.11	0.44	0.75
3B	6.15	3.16	1.66	10.00
3C-14	3.13	3.13	1.79	24.60
3D	3.14	3.14	0.02	0.06
REMISSIONS:	249.44	111.14	111.89	472.47
PER TOTAL DEBTORS:	\$188.51	\$71.79	\$36.65	\$296.05

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 11:00 AM THE PREVIOUS DAY

Figure – County Payment Voucher – Funding Source Summary (IHSS, PCSP, CFCO, IPO and WPCS)

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES COUNTY PAYMENT VOUCHER				PAGE: 8 CYCLE DATE: 01/19/2014 RUN DATE: 02/20/2014 TIME: 12:39:48
TOLO - #1: DAILY SUMMARY				
	FEDERAL	STATE	COUNTY	TOTAL
	712.18	363.24	249.88	\$1,345.90
ED				
	49.52	28.48	18.70	96.70
	6.22	4.87	4.99	9.22
	0.00	0.00	0.00	0.00
ME	25.87	13.21	7.13	46.21
	6.18	3.29	4.06	13.53
	6.17	3.15	3.15	7.47
	0.00	0.00	0.00	0.00
OFF-CODE	0.00	0.00	0.00	0.00
I	0.00	0.00	0.00	0.00
WE	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
DISTRICTS	491.18	246.85	229.98	\$947.01
EDS				
	25.87	13.21	7.13	46.21
	6.42	4.21	4.14	10.74
	6.15	3.16	4.06	13.31
	13.79	7.03	3.79	24.61
	5.58	3.76	3.82	9.56
GRANDTOTALS	745.44	405.04	313.88	\$1,464.36
PER-TOTAL	\$148.57	\$11.79	\$88.45	\$258.41
ITEMS				

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 11:00 ON THE PREVIOUS DAY.

Figure – County Payment Voucher – County/District Office Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	On District Office Version	Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY

TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
FEDERAL	Federal share of reported payment(s)	Bold – Column Header	N	NA	Left	Text
STATE	State share of reported payment (s)	Bold – Column Header	N	NA	Left	Text
COUNTY	County share of reported payment(s)	Bold – Column Header	N	NA	Left	Text
TOTAL	Total payment(s)	Bold – Column Header	N	NA	Left	Text
RECIPIENT NAME	Recipient name associated with the warrant	Data element located on Individual warrant summary Last Name, First Name MI	N	NA	Left	String
CASE NUMBER	Recipient case number associated with the warrant	Data element located on Individual warrant summary Last Name, First Name MI	N	NA	Left	9999999
PROVIDER NAME	Provider Name associated with the warrant	Data element located on Individual warrant summary Last Name, First Name MI	N	NA	Left	String
PROVIDER NUMBER	Provider Number associated with the warrant	Data element located on Individual warrant summary	N	NA	Left	999999999
GROSS WAGES:	Gross wage amount from the warrant.	Objects 5001, 5003, 5004, 5005, 5008, 5009 and 5011	N	NA	Left	9,999.99
EMPLOYEE DEDUCTIONS:	Section Header		N	NA	Left	Text
FIT	Employee Federal Income Tax	Indent – BSA 3202	N	NA	Left	999.99
PIT	Employee Personal Income Tax	Indent – BSA 3101	N	NA	Left	999.99
EIC	Employee Earned Income Credit	Indent – BSA 3203	N	NA	Left	999.99
FICA	Employee Federal Insurance Contributions Act amount	Indent – BSA 3204	N	NA	Left	999.99
MEDICARE	Employee Medicare amount	Indent – BSA 3206	N	NA	Left	999.99
SDI	Employee State Disability	Indent – BSA 3104	N	NA	Left	999.99
DIEC	Employee Disability Insurance Elective Coverage amount	Indent – BSA 3105	N	NA	Left	999.99
SOC	Employee Share of Cost amount	Indent – BSA 3107	N	NA	Left	999.99
HEALTH	Employee Health Benefits contribution amount	Indent – BSAs 3401, 3402 and 3403	N	NA	Left	999.99
LABOR ORG	Employee Labor Organization dues amount	Indent – BSAs 3301, 3302, 3303, 3304 and 3305	N	NA	Left	999.99
LIEN	Employee Lien deduction amount	Indent – BSA 3501	N	NA	Left	999.99
TOTAL EMPLOYEE DEDUCTIONS	Total of all Employee Deductions	Indent – BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403 and 3501	N	NA	Left	99,999.99
EMPLOYER CONTRIBUTIONS:	Section Header		N	NA	Left	Text
UI	Employer Unemployment Insurance amount	Indent – BSA 3102	N	NA	Left	999.99
FICA	Employer Federal Insurance Contributions Act amount	Indent – BSA 3205	N	NA	Left	999.99
ETT	Employer Employee Training Tax	Indent – BSA 3103	N	NA	Left	999.99
MEDICARE	Employer Medicare amount	Indent – BSA 3207	N	NA	Left	999.99
FUTA	Employer Federal Unemployment Tax Act amount	Indent – BSA 3201	N	NA	Left	999.99
TOTAL EMPLOYER CONTRIBUTIONS	Total of all Employer Contributions	BSAs 3102, 3103, 3201, 3205 and 3207	N	NA	Left	99,999.99
TOTAL DEDUCTIONS AND CONTRIBUTIONS	Total of Employee Deductions & Employer Contributions	BSAs 3101, 3104, 3105, 3107, 3202, 3203, 3204, 3206, 3301, 3302, 3303, 3304, 3305, 3401, 3402, 3403, 3501, 3102, 3103, 3201, 3205 and 3207	N	NA	Left	99,999.99

REPORT FOOTER							
	Page Footer	CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text	

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Daily Claim Schedule Transmittal

CI	Document Name
 CI-51847 - DSD RPTS Daily Claim Schedule Transmittal <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Daily_Claim_Schedule_Transmittal.doc

## Report Business Description

The Daily Claim Schedule Transmittal provides summary information about the daily claim files delivered to the State Controller's Office. It summarizes the total warrant activity for the day, as well as the total of all EFT transactions for both the vendor and payroll. It also provides summary and detail amounts for each funding source reported by Federal share, State share, County share, and Total.

This report is used by CGI Back Office staff to prepare the STD-218 Claim Schedule that is sent daily to the California Department of Social Services (CDSS) Accounting. This report will be used by CDSS Accounting to reconcile the daily payroll and verification of the data on the STD-218 Claim Schedule.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input checked="" type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required).

Parameter Name	Required/Optional	Comment

CLAIM SCHEDULE DATE	Required	
---------------------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, and data element, if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
WARRANT	Primary	
EFT	Secondary	
VENDOR	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if Case Management (CM) or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

S T A T E O F C A L I F O R N I A  
IN-HOME SUPPORTIVE SERVICES  
DAILY CLAIM SCHEDULE TRANSMITTAL

PAGE: 1

CYCLE DATE: 05/11/2010

RUN DATE: 05/14/2010 TIME: 10:00:54

WARRANT INFORMATION

CLAIM SCHEDULE NUMBER: 0

NUMBER OF WARRANTS	TOTAL NET PAY	(222R)	(222G)	(221R)
		FEDERAL	STATE	COUNTY
<b>CYCLE WARRANT TOTAL :</b>				
TOTAL CYCLE NET PAY AMOUNT	18,655.25	14,301.89	3,832.35	941.01
AMOUNT FROM SERVICES	13,771.23	11,159.51	3,701.53	911.26
AMOUNT FROM OVERTIME	4,388.03	3,377.66	1,004.37	0.00
AMOUNT FROM TRAVEL	120.00	60.40	60.40	0.00
AMOUNT FROM SICK LEAVE	181.19	110.32	46.00	24.01
<b>CFCO WARRANT TOTAL :</b>				
TOTAL CFCO NET PAY AMOUNT	8,480.37	4,743.81	2,796.10	940.66
AMOUNT FROM SERVICES	5,947.10	3,330.39	1,700.84	915.85
AMOUNT FROM OVERTIME	2,281.61	1,277.73	1,003.88	0.00
AMOUNT FROM TRAVEL	90.40	45.20	45.20	0.00
AMOUNT FROM SICK LEAVE	161.06	90.19	46.00	24.01
<b>PCP WARRANT TOTAL :</b>				
TOTAL PCP NET PAY AMOUNT	0.00	0.00	0.00	0.00
AMOUNT FROM SERVICES	0.00	0.00	0.00	0.00
AMOUNT FROM OVERTIME	0.00	0.00	0.00	0.00
AMOUNT FROM TRAVEL	0.00	0.00	0.00	0.00
AMOUNT FROM SICK LEAVE	0.00	0.00	0.00	0.00
<b>IPO WARRANT TOTAL :</b>				
TOTAL IPO NET PAY AMOUNT	0.00	0.00	0.00	0.00
AMOUNT FROM SERVICES	0.00	0.00	0.00	0.00
AMOUNT FROM OVERTIME	0.00	0.00	0.00	0.00
AMOUNT FROM TRAVEL	0.00	0.00	0.00	0.00
AMOUNT FROM SICK LEAVE	0.00	0.00	0.00	0.00
<b>INSS WARRANT TOTAL :</b>				
TOTAL INSS NET PAY AMOUNT	1.50	0.00	1.15	0.35
AMOUNT FROM SERVICES	1.01	0.00	0.66	0.35
AMOUNT FROM OVERTIME	0.49	0.00	0.49	0.00
AMOUNT FROM TRAVEL	0.00	0.00	0.00	0.00
AMOUNT FROM SICK LEAVE	0.00	0.00	0.00	0.00
<b>WFCS WARRANT TOTAL :</b>				
TOTAL WFCS NET PAY AMOUNT	10,173.30	10,168.28	15.10	0.00
AMOUNT FROM SERVICES	7,822.12	7,622.12	0.00	0.00
AMOUNT FROM OVERTIME	3,239.93	3,239.93	0.00	0.00
AMOUNT FROM TRAVEL	30.20	15.10	15.10	0.00
AMOUNT FROM SICK LEAVE	10.13	20.13	0.00	0.00

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

NOTE: '\*' INDICATES TOTAL INCLUDES PAYMENTS THAT ARE NOT FROM ONE THE IDENTIFIED TYPES.

Figure – Daily Claim Schedule Transmittal – Warrant Information (Page 1)

**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**DAILY CLAIM SCHEDULE TRANSMITTAL**

PAGE: 2  
 CYCLE DATE: 05/11/2010  
 RUN DATE: 05/14/2010 TIME: 10:00:54

**EFT INFORMATION**

FILE NUMBER: 0

EFT	NUMBER OF EFT	(222R)		(222G)	
		TOTAL NET PAY	FEDERAL	STATE	COUNTY
<b>TOTAL :</b>					
NET PAY AMOUNT		6,813.46	2,704.38	1,634.68	1,411.48
ON SERVICES		5,858.73	2,300.53	1,050.24	1,408.96
ON OVERTIME		869.35	352.07	516.26	0.00
ON TRAVEL		60.26	32.62	22.63	0.00
ON SICK LEAVE		10.14	10.07	6.55	3.52
<b>TAL :</b>					
NET PAY AMOUNT		2,384.35	1,332.48	718.28	332.41
ON SERVICES		2,159.80	1,209.50	611.49	332.41
ON OVERTIME		194.35	108.86	85.49	0.00
ON TRAVEL		30.20	16.10	15.10	0.00
ON SICK LEAVE		0.00	0.00	0.00	0.00
<b>TAL :</b>					
NET PAY AMOUNT		10.14	10.07	6.55	3.52
ON SERVICES		0.00	0.00	0.00	0.00
ON OVERTIME		0.00	0.00	0.00	0.00
ON TRAVEL		0.00	0.00	0.00	0.00
ON SICK LEAVE		10.14	10.07	6.55	3.52
<b>TAL :</b>					
NET PAY AMOUNT		0.00	0.00	0.00	0.00
ON SERVICES		0.00	0.00	0.00	0.00
ON OVERTIME		0.00	0.00	0.00	0.00
ON TRAVEL		0.00	0.00	0.00	0.00
ON SICK LEAVE		0.00	0.00	0.00	0.00
<b>TAL :</b>					
NET PAY AMOUNT		2,946.67	0.00	1,872.32	1,076.35
ON SERVICES		2,517.90	0.00	1,441.00	1,076.35
ON OVERTIME		430.77	0.00	430.77	0.00
ON TRAVEL		0.00	0.00	0.00	0.00
ON SICK LEAVE		0.00	0.00	0.00	0.00
<b>TAL :</b>					
NET PAY AMOUNT		1,460.20	1,442.77	37.53	0.00
ON SERVICES		1,181.03	1,181.03	0.00	0.00
ON OVERTIME		244.21	244.21	0.00	0.00
ON TRAVEL		35.06	17.53	37.53	0.00
ON SICK LEAVE		0.00	0.00	0.00	0.00

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

NOTE: \*\* INDICATES TOTAL INCLUDES PAYMENTS THAT ARE NOT FROM ONE THE IDENTIFIED TYPES

Figure – Daily Claim Schedule Transmittal – EFT Information (Page 2)



**STATE OF CALIFORNIA**  
**IN-HOME SUPPORTIVE SERVICES**  
**DAILY CLAIM SCHEDULE TRANSMITTAL**      CYCLE DATE: 05/11/2018  
      RUN DATE: 05/14/2018 TIME: 10:00:54

LE NUMBER: 0

	NUMBER OF PAYMENTS	(222R) TOTAL NET PAY	(222G) FEDERAL	(222G) STATE	(221R) COUNTY
IT TOTAL :	0				
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00

	NUMBER OF PAYMENTS	(222R) TOTAL NET PAY	(222G) FEDERAL	(222G) STATE	(221R) COUNTY
ITL :	0				
PFT NET PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00
PAY AMOUNT		0.00	0.00	0.00	0.00

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

NOTE: \*\*\* INDICATES TOTAL INCLUDES PAYMENTS THAT ARE NOT FROM ONE THE IDENTIFIED TYPES

Figure – Daily Claim Schedule Transmittal – Vendor Information (Page 3)

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format		N	NA	Left	HH:MM: SS
<b>REPORT BODY – WARRANT INFORMATION (PAGE 1)</b>						
CLAIM SCHEDULE NUMBER:	Claim Schedule Number that corresponds to requested date Daily Claim to SCO file	Bold	N	NA	Left	Text
NUMBER OF WARRANTS	Column Header	Bold, Underlined	N	NA	Center	Text
TOTAL NET PAY	Column Header	Bold, Underlined	N	NA	Center	Text
(222R) FEDERAL	Column Header	Bold, Underlined	N	NA	Center	Text
(222G) STATE	Column Header	Bold, Underlined	N	NA	Center	Text
(221R) COUNTY	Column Header	Bold, Underlined	N	NA	Center	Text
CYCLE WARRANT TOTAL:	Total number of warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL CYCLE NET PAY AMOUNT	Total net pay of warrants in the claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave in the claim file	Indent	N	NA	Right	9,999,999 .99
CFCO WARRANT TOTAL:	Total number of CFCO warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL CFCO NET PAY AMOUNT	Total net pay of CFCO warrants in the claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under CFCO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under CFCO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under CFCO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under CFCO in the claim file	Indent	N	NA	Right	9,999,999 .99
PCSP WARRANT TOTAL:	Total number of PCSP warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL PCSP NET PAY AMOUNT	Total net pay of PCSP warrants in the claim file	Net pay includes services, overtime, travel, training, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99

AMOUNT FROM SERVICES	Portion of net pay for services paid under PCSP in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under PCSP in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under PCSP in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under PCSP in the claim file	Indent	N	NA	Right	9,999,999 .99
IPO WARRANT TOTAL:	Total number of IPO warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL IPO NET PAY AMOUNT	Total net pay of IPO warrants in the claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under IPO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under IPO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under IPO in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under IPO in the claim file	Indent	N	NA	Right	9,999,999 .99
IHSS WARRANT TOTAL:	Total number of IHSS warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL IHSS NET PAY AMOUNT	Total net pay of IHSS warrants in the claim file	Net pay includes services, overtime, travel, training, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under IHSS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under IHSS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under IHSS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under IHSS in the claim file	Indent	N	NA	Right	9,999,999 .99
WPCS WARRANT TOTAL:	Total number of WPCS warrants in the claim file	Section Header	N	NA	Left	99,999
TOTAL WPCS NET PAY AMOUNT	Total net pay of WPCS warrants in the claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under WPCS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under WPCS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under WPCS in the claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under WPCS in the claim file	Indent	N	NA	Right	9,999,999 .99

**REPORT BODY – EFT INFORMATION (PAGE 2)**

CLAIM SCHEDULE NUMBER:	Claim Schedule Number that corresponds to requested date Daily EFT Claim to SCO file		N	NA	Left	Text
NUMBER OF EFT	Column Header	Bold, Underlined	N	NA	Center	Text
TOTAL NET PAY	Column Header	Bold, Underlined	N	NA	Center	Text
(222R) FEDERAL	Column Header	Bold, Underlined	N	NA	Center	Text
(222G) STATE	Column Header	Bold, Underlined	N	NA	Center	Text
(221R) COUNTY	Column Header	Bold, Underlined	N	NA	Center	Text
CYCLE EFT TOTAL:	Total number of payments in the EFT claim file		N	NA	Right	99,999
TOTAL CYCLE NET PAY AMOUNT	Total net pay of payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services in the EFT claim file	Indent	N	NA	Right	9,999,999 .99

AMOUNT FROM OVERTIME	Portion of net pay for overtime in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
CFCO EFT TOTAL:	Total number of CFCO payments in the EFT claim file	Section Header	N	NA	Center	99,999
TOTAL CFCO NET PAY AMOUNT	Total net pay of CFCO payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under CFCO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under CFCO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under CFCO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under CFCO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
PCSP EFT TOTAL:	Total number of PCSP payments in the EFT claim file	Section Header	N	NA	Center	99,999
TOTAL PCSP NET PAY AMOUNT	Total net pay of PCSP payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under PCSP in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under PCSP in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under PCSP in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under PCSP in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
IPO EFT TOTAL:	Total number of IPO payments in the EFT claim file	Section Header	N	NA	Center	99,999
TOTAL IPO NET PAY AMOUNT	Total net pay of IPO payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under IPO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under IPO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under IPO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under IPO in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
IHSS EFT TOTAL:	Total number of IHSS payments in the EFT claim file	Section Header	N	NA	Center	99,999
TOTAL IHSS NET PAY AMOUNT	Total net pay of IHSS payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under IHSS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under IHSS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under IHSS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under IHSS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
WPCS EFT TOTAL:	Total number of WPCS payments in the EFT claim file	Section Header	N	NA	Center	99,999
TOTAL WPCS NET PAY AMOUNT	Total net pay of WPCS payments in the EFT claim file	Net pay includes services, overtime, travel, sick leave, DEIC refunds, SDI refunds, etc.	N	NA	Right	9,999,999 .99
AMOUNT FROM SERVICES	Portion of net pay for services paid under WPCS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99

AMOUNT FROM OVERTIME	Portion of net pay for overtime paid under WPCS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM TRAVEL	Portion of net pay for travel paid under WPCS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99
AMOUNT FROM SICK LEAVE	Portion of net pay for sick leave paid under WPCS in the EFT claim file	Indent	N	NA	Right	9,999,999 .99

**REPORT BODY – VENDOR INFORMATION (PAGE 3)**

**Vendor Warrant Column Headers**

CLAIM SCHEDULE NUMBER:	Claim Schedule Number that corresponds to requested date Daily Claim to SCO file	Section Header, Bold	N	NA	Left	Text
NUMBER OF PAYMENTS	Column Header	Bold, Underlined	N	NA	Center	Text
TOTAL NET PAY	Column Header	Bold, Underlined	N	NA	Center	Text
(222R) FEDERAL	Column Header	Bold, Underlined	N	NA	Center	Text
(222G) STATE	Column Header	Bold, Underlined	N	NA	Center	Text
(221R) COUNTY	Column Header	Bold, Underlined	N	NA	Center	Text

**Vendor Warrant Detail**

CYCLE WARRANT TOTAL:	Total number of vendor warrants in the claim file		N	NA	Left	99,999
TOTAL CYCLE NET WARRANT PAY AMOUNT	Total net pay of vendor warrants in the claim file	Net pay includes vendor payments	N	NA	Right	99,999,999 .99
TOTAL CFCO NET PAY AMOUNT	Total CFCO portion of all vendor warrant net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL PCSP NET PAY AMOUNT	Total PCSP portion of all vendor warrant net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL IPO NET PAY AMOUNT	Total IPO portion of all vendor warrant net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL IHSS NET PAY AMOUNT	Total IHSS portion of all vendor warrant net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL WPCS NET PAY AMOUNT	Total WPCS portion of all vendor warrant net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99

**Vendor EFT Column Headers**

NUMBER OF PAYMENTS	Column Header	Bold, Underlined	N	NA		Bold
TOTAL NET PAY	Column Header	Bold, Underlined	N	NA		Bold
(222R) FEDERAL	Column Header	Bold, Underlined	N	NA		Bold
(222G) STATE	Column Header	Bold, Underlined	N	NA		Bold
(221R) COUNTY	Column Header	Bold, Underlined	N	NA		Bold

**Vendor EFT Detail**

CYCLE EFT TOTAL:	Total number of vendor payments in the EFT claim file		N	NA	Center	99,999
TOTAL CYCLE EFT NET PAY AMOUNT	Total net pay of vendor payments in the EFT claim file	Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL CFCO NET PAY AMOUNT	Total CFCO portion of all vendor EFT net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL PCSP NET PAY AMOUNT	Total PCSP portion of all vendor EFT net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL IPO NET PAY AMOUNT	Total IPO portion of all vendor EFT net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL IHSS NET PAY AMOUNT	Total IHSS portion of all vendor EFT net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99
TOTAL WPCS NET PAY AMOUNT	Total WPCS portion of all vendor EFT net pay in the claim file	Indent – Net pay includes vendor payments	N	NA	Right	9,999,999 .99

REPORT FOOTER						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
		NOTE: "*" INDICATES TOTAL INCLUDES PAYMENTS THAT ARE NOT FROM ONE THE IDENTIFIED TYPES				

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Homemaker or PA Contract Journal Voucher Report

CI	Document Name
 CI-505665 - DSD RPTS Homemaker PA Contract Journal Voucher <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Homemaker_PA_Contract_Journal_Voucher.docx

## Report Business Description

The Homemaker or PA Contract Journal Voucher reports provide details of the Homemaker/PA Contract invoice data that has been posted in the financial system. The reports provide the total amount posted into each funding source for each journal voucher entry, as well as a total amount.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
County	Required	
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
TRANSACTION NUMBER	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a specified date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOMEOWNER OR RA CONTRACT JOINING VOUCHER REPORT							DATE: 01/01/2018 TO 01/31/2018	PERIOD: MONTHEND TIME: 11:59AM
TRANSACTION NUMBER	NAME OF SERVICE	CHG	POST	IPR	INNS-R	TOTAL		
EMO10010101000000000000	01/10000	1,000.00	1,000.00	0.00	0.00	1,000.00		
EMO00101010000000000000	01/10000	1,000.00	1,000.00	0.00	0.00	1,000.00		
EMO00101010000000000000	01/10000	1,000.00	1,000.00	0.00	0.00	1,000.00		
EMO00101010000000000000	01/10000	1,000.00	1,000.00	0.00	0.00	1,000.00		
EMO00101010000000000000	01/10000	1,000.00	1,000.00	0.00	0.00	1,000.00		
	TOTAL	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$4,000.00		

## **Figure – Homemaker or PA Contract Journal Voucher Report**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM/DD /YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
TITLE	Report version added to report title	HOMEMAKER or PA CONTRACT JOURNAL VOUCHER REPORT	N	NA	Center	String
<b>REPORT BODY</b>						
Transaction Number	Journal Voucher Number		N	A	Left	String
Month Of Service	The month and year the services were given		N	NA	Left	MM/CCYY
IHSS-R	IHSS-R Amount from Journal Voucher entry		N	NA	Left	99,999.99
PCSP	PCSP Amount from Journal Voucher entry		N	NA	Left	99,999.99
CFCO	CFCO Amount from Journal Voucher entry		N	NA	Left	99,999.99
IPO	IPO amount from Journal Voucher entry		N	NA	Left	99,999.99
Total	Total Amount of Journal Voucher entry		N	NA	Left	999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Homemaker or PA Contract Payment

CI	Document Name
 CI-116707 - DSD RPTS Homemaker PA Contract Payment Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Homemaker_PA_Contract_Payment_Report.doc

## Report Business Description

The Homemaker or PA Contract Payment Report provides the payment amounts for the Homemaker or PA Contract Counties. It shows the Amount Owed, the Amount Paid and the Balance for each Homemaker or PA Contract County as well as Statewide for any date range. This report is used by the CDSS Accounting staff to bill the Homemaker/PA Contract Counties. This report is also used to create the monthly posting into CALSTARS which will reconcile to daily run.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PROGRAM	Primary	CFCO, PCSP, IPO, IHSS, WPCS

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH: First business day of the month
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For the date range selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES HOMEMAKER/P.A. CONTRACT PAYMENT REPORT				Date: 3/20/2018	
				CYCLE START: 01/01/2018 TO 01/31/2018 END DATE: 03/01/2018 CYCLE: 13012018	
		FEEING	STATE	CREDIT	TOTAL
		OPEN			
DR/CR:					
RECEIVED:					
RECEIVED CRED:	4,838.67	3,449.74	1,081.68	6,969.07	
RECEIVED PAID:	0.00	0.00	0,000.00	0,000.00	
BALANCE:	3,838.67	3,449.74	-1,081.68	6.00	
		PENDING			
DR/CR:					
RECEIVED:					
RECEIVED CRED:	4,835.00	3,180.11	1,689.07	8,614.18	
RECEIVED PAID:	0.00	0.00	0,000.00	0,000.00	
BALANCE:	4,835.00	3,180.11	-1,689.07	0.00	
		PFP			
DR/CR:					
RECEIVED:					
RECEIVED CRED:	0.00	0.00	0.00	0.00	
RECEIVED PAID:	0.00	0.00	0.00	0.00	
BALANCE:	0.00	0.00	0.00	0.00	
		PMS			
DR/CR:					
RECEIVED:					
RECEIVED CRED:	0.00	0.00	0.00	0.00	
RECEIVED PAID:	0.00	0.00	0.00	0.00	
BALANCE:	0.00	0.00	0.00	0.00	
DATA UPLOADED OR AUTOGENERATED 4/10 IN THE PREVIOUS INT					

Figure – Homemaker/P.A Contract Payment

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name and STATEWIDE  Report generates for all counties with homemaker paid data and then has a STATEWIDE summary at the end	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FEDERAL	Federal share of the cash in door detail	Bold – Column Header	N	NA	Left	Text
STATE	State share of the cash in door detail	Bold – Column Header	N	NA	Left	99,999.99
COUNTY	County share of the cash in door detail	Bold – Column Header	N	NA	Left	99,999.99
TOTAL	Total cash in door detail	Bold – Column Header	N	NA	Left	99,999.99
<PROGR AM>	Program Section (CFCO, PCSP, IPO, IHSS and WPCS)	Bold – Section Header	N	NA	Left	99,999.99
HM/PAC		Section Row	N	NA	Left	99,999.99
AMOUNT OWED	Amount Owed for Homemaker Expenditures Reported by Federal share, State share, County share and Total.	Indent  Object 5007 with Reporting Code 222R, 222G and 221R	N	NA	Left	99,999.99
AMOUNT PAID	Amount Paid for Homemaker Expenditures	Indent  This is what was initially paid by the County for Homemaker services.  Only the County column is populated since the County paid the invoice.  Object 5007 with Reporting Code 221	N	NA	Left	99,999.99
BALANCE	Balance Due for Homemaker Expenditures Reported by Federal share, State share, County share and Total.	Bold – Indent  This is the net of the Homemaker amount owed and County amount paid.  The County is given credit for the Federal and State share of the invoice. The Federal will be billed for their share of the invoice.  Reported by Federal share, State share, County share and Total.	N	NA	Left	99,999.00
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Payment Voucher Summary

CI	Document Name
 CI-116549 - DSD RPTS Payment Voucher Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Payment_Voucher_Summary.doc

## Report Business Description

The Payment Voucher Summary report provides the California Department of Social Services (CDSS) Accounting, CDSS Adult Programs Division (APD) staff, and County management and fiscal staff with a summary of all voucher activity for a given date range. The report details the Federal, State, and county share amounts for each funding source, as well as the total dollar amount. It provides a summary of payment as Total as well as a breakdown for Services, Overtime, Travel, and Sick Leave. The report totals incorporate current payments, adjustments for voided and stale dated payments, and reissued payments that were processed during the selected reporting period.

Hours associated to gross wages will be included for all categories. Hours do not have Federal, State, and County splits. Overtime hours are contained in service hours. Total Hours = Service Hours + Travel Hours.

Payment to Advanced Pay Providers for overtime, or travel will be included in the Total and appropriate category on this report.

Overtime and travel do not have a County share as they are Federal/State split only. Payments for Sick Leave have a Federal/State/County split.

The weekly, monthly, quarterly, and yearly versions of the report also include summary totals for County Contractor and Homemaker expenditures.

This report gives the county or State a snapshot of their cost for a given program.

The purpose of this report is to make available to County staff, CDSS APD staff, and CDSS Accounting a summary of all financial transactions.

For the Statewide version, there is one additional header line listing the counties(s) selected. If 'All' is selected, then 'ALL' displays rather than a list of counties. When more counties have been selected than can be displayed on this header line, it will not wrap and will truncate at the last county name that can fit. This truncation does not impact the data on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator

<b>CDSS</b>	<input type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff

<input type="checkbox"/>	Security Administrator
<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required).

Parameter Name	Required/Optional	Comment
VERSION	Required	Statewide, County, District Office
COUNTY NAME	Required	Statewide must select All or may select multiple counties
REPORT DATE GROUPING	Required	Daily, Weekly (Sunday – Saturday), Monthly, Quarterly, Yearly (Calendar), Fiscal Year (July 1 <sup>st</sup> through June 30 <sup>th</sup> )
SELECT DATE	Required	Select a date within the desired report period for the selected report date grouping
END DATE	Required when the Report Date Grouping value is "Date Range"	Select an end date for the report

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element, if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	Statewide, County
DISTRICT OFFICE	Secondary	Ascending
FUNDING SOURCE	Third	ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
None		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if Case Management (CM) or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For a given date range (prior months)
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

Figure – Payment Voucher Summary – Page 1 – Totals/Services

Figure – Payment Voucher Summary – Page 2 – Overtime/Travel/Sick Leave

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY: or VERSION:	The county for which the report was run or the Version that was selected.	COUNTY: displays on COUNTY or DO version. VERSION: Only displays on STATEWIDE version.	Y	A	Left	String
CYCLE DATE:	The time period being reported.		N	NA	Left	MM/DD /YYYY TO MM /DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned.	Only on District Office version.	Y	A	Left	99
FUNDING SOURCE	Funding source for the summary section (i.e., ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS).	ALL IHSS PROGRAM (excludes WPCS) page is the first page.	Y	NA	Left	Left
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
	Report name to be preceded by VERSION selected	STATEWIDE, COUNTY, DISTRICT OFFICE	N	NA	Center	Text
	Report Name to be followed by REPORT DATE GROUPING.	DAILY, WEEKLY, MONTHLY, QUARTERLY, YEARLY, FISCAL YEAR	N	NA	Center	Text
COUNTIES:	List of counties selected for STATEWIDE version of the report.	Only on Statewide version. When more counties are selected than can display on one line the list displayed will truncate to nearest complete county name.	N	NA	Center	Text
<b>REPORT BODY – Page 1 – Column Headers</b>						
TOTALS	Summary information for all payments in the report period includes Advanced Pay	Bold – Large column header	N	NA	Center	Text
FEDERAL	Federal share of total payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
STATE	State share of total payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
COUNTY	County share of total payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
TOTAL	Total of all payments for report period	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
SERVICES	Summary information for services payments includes Advanced Pay	Bold – Large column header	N	NA	Center	Text
FEDERAL	Federal share of services payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
STATE	State share of services payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
COUNTY	County share of services payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
TOTAL	Total of services payments for report period	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99
<b>REPORT BODY – PAGE 2 – COLUMN HEADERS</b>						
OVERTIME	Summary information for overtime payments includes payment directly to Advanced Pay Providers	Bold – Large column header	N	NA	Center	Text
FEDERAL	Federal share of overtime payments	Bold – Sub column header	N	NA	Right	\$9,999.99 9,999.99

STATE	State share of overtime payments	Bold – Sub column header	N	NA	Right	\$9,999,99 9,999.99
TOTAL	Total of all overtime payments for report period	Bold – Sub column header	N	NA	Right	\$9,999,99 9,999.99
TRAVEL	Summary information for travel payments includes payment directly to Advanced Pay Providers	Bold – Large column header	N	NA	Center	Text
FEDERAL	Federal share of travel payments	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
STATE	State share of travel payments	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
TOTAL	Total of all travel payments for report period	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
SICK LEAVE	Summary information for sick leave payments includes payment directly to Advanced Pay Providers	Bold – Large column header	N	NA	Center	Text
FEDERAL	Federal share of sick leave payments	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
STATE	State share of sick leave payments	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
COUNTY	County share of sick leave payments	Bold – Sub column header	N	NA	Right	\$999,999, 999.99
TOTAL	Total of all sick leave payments for report period	Bold – Sub column header	N	NA	Right	\$999,999, 999.99

#### REPORT BODY – SUMMARY PAYMENT INFORMATION – ALL PAGES

HOURS:	Summary of hours attributed to the gross wages, including current payment, adjustments for voids, stale dated warrants, and reissuance	Services Hours include Overtime Hours, thus, Total Hours, for the Totals category = Service Hours + Travel Hours + Sick Leave Hours	N	NA	Left	\$999,999, 999:99
GROSS WAGES:	Summary of gross wages including current payment, adjustments for voids, stale dated warrants, and reissuance		N	NA	Left	999,999,9 99:99
EMPLOYEE DEDUCTIONS:	No detail for this line item	Summary of each deduction including current payment, adjustments for voids, stale dated warrants and reissuance	N	NA	Left	Text
FIT		Indent	N	NA	Left Indent	999,999,9 99:99
PIT			N	NA	Left Indent	999,999,9 99:99
FICA			N	NA	Left Indent	999,999,9 99:99
MEDICARE			N	NA	Left Indent	999,999,9 99:99
SDI			N	NA	Left Indent	999,999,9 99:99
DIEC			N	NA	Left Indent	999,999,9 99:99
SHARE OF COST			N	NA	Left Indent	999,999,9 99:99
HEALTH			N	NA	Left Indent	999,999,9 99:99
LABOR ORG			N	NA	Left Indent	999,999,9 99:99
LIEN			N	NA	Left Indent	999,999,9 99:99
TOTAL EMPLOYEE DEDUCTIONS:	Total of all employee deductions		N	NA	Left	999,999,9 99:99
NET PAY	Total Net Pay		N	NA	Left	999,999,9 99:99

EMPLOYER CONTRIBUTIONS:	No detail for this line item	Summary of total contributions including current payment, adjustments for voids, stale dated warrants, and reissuance	N	NA	Left	Text
FICA			N	NA	Left Indent	999,999,99:99
ETT			N	NA	Left Indent	999,999,99:99
MEDICARE			N	NA	Left Indent	999,999,99:99
UI			N	NA	Left Indent	999,999,99:99
FUTA			N	NA	Left Indent	999,999,99:99
TOTAL EMPLOYER CONTRIBUTIONS:	Total of all employer deductions		N	NA	Left	999,999,99:99
TOTAL DEDUCTIONS AND CONTRIBUTIONS:	Total of employee deductions and employer contributions		N	NA	Left	999,999,99:99
COUNTY CONTRACTOR:	No detail for this line item	Page 1 only, Indent	N	NA	Left	Text
AMOUNT OWED	Amount owed by the County to their CC	Page 1 only, Indent	N	NA	Left Indent	999,999,99:99
AMOUNT PAID	Amount paid by County to their CC (must be entered into CMIPS by the County)	Page 1 only, Indent	N	NA	Left Indent	999,999,99:99
BALANCE	CC balance	Page 1 only, Indent BALANCE = AMOUNT OWED – AMOUNT PAID	N	NA	Left Indent	999,999,99:99
HM/PAC	No detail for this line item	Page 1 only, Indent				Text
AMOUNT OWED	Amount owed by the County for HM /PAC services	Page 1 only, Indent	N	NA	Left Indent	999,999,99:99
AMOUNT PAID	Amount paid by the County for HM/PAC services (must be entered into CMIPS by the County)	Page 1 only, Indent	N	NA	Left Indent	999,999,99:99
BALANCE	HM/PAC balance	Page 1 only, Indent BALANCE = AMOUNT OWED – AMOUNT PAID	N	NA	Left Indent	999,999,99:99
CASH IN DOOR ADJUSTMENT:	Total eCash in eDoor adjustments (cash /check/payment received by the county, and entered into the system by a user, for an overpayment that the county is responsible for)	This amount should reconcile with the Cash In Door Adjustment report values for the month. Cash In Door that was cancelled OR Returned Check in a later month should be subtracted in the month of cancellation/entry of returned check indication.	N	NA	Left	999,999,99:99
TOTAL AMOUNT OWED:	Totals	TOTAL AMOUNT OWED = GROSS WAGES – SHARE OF COST + EMPLOYER CONTRIBUTIONS + COUNTY CONTRACTOR BALANCE + HOMEMAKER/PA Contract BALANCE	N	NA	Left	999,999,99:99
FEDERAL BILLING AMOUNT:		<p>FOR TOTALS AND SERVICES:</p> <ul style="list-style-type: none"> <li>• FEDERAL BILLING AMOUNT = TOTAL AMOUNT OWED – FIT – PIT – FICA – MEDICARE – SDI – DIEC – TOTAL EMPLOYER CONTRIBUTIONS – COUNTY CONTRACTOR BALANCE – HOMEMAKER BALANCE – CASH IN DOOR ADJUSTMENT</li> </ul> <p>FOR OVERTIME, TRAVEL AND SICK LEAVE:</p> <ul style="list-style-type: none"> <li>• FEDERAL BILLING AMOUNT = TOTAL AMOUNT OWED – FIT – PIT – FICA – MEDICARE – SDI – DIEC – TOTAL EMPLOYER CONTRIBUTIONS – CASH IN DOOR ADJUSTMENT <b>BOLD FONT</b></li> </ul>	N	NA	Left	999,999,99:99

	Page Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Payment Voucher Summary – Advanced Pay

CI	Document Name
 CI-116550 - DSD RPTS Payment Voucher Summary Advance Pay <b>IMPLEMENTED</b>	DSD_RPTS_Payment_Voucher_Summary_Advance_Pay.doc

## Report Business Description

The Payment Voucher Summary – Advance Pay report provides CDSS Accounting and county staff with a summary of all advance pay voucher activity for a given date range. The report details the federal, state, and county share amounts for each funding source, as well as the total. The purpose of this report is to make available to county staff and CDSS Accounting a summary of all Advance Pay financial transactions.

## Target Audience

Indicate the audience(s) expected to access this report. This may not be the ultimate destination of the report, if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Required/Optional	Comment

VERSION	Required	Statewide, County, District Office.
COUNTY NAME	Required	Statewide must select All, or may select multiple counties.
REPORT DATE GROUPING	Required	Daily, Weekly (Sunday – Saturday), Monthly, Quarterly, Yearly (Calendar).
SELECT DATE	Required	Select a date in the desired report period for the selected report date grouping.
END DATE	Required when the Report Date Grouping value is Date Range.	Select an end date for the report.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element, etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	Statewide, County
DISTRICT OFFICE	Secondary	Ascending
FUNDING SOURCE	Third	ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
None		

## Run Frequency

Describe run frequency or other scheduling information. Indicate batch where applicable for Case Management or Payroll.

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTRY: COUNTY HOME OF STATEWIDE OFFICE: (004 UNIT NO VERSION) FUNDING SOURCE: (SECTION FUNDING OFFICE)		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES VERSION: PAYMENT VOUCHER SUMMARY - ADVANCED PAY DATE RANGE SELECTED:		PAGE: PAGE DATE: 04/17/2014 TO 05/17/2014 RUN DATE: 04/01/2014 TIME: 02:00:00	
		FEDERAL	STATE	COUNTY	TOTAL
GROSS PAYEE:		218,849,560.98	218,999,993.98	218,849,564.98	218,999,993.98
EMPLOYEE DEDUCTIONS:					
FICA		0.00	0.00	0.00	0.00
MEDICARE		0.00	0.00	0.00	0.00
SDI		0.00	0.00	0.00	0.00
STATE OF COST		0.00	0.00	0.00	0.00
TOTAL EMPLOYEE DEDUCTIONS:		218,849,560.98	218,999,993.98	218,849,564.98	218,999,993.98
<hr/> <small>DATA UPDATED AS OF APPROXIMATELY 6:00 PM THE PREVIOUS DAY</small>					

Figure – Payment Voucher Summary – Advanced Pay

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run.		Y	A	Left	String
CYCLE DATE:	The time period being reported.		N	NA	Left	MM/DD/YYYY TO MM/DD/YYYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned.		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD/YYYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
	Report name to be preceded by VERSION selected.	STATEWIDE, COUNTY, DISTRICT OFFICE	N	NA	Center	Text
	Report Header to include REPORT DATE GROUPING.	DAILY, WEEKLY, MONTHLY, QUARTERLY, YEARLY	N	NA	Center	Text
FUNDING SOURCE	Funding source for the summary section (i.e., ALL IHSS PROGRAMS, CFCO, IPO, IHSS-R, WPCS) included in the header.		Y	NA	Left	Text

REPORT BODY						
FEDERAL	Federal share of total payments.	Column header BOLD FONT	N	NA	Right	\$9,999,99 9.99
STATE	State share of total payments.	Column header BOLD FONT	N	NA	Right	\$9,999,99 9.99
COUNTY	County share of total payments.	Column header BOLD FONT	N	NA	Right	\$9,999,99 9.99
TOTAL	Total of all payments for report period.	Column header BOLD FONT	N	NA	Right	\$9,999,99 9.99
GROSS WAGES:	Gross wages for Advance Pay.		N	NA	Left	\$9,999,99 9.99
EMPLOYEE DEDUCTIONS:	No detail for this line item.		N	NA	Left	\$9,999,99 9.99
FICA	FICA deduction for Advance Pay.	Indent	N	NA	Left	\$9,999,99 9.99
MEDICARE	Medicare deduction for Advance Pay.	Indent	N	NA	Left	\$9,999,99 9.99
SDI	SDI deduction for Advance Pay.	Indent	N	NA	Left	\$9,999,99 9.99
SHARE OF COST	Share of Cost deduction for Advance Pay.	Indent	N	NA	Left	\$9,999,99 9.99
TOTAL EMPLOYEE DEDUCTIONS:	Total of employee deductions.	BOLD FONT	N	NA	Left	\$9,999,99 9.99
REPORT FOOTER						
	Page Footer	DATA UPDATED AS OF 8: 00 P.M. THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Stale Dated Warrant Listing

CI	Document Name
 CI-116555 - DSD RPTS Stale Dated Warrant Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Stale_Dated_Warrant_Listing.doc

## Report Business Description

The Stale Dated Warrant Listing report provides CDSS Accounting with a summary of stale dated warrant activity for a given date range. The report details the amount stale dated warrant in each funding source, as well as the detail about the warrant.

This provides CDSS Accounting staff with a summary of stale dated warrant activity for a given date range.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Version	Required	Statewide, County, District Office
County Name	Required	Can be any value for Statewide version
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
OFFICE	Primary	District Office Version Only

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PAYEE NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>		DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested by date range specified
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA [REDACTED] INQUIRIES, SERVICES, WARRANT PAYMENT LISTINGS										NAME: [REDACTED] EXCISE DATE: [REDACTED] TO [REDACTED] EXCISE AMOUNT: [REDACTED]	
OFFICE NAME	CODE NUMBER	PROSECUTOR'S NUMBER	DEFENDANT NUMBER	DEFENDANT NAME	DEFENDANT ADDRESS	CRIMINAL AMOUNT	CRIMINAL AMOUNT	CIVIL AMOUNT	CIVIL AMOUNT	INTEREST AMOUNT	INTEREST AMOUNT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$11,37	\$1,18	\$0.00	\$0.00	\$0.00	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$1,31	\$1,31	\$0.00	\$0.00	\$0.00	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXCISE AMOUNT:						\$114.84	\$246.94	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FINE:						\$114.84	\$246.94	\$0.00	\$0.00	\$0.00	\$0.00
<small>CONFIDENTIAL DATA CREATED OR IMPROBABLY RELATED TO THE PREVIOUS CLA</small>											

Figure – Stale Dated Warrant Listing – District Office Version

STATE OF CALIFORNIA IN-SOME INVESTIGATIVE SERVICES YEAR-TO-DATE WARRANT LISTING										PAGE: 1
NAME	CASE NUMBER	PROSECUTOR NUMBER	WARRANT NUMBER	WARRANT ISSUE	WARRANT AMOUNT	CPO AMOUNT	PCP AMOUNT	LPO AMOUNT	TDO-E AMOUNT	WFO AMOUNT
DELMARCO, JESSIE	04-0010	000000000			\$1.21	\$1.21	\$1.21	\$1.21	\$0.00	\$1.21
KELLY, TROY	04-0011	000000000			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ROTH, CORINNE	04-0012	000000000			\$1.21	\$1.21	\$1.21	\$1.21	\$0.00	\$1.21
SANTOSANTO, MARINA	04-0013	000000000			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				TOTAL:	\$1.21	\$1.21	\$1.21	\$1.21	\$0.00	\$1.21

## **Figure – Stale Dated Warrant Listing – County Version**

## **Figure – Stale Dated Warrant Listing – Statewide Version**

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	County Name or Statewide	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
Payee Name	Payee Name	Last Name, First Name	N	NA	Left	String
Case Number	Case Number	CMIPS II Recipient Case Number	N	NA	Left	9999999
Provider Number	Provider Number	CMIPS II Provider Number	N	NA	Left	99999999
Warrant Number	Warrant Number	The SCO Warrant Number	N	NA	Left	9999999
Warrant Issue Date	Date warrant was issued	The SCO Issue Date	N	NA	Left	MM/DD /CCYY
Warrant Amount	Warrant Amount		N	NA	Left	99,999.99
PCSP Amount	Warrant Amount funded from PCSP		N	NA	Left	99,999.99
IPO Amount	Warrant Amount funded from IPO		N	NA	Left	99,999.99
CFCO Amount	Warrant Amount funded from CFCO		N	NA	Left	99,999.99
IHSS-R Amount	Warrant Amount funded from IHSS-R		N	NA	Left	99,999.99
WPCS Amount	Warrant Amount funded from WPCS		N	NA	Left	99,999.99
<DISTRICT OFFICE> TOTAL:	Total for the District Office	Bold – Bottom of the page – District Office Version only	N	NA	Left	999,999.99
<COUNTY OR STATEWIDE> TOTAL:	Total for the County or Statewide	Bold – Bottom of page – Statewide, County and District Office Versions	N	NA	Left	9,999,999 .99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL  DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Stale Dated Warrant Listing – Vendor

CI	Document Name
 CI-116556 - DSD RPTS Stale Dated Warrant Listing Vendor <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Stale_Dated_Warrant_Listing_Vendor.doc

## Report Business Description

The Stale Dated Warrant Listing – Vendor report provides CDSS Accounting with a statewide summary of all vendors stale dated warrant activity for a given date range.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment

Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
VENDOR NAME	Primary	Alphabetical
WARRANT ISSUE DATE	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for the specified date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-SHORE SUPPORTIVE SERVICES STALE DATED WARRANT LISTING - VENDOR					PAGE: 1
STATEMENT		CYCLE DATE: 04/18/2010		END DATE: 04/19/2010 TIME: 14:06:48	
Vendor Name	Vendor Number	Warrant Number	Warrant Issue Date	Warrant Amount	
HILARIO, INC. - INSHORE	Y00000000016	50000988	12/31/2009	1,052.53	
HILARIO, INC. - INSHORE	Y00000000017	50000988	12/31/2009	231.78	
HILARIO, INC. - INSHORE	Y00000000010	50000970	12/31/2009	726.71	
YECO, INC.	Y00000000018	50000987	12/31/2009	216.14	
STATEMENT TOTAL:				\$2,600.07	

CONFIDENTIAL,  
NOT RELEASED OR APPROXIMATELY 60% IN THE PUBLIC DOMAIN

Figure – Stale Dated Warrant Listing – Vendor

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE only	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
VENDOR NAME	Vendor Name		N	A	Left	String
VENDOR NUMBER	Vendor Number		N	NA	Left	Variable Character
WARRANT NUMBER	Warrant Number	The SCO Warrant Number	N	NA	Left	99999999
WARRANT ISSUE DATE	Date warrant was issued	The SCO Issue Date	N	NA	Left	MM/DD /CCYY
WARRANT AMOUNT	Warrant Amount		N	NA	Left	99,999.99
STATEWIDE TOTAL	Vendor Name	Bold – at the bottom right of the report, Indented to display below last Vendor row	N	NA	Right	9,999,999 .99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL  DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Stale Dated Warrant Summary

CI	Document Name
 CI-116708 - DSD RPTS Stale Dated Warrant Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Stale_Dated_Warrant_Summary_Report.doc

## Report Business Description

The Stale Dated Warrant Summary Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share any date range.

This report is used by the CDSS Accounting staff to post the stale dated warrant amounts to CALSTARS. This is done twice per month when sent by the SCO.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
FISCAL YEAR	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
QUARTER	Primary	Within the Fiscal Year

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for the selected date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATEMENT		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES STALE DATED WARRANT SUMMARY REPORT			PAGE: 1	
FISCAL YEAR:		CYCLE DATE: 03/01/2014 TO 03/31/2014 RUN DATE: 03/03/2014 TIME: 14:25:07				
FISCAL YEAR:	2013/2014					
QUARTER: 1		TOTAL	FEDERAL	STATE	COUNTY	
TOTAL CFCO WARRANT AMOUNT		\$120.72	\$120.18	\$96.59	\$23.35	
TOTAL SCFP WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL CPO WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL SBSF WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL WPSI WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL FOR QUARTER 3		\$386.72	\$385.18	\$364.59	\$23.35	
TOTAL FOR FISCAL YEAR 2013/2014		\$386.72	\$385.18	\$364.59	\$23.35	
GRAND TOTAL		\$386.72	\$385.18	\$364.59	\$23.35	
DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY						

Figure – Stale Dated Warrant Summary

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE only	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FISCAL YEAR <CCYY/CCYY>	Fiscal Year for this reported data.	Bold – Repeat Fiscal Year details for each Fiscal Year covered within the selected date range	Y	A	Left	Text
QUARTER <1>		Detail Header – Detail section repeated for each Quarter within a Fiscal Year for the selected date range	N	NA	Left	Text
TOTAL	Total warrant amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
FEDERAL	Federal share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
STATE	State share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
COUNTY	County share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
TOTAL CFCO WARRANT AMOUNT	Total detail amounts for stale dated CFCO warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL PCSP WARRANT AMOUNT	Total detail amounts for stale dated PCSP warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IPO WARRANT AMOUNT	Total detail amounts for stale dated IPO warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IHSS WARRANT AMOUNT	Total detail amounts for stale dated IHSS warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL WPCS WARRANT AMOUNT	Total detail amounts for stale dated WPCS warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL FOR QUARTER <#>	Total detail amounts for stale dated warrants for the identified Quarter within the identified Fiscal Year	Bold – underline prior row	N	NA	Left	9,999,999 .99
TOTAL FOR FISCAL YEAR <CCYY/CCYY>	Total detail amounts for stale dated warrants for the identified Fiscal Year	Bold – underline last TOTAL FOR QUARTER <#> for the Fiscal Year	N	NA	Left	9,999,999 .99
GRAND TOTAL	Total net amount of warrants stale dated for the all funding sources for all the Fiscal Years.  Reported by Federal share, State share, County share and Total.	Bold – end of the report	N	NA	Left	9,999,999 .99
<b>REPORT FOOTER</b>						

	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Stale Dated Warrant Summary – Vendor

CI	Document Name
 CI-116709 - DSD RPTS Stale Dated Warrant Summary Vendor Report IMPLEMENTED	DSD_RPTS_Stale_Dated_Warrant_Summary_Vendor_Report.doc

## Report Business Description

The Stale Dated Warrant Summary – Vendor Report provides the stale dated warrant amounts by fiscal year, by funding source and by Federal, State and County Share for vendor warrants for any date range.

This report is used by the CDSS Accounting staff to post the stale dated warrant amounts to CALSTARS for vendor warrants. This is done twice per month when sent by the SCO.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
FISCAL YEAR	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
QUARTER	Primary	Within the Fiscal Year

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for the selected date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATEMENT		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES STALE DATED WARRANT SUMMARY - VENDOR REPORT		PAGE: 1	
				CYCLE DATE: 11/01/2013 TO 05/31/2014 RUN DATE: 03/12/2014 TIME: 14:49:15	
<hr/>					
FISCAL YEAR:	2006/2007				
QUARTER: 4		TOTAL	FEDERAL	STATE	COUNTY
TOTAL CPCO WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PCPF WARRANT AMOUNT		\$1,498.34	\$1,729.34	\$1,129.34	\$408.41
TOTAL IHO WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL DRSR WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL WPCS WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL FOR QUARTER: 4</b>		<b>\$4,257.84</b>	<b>\$1,729.34</b>	<b>\$1,442.85</b>	<b>\$694.62</b>
<b>TOTAL FOR FISCAL YEAR</b> <b>2006/2007</b>		<b>\$4,257.84</b>	<b>\$1,729.34</b>	<b>\$1,442.85</b>	<b>\$694.62</b>
<hr/>					
FISCAL YEAR:	2007/2008				
QUARTER: 1		TOTAL	FEDERAL	STATE	COUNTY
TOTAL CPCO WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PCPF WARRANT AMOUNT		\$1,037.69	\$1,018.69	\$1,062.29	\$1,084.69
TOTAL IHO WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL DRSR WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL WPCS WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL FOR QUARTER: 1</b>		<b>\$1,037.69</b>	<b>\$1,018.69</b>	<b>\$1,062.29</b>	<b>\$1,084.69</b>
<hr/>					
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY					

Figure – Stale Dated Warrant Summary – Vendor Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE only	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FISCAL YEAR <CCYY/CCYY>	Fiscal Year for this reported data.	Bold – Repeat Fiscal Year details for each Fiscal Year covered within the selected date range	Y	A	Left	CCYY /CCYY
QUARTER <1>		Detail Header – Detail section repeated for each Quarter within a Fiscal Year for the selected date range	N	D	Left	9
TOTAL	Total warrant amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
FEDERAL	Federal share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
STATE	State share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
COUNTY	County share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
TOTAL CFCO WARRANT AMOUNT	Total detail amounts for stale dated CFCO vendor warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL PCSP WARRANT AMOUNT	Total detail amounts for stale dated PCSP vendor warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IPO WARRANT AMOUNT	Total detail amounts for stale dated IPO vendor warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IHSS WARRANT AMOUNT	Total detail amounts for stale dated IHSS vendor warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL WPCS WARRANT AMOUNT	Total detail amounts for stale dated WPCS vendor warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL FOR QUARTER <#>	Total detail amounts for stale dated vendor warrants for the identified Quarter within the identified Fiscal Year	Bold – underline prior row	N	NA	Left	9,999,999 .99
TOTAL FOR FISCAL YEAR <CCYY/CCYY>	Total detail amounts for stale dated vendor warrants for the identified Fiscal Year	Bold – underline last TOTAL FOR QUARTER <#> for the Fiscal Year	N	NA	Left	9,999,999 .99
GRAND TOTAL	Total net amount of vendor warrants stale dated for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share and Total.	Bold – end of the report	N	NA	Left	9,999,999 .99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text



# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Warrant Redeposit Listing

CI	Document Name
 CI-51782 - DSD RPTS Warrant Redeposit Listing <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Warrant_Redeposit_Listing.doc

## Report Business Description

The Warrant Redeposit Listing report provides CDSS Accounting, County staff and CDSS APD staff with a summary of warrant redeposit activity for a given date range. The report details the amount redeposited in each funding source, as well as the detail about the warrant.

The redeposit warrants will appear on the Warrant Redeposit Listing on the day that the accounting of the void transaction is recognized in Payroll. For Undeliverable Warrants and Stop Payment requests, this occurs when the Undeliverable Warrant file is received from SCO and processed by Payroll. For Void/Reissue transactions, this occurs when the void/reissue request is received by Payroll from Case Management. The SCO Void Date for a void/reissue transaction will follow on the Undeliverable file once SCO has placed a stop payment on the original warrant. The Status Date that is displayed in Case Management is the SCO Void Date for both types of void transactions.

The report will be sorted as follows:

- Statewide
- Provides totals at the statewide level.
- County
- Provides totals at the county level.
- County, District
- Provides totals at the county district level.

The statewide report is sent daily to CDSS Accounting and is used to reconcile with a similar report CDSS receives from the SCO.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff

	<input type="checkbox"/> Management
	<input checked="" type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS!</b>	<input type="checkbox"/> Help Desk Staff
	<input checked="" type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required /Optional	Comment
Version	Required	Statewide, County, District Office
County Name	Required	Can be any value for 'Statewide' version.
Start Date	Required	
End Date	Required	
Payment Delivery Method	Required	EFT, Paper Warrant or Both EFT and Paper Warrant
RA Number	Required	User will be required to enter a specific RA number or enter the word "All" (without quotation marks) to generate the report for all RA numbers.

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	On County and District Office versions
OFFICE	Secondary	On District Office version
RA NUMBER	Third	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
PAYEE NAME	Primary	Alphabetical (Last Name, First Name)

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
	N/A	On Demand	RANGE: For date range and RA number selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

COUNTY: YOLO  
OFFICE: 01

STATE OF CALIFORNIA  
IN-HOME SUPPORTIVE SERVICES  
WARRANT REDEPOSIT LISTING

PAGE: 23

CYCLE DATE: 04/01/2014 TO 04/30/2014  
RUN DATE: 07/03/2014 TIME: 10:07:49

RA NUMBER	PAYER NAME	CASE NUMBER	PROVIDER NUMBER	WARRANT NUMBER	WARRANT ISSUE DATE	WARRANT AMOUNT	CFCO AMOUNT	FCSP AMOUNT	IPO AMOUNT	INSS-R AMOUNT	INCS AMOUNT
0084118	TIR VARTANIAN, MARIA	0757899	001040993	81439117	04/05/2014	294.18	0.00	294.18	0.00	0.00	0.00
0084118	TIR VARTANIAN, MARIA	0757899	001040993	81430281	04/05/2014	294.72	0.00	294.72	0.00	0.00	0.00
0084118	TRIPP, TAMARA	0919733	000419708	81591191	04/04/2014	555.43	0.00	555.43	0.00	0.00	0.00
0084118	TRIPP, TAMARA	0919733	000419708	81562795	04/04/2014	419.76	0.00	419.76	0.00	0.00	0.00
0084118	TRIPP, TAMARA	0919733	000419708	81874113	04/04/2014	524.73	0.00	524.73	0.00	0.00	0.00

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 AM THE PREVIOUS DAY

Figure – Warrant Redeposit Listing – District Office Version

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES WARRANT REPOSITORY LISTING										PAGE	23
COUNTY:	TODD									CYCLE DATE:	06/01/2014 TO 06/30/2014
								RUN DATE:	07/03/2014	TIME:	10:08:49
RA NUMBER	PAYER NAME	CASH NUMBER	PROVIDER NUMBER	WARRANT NUMBER	WARRANT ISSUE DATE	WARRANT AMOUNT	CFCO AMOUNT	FCSP AMOUNT	IPO AMOUNT	IBSS-R AMOUNT	MPCS AMOUNT
0004216	TER VARIANVAN, MARIA	0757399	001040993	81439117	06/05/2014	296.17	0.00	296.17	0.00	0.00	0.00
0004218	TER VARIANVAN, MARIA	0757399	001040993	81420251	06/05/2014	299.72	0.00	299.72	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81591191	06/04/2014	555.43	0.00	555.43	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81562795	06/04/2014	415.76	0.00	415.76	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81274115	06/04/2014	524.73	0.00	524.73	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81594333	06/04/2014	533.92	0.00	533.92	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81602957	06/04/2014	520.19	0.00	520.19	0.00	0.00	0.00
0004219	TRIPP, TAMARA	0319733	000649708	81551510	06/04/2014	523.19	0.00	523.19	0.00	0.00	0.00
0004219	TURO, PATRICK	0412340	001106250	81595455	06/04/2014	243.72	0.00	243.72	0.00	0.00	0.00
0004219	WELCH, DAZHNA	0346289	002044388	81433227	06/05/2014	321.24	0.00	321.24	0.00	0.00	0.00

## **Figure – Warrant Redeposit Listing – County Version**

## Figure – Warrant Redeposit Listing – Statewide Version

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM/DD /CCYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned		Y	A	Left	99
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
RA Number	RA Number	Remittance Advice Number	N	NA	Left	9999999
Payee Name	Payee Name	Last Name, First Name	N	NA	Left	String
Case Number	Case Number	CMIPS Recipient Case Number	N	NA	Left	9999999
Provider Number	Provider Number	CMIPS Provider Number	N	NA	Left	99999999
Warrant Number	Warrant Number	The SCO Warrant Number	N	NA	Left	99999999
Warrant Issue Date	Date warrant was issued	The SCO Issue Date	N	NA	Left	MM/DD /CCYY
Warrant Amount	Warrant Amount		N	NA	Left	99,999.99
CFCO Amount	Warrant Amount funded from CFCO		N	NA	Left	99,999.99
PCSP Amount	Warrant Amount funded from PCSP		N	NA	Left	99,999.99
IPO Amount	Warrant Amount funded from IPO		N	NA	Left	99,999.99
IHSS-R Amount	Warrant Amount funded from IHSS-R		N	NA	Left	99,999.99
WPCS Amount	Warrant Amount funded from WPCS		N	NA	Left	99,999.99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Warrant Redeposit Listing – Vendor

CI	Document Name
 CI-116566 - DSD RPTS Warrant Redeposit Listing Vendor <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Warrant_Redeposit_Listing_Vendor.doc

## Report Business Description

The Warrant Redeposit Listing – Vendor report provides CDSS Accounting staff with a summary of vendor warrant redeposit activity for a given date range. The statewide report is sent daily to CDSS Accounting and is used to reconcile with a similar report CDSS receives from the SCO.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment

Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
N/A		

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
VENDOR NAME	Primary	Alphabetical
WARRANT ISSUE DATE	Secondary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE:
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-SOCR SUPPORTIVE SERVICES WARRANT REDEPOSIT LISTING - VENDOR					PAGE: 1
VENDOR NAME	VENDOR NUMBER	WARRANT NUMBER	WARRANT EXPIRE DATE	WARRANT AMOUNT	STANDARD
					STANDARD NUMBER
CELESTE'S RADICAL	8C00001500078	78942918	04/09/2010	137.98	
FRANCHISE TAX BOARD	8C00001500079	50000441	03/31/2010	542.41	
INTERNAL REVENUE SERVICE	8C00001500080	30000410	03/31/2010	864.92	
SENIAT E. HORN	8C00001500076	79073163	03/09/2010	131.93	
STANDARD TOTAL:					\$1,797.14

CONFIDENTIAL  
DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY

Figure – Warrant Redeposit Listing – Vendor

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
STATEWIDE	Statewide report		Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM:SS
<b>REPORT BODY</b>						
Vendor Name	Vendor Name		N	NA	Left	String
Vendor Number	Vendor Number		N	NA	Left	Variable Characters
Warrant Number	The SCO Warrant Number		N	NA	Left	99999999
Warrant Issue Date	Date warrant was issued by the SCO		N	NA	Left	MM/DD /CCYY
Warrant Amount	Warrant Amount		N	NA	Left	9,999,999.99
<b>REPORT FOOTER</b>						
	Page Footer	CONFIDENTIAL DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Warrant Redeposit Listing Summary

CI	Document Name
 CI-755078 - DSD RPTS Warrant Redeposit Listing Summary <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Warrant_Redeposit_Listing_Summary.docx

## Report Business Description

The Warrant Redeposit Listing Summary report provides the California Department of Social Services (CDSS) Accounting, County staff, and CDSS Adult Programs Division (APD) staff with a summary of warrant redeposit activity for a given date range.

The redeposit warrants display on the Warrant Redeposit Listing Summary on the day that the accounting of the void transaction is recognized in Payroll. For Undeliverable Warrants and Stop Payment requests, this occurs when the Undeliverable Warrant file is received from the State Controller's Office (SCO) and processed by Payroll. For Void/Reissue transactions, this occurs when the void/reissue request is received by Payroll from Case Management.

This report summarizes the Federal, State, and county share amounts for each funding source, as well as the total dollar amount. It provides a summary of payment as Total as well as a breakdown for Services, Overtime, or Travel.

Hours associated to gross wages are included for all categories. Hours do not have Federal, State, and County splits. Overtime hours are contained in service hours; thus, Total Hours = Service Hours + Travel Hours.

Overtime and travel do not have a County share they are Federal/State split only. Payments for Sick Leave should have a Federal/State/County split.

The statewide report is sent daily to CDSS Accounting and is used to reconcile with a similar report CDSS receives from the SCO.

For the Statewide version, there is one additional header line listing the counties(s) selected. If 'All' is selected, then 'ALL' displays rather than a list of all counties. When more counties have been selected than can be displayed on this header line, it will not wrap and will truncate at the last county name that can fit. This truncation does not impact the data on the report.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input checked="" type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff

	<input checked="" type="checkbox"/> Management
	<input checked="" type="checkbox"/> Accounting
	<input type="checkbox"/> QA Staff
	<input type="checkbox"/> Fraud
	<input checked="" type="checkbox"/> Adult Program Division (APD)
	<input type="checkbox"/> Security Administrator
<hr/>	
<b>External Partner</b>	<input type="checkbox"/> Department of Aging
	<input type="checkbox"/> DHCS
	<input type="checkbox"/> Health Benefit Managers
	<input type="checkbox"/> Labor Organizations
	<input type="checkbox"/> EDD
	<input type="checkbox"/> SCO
	<input type="checkbox"/> WPCS Program Staff (IHO)
	<input type="checkbox"/> Lien Holder
<hr/>	
<b>Vendor/CalHHS OTS1</b>	<input type="checkbox"/> Help Desk Staff
	<input type="checkbox"/> Back Office Staff
	<input type="checkbox"/> Security Administrator

<input type="checkbox"/>	Application Administrator
<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper

<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input checked="" type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated.

Parameter Name	Required /Optional	Comment
VERSION	Required	Statewide, County, District Office
COUNTY NAME	Required	Statewide must select "All" or may select multiple counties
REPORT DATE GROUPING	Required	Daily, Weekly (Sunday – Saturday), Monthly, Quarterly, Yearly (Calendar), Fiscal Year (July 1 <sup>st</sup> through June 30 <sup>th</sup> )
DATE	Required	Select a date within the desired report period for the selected report date grouping

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element if applicable).

Group By	Priority	Comment
COUNTY	Primary	Statewide, County
DISTRICT OFFICE	Secondary	Ascending
FUNDING SOURCE	Third	ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.).

Sort By	Priority	Comment
None		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if Case Management (CM) or Payroll.

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fiscal Year	DAY OF THE FISCAL YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: For date range and RA number selected
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA - COUNTY NAME IN STATEMENT								100-0000000000000000
OFFICE: CMA (0812 04 2020 000)								STATE DATE: 04/08/2020 TO 04/08/2020
FINGER PRINTS: (OPTIONAL FINGER PRINTS)								PERIOD DATE: 04/08/2020 FROM 04/08/2020
ADDITIONAL INFO: STATEMENT NUMBER: COUNTY NAME; COUNTY NAME								
<b>TOTALS</b>								
PERIOD	CODE	COUNTY	DETAILED	PERIOD	STATE	COUNTY	DETAILED	
04/08/2020			-174.00					-872.00
WEEKLY PAYROLL:	-17,264.00	-14,873.00	-41,193.24	+15,061.17	-41,125.99	-41,003.11	-41,193.24	-41,125.99
EMPLOYEE CONTRIBUTIONS:								
PFA	-125.18	-155.87	-36.00	-581.12	-295.52	-153.49	-54.99	-452.07
PTI	-50.00	-35.24	-15.26	-121.18	-58.45	-92.08	-17.29	-234.00
TDS	-195.54	-170.19	-65.76	-544.49	-370.16	-341.19	-86.99	-616.99
HSDC/AMC	-60.00	-60.27	-25.28	-121.48	-61.32	-13.78	-60.23	-231.00
DST	-45.00	-26.43	-12.28	-11.74	-26.26	-42.93	-14.43	-74.00
PES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2000.00 FOR ODFP	-421.00	-322.72	-105.38	-271.00	-206.92	-284.11	-105.38	-616.99
HSDC/TD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSDC/HSDC	-30.00	-26.36	-5.90	-31.18	-21.26	-8.26	-1.00	-52.00
TDSP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EMPLOYEE CONTRIBUTIONS:	-41,109.00	-4671.31	-116.11	-41,193.24	-41,064.15	-4593.05	-916.11	-41,187.22
RET. PAY:	+15,235.37	+13,462.36	+41,087.21	+15,061.17	+15,426.94	+11,096.15	+11,067.21	+10,213.21
EMPLOYEE CONTRIBUTIONS:								
PFA	-125.54	-172.14	-45.79	-546.43	-295.94	-212.14	-54.79	-454.07
PTI	-50.00	-35.76	-15.36	-121.18	-58.45	-92.08	-17.31	-234.00
HSDC/AMC	-105.00	-95.47	-38.26	-121.48	-61.32	-46.37	-16.38	-317.48
TDS	-145.20	-134.87	-57.61	-121.48	-61.32	-74.01	-17.61	-236.00
DST	-55.00	-35.34	-7.96	-46.18	-25.98	-13.74	-7.61	-74.29
TOTAL EMPLOYEE CONTRIBUTIONS:	-130.00	-130.00	-130.00	-6191.82	-4026.99	-1201.38	-313.40	-1817.00
TOTAL EMPLOYEE AND CONTRIBUTIONS:	-41,339.00	-4378.31	-1408.97	-41,127.82	-41,064.15	-4598.30	-949.17	-41,024.03
DATA RELEASED AS OF 04/08/2020 10:00 AM (PDT) NOVEMBER 04								

Figure – Warrant Redeposit Listing Summary– Page 1 – Totals/Services

STATE OF CALIFORNIA								100-0000000000000000
IN-HOME/PARTTIME SERVICES								STATE DATE: 04/08/2020 TO 04/08/2020
COUNTY: MARIN MIGRADE LISTING SUMMARY - MONTHLY								PERIOD DATE: 04/01/2020 TO 04/30/2020
<b>TOTALS</b>								
PERIOD	STATE	TOTAL	FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
04/01/2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
WEEKLY PAYROLL:								
PFA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSDC/AMC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DST	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2000.00 FOR ODFP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSDC/TD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TDSP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EMPLOYEE CONTRIBUTIONS:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RET. PAY:	+15,235.37	+13,462.36	+41,087.21	+15,061.17	+15,426.94	+11,096.15	+11,067.21	+10,213.21
EMPLOYEE CONTRIBUTIONS:								
PFA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PTI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSDC/AMC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DST	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2000.00 FOR ODFP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HSDC/TD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TDSP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EMPLOYEE AND CONTRIBUTIONS:	-41,339.00	-4378.31	-1408.97	-41,127.82	-41,064.15	-4598.30	-949.17	-41,024.03
DATA RELEASED AS OF 04/08/2020 10:00 AM (PDT) NOVEMBER 04								

Figure – Warrant Redeposit Listing Summary– Page 2 – Overtime/Travel/Sick Leave

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY: or VERSION	The county for which the report was run or the Version that was selected	COUNTY: Displays on COUNTY or DO version. VERSION: Only displays on STATEWIDE version.	Y	A	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
OFFICE:	The District Office to which the Worker # (Case Owner) is assigned	Only on District Office version	Y	A	Left	99
FUNDING SOURCE	Funding source for the summary section (i.e., ALL IHSS PROGRAM, CFCO, PCSP, IPO, IHSS-R, WPCS)	ALL IHSS PROGRAM (excludes WPCS) page is the first page	Y	NA	Left	Text
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
	Report name to be preceded by VERSION selected	STATEWIDE, COUNTY, DISTRICT OFFICE	N	NA	Center	Text
	Report Name to be followed by REPORT DATE GROUPING	DAILY, WEEKLY, MONTHLY, QUARTERLY, YEARLY	N	NA	Center	Text
COUNTIES:	List of counties selected for STATEWIDE version of the report.	Only on Statewide version. When more counties are selected than can display on one line, the list displayed will truncate to nearest complete county name.	N	NA	Center	Text
<b>REPORT BODY – Page 1 – Column Headers</b>						
TOTALS	Summary information for all redeposited warrants in the report period	Bold, Large column header	N	NA	Center	Text
FEDERAL	Federal share of redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
STATE	State share of redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
COUNTY	County share of redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
TOTAL	Total of all p redeposited warrants for report period	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
SERVICES	Summary information for services for redeposited warrants	Bold, Large column header	N	NA	Center	Text
FEDERAL	Federal share of services for redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
STATE	State share of for redeposited warrants1	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
COUNTY	County share of services for redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
TOTAL	Total of services for redeposited warrants for report period	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
<b>REPORT BODY – PAGE 2 –COLUMN HEADERS</b>						
OVERTIME	Summary information for overtime of the redeposited warrants	Bold, Large column header	N	NA	Center	Text
FEDERAL	Federal share of overtime of the redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99

STATE	State share of the redeposited warrants	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
TOTAL	Total of all overtime of the redeposited warrants for report period	Bold, Sub column header	N	NA	Right	\$9,999.99 9,999.99
TRAVEL	Summary information for travel of the redeposited warrants	Bold, Large column header	N	NA	Center	Text
FEDERAL	Federal share of travel redeposited warrants	Bold, Sub column header	N	NA	Right	\$999,999, 999.99
STATE	State share of travel redeposited warrants	Bold, Sub column header	N	NA	Right	\$999,999, 999.99
TOTAL	Total of all travel redeposited warrants for report period	Bold, Sub column header	N	NA	Right	\$999,999, 999.99
SICK LEAVE	Summary information for Sick leave of the redeposited warrants	Bold, Large column header	N	NA	Center	Text
FEDERAL	Federal share of Sick Leave redeposited warrants	Bold, Sub column header	N	NA	Right	\$999,999, 999.99
STATE	State share of Sick Leave redeposited warrants	Bold, Sub column header	N	NA	Right	\$999,999, 999.99
TOTAL	Total of all Sick Leave redeposited warrants for report period	Bold, Sub column header	N	NA	Right	\$999,999, 999.99

**REPORT BODY – SUMMARY PAYMENT INFORMATION – ALL PAGES**

HOURS:	Summary of hours attributed to the gross wages for the redeposited warrants	Services Hours include Overtime Hours, thus, Total Hours, for the Totals category = Service Hours + Travel Hours + Sick Leave Hours	N	NA	Left	999,999,9 99:99
GROSS WAGES:	Summary of gross wages redeposited warrants		N	NA	Left	\$999,999, 999.99
EMPLOYEE DEDUCTIONS:	No detail for this line item	Summary of each deduction including current payment, adjustments for voids, stale dated warrants and reissuance	N	NA	Left	Text
FIT		Indent	N	NA	Left Indent	\$999,999, 999.99
PIT		Indent	N	NA	Left Indent	\$999,999, 999.99
FICA		Indent	N	NA	Left Indent	\$999,999, 999.99
MEDICARE		Indent	N	NA	Left Indent	\$999,999, 999.99
SDI		Indent	N	NA	Left Indent	\$999,999, 999.99
DIEC		Indent	N	NA	Left Indent	\$999,999, 999.99
SHARE OF COST		Indent	N	NA	Left Indent	\$999,999, 999.99
HEALTH		Indent	N	NA	Left Indent	\$999,999, 999.99
LABOR ORG		Indent	N	NA	Left Indent	\$999,999, 999.99
LIEN		Indent	N	NA	Left Indent	\$999,999, 999.99
TOTAL EMPLOYEE DEDUCTIONS:	Total of all employee deductions		N	NA	Left	\$999,999, 999.99
NET PAY	Total Net Pay		N	NA	Left	\$999,999, 999.99
EMPLOYER CONTRIBUTION S:	No detail for this line item	Summary of total contributions including current payment, adjustments for voids, stale dated warrants and reissuance	N	NA	Left	
FICA		Indent	N	NA	Left	\$999,999, 999.99
ETT		Indent	N	NA	Left	\$999,999, 999.99

MEDICARE		Indent	N	NA	Left	\$999,999, 999.99
UI		Indent	N	NA	Left	\$999,999, 999.99
FUTA		Indent	N	NA	Left	\$999,999, 999.99
TOTAL EMPLOYER CONTRIBUTION S:	Total of all employer deductions		N	NA	Left	\$999,999, 999.99
TOTAL DEDUCTIONS AND CONTRIBUTION S:	Total of employee deductions and employer contributions		N	NA	Left	\$999,999, 999.99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Warrant Redeposit Summary

CI	Document Name
 CI-116710 - DSD RPTS Warrant Redeposit Summary Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Warrant_Redeposit_Summary_Report.doc

## Report Business Description

The Warrant Redeposit Summary Report provides the warrant redeposit amounts by quarter/ fiscal year, by funding source and by Federal, State and County Share for any date range.

The redeposit warrants will appear on the Warrant Redeposit Listing on the day that the accounting of the void transaction is recognized in Payroll. For Undeliverable Warrants and Stop Payment requests, this occurs when the Undeliverable Warrant file is received from SCO and processed by Payroll. For Void/Reissue transactions, this occurs when the void/reissue request is received by Payroll from Case Management. The SCO Void Date for a void/reissue transaction will follow on the Undeliverable file once SCO has placed a stop payment on the original warrant. The Status Date that is displayed in Case Management is the SCO Void Date for both types of void transactions.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting

	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
FISCAL YEAR	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
QUARTER <#>	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for the selected date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATEMENT		STATE OF CALIFORNIA IN-SOME SUPPORTIVE SERVICES WARRANT REDPOSIT SUMMARY REPORT		DATE: 11/01/2018 TO 01/20/2018 CYCLE DATE: 11/01/2018 TO 01/20/2018 ROW DATE: 11/17/2018 TIME: 11:11:00	
FISCAL TERM:	2013/2014	TOTAL	FEDERAL	STATE	SOCIAL
QUARTER 1		\$1,711	\$1,09	\$0.00	\$0.00
TOTAL CFCU WARRANT AMOUNT		\$1,711	\$1,09	\$0.00	\$0.00
TOTAL PSCU WARRANT AMOUNT		\$1,700.88	\$1,044.18	\$0.00	\$259.00
TOTAL IFCU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL ISRSU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL SPCCU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL FOR QUARTER 1</b>		<b>\$1,700.88</b>	<b>\$1,044.18</b>	<b>\$0.00</b>	<b>\$259.00</b>
QUARTER 2		TOTAL	FEDERAL	STATE	SOCIAL
TOTAL CFCU WARRANT AMOUNT		\$1,11	\$0.00	\$0.00	\$0.00
TOTAL PSCU WARRANT AMOUNT		\$1,801.61	\$1,281.98	\$111.41	\$228.00
TOTAL IFCU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL ISRSU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL SPCCU WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL FOR QUARTER 2</b>		<b>\$1,801.61</b>	<b>\$1,281.98</b>	<b>\$111.41</b>	<b>\$228.00</b>
<b>TOTAL FOR FISCAL YEAR 2013/2014</b>		<b>\$3,502.49</b>	<b>\$2,326.16</b>	<b>\$0.00</b>	<b>\$487.00</b>
FISCAL TERM:	2013/2014	DATA UPDATED AS OF APPROXIMATELY 9:00 IN THE PREVIOUS DAY			

Figure – Warrant Redeposit Summary Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE only	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FISCAL YEAR <CCYY/CCYY>	Fiscal Year for this reported data.	Bold – Repeat Fiscal Year details for each Fiscal Year covered within the selected date range	Y	A	Left	CCYY – CCYY
QUARTER <1>		Detail Header – Detail section repeated for each Quarter within a Fiscal Year for the selected date range	N	D	Left	9
TOTAL	Total warrant amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
FEDERAL	Federal share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
STATE	State share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
COUNTY	County share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
TOTAL CFCO WARRANT AMOUNT	Total detail amounts for redeposited CFCO warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL PCSP WARRANT AMOUNT	Total detail amounts for redeposited PCSP warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IPO WARRANT AMOUNT	Total detail amounts for redeposited IPO warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IHSS WARRANT AMOUNT	Total detail amounts for redeposited IHSS warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL WPCS WARRANT AMOUNT	Total detail amounts for redeposited WPCS warrants for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL FOR QUARTER <#>	Total detail amounts for redeposited warrants for the identified Quarter within the identified Fiscal Year	Bold – underline prior row	N	NA	Left	9,999,999 .99
TOTAL FOR FISCAL YEAR <CCYY/CCYY>	Total detail amounts for redeposited warrants for the identified Fiscal Year	Bold – underline last TOTAL FOR QUARTER <#> for the Fiscal Year	N	NA	Left	9,999,999 .99
GRAND TOTAL	Total net amount of warrants redeposited for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share and Total.	Bold – end of the report	N	NA	Left	9,999,999 .99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Payroll – Warrant Management /Warrant Redeposit Summary – Vendor

CI	Document Name
 CI-116711 - DSD RPTS Warrant Redeposit Summary Vendor Report IMPLEMENTED	DSD_RPTS_Warrant_Redeposit_Summary_Vendor_Report.doc

## Report Business Description

The Warrant Redeposit Summary – Vendor Report provides the warrant redeposit amounts by fiscal year, by funding source and by Federal, State and County Share for any date range.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input checked="" type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input checked="" type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input checked="" type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
Start Date	Required	
End Date	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
FISCAL YEAR	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
QUARTER <#>	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested for the selected date range
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATEMENT		STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES WARRANT REDEPOSIT SUMMARY - VENDOR REPORT		PAGE: 3	
				CYCLE DATE: 03/11/2014 TO 03/17/2014	PUR DATE: 03/12/2014 TIME: 09:33:49
FISCAL YEAR:	2013/2014	TOTAL	FEDERAL	STATE	CORRECT
QUARTER: 3		\$237.50	\$132.99	\$67.93	\$36.58
SOCIAL CIVIC WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
SOCIAL HCR WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
SOCIAL IDG WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL INHS WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
SOCIAL PCS WARRANT AMOUNT		\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL FOR QUARTER 3</b>		<b>\$237.50</b>	<b>\$132.99</b>	<b>\$67.93</b>	<b>\$36.58</b>
<b>TOTAL FOR FISCAL YEAR 2013/2014</b>		<b>\$237.50</b>	<b>\$132.99</b>	<b>\$67.93</b>	<b>\$36.58</b>
<b>GRAND TOTAL</b>		<b>\$237.50</b>	<b>\$132.99</b>	<b>\$67.93</b>	<b>\$36.58</b>
<hr/> DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY					

Figure – Warrant Redeposit Summary – Vendor Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
COUNTY:	The county for which the report was run	STATEWIDE only	N	NA	Left	String
CYCLE DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
FISCAL YEAR <CCYY/CCYY>	Fiscal Year for this reported data.	Bold – Repeat Fiscal Year details for each Fiscal Year covered within the selected date range	Y	A	Left	CCYY – CCYY
QUARTER <1>		Detail Header – Detail section repeated for each Quarter within a Fiscal Year for the selected date range	N	D	Left	9,999,999 .99
TOTAL	Total vendor warrant amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
FEDERAL	Federal share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
STATE	State share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
COUNTY	County share amount by detail	Detail Column Header	N	NA	Left	9,999,999 .99
TOTAL CFCO WARRANT AMOUNT	Total detail amounts for redeposited CFCO vendor warrant for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL PCSP WARRANT AMOUNT	Total detail amounts for redeposited PCSP vendor warrant for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IPO WARRANT AMOUNT	Total detail amounts for redeposited IPO vendor warrant for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL IHSS WARRANT AMOUNT	Total detail amounts for redeposited IHSS vendor warrant for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL WPCS WARRANT AMOUNT	Total detail amounts for redeposited WPCS vendor warrant for the identified Quarter within the identified Fiscal Year		N	NA	Left	9,999,999 .99
TOTAL FOR QUARTER <#>	Total detail amounts for redeposited vendor warrant for the identified Quarter within the identified Fiscal Year	Bold – underline prior row	N	NA	Left	9,999,999 .99
TOTAL FOR FISCAL YEAR <CCYY/CCYY>	Total detail amounts for redeposited vendor warrant for the identified Fiscal Year	Bold – underline last TOTAL FOR QUARTER <#> for the Fiscal Year	N	NA	Left	9,999,999 .99
GRAND TOTAL	Total net amount of vendor warrant redeposited for the all funding sources for all the Fiscal Years. Reported by Federal share, State share, County share and Total.	Bold – end of the report	N	NA	Left	9,999,999 .99
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text



## DSD 28/CMIPS Reporting/Data Retention

**NOTE:** CMIPS does not, currently, perform any archival processes. Some of the reports in this section are not available in Business Objects at this time and those that are available do not have any available data associated with them. They are currently untestable until a change request is implemented to accommodate archival process. Any change request will also include report removal, modification and additions.

# DSD 28/CMIPS Reporting/Data Retention/Histogram of Records Awaiting Online Archive by Quarter

CI	Document Name
 CI-69433 - DSD RPTS Histogram of Records Awaiting Online Archive by Quarter <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Histogram_of_Records_Awaiting_Online_Archive_by_Quarter.doc

## Report Business Description

The Histogram of Records Awaiting Online Archive by Quarter Report provides the County and State staff with statistics of the numbers of records by month in a status of Online Archive (Logical Deleted) and the purge (physical removal) of a record from the CMIPS Operational Databases. The report is used for monitoring the CMIPS Data Retention policies.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input checked="" type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
COUNTY	Required	
MONTH/YEAR	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

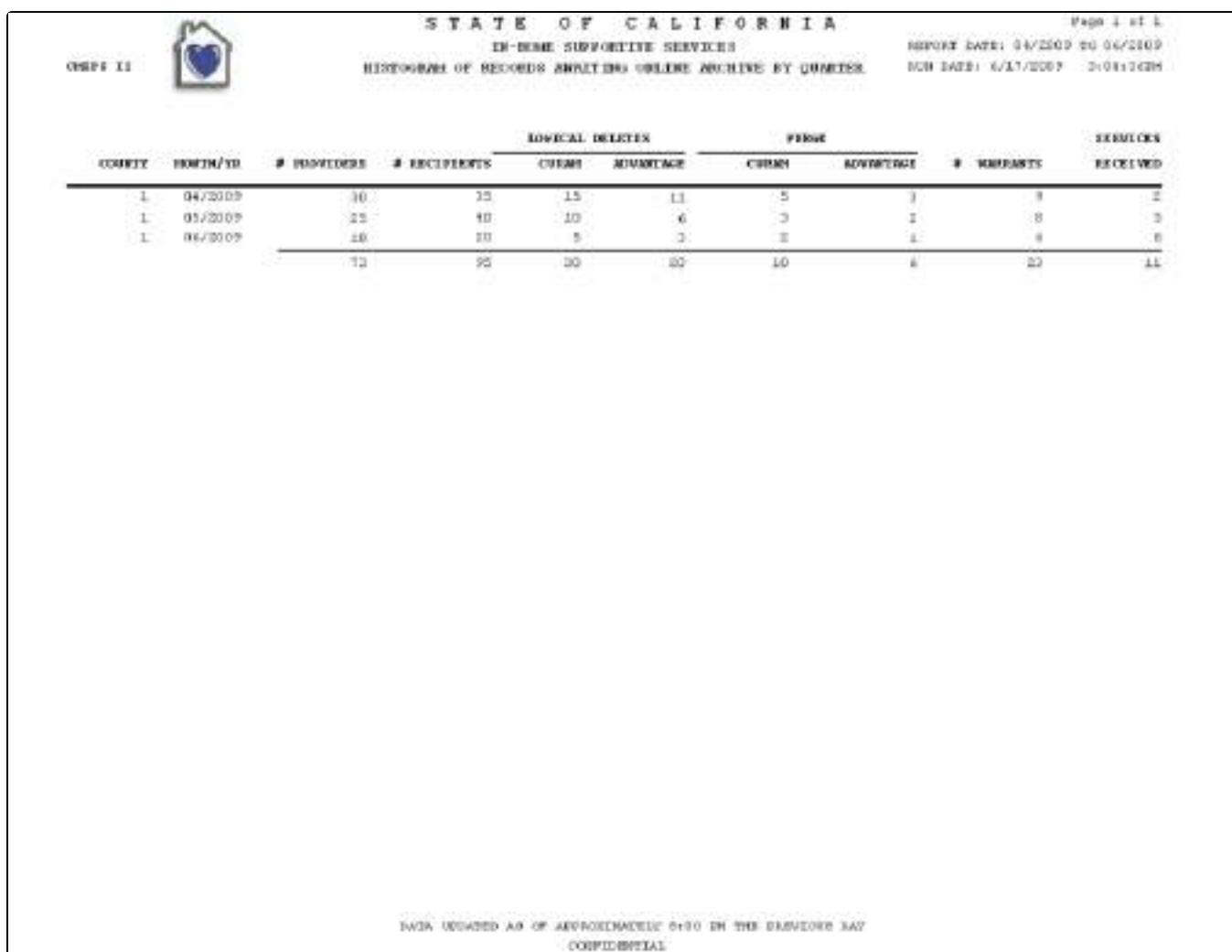


Figure – Histogram of Records Awaiting Online Archive by Quarter

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /N/A)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
REPORT DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
County	County Code.		N	NA	Left	99
MONTH/YR	The record count for that month and year.		N	NA	Left	MM /CCYY
# PROVIDERS	Number of Providers with status to online archive.		N	NA	Left	999,999
# RECIPIENTS	Number of Recipients with status to online archive.		N	NA	Left	999,999
LOGICAL DELETES – CURAM	Number of cases/Recipients involved in change of status to online archive.		N	NA	Left	999,999
LOGICAL DELETES – ADVANTAGE	Number of Providers involved in change of status to online archive.		N	NA	Left	999,999
PURGE - CURAM	Number of case/Provider combinations deleted from the Cúram Online database.	Record removed from database permanently.	N	NA	Left	999,999
PURGE - ADVANTAGE	Number of case/Provider combinations deleted from the CGI Advantage Online database.	Record removed from database permanently.	N	NA	Left	999,999
# of WARRANT	The number of warrants associated with the unique combination of Case and Provider Number.		N	NA	Left	999,999
SERVICES RECEIVED	Number of services received for the unique case and Provider combination.		N	NA	Left	999,999
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY  CONFIDENTIAL	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Data Retention/Online Archive Statistics

CI	Document Name
 CI-69431 - DSD RPTS Online Archive Statistics Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Online_Archive_Statistics_Report.doc

## Report Business Description

The Online Archive Statistics Report provides the County and State staff with cases (including all case data associated with case, Provider and payroll) that have moved to Online Archive via the process of Logical Deleting the records in the operational databases. The report is used for monitoring the CMIPS Data Retention policies.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
<hr/>		
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
<hr/>		

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input checked="" type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
CASE ID	Primary	
PROV #	Secondary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
COUNTY	Primary	
DISTRICT OFFICE	Secondary	
SOCIAL WORKER NUMBER	Third	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As needed for a month
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA  
ONLINE ARCHIVE STATISTICS  
SEARCH RESULTS  
SEARCH DATE: 08/12/2014 - 08/19/2014

ITEMID	DATE	DEPARTMENT NAME	POSITION NAME	COUNTY	OFFICE	SOCIAL NUMBER	SOCIAL NUMBER	ORIGINAL FILE	ORIGINAL FILE	APPROVED FILE	APPROVED FILE	# OF VOLUMES
NO DATA TO REPORT												

DATA PRINTED BY THE AUTOMATED SYSTEM NO DATA REPORTED.

Figure – Online Archive Statistics

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
REPORT HEADER						

PAGE:	Page number		N	NA	Left	9,999
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS

#### REPORT BODY

CASE ID	Case Number.		N	NA	Left	9999999
PROV #	Provider Number.		N	NA	Left	99999999
Recipient Name	Recipient Name associated with Case Number.	Last Name, First Name	N	NA	Left	String
Provider Name	Provider Name associated with Case Number.	If more than one Provider multiple lines will be displayed on the report for each unique case number and Provider number combination.  Last Name, First Name	N	NA	Left	String
County	County Code.		N	NA	Left	99
District Office	District Office.		N	NA	Left	99
Social Worker Number	Social Worker Number.		N	NA	Left	String
Social Worker Name	Social Worker Name.		N	NA	Left	String
Criteria for LOGICAL DEL – RECIP	The date all Recipient criteria for logical delete were satisfied this includes associated Recipient tax and payroll criteria.	This, RECIP, with PROV date starts the 5.5 year timer for logical delete.	N	NA	Left	MM/DD /CCYY
Criteria for LOGICAL DEL – PROV	The date all Provider criteria for logical delete were satisfied this includes associated Provider tax and payroll criteria.	This, PROV, with RECIP date starts the 5.5 year timer for logical delete.	N	NA	Left	MM/DD /CCYY
LOGICAL DEL – CURAM	The date that the case and Provider information in Cúram (Case Management) was logically Deleted from the Operational Database.	Record moved to Online Archive status.	N	NA	Left	MM/DD /CCYY
LOGICAL DEL – ADV	The date that the case and Provider information in Cúram (Case Management) was logically Deleted from the Operational Database.	Record moved to Online Archive status.	N	NA	Left	MM/DD /CCYY
# of WARRANT	The number of warrants associated with the unique combination of Case and Provider Number.		N	NA	Left	999,999
Warrant – First	The date of the oldest warrant.		N	NA	Left	MM/DD /CCYY
Warrant – Last	The date of the newest warrant.		N	NA	Left	MM/DD /CCYY

#### REPORT FOOTER

	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Data Retention/Purge Statistics and Records Report

CI	Document Name
 CI-69429 - DSD RPTS Purge Statistics and Records Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Purge_Statistics_and_Records_Report.doc

## Report Business Description

The Purge Statistics and Records Report provide the County and State staff with statistics of the numbers of records that change status in a month in which the data retention batch job runs. In other words, the results of the change in status from Online to Online Archive (Logical Deleted) and the purge (physical removal) of a record from the CMIPS Operational Databases. The report is used for monitoring the CMIPS Data Retention Policies.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input checked="" type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal <input type="checkbox"/> PDF <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Portrait <input checked="" type="checkbox"/> Landscape <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> 8.5"x11" (letter) <input type="checkbox"/> 8.5"x14" (legal) <input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
START DATE	Required	
END DATE	Required	
COUNTY	Required	

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
N/A		

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat

<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As needed for a month
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PURGE STATISTICS AND RECORDS										Page 4 of 4	
										REPORT DATE: 6/1/2009 TO 6/16/2009	
										RUN DATE: 6/16/2009	2:16103H
COUNTY	# CASES	# PROVIDERS	# RECIPIENTS	LOGICAL DELETES				CURRENT		CALL ADVANCER	
				RECIPIENTS	PROVIDERS	# MARIANTS	SERV RCD	LOC DEL	PURGED	LOC DEL	PURGED
1	2	2	2	2	2	6	2	2	2	2	2
1	2	1	1	1	1	3	1	2	1	1	1
1	2	1	2	2	2	4	1	2	1	2	2
	6	4	5	5	5	18	6	5	5	5	5

DATA UPDATED AS OF APPROXIMATELY 6:30 IN THE ENVELOPE DAY  
CONFIDENTIAL

Figure – Purge Statistics and Records Report

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
REPORT DATE:	The time period being reported		N	NA	Left	MM/DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
County	County Code.		N	NA	Left	99
# Cases	Number of cases involved in change of status to online archive or purged from online archive.		N	NA	Left	999,999
# PROVIDERS	Number of Providers involved in change of status to online archive or purged from online archive.		N	NA	Left	9,999,999
# RECIPIENTS	Number of Recipients involved in change of status to online archive or purged from online archive.		N	NA	Left	999,999
LOGICAL DELETES _ RECIPIENTS	Number of cases/Recipients involved in change of status to online archive.		N	NA	Left	999,999
LOGICAL DELETES _ Providers	Number of Providers involved in change of status to online archive.		N	NA	Left	999,999
# of WARRANT	The number of warrants associated with the unique combination of Case and Provider Number.		N	NA	Left	999,999
SERV RCV'D	Number of services received for the unique case and Provider combination.		N	NA	Left	99
CURAM – LOG DEL	Number of case/Provider combinations logically deleted from the Cúram Online database.	Record moved to Online Archive status.	N	NA	Left	999,999
CURAM – PURGED	Number of case/Provider combinations deleted from the Cúram Online database.	Record removed from database permanently.	N	NA	Left	999,999
CGI ADVANTAGE – LOG DEL	Number of case/Provider combinations logically deleted from the CGI Advantage Online database.	Record moved to Online Archive status.	N	NA	Left	999,999
CGI ADVANTAGE – PURGED	Number of case/Provider combinations deleted from the CGI Advantage Online database.	Record removed from database permanently.	N	NA	Left	999,999
<b>REPORT FOOTER</b>						
	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY  CONFIDENTIAL	N	NA	Center	Text

# DSD 28/CMIPS Reporting/Data Retention/Purged Records

CI	Document Name
 CI-69432 - DSD RPTS Purged Records Report <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_RPTS_Purged_Records_Report.doc

## Report Business Description

The Purged Records Report – Summary and Detail provides the County and State staff with statistics and records by month of the purged (physical removal) records from the CMIPS Operational Databases. The report is used for monitoring the CMIPS Data Retention policies.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fraud

	<input checked="" type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<hr/>		
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<hr/>		
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

<b>Select</b>	<b>Folder</b>	<b>Select</b>	<b>Folder</b>
---------------	---------------	---------------	---------------

<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Download	<input type="checkbox"/>	QA/Fraud
<input checked="" type="checkbox"/>	Data Retention	<input type="checkbox"/>	State Only
<input type="checkbox"/>	Health Benefit Managers	<input type="checkbox"/>	State Only – BatchPDF
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input checked="" type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated

Parameter Name	Required/Optional	Comment
MONTH/YEAR	Required	

SOCIAL WORKER	Required	
---------------	----------	--

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable)

Group By	Priority	Comment
MONTH/YR	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.)

Sort By	Priority	Comment
SOCIAL WORKER	Primary	

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  ON:
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAYS OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input type="checkbox"/>	<input type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input checked="" type="checkbox"/>	N/A	On Demand	RANGE: As needed
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA IN-HOME SUPPORTIVE SERVICES PURGED RECORDS				Page 1 of 1
				REPORT DATE: 4/1/2009 TO 6/15/2009 RUN DATE: 6/16/2009 11:53:58AM
MONTH/YEAR	# OF CASES	# OF PROVIDERS	# OF RECIPIENTS	
detail	04/2009	0	0	
detail	05/2009	0	0	
detail	06/2009	0	0	

DATA UPDATED AS OF APPROXIMATELY 6:30 IN THE PREVIOUS DAY  
CONFIDENTIAL

Figure – Purged Records – Summary

 <b>STATE OF CALIFORNIA</b> <b>IN-HOME SUPPORTIVE SERVICES</b> Purged Records - Details				Page 1 of 1
Case ID	Provider ID	Social Worker Number	Date Records Purged	
6000001 Recipient's Name 6000002 Recipient's Name	1001000 Provider's Name 1001001 Provider's Name	987654321 Social Worker Name 987654329 Social Worker Name	01/13/2008 04/03/2009	

DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY  
CONFIDENTIAL

Figure – Purged Records Report – Detail

## Data Element Details

Report Field	Description	InfoView Source or Algorithm	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
REPORT DATE:	The time period being reported	On Summary only	N	NA	Left	MM/DD /CCYY TO MM /DD /CCYY
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY – Summary</b>						
MONTH/YR	The record count for that month and year.		N	NA	Left	MM /CCYY

# of CASES	Number of cases that have been purged in the monthly data retention batch job.		N	NA	Left	999,999
# OF PROVIDERS	Number of Providers that have been purged in the monthly data retention batch job.		N	NA	Left	999,999
# of RECIPIENTS	Number of Recipients that have been purged in the monthly data retention batch job.		N	NA	Left	999,999

**REPORT BODY – Detail**

CASE ID	Case number		N	NA	Left	9999999
RECIPIENT NAME	Recipient name associated with row of data.	Last Name, First Name	N	NA	Left	String
PROVIDER NUMBER	Provider number associated with row of data.		N	NA	Left	999999999
PROVIDER NAME	Provider name associated with row of data.	Last Name, First Name	N	NA	Left	String
SOCIAL WORKER NUMBER	Social Worker number associated with row of data.		N	NA	Left	String
SOCIAL WORKER NAME	Social Worker name associated with row of data.		N	NA	Left	String
DATE RECORDS PURGED	Date records successfully purged from all Operational and Reporting Databases.	Record removed from database permanently.	N	NA	Left	MM/DD /CCYY

**REPORT FOOTER**

	Page Footer	DATA UPDATED AS OF APPROXIMATELY 8:00 PM THE PREVIOUS DAY  CONFIDENTIAL	N	NA	Center	Text
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# DSD 28/CMIPS Reporting/Data Retention/Statistics and Records in Suspended Purge Status

CI	Document Name
 CI-69434 - DSD RPTS Statistics and Records in Suspended Purge Status Report CANCELLED	DSD_RPTS_Statistics_and_Records_in_Suspended_Purge_Status_Report.doc

Cancelled by CR607 - CGI - M&O - PSR - SAP Upgrade and ETL Replatforming Fixed Price Project

# DSD 28/CMIPS Reporting/Data Retention/Statistics and Records Restored from Online Archive

CI	Document Name
 CI-117895 - DSD RPTS Statistics and Records in Restored From Online Archive Report <span style="border: 1px solid black; padding: 2px;">CANCELLED</span>	DSD_RPTS_Statistics_and_Records_in_Restored_From_Online_Archive_Report.doc

Cancelled by CR607 - CGI - M&O - PSR - SAP Upgrade and ETL Replatforming Fixed Price Project

## **DSD 28/CMIPS Reporting/System**

# DSD 28/CMIPS Reporting/System/Training Environment Usage Metrics

CI	Document Name
 CI-740795 - DSD RPT Training Environment Usage Metrics Report IMPLEMENTED	DSD_RPT_Training_Environment_Usage_Metrics_Report.docx

## Report Business Description

The Training Environment Usage Metrics Report will report which Counties accessed the Training (TRN) Environment, the number of users in each County who accessed the TRN Environment, and the Total Time that the users in each County accessed the TRN Environment.

## Target Audience

Indicate the audience(s) expected to access this report – this may not be the ultimate destination of the report if it is then passed on by the target audience to other users.

Category	Select	Audience
County	<input type="checkbox"/>	Program Staff
	<input type="checkbox"/>	Supervisors
	<input type="checkbox"/>	Management
	<input type="checkbox"/>	QA Staff
	<input type="checkbox"/>	Fiscal Staff
	<input type="checkbox"/>	Security Administrator
CDSS	<input checked="" type="checkbox"/>	Program Staff
	<input checked="" type="checkbox"/>	Management
	<input type="checkbox"/>	Accounting
	<input checked="" type="checkbox"/>	QA Staff

	<input type="checkbox"/>	Fraud
	<input type="checkbox"/>	Adult Program Division (APD)
	<input type="checkbox"/>	Security Administrator
<b>External Partner</b>	<input type="checkbox"/>	Department of Aging
	<input type="checkbox"/>	DHCS
	<input type="checkbox"/>	Health Benefit Managers
	<input type="checkbox"/>	Labor Organizations
	<input type="checkbox"/>	EDD
	<input type="checkbox"/>	SCO
	<input type="checkbox"/>	WPCS Program Staff (IHO)
	<input type="checkbox"/>	Lien Holder
<b>Vendor/CalHHS OTSI</b>	<input type="checkbox"/>	Help Desk Staff
	<input type="checkbox"/>	Back Office Staff
	<input type="checkbox"/>	Security Administrator
	<input type="checkbox"/>	Application Administrator
	<input type="checkbox"/>	Infrastructure Monitoring

## Access

Indicate the appropriate report folder (only one).

Select	Folder	Select	Folder
<input type="checkbox"/>	Case Maintenance	<input type="checkbox"/>	Payroll
<input type="checkbox"/>	Case Maintenance – IPO	<input type="checkbox"/>	Payroll – Contractor Reports
<input type="checkbox"/>	Case Maintenance – Management Reports	<input type="checkbox"/>	Payroll – Fund/Warrant Management
<input type="checkbox"/>	Case Maintenance – QA	<input type="checkbox"/>	Provider Management
<input type="checkbox"/>	Case Maintenance – State Hearings	<input type="checkbox"/>	Provider Management – PA
<input type="checkbox"/>	Data Retention	<input type="checkbox"/>	QA/Fraud
<input type="checkbox"/>	Health Benefit Managers	<input checked="" type="checkbox"/>	State Only
<input type="checkbox"/>	Homemaker Reports	<input type="checkbox"/>	State Only – Lien Holder
<input type="checkbox"/>	Internal Reports	<input type="checkbox"/>	System Performance
<input type="checkbox"/>	Internal Reports – Payroll	<input type="checkbox"/>	System Security
<input type="checkbox"/>	Labor Organizations	<input type="checkbox"/>	Time and Attendance
<input type="checkbox"/>	Ops_HelpDesk	<input type="checkbox"/>	WPCS

## Format/Layout

Indicate values in each column.

Format	Layout	Paper
<input type="checkbox"/> Crystal	<input type="checkbox"/> Portrait	<input checked="" type="checkbox"/> 8.5"x11" (letter)
<input checked="" type="checkbox"/> PDF	<input checked="" type="checkbox"/> Landscape	<input type="checkbox"/> 8.5"x14" (legal)
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Other (Describe):

## Parameters

Describe parameters, either manual or calculated (all parameters are required)

Parameter Name	Comment

DATE	MM-DD-YYYY HH:MM:SS
COUNTY	Select "ALL" for all Counties

## Data Group/Sort

Describe grouping requirements (i.e., County, District Office, Supervisor, Worker #, data element etc. if applicable) – Priority = Primary, Secondary, Third, Fourth, etc.

Group By	Priority	Comment
COUNTY	Primary	

Describe sorting requirements (i.e., data element if applicable) and provide sort comments (i.e., ascending/descending, alphabetical, etc.) – Priority = Primary, Secondary, Third, Fourth, etc.

Sort By	Priority	Comment
COUNTY	Primary	Descending

## Run Frequency

Describe run frequency or other scheduling info – indicate batch where applicable if CM or Payroll

Select	Batch	Frequency	Detail
<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Bi Weekly	ON: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
<input type="checkbox"/>	<input type="checkbox"/>	Semi-Monthly	DAY OF THE MONTH:

<input type="checkbox"/>	<input type="checkbox"/>	Monthly	DAY OF THE MONTH:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quarterly	DAY OF THE QUARTER:
<input type="checkbox"/>	<input type="checkbox"/>	Annual	DAY OF THE YEAR:
<input type="checkbox"/>	N/A	On Demand	RANGE: As requested
<input type="checkbox"/>	N/A	Other	Describe:

## Sample

STATE OF CALIFORNIA ON-HOME SUPPORTIVE SERVICES TRAINING ENVIRONMENT USAGE METRICS				Page 1 of 1
				FROM DATE: 04/01/2016 TO 06/30/2016 RUN DATE: 07/26/2016 TIME: 09:42:48
COUNTY	ACCESSED TRAINING ENVIRONMENT	BUSINESS OF PEERS WHO ACCESSED THE TRAINING ENVIRONMENT	TOTAL TIME THE TRAINING ENVIRONMENT WAS ACCESSED	
ALAMEDA	TES	16	00:13:14:00	
ALVAREZ	TES	2	00:42:27	
CALAVERAS	TES	6	00:50:43	
CENTRAL COAST	TES	2	00:26:56	
FERNDALE	TES	2	00:05:48	
LAKE	TES	4	01:03:52	
LOS ANGELES	TES	2	01:14:18	
MARIN	TES	3	01:02:55	
MENDOCINO	TES	2	01:29:48	
ORANGE	TES	36	02:22:50	
RIVERSIDE	TES	6	13:36:04	
SAN BENEDICTO	TES	1	00:21:25	
SAN DIEGO	TES	6	01:00:26	
SAN FRANCISCO	TES	4	18:15:25	
SACRAMENTO	TES	3	01:46:36	
TEHAMA	TES	2	00:55:01	
YORK	TES	1	14:12:18	
<b>TOTAL:</b>	<b>17</b>	<b>118</b>	<b>341:02:07</b>	

DATA: REPORTED AS OF APPROXIMATELY \$100 IN THE PREVIOUS 12M

Figure – Training Environment Usage Metrics

## Data Element Details

Report Field	Description	InfoView Source or Algorithm (May be Blank)	Group (Y/N)	Sort (A/D /NA)	Alignment	Edit Pattern
<b>REPORT HEADER</b>						
PAGE:	Page number		N	NA	Left	9,999
CYCLE DATE:	The time period being reported		N	NA	Left	99 XXX 9999
RUN DATE:	The date the report was actually generated.		N	NA	Left	MM/DD /CCYY
TIME:	The HH:MM:SS the report was generated in a 24-hr clock format.		N	NA	Left	HH:MM: SS
<b>REPORT BODY</b>						
COUNTY	The County for which Training environment usage metrics are being reported	Column Header	N	Y	Left	XXXXXXXX XXXXXXXX
ACCESSED TRAINING ENVIRONMENT	The indication of whether users in the specific County have accessed the Training environment.	Column Header	N	N	Left	YES or *NO*
NUMBER OF USERS WHO ACCESSED THE TRAINING ENVIRONMENT	The number of unique users in the specific County who have accessed the Training environment.	Column Header	N	N	Right	999
TOTAL TIME THE TRAINING ENVIRONMENT WAS ACCESSED	The total time users in the specific County have accessed the Training environment.	Column Header	N	N	Right	HHH:MM: SS
TOTAL	The total number of Counties, unique users in the Counties, and total time the Training environment was accessed statewide within the reporting month. Displays only on the last page of the report.	Row Header	N	N	Left Indent	99 9999 HHHH: MM:SS
<b>REPORT FOOTER</b>						
	Footer	DATA UPDATED AS OF 8:00 PM THE PREVIOUS DAY	N	NA	Center	