

1. DSD - Section 22	4
1.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service	7
1.1.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow	8
1.1.1.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/MEDS Share of Cost Processing	9
1.1.1.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/IHSS Share of Cost Processing	10
1.1.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions	11
1.1.2.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Final Determination	12
1.1.2.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Share of Cost Processing	13
1.1.2.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Assign Modes of Service	14
1.1.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow	15
1.1.3.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Final Determination	16
1.1.3.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Assign Modes of Service	17
1.1.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs	18
1.1.4.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Check Eligibility	19
1.1.4.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit for Approval	20
1.1.4.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit for Approval with Data Errors	21
1.1.4.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit Case for Approval with Deny or Terminate Conditions	22
1.1.4.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Approve Case	23
1.1.4.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Reject Case	24
1.1.4.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Cancel Submission	27
1.1.4.8 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Authorizations	28
1.1.4.9 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Authorization Summary	30
1.1.4.10 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Assessment Narrative	33
1.1.4.11 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modes of Services List	34
1.1.4.12 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modify Modes of Service	36
1.1.4.13 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Modes of Service	38
1.1.4.14 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modes of Service History	39
1.1.4.15 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modify Adjusted Hours	40
1.1.4.16 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Adjusted Hours	41
1.1.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Navigational Elements	42
1.1.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages	43
1.1.6.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (1-20)	57
1.1.6.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (21-40)	58
1.1.6.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (41-60)	61
1.1.6.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (61-80)	64
1.1.6.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (81-100)	66
1.1.6.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (101-120)	69
1.1.6.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (121-140)	72
1.1.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules	74
1.1.7.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (1-10)	157
1.1.7.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (11-20)	159
1.1.7.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (21-30)	161
1.1.7.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (31-40)	162
1.1.7.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (41-50)	164
1.1.7.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (51-60)	166
1.1.7.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (61-70)	167
1.1.7.8 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (71-80)	170
1.1.7.9 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (81-90)	173
1.1.7.10 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (91-100)	178
1.1.7.11 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (101-110)	180
1.1.7.12 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (111-120)	182
1.1.7.13 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (121-130)	185
1.1.7.14 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (131-140)	188
1.1.7.15 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (141-150)	191
1.1.7.16 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (151-160)	195
1.1.7.17 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules	197
1.1.7.17.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AA)	247
1.1.7.17.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AP)	248
1.1.7.17.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AR)	251
1.1.7.17.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AS)	252
1.1.7.17.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (DN)	253
1.1.7.17.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FF)	259
1.1.7.17.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FR)	260

1.1.7.17.8 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FS)	261
1.1.7.17.9 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (IN)	266
1.1.7.17.10 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (HR)	267
1.1.7.17.11 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LM)	269
1.1.7.17.12 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LV)	272
1.1.7.17.13 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (MS)	274
1.1.7.17.14 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (OT)	275
1.1.7.17.15 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PM)	279
1.1.7.17.16 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PR)	280
1.1.7.17.17 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PS)	282
1.1.7.17.18 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RH)	291
1.1.7.17.19 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RM)	292
1.1.7.17.20 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RS)	295
1.1.7.17.21 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SC)	296
1.1.7.17.22 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SD)	299
1.1.7.17.23 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SH)	300
1.1.7.17.24 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SP)	302
1.1.7.17.25 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (TR)	303
1.1.7.17.26 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (UN)	307
1.1.7.17.27 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (VS)	310
1.1.8 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Tasks/Notifications	311
1.1.9 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces	312
1.1.9.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces/Update Recipient Authorization Hours in Payroll (PROO927A)	313
1.1.10 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces	316
1.1.10.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/MEDS Daily Send Interface – CMDS103C	317
1.1.10.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/SAWS Send Interface – CMDS4XXB	345
1.1.10.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/CCI SI/NSI Indicator and Record Count – CMMS108B	369
1.1.11 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Batch Processing	373
1.1.12 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Reporting	376
1.1.13 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Forms	377
1.1.14 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions	378
1.1.14.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Funding Source Aid Code	379
1.1.14.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Manual NOA Code ..	380
1.1.14.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Automated NOA Code	383
1.1.15 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities	386
1.1.15.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Legal Services Contacts ..	387
1.1.15.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorization ..	388
1.1.15.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorized Service ..	390
1.1.15.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service ..	391
1.1.15.5 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service Snapshot ..	392
1.1.15.6 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month ..	393
1.1.15.7 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month Snapshot ..	394
1.1.15.8 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month SOC Reverse	395
1.1.15.9 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Participant Service Month	396
1.1.15.10 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/CPSMSnapshot ..	397
1.1.15.11 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Sent ..	398

1.1.15.12 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Code . . .	399
1.1.15.13 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Direct Mailing Record . . .	400
1.1.15.14 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours . . .	401
1.1.15.15 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours Snapshot . . .	402
1.1.15.16 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down Trigger . . .	403
1.1.15.17 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down WW Details . . .	404
1.1.16 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions . . .	405
1.1.16.1 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Authorizations . . .	406
1.1.16.2 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Authorizations Summary . . .	407
1.1.16.3 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service . . .	408
1.1.16.4 DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service History . . .	409

DSD - Section 22



CMIPS

D-4.2-03 – IHSS CMIPS Detailed System Design (DSD) (R2025.03.01) Section 22

Version 1.0

03/28/2025

Table of Contents

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/MEDS Share of Cost Processing
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/IHSS Share of Cost Processing
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Final Determination
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Share of Cost Processing
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Assign Modes of Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Final Determination
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Assign Modes of Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Check Eligibility

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SC)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SD)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SP)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (TR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (UN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (VS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Tasks/Notifications
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces/Update Recipient Authorization Hours in Payroll (PROO927A)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/MEDS Daily Send Interface – CMDS103C
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/SAWS Send Interface – CMDS4XVB
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/CCI SI/NSI Indicator and Record Count – CMMS108B
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Batch Processing
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Reporting
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Forms
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Funding Source Aid Code
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Manual NOA Code
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Automated NOA Code
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Legal Services Contacts
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorization
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorized Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service Snapshot
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month Snapshot
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month SOC Reverse
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Participant Service Month
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/CPSMSnapshot
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Sent
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Code
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Direct Mailing Record
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours Snapshot
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down Trigger
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down WW Details
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Authorizations
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Authorizations Summary
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service
 - DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service History

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service

The Case Management Track of CMIPS will deal with the aspects of a case from an initial inquiry to the termination of a Recipient case. The Final Determination and Assigned Modes of Service topic area defines in detail the system functionality associated with these activities.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/MEDS Share of Cost Processing

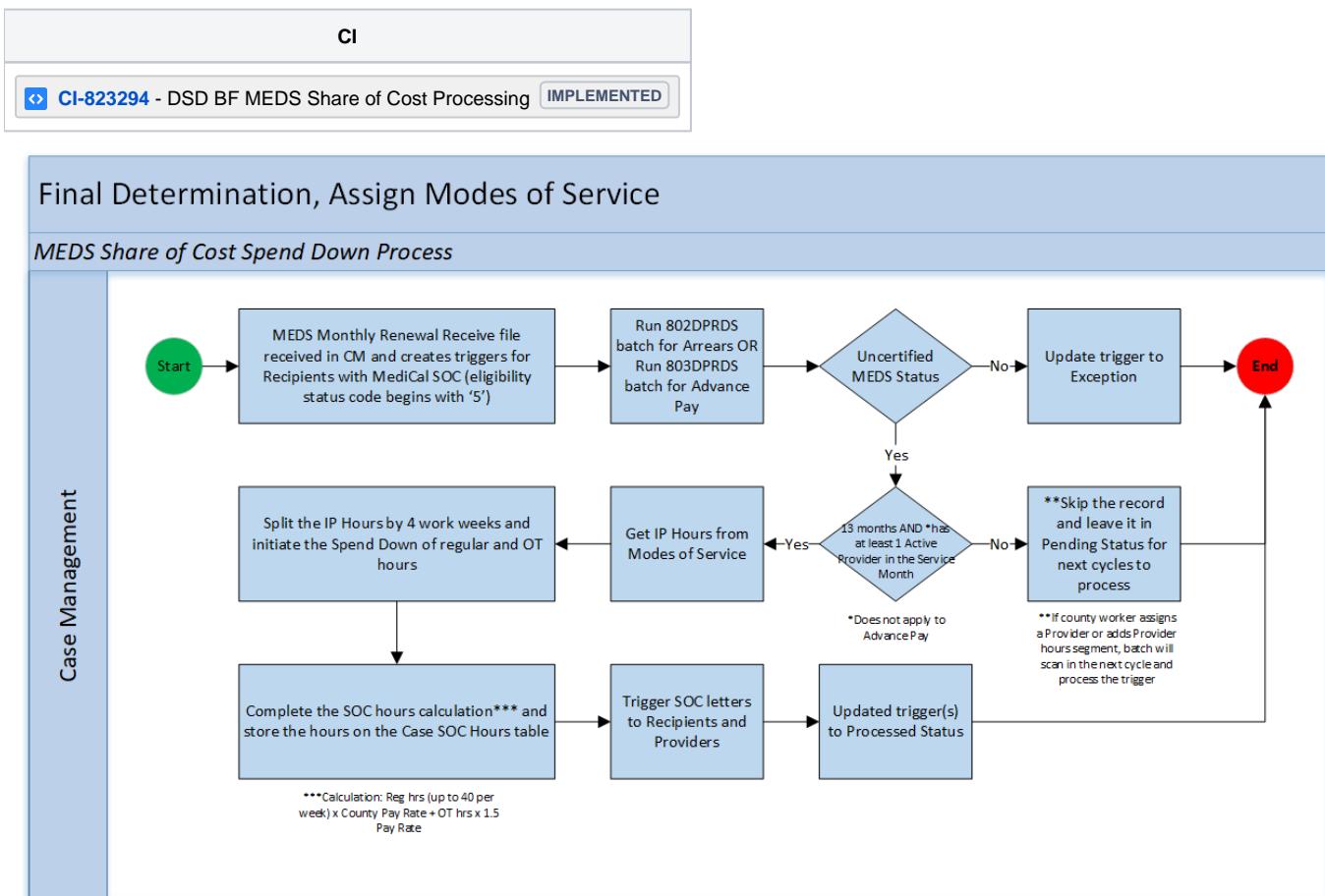


Figure - MEDS Share of Cost Spend Down Process

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Process Flow/IHSS Share of Cost Processing

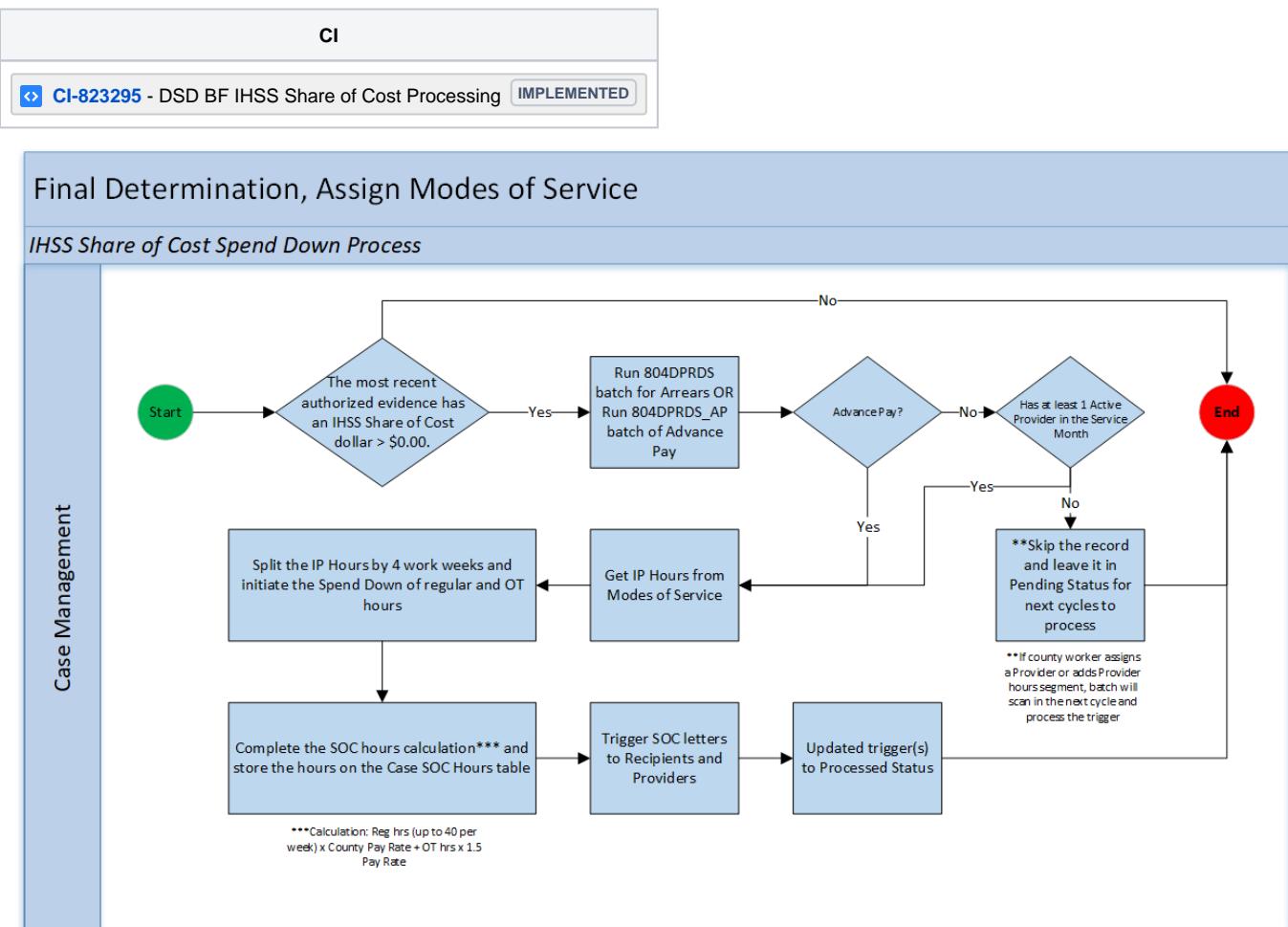


Figure - IHSS Share of Cost Spend Down Process

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Final Determination

CI	Document Name
 CI-68808 - DSD BF Final Determination IMPLEMENTED	DSD_BF_Final_Determination.doc

Final Determination occurs after the evidence determined from the Needs Assessment has been entered into the system; the Case Owner may choose one of the following actions from the Evidence Home screen.

- Check Eligibility – Processes Pending Evidence against the business rules and displays the eligibility outcome based on the rules. The Check Eligibility process does not create Notices of Action (NOA).
- Submit for Approval – Action taken by the Case Owner to process the Pending Evidence against the business rules to determine the eligibility outcome. For Case Owners requiring supervisory approval, this process will send a task event to the Case Owner supervisor that the case is ready for review. If the Case Owner does not require supervisory approval, the business rules are to be processed to determine the eligibility outcome.

The following actions are used by the Case Owner's supervisor when reviewing cases requiring supervisory approval.

- Approve – This action process the evidence against the business rules to determine the eligibility outcome.
- Reject – This action rejects the case and sends it back to the Case Owner as a task event for further work.

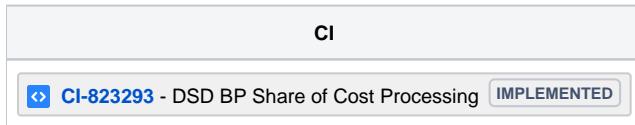
Pending Evidence is processed based on the identified business rules. During the Final Determination process, several business rules will be processed to determine the Recipient's Impairment Level, Funding Source and the authorized hours of service. Appropriate computations are also performed to calculate various goals and objectives based on the business rules. System-generated NOA messages are determined by certain business rules; however, there are also NOA messages which can be manually selected on the Program Evidence screen. In addition, Provider Notifications (SOC 858) will be system-generated to active IHSS providers assigned to the case when evidence is activated and there is a change in the authorized service types as determined by the applicable business rules.

When the Final Determination process has been completed, a case is authorized for an Authorization Period (Authorization Start Date and Authorization End Date) designated by the Case Owner. For any given Authorization Period, one or more Authorization Segments may exist based upon the authorized hours to a specific service month(s).

When case evidence is activated and hours authorized, CMIPS shall allow the continuation of payments against the current active authorization until the case is no longer eligible (Terminated). If the Recipient has uncertified MediCal Share of Cost (SOC) or an IHSS SOC dollar amount greater than \$0.00 and has IP service hours with at least one active Provider (Advance Pay Recipients do not require an active Provider), CMIPS shall conduct a spend-down to calculate SOC hours. If the Recipient has become newly eligible, CMIPS conducts a spend down any month(s) within the initial assessment, from the authorization start date up through the current month (If the authorization is mid-month, IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month). If the Recipient has become re-eligible due to a rescinded termination, CMIPS conducts a spend-down of the current month's purchased IHSS hours or if the termination was in the same month, CMIPS conducts a spend-down based on the remaining days in the month after the termination date. If the Recipient has become re-eligible due to having been taken off leave, CMIPS conducts a spend down for any month(s), retroactive up through the current month, after the Recipient taken off leave (If the authorization is mid-month, IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month). CMIPS shall only spend down an entire service month once.

When the Check Eligibility or Submit for Approval actions occur CMIPS processes error messages first. When all errors have been resolved, or none exist, then the business rules process and then the NOA triggers are set. (See DSD 22 Section 22.1.5.1.1 – Notice of Action Text and Triggers). When all of these processes have occurred, the user is able to view the Authorization Summary for the case authorization outcome and the resulting NOA codes triggered. The NOA codes represent the NOA messages which will be printed on the resulting NOA.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Share of Cost Processing



MEDS Share of Cost

When the MEDS Monthly Renewal Receive file is received in CM, triggers are created for Recipients with MediCal SOC (eligibility status code begins with '5'). These triggers are picked up by batch jobs 802DPRDS for Arrears or 803DPRDS for Advance Pay Recipients, which perform the spend down if:

1. The Recipient has at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month).
2. The Recipient has at least one assigned Provider that was in 'Active' for at least 1 day during the service month (This only applies to Arrears).
3. The spend down trigger is within a range of 13 months.
4. A spend down has not already occurred for the full service month (CMIPS will only spend down an entire service month once).

IHSS Share of Cost

If the most recent authorized evidence has an IHSS Share of Cost dollar > \$0.00, triggers are created for those Recipients. These triggers are picked up by batch jobs 804DPRDS for Arrears or 804DPRDS_AP for Advance Pay Recipients, which perform the spend down if:

1. The Recipient has at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month).
2. The Recipient has at least one assigned Provider that was in 'Active' for at least 1 day during the service month (This only applies to Arrears).
3. A spend down has not already occurred for the full service month (CMIPS will only spend down an entire service month once).

Spend Down

CMIPS performs the monthly spend down process (for both IHSS and MEDS SOC) by splitting the IP Hours by 4 work weeks and spending down regular and overtime hours. The spend down batch jobs spend down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate and if the Recipient still has share of cost dollars remaining, the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5 (county pay rate). If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00. The SOC hours are stored on the Case SOC Hours table and displayed in CM on the Case Header in the corresponding data fields and on the Share of Cost Hours Details (CM) screen. If the Recipient is registered with the ESP, the SOC hours are also made available on the Share of Cost Hours Details (ESP) screen.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Functions/Assign Modes of Service

CI	Document Name
CI-68809 - DSD BF Assign modes of Service IMPLEMENTED	DSD_BF_Assign_modes_of_Service.doc

When case evidence has been activated and authorized hours exist, CMIPS will default Mode of Service indicated on the Program Evidence screen. If a case is indicated as Mixed Mode (IP & CC or IP & HM) the initial authorization will default all hours to the IP Mode of Service. The user will need to distribute the hours on the Mode of Service screen as desired. All subsequent authorization will adjust the IP Mode of Service Hours.

Alternate Flows

No alternative flows identified for this business process flow.

Initiation/Triggers, Pre-Conditions and Post Conditions

Table – Summary View of Business Processes

ID	Business Function	Initiation/ Triggers	Pre-Conditions	Post Conditions
01	Check Eligibility	Select the Check Eligibility link from the Evidence Workspace screen	Recipient case, Program Evidence, Household Evidence and Service Eligibility evidence must exist	When the Check Eligibility process has been completed, a user will have the ability to: View the Authorization Summary View the Decisions
02	Final Determination	Users not requiring supervisory approval - select the Submit for Approval link from the Evidence Workspace screen User requiring supervisory approval – Supervisor must select Approve	Recipient case, Program Evidence, Household Evidence and Service Eligibility evidence must exist Reduced Hours "Verified by Case Owner or Supervisor" checkbox must be checked	When the Final Determination process has been completed, a user will have the ability to: View the Authorization View the Decisions The following payroll activities will occur after the Final Determination process is completed and a Recipient is eligible for services: Update a Recipient in the payroll system Submit the hours associated with the Authorization Period (Authorization Segments)
03	Assign Modes of Service	Final Determination must result in authorized hours for the Recipient	When an Initial Assessment is authorized (Submit for Approval) the Authorized hours default to the IP Mode of Service. When a Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessment Types (Submit for Approval) and multiple Modes of Service delivery are indicated, the Authorized hours will be assigned as designated in Business Rules	When a Recipient case has assigned hours to the Homemaker mode of service delivery, CMIPS shall send a task event to the County Homemaker Supervisor. Update Recipient's authorized hours in the Payroll system based upon Modes of Service delivery.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Final Determination

CI	Document Name
CI-69553 - DSD SF Final Determination IMPLEMENTED	DSD_SF_Final_Determination.doc

Recip CM & OS – Final Determination (Case Authorization)

Screen Flow

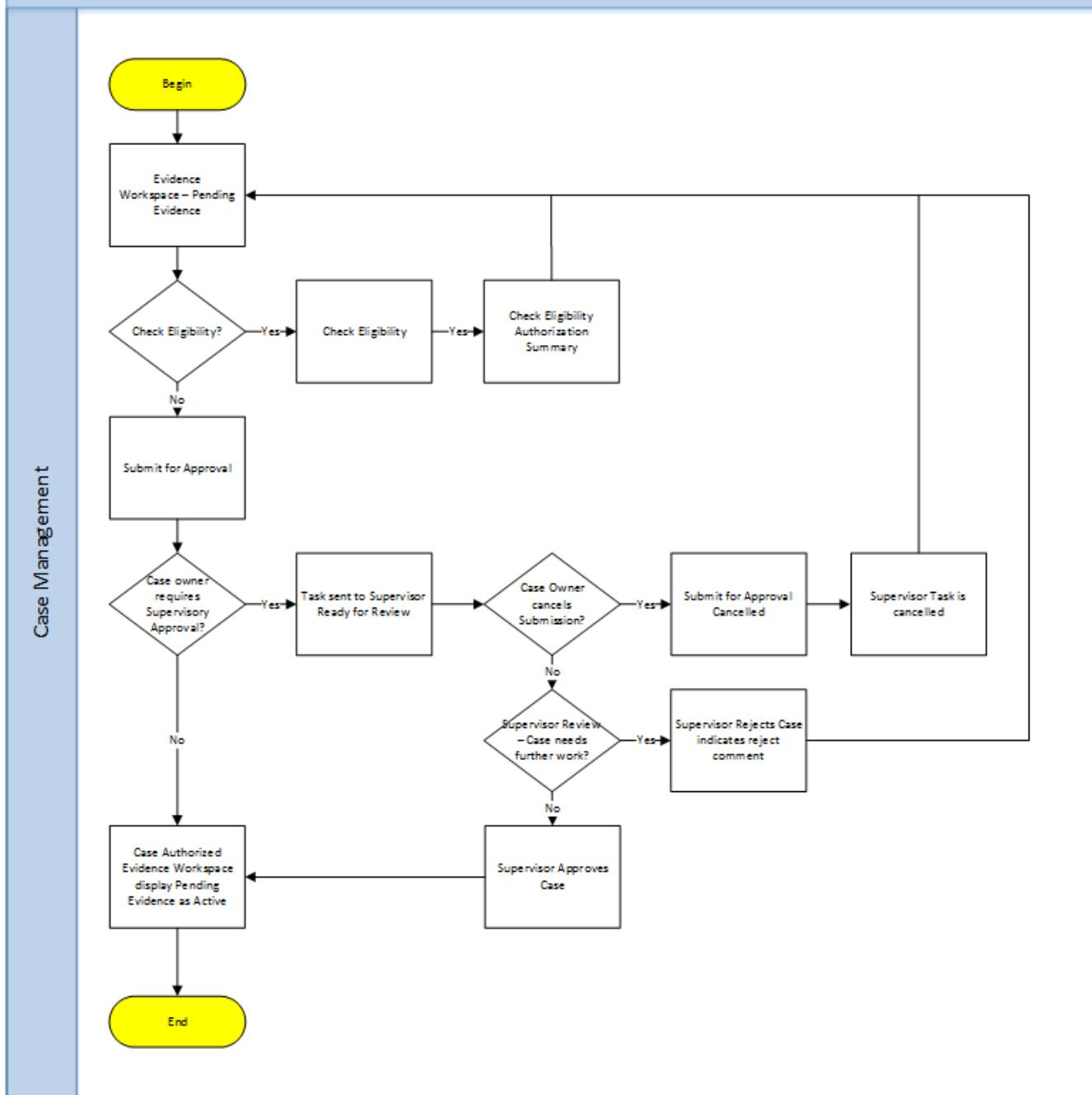


Figure – Final Determination (Case Authorization)

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Flow/Assign Modes of Service

CI	Document Name
CI-67538 - DSD SF Assign Modes of Service IMPLEMENTED	DSD_SF_Assign_Modes_of_Service.doc

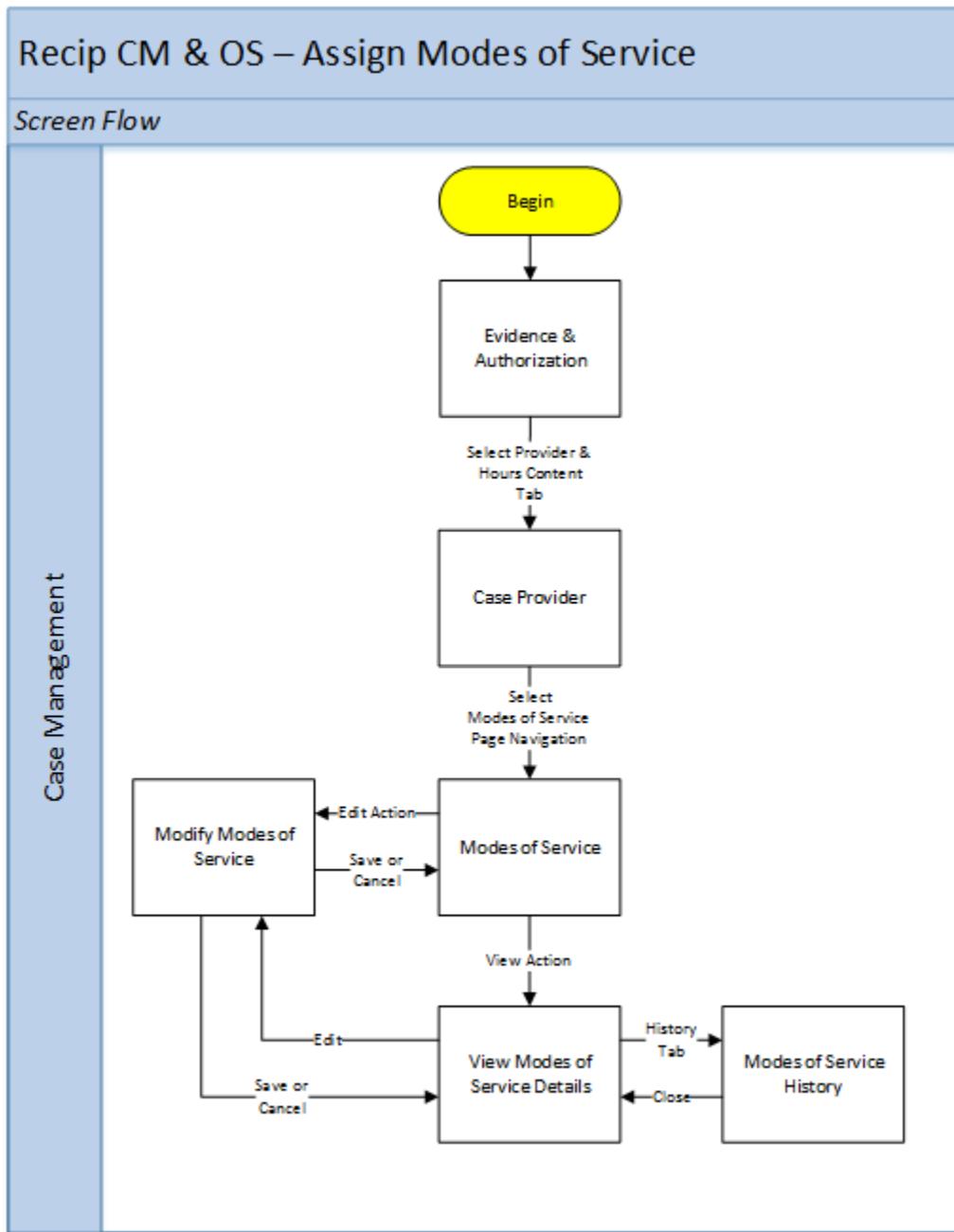


Figure – Assign Modes of Service

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Check Eligibility

CI	Document Name
CI-67520 - DSD SC Check Eligibility IMPLEMENTED	DSD_SC_Check_Eligibility.doc

When the Check Eligibility link is selected from the Evidence Workspace the Check Eligibility pop-up displays. Check Eligibility allows the Case Owner and Case Owner Supervisor to run the business rules against the Pending evidence to determine the eligibility outcome without approving or activating the case. The Check Eligibility process does not create a NOA, but will display the NOA Codes which will be printed when the case is authorized.

The screenshot shows a modal dialog box titled "Check Eligibility". At the top right are a question mark icon and a close button. Below the title, a red asterisk indicates a required field. The main area contains a label "Check Eligibility" followed by a note "Please enter a date for which you want to check eligibility". A date input field shows "11/10/2020" with a calendar icon. The label "Date: *" is positioned above the input field. At the bottom right of the dialog are two buttons: "Check Eligibility" and "Close".

Figure – Check Eligibility

Actions/Functions

The following actions are associated with the Check Eligibility pop-up:

Action	Function
Check Eligibility	Processes the Pending Evidence against the business rules to determine the eligibility outcome.
Close	Closes the pop-up and returns the user to the Evidence Workspace screen

Data Elements

The following data elements are associated with the Check Eligibility pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Eligibility Date	The date for which the eligibility is being processed	Date	Yes	Current date	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit for Approval

CI	Document Name
CI-67530 - DSD SC Submit Case For Approval IMPLEMENTED	DSD_SC_Submit_Case_for_Approval.doc

When the Submit Case for Approval link is selected from the Evidence Workspace screen the Submit Case for Approval confirmation pop-up displays.

If the case does not have data errors or conditions which cause the case to be denied or terminated, or if Supervisory approval is not required, the Submit for Approval processing will occur and the Submit Case for Approval pop-up will not display.

When a Worker requiring Supervisory Review selects "Yes", a Task will be sent to the Supervisor to review the Pending Evidence.

When a Worker not requiring Supervisory Review selects "Yes", the case evidence processes against the business rules.

When either user selects No, the confirmation pop-up is cancelled and the Evidence Workspace screen displays.

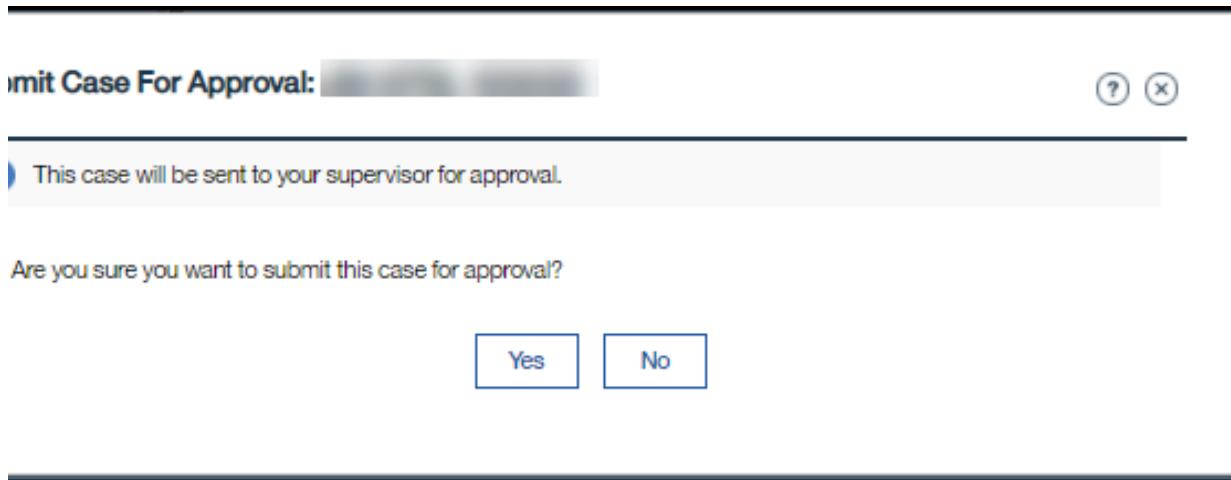


Figure – Submit Case for Approval Pop-up

Actions/Functions

The following actions are associated with the Submit Case for Approval pop-up:

Action	Function
Yes	Selecting Yes link submits the case evidence for supervisor approval or runs the business rules for case authorization.
No	Selecting No link dismisses the pop-up and the Evidence Workspace screen displays.

Data Elements

There are no data elements associated with the Submit Case for Approval pop-up.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit for Approval with Data Errors

CI	Document Name
CI-116595 - DSD SC Submit Case For Approval with Data Errors IMPLEMENTED	DSD_SC_Submit_for_Approval_with_Data_Errors.doc

When a user selects the "Submit for Approval" link for a case and either data errors or conditions exist a "Submit Case For Approval" screen will display with the data error and/or conditions which must be fixed to allow the case to be submitted for approval.

Error Messages will be listed and the listing will be preceded by an icon which is a red circle with a white "!" in the center.

If the case does not have data errors or conditions which cause the case to be denied or terminated, or if Supervisory approval is not required, the Submit for Approval processing will occur and the Submit Case for Approval screen will not display.

If the Submit Case for Approval with Data Errors lists Error Messages  the user must select the "Close" link, correct the data error, then may process again. All error messages must be corrected before the Submit for Approval processing occurs.

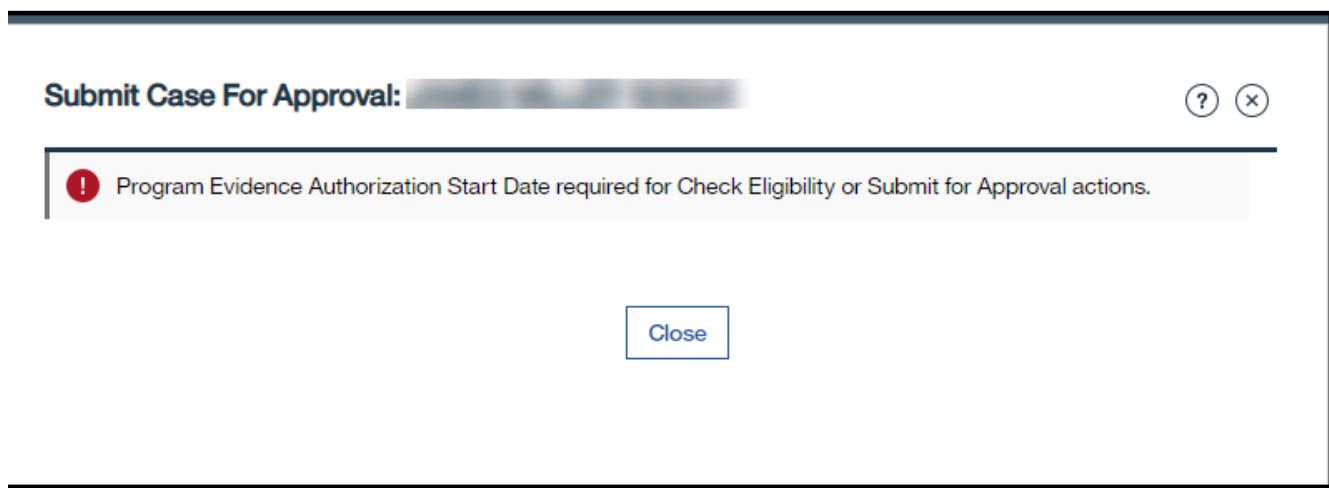


Figure – Submit Case for Approval with Error Messages

Actions/Functions

The following actions are associated to the Submit Case for Approval with Data Errors Pop-Up:

Action	Function
Close	Closes the pop-up and returns user to the Evidence Workspace screen

Data Elements

There are no data elements associated with the Submit Case for Approval with Data Errors pop-up.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Submit Case for Approval with Deny or Terminate Conditions

CI	Document Name
CI-116594 - DSD SC Submit Case for Approval with Deny or Terminate Conditions IMPLEMENTED	DSD_SC_Submit_Case_for_Approval_with_Deny_or_Terminate _Conditions.doc

When the Submit for Approval link is selected from the Evidence Workspace screen the Submit Case for Approval confirmation pop-up displays. If the case has only Informational Messages  that cause the case to be denied or terminated the information message will display and the user will select the appropriate action.

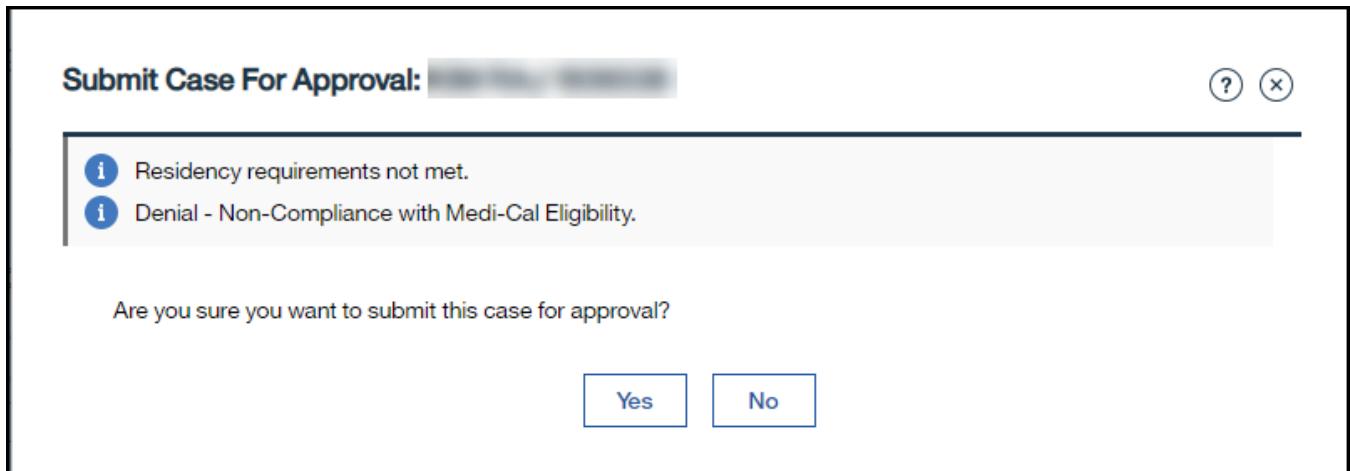


Figure – Submit Case for Approval Informational Messages

Actions/Functions

The following actions are associated to the Submit Case for Approval pop-up:

Action	Function
Submit for Approval Error Message	
Close	Closes the pop-up and returns user to the Case Home screen
Submit for Approval Information Message	
Yes	Closes the pop-up and continues the submit for approval processing
No	Closes the pop-up and returns user to the Evidence Workspace screen

Data Elements

There are no data elements associated with the Submit Case for Approval Information Messages pop-up.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Approve Case

CI	Document Name
CI-67531 - DSD SC Approve Case IMPLEMENTED	DSD_SC_Approve_Case.doc

The Approve link displays on the Evidence Workspace screen only for a user with supervisor security access.

When the Supervisor selects the Approve link from the Evidence Home screen the Approve Case confirmation pop-up displays.

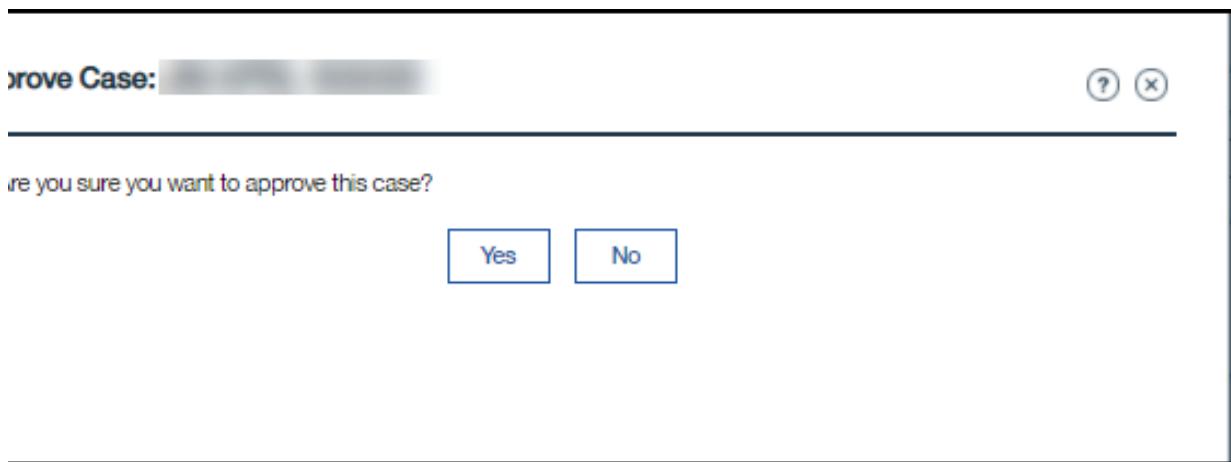


Figure – Approve Case Confirmation Pop-up

Selecting 'Yes' processes the business rules. When the business rules are processed, the evidence is activated.

Selecting "No" cancels the confirmation pop-up and the Evidence Workspace screen displays.

Actions/Functions

The following actions are associated with the Approve Case pop-up:

Action	Function
Yes	Submits the Pending Evidence for processing against the Business Rules.
No	Cancels the action, dismisses the pop-up and returns the user to the Evidence Home screen.

Data Elements

There are no data elements associated with the Approval Case pop-up.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Reject Case

CI	Document Name
 CI-67521 - DSD SC Reject Case IMPLEMENTED	DSD_SC_Reject_Case.doc

When the Reject link on the Evidence Workspace is selected by a supervisor reviewing a case submitted for approval the Reject Case pop-up displays. This screen allows the supervisor to select the Reason(s) the case is being rejected and enter comments (200 characters) associated with the reject. Both the Reason and Comments are sent as a task to the Case Owner for review and further action.

Reject Case:

? X

* required field

Rejection Reason

- Incomplete assessment narrative
- Missing/Incomplete forms
- Missing/Incomplete supporting documentation
- Failed Eligibility
- NOA
- Dates
- Financial Eligibility
- Other

- Financial Eligibility
- Other

Reject Case **Cancel**

Rejection Comments:

Figure – Reject Case Pop-Up

Actions/Functions

The following actions are associated with the Reject Case pop-up:

Action	Function
Reject Case	When selected by the Supervisor completes the Reject Case process, sending a task to the Case Owner notifying the Reject Reason and Comments.
Cancel	This cancels the Reject action displaying the Evidence Workspace screen.

Data Elements

The following data elements are associated with the Reject Case pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Rejection Reason	The Supervisor must select one or reasons for rejecting the evidence. Multiple Reason checkboxes can be selected.	String	Yes	No	No
Rejection Comments	Comments (200 characters) section to provide detailed explanation of the Rejection reason.	String	Yes	No	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Cancel Submission

CI	Document Name
CI-67528 - DSD SC Cancel Submission IMPLEMENTED	DSD_SC_Cancel_Submission.doc

When the Cancel Submission link is selected from the Evidence Home screen the confirmation pop-up displays.

The Cancel Submission link is only available to the Case Owner as long as the Evidence is "Pending". If a user requiring Supervisory Review has submitted a case for approval and the Supervisor has not approved or rejected the case, the evidence remains Pending and the Cancel Submission link is displayed.

Cancel Submission will delete, from the Supervisor's Task List, the Ready for Review Task associated with the case.

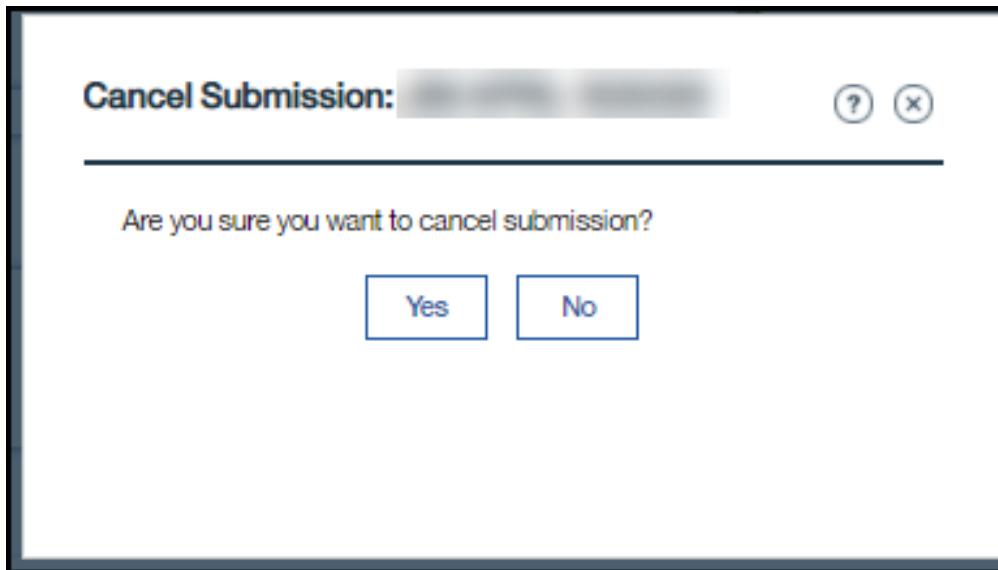


Figure – Cancel Submission

Actions/Functions

The following actions are associated with the Approve Case pop-up:

Action	Function
Yes	Cancels an earlier Submit for Approval action if the case has not already been approved.
No	Cancels the action, returns the user to the Evidence Workspace screen.

Data Elements

There are no data elements associated with the Cancel Submission pop-up.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Authorizations

CI	Document Name
CI-67527 - DSD SC Authorizations IMPLEMENTED	DSD_SC_Authorizations.doc

When the Authorization Page Navigation is selected from the Evidence & Authorization Content Tab the Authorizations list screen displays. The default display Authorization List will be the Authorizations associated with the most recent Active Evidence, indicated by the Determination Date.

The screenshot shows a software interface for managing authorizations. At the top, there is a search bar with fields for 'From Date' and 'To Date'. Below the search bar is a table with columns: Segment Start Date, Segment End Date, Authorization Start Date, Authorization End Date, and Determination Date. Two rows of data are visible:

Segment Start Date	Segment End Date	Authorization Start Date	Authorization End Date	Determination Date
10/27/2020	10/31/2020	10/27/2020	10/31/2021	10/28/2020
11/01/2020	10/31/2021	10/27/2020	10/31/2021	10/28/2020

Figure – Authorizations

Actions/Functions

The following actions are associated with the Authorizations screen:

Action	Function
Search	Allows Case Owners to search for prior Authorization Segments associated with the Authorization Start Date indicated in the From field. Allow search for Authorizations in one year date range.
Next	Displays the Assign Modes of Service List screen.
View	Displays the Authorization Summary screen for the selected service period.

Data Elements

The following data elements are associated with the Authorizations screen:

Field Name	Help	Date Type	Required Indicator	Default Value	Editable Field
Authorization Start Date Search Criteria					
From Date	Authorization Segment Start Date from which the system will begin searching	Date	Yes, only when Search is selected	No	Yes
To Date	Authorization Segment Start Date to which the system will search. If not entered, system will search for authorizations in a twelve (12) month period from "From Date" entered	Date	No	No	Yes
Authorization Segments					

Decision	Displays the decision determined by the business rules processing. Values are: Eligible Not Eligible Note: This decision should not be confused with the Case Status. The Decision indicated whether or not, as of the Authorization Start Date, the Authorization is Eligible or Ineligible. A Decision which is Eligible will have a corresponding Case Status of Eligible or Presumptive Eligible, as of the indicated Authorization Start Date. A Decision which is Ineligible will have a corresponding Case Status of Withdrawn, Leave, Denied or Terminated as of the indicated Authorization Start Date.	String	No	No	No
Auth to Purchase	The Total Auth To Purchase After LMA hours for the Authorization Segment Displays in HH:MM format	Integer	No	No	No
Segment Start Date	Authorization Segment Start Date	Date	No	Authorization Start Date for the Authorization Segment.	No
Segment End Date	Authorization Segment End Date	Date	No	Authorization End Date for the Authorization Segment.	No
Authorization Start Date	Authorization Period Start Date	Date	No	Authorization Start Date for the Authorization Period.	No
Authorization End Date	Authorization Period End Date	Date	No	Authorization End Date for the Authorization Period.	No
Determination Date	The date on which the Final Determination was processed	Date	No	Date Final Determination was processed	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Authorization Summary

CI	Document Name
CI-67523 - DSD SC Authorization Summary IMPLEMENTED	DSD_SC_Authorization_Summary.doc

When the View link is selected from the Authorizations List screen, the Authorization Summary screen displays.

The screenshot shows the CMIPS II Case Management Information Payroll System II interface. The title bar reads "CMIPS II Case Management Information Payroll System II". The main content area displays the "Authorization Segment Start Date: 10/27/2020" and "Authorization Segment End Date: 10/31/2020". It also shows "Purchase Before LMA (HH:MM): 04:53", "Net Need Before LMA (HH:MM): 00:00", "LMA (HH:MM): 00:00", "Net Need After LMA (HH:MM): 00:00", "Purchase After LMA (HH:MM): 04:53", "Adjusted Hours (HH:MM): 00:00", "After Adjusted Hours (HH:MM): 00:00", "After Adjusted Hours (HH:MM): 04:53", and "Sky Authorized Hours (HH:MM): 07:35". The "Application Date: 10/27/2020", "IHSS Determination Date: 10/28/2020", "Impairment Level: NSI", "Functional Index Score: 1076", "Restaurant Meals Allowance: No", "Advance Pay: No", "IHSS SOC: \$0.00", "SOC Company Cost: \$515.39", "Funding Source Aid Code: 2M - PCSP", "24 Hour Protective Supervision Care Plan Need (HH:MM): 00:00", and "Monthly Overtime Maximum (HH:MM): 00:00" are also listed. Below this, a large table lists "Function Rank", "HTG", "Total Assessed Need", "Adj", "Ind Assessed Need", "Alt Ref Vol", "Net Adj Need", "Unmet Need", and "Auth to Purchase" for various items. At the bottom, it says "System Generated: [redacted]" and has a "Close" button.

Figure – Authorization Summary Screen

Actions/Functions

The following actions are associated with the Authorization Summary screen:

Action	Function
Close	Returns to the Authorizations List screen.
View Assessment Narrative	Navigates the user to the Assessment Narrative.

Print SOC 293 Form	Displays the Print SOC 293 Form confirmation screen with user-indicated print options. (See SOC 293 in DSD 31 for Print Options.)
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Data Elements

The following data elements are associated with the Authorization Summary screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Authorization Summary					
Authorization Segment Start Date	Authorization Start Date for the authorization segment being viewed.	Date	No	No	No
Application Date	Case Application Date.	Date	No	No	No
Authorization Segment End Date	Authorization End Date for the authorization segment being viewed.	Date	No	No	No
IHSS Determination Date	System-generated authorization determination date.	Date	No	No	No
Total Auth to Purchase Before LMA	Total Authorized to Purchase hours for the service period before the LMA is applied. Displays in (HH:MM) format.	Integer	No	No	No
Impairment Level	NSI – Non-Severely Impaired SI – Severely Impaired	String	No	No	No
Unmet Need Before LMA	Total Unmet Need for the service period before the LMA is applied. Displays in (HH:MM) format.	Integer	No	No	No
Functional Index Score	System-calculated Functional Index based upon indicated Functional Ranks.	Decimal	No	No	No
LMA	The Legislative Mandated Adjustment hours. Displays in (HH:MM) format.	Integer	No	No	No
Restaurant Meals Allowance	Displays whether or not (Yes or No) the case was indicated with Restaurant Meals Allocation.	String	No	No	No
Unmet Need After LMA	Total Unmet Need for the service period after the LMA is applied. Displays in (HH:MM) format.	Integer	No	No	No
Advance Pay	Displays whether or not (Yes or No) the case is indicated as Advance Pay.	String	No	No	No
Total Auth to Purchase After LMA	The Auth to Purchase after the LMA is applied. Displays in (HH:MM) format.	Integer	No	No	No
IHSS SOC	System-calculated IHSS SOC.	Decimal	No	No	No
Adjusted Hours	Adjusted Hours	Integer	No	No	No
SOC Compare Cost	System-calculated SOC Compare Cost.	Decimal	No	No	No
Unmet Need After Adjusted Hours	Total Unmet Need for the service period after the Adjusted Hours are applied. Displays in (HH:MM) format.	Integer	No	No	No
Funding Source Aid Code	2K – CFCO, 2L - IPO, 2M – PCSP, or 2N - IHSS-R	String	No	No	No
Total Auth to Purchase After Adjusted Hours	The Auth to Purchase after the Adjusted Hours are applied. Displays in (HH:MM) format.	Integer	No	No	No
24 Hour Protective Supervision Care plan need	24-Hour Protective Supervisions Care Plan for the service period. Only displays on cases with Protective Supervision. Displays in (HH:MM) format.	Integer	No	No	No
Weekly Authorized Hours	The Weekly Authorized Hours based on a full month of Total Auth to Purchase After Adjusted Hours divided by 4.0. Displays in (HH:MM) format.	Integer	No	No	No
Monthly Overtime Maximum	The Monthly Overtime Maximum for the recipient case. Displays in (HH:MM) format.	Integer	No	No	No
Service Type Details					
Service Type	List of the 25 IHSS Services.	String	No	No	No
Functional Rank	The functional rank of each service type.	Integer	No	No	No
HTG	Indicator signifying if the Individual Assessed Need is above (+) or below (-) an associated Hour Task Guideline (HTG).	String	No	No	No
Total Assessed Need	The Total Assessed Need, in hours, for the Service Type. Displays in (HH:MM) format.	Integer	No	No	No

Adj	System-calculated Adjustment associated with the Service Type based upon user entry. Displays in (HH:MM) format.	Integer	No	No	No
Ind Assessed Need	System-calculated Individual Assessed Need = (Total Assessed Need – Adjustments). Displays in (HH:MM) format.	Integer	No	No	No
Alt+Ref+Vol	Aggregated hours for Alternate Resources, Refused Services, and Voluntary Services associated to the Service Type. Displays in (HH:MM) format.	Integer	No	No	No
Net Adj Need	System-calculated Net Adjusted Need = (Individual Assessed Need – Alternate Resources – Refused Services – Voluntary Services) for the service type. Displays in (HH:MM) format.	Integer	No	No	No
Unmet Need	System calculated Unmet Need for the service type. Displays in (HH:MM) format.	Integer	No	No	No
Auth to Purchase	System-calculated Authorized to Purchase Hours = (Net Adjusted Need – Unmet Need). Displays in (HH:MM) format.	Integer	No	No	No

NOA Messages

Manual Selected	Displays the NOA codes the user manually selected. NOA codes display in a comma separated string.	String	No	No	No
System Generated	Displays the system-generated and manual NOA codes identified during eligibility processing. NOA codes display in a comma separated string.	String	No	No	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Assessment Narrative

CI	Document Name
CI-67524 - DSD SC View Assessment Narrative IMPLEMENTED	DSD_SC_View_Assessment_Narrative.doc

When the View Assessment Narrative action is selected from the Authorization Summary screen the View Assessment Narrative pop-up displays. The Assessment Narrative is limited to 22,000 characters.

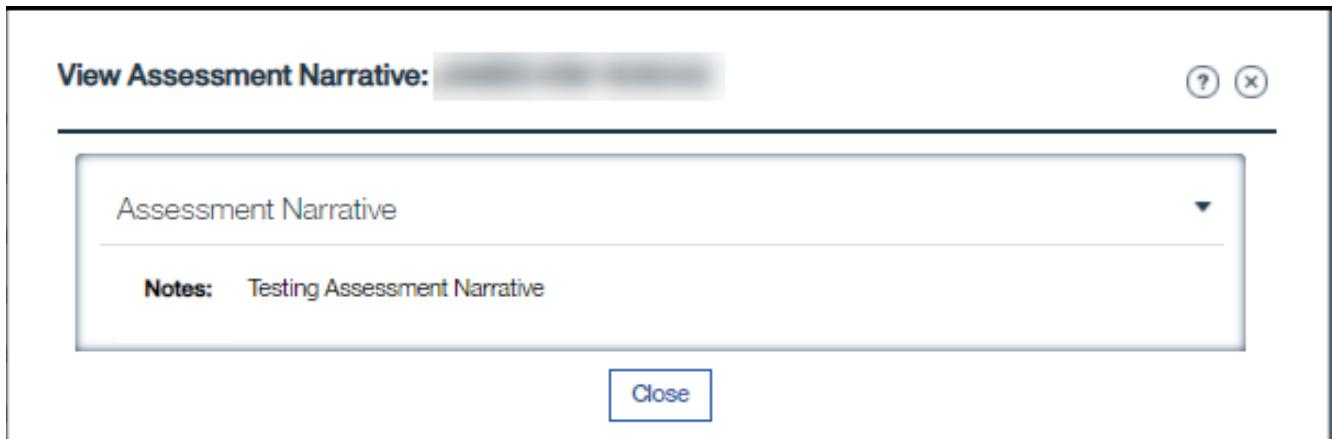


Figure – Assessment Narrative

Actions/Functions

The following actions are associated with the View Assessment Narrative pop-up:

Action	Function
Close	Navigates back to the Authorization Summary screen.

Data Elements

The following data elements are associated with the View Assessment Narrative pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Notes	Assessment Narrative entered by the Case Owner for the specific Assessment (22,000 characters)	String	No	No	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modes of Services List

CI	Document Name
CI-67532 - DSD SC Modes of Services List IMPLEMENTED	DSD_SC_Modes_of_Services_List.doc

When the Modes of Service Page Navigation tab is selected from the Provider & Hours Content Tab the Modes of Service List screen displays. As default, the Modes of Service associated with the latest authorized Assessment Period are displayed. The indicated Modes of Service default based upon the selections made on the Program Evidence screen prior to the processing of Final Determination.

Figure – Modes of Services List Screen

Actions/Functions

The following actions are associated with the Modes of Service List screen.

Hyperlink	Function
Search	Displays the Modes of Service records associated to the search From and To dates indicated.
Cancel	Cancels the action and displays the Case Home screen.
View	Displays the View Modes of Service pop-up associated with the selected Authorization Segment.
Edit	Displays the Edit Modes of Service pop-up associated with the selected Authorization Segment.

Data Elements

The following data elements are associated with the Modes of Service List screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Start Date Search Criteria					
From Date	Modes of Service Start date From date in the date range for Search criteria	Date	No	No	Yes
To Date	Modes of Service Start date To date in the date range for Search criteria	Date	No	No	Yes
Display					
IP Hours	Number of Auth to Purchase assigned to the Individual Provider mode of service Displays in HH:MM format	Integer	No	No	No
CC Hours	Number of Auth to Purchase assigned to the County Contractor mode of service Displays in HH:MM format	Integer	No	No	No
HM/PAC Hours	Number of Auth to Purchase assigned to the Homemaker mode of service Displays in HH:MM format	Integer	No	No	No

Case Cost	The system calculated Case Cost	Decimal	No	No	No
Auth to Purchase	Recipient case Auth to Purchase After Reduced Hours. Displays in HH:MM format	Integer	No	No	No
Start Date	Effective Start date of assignment of the mode of service	Date	No	No	No
End Date	End date of assignment of the mode of service	Date	No	No	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modify Modes of Service

CI	Document Name
CI-67522 - DSD SC Modify Modes of Service IMPLEMENTED	DSD_SC_Modify_Modes_of_Service.doc

When the Edit link is selected from the Modes of Service screen, the Modify Modes of Service pop-up displays. This allows the Case Owner to distribute the Recipient's Auth to Purchase hours between the different Modes of Service.

fy Modes of Service: [redacted] ? X

*** required field**

Auth to Purchase (HH:MM): 60:37

Start Date: * County Contractor Hours (HH:MM): :

Individual Provider Hours (HH:MM): : Homemaker/PA Contract Hours (HH:MM): :

Save Cancel

Figure – Modify Modes of Service

Actions/Functions

The following actions are associated with the Modify Modes of Service pop-up:

Action	Function
Save	This action allows the user to save Modes of Service to the case.
Cancel	The action takes the user to the Modes of Service list screen.

Data Elements

The following data elements are associated with the Modify Modes of Service pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field

Auth to Purchase	Auth To Purchase After Reduced Hours for the Authorization Segment Displays in HH:MM format	Integer	No	Yes, Auth Hours for the Authorization Segment	No
Start Date	Effective Start date of Modes of Service segment	Date	Yes	Yes	Yes
Individual Provider Hours	Number of Auth to Purchase assigned to the Individual Provider mode of service Displays in HH:MM format	Integer	No. But one of the three Modes of Service (IP, CC or HM) is required	No	Yes
County Contractor Hours	Number of Auth to Purchase assigned to the County Contractor mode of service Displays in HH:MM format	Integer	No. But one of the three Modes of Service (IP, CC or HM) is required	No	Yes
Homemaker Hours	Number of Auth to Purchase assigned to the Homemaker mode of service Displays in HH:MM format	Integer	No. But one of the three Modes of Service (IP, CC or HM) is required	No	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Modes of Service

CI	Document Name
CI-67529 - DSD SC View Modes of Service IMPLEMENTED	DSD_SC_View_Modes_of_Service.doc

When the View link is selected from the Modes of Service screen the View Modes of Service Details screen displays.

Figure – View Modes of Service Screen

Actions/Functions

The following actions are associated with the View Modes of Service pop-up:

Action	Function
History	Displays the Mode of Service History screen.
Edit	Displays the Modify Mode of Service pop-up.
Close	Closes the screen displaying the Modes of Service list screen.

Data Elements

The following data elements are associated with the View Modes of Service screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Auth to Purchase	Auth to Purchase After Reduced Hours for the Authorization Segment Displays in HH:MM format	Integer	No	No	No
Start Date	Effective Start date of Modes of Service assignment	Date	No	No	No
Individual Provider Hours	Number of Auth to Purchase assigned to the Individual Provider mode of service Displays in HH:MM format	Integer	No.	No	No
County Contractor Hours	Number of Auth to Purchase assigned to the County Contractor mode of service Displays in HH:MM format	Integer	No.	No	No
Homemaker/PA Contract Hours	Number of Auth to Purchase assigned to the Homemaker/PA Contract mode of service Displays in HH:MM format	Integer	No.	No	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modes of Service History

CI	Document Name
CI-67526 - DSD SC Modes of Service History IMPLEMENTED	DSD_SC_Modes_of_Service_History.doc

When the History tab is selected from the View Modes of Service screen the Modes of Service History screen displays.

Start Date	Updated By	History Created
11/01/2020	APD1	11/02/2020
11/01/2020	8990	10/28/2020

Figure – Modes of Service History

Actions/Functions

The following action is associated with the Modes of Service History screen:

Action	Function
Close	Closes the screen displaying the View Modes of Service screen.

Data Elements

The following data elements are associated with the Modes of Service History screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
IP Hours	Auth to Purchase After Reduced Hours for the Authorization Segment Displays in HH:MM format	Integer	No	No	No
CC Hours	Number of Auth to Purchase Hours assigned to the County Contractor mode of service Displays in HH:MM format	Integer	No	No	No
HM/PAC Hours	Number of Auth to Purchase Hours assigned to the Homemaker/PA Contract mode of service Displays in HH:MM format	Integer	No	No	No
Auth to Purchase	Auth to Purchase for the Authorization Segment Displays in HH:MM format	Integer	No	No	No
Start Date	Start date of Mode of Service	Date	No	No	No
Updated by	The Worker Number of the individual who last changed the record	String	No	No	No
History Created	The date the last update occurred to this record	Date	No	No	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/Modify Adjusted Hours

CI	Document Name
 CI-123758 - DSD SC Modify Adjusted Hours CANCELLED	DSD_SC_Modify_Adjusted_Hours.doc

Cancelled by ASR Feature 3 Team Curam Update - Final Determination, Assign Modes of Service - Implement Key UI for Recipient.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Screen Designs/View Adjusted Hours

CI	Document Name
 CI-123759 - DSD SC View Adjusted Hours CANCELLED	DSD_SC_View_Adjusted_Hours.doc

Cancelled by ASR Feature 3 Team Curam Update - Final Determination, Assign Modes of Service - Implement Key UI for Recipient.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Navigational Elements

See DSD Section 20 for all CMIPS navigation.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages

Standard Cúram Out-of-the-Box (OOTB) screen validation applies.

- Search Validation – When the Search action is invoked, any required field identified on the list of data elements for the specific screen must be present in the indicated format or display an online edit identifying the error.
- Save Validation - When the Save action is invoked, the following will occur:

Cross Validations – Verifies any cross-field validations or display an online edit identifying the error.

Field Formats – Validates the field entries meet the designated criteria or displays an online edit identifying the error. (Example Date in MMDDCCYY Format. If 12322008 is keyed, an online edit will display Invalid Field Entry because there are not 32 days in December.)

The following validations or actions associated with the Final Determination & Assign Modes of Service screens are indicated below.

When the Check Eligibility or Submit for Approval (Activate Evidence) process occurs and errors are encountered, the errors will display together if they are related. For example, if the user is performing a Reassessment and changes the Functional Rank from 1 to a 3 or higher for multiple services, but does not enter Need Hours for the services, the user will see multiple error messages for the applicable services when the Check Eligibility process occurs. Otherwise, processing will be halted when an error condition is encountered that requires resolution before addition processing can occur.

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (1-20)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (21-40)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (41-60)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (61-80)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (81-100)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (101-120)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (121-140)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
5	12354	CI-112030 - DSD EM FD 05 IMPLEMENTED	Cancel Submission	When a user other than the user who submitted the case for approval selects the Cancel Submission link	Do not allow the action	Display the error message, "Only the submitter can cancel a submission."	
6	12508	CI-112000 - DSD EM FD 06 IMPLEMENTED	Authorization List	When the Search link is selected on the Authorizations screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
7	12508	CI-112033 - DSD EM FD 07 IMPLEMENTED	Authorization List	When the Search link is selected and the Authorization Start Date To date is more than one year from the From date	Do not allow the action	Display the error message, "Authorization Search is limited to a one year period."	
8	12012	CI-112014 - DSD EM FD 08 IMPLEMENTED	Modes of Service List Search	When the Search link is selected on the Modes of Services List screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
9	16271 12097	CI-112024 - DSD EM FD 09 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the aggregated Total of Individual Provider Hours, County Contractor Hours and Homemaker Hours do not total the Auth to Purchase	Do not allow the action	Display the error message, "Individual Provider, County Contractor and Homemaker Hours must equal Auth to Purchase Hours."	
10	12075	CI-111998 - DSD EM FD 10 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date indicated is beyond the Authorization Period of the current Active Evidence	Do not allow the action	Display the error message, "Modes of Service Assignment may not exceed Authorization Period of current Active Evidence."	
11	11984 1 2012	CI-112068 - DSD EM FD 11 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date is not the 1st day of a Month or of an Authorization Segment	Do not allow the action	Display the error message, "Start Date must be the first day of a Service Month or the first day of an Authorization Segment."	
12	12611	CI-112007 - DSD EM FD 12 IMPLEMENTED	Check Eligibility or Activate Evidence	If a case has a Functional Rank of 1 and an associated Service has an Assessed Need greater than zero	Do not allow the action	Display the error message, "Functional Rank of 1 does not allow Assessed Need for [Service Type]."	20
13	12611 1 6108	112,063	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Domestic Services and there is no Assessed Need for Domestic Services or Heavy Cleaning	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Domestic Services or Heavy Cleaning."	21
14	12603 1 6065	CI-112009 - DSD EM FD 14 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 4 or 5 for Laundry and there is no Assessed Need for Laundry	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	23

15	12596 1 6068 16 499 165 36	CI-112067 - DSD EM FD 15 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3 or 5 for Shopping and Errands and there is no Assessed Need for Shopping for Food and/or Other Shopping and Errands	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Shopping for Food and/or Other Shopping and Errands."	24
16	12603	CI-112062 - DSD EM FD 16 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Meal Prep & Clean-up there is no Assessed Need for Preparation of Meals and/or Meal Clean-up	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Preparation of Meals and/or Meal Clean-up."	22
17	16505	CI-112058 - DSD EM FD 17 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Dressing and there is no Assessed Need for Dressing	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	26
18	16510 1 6535	CI-112034 - DSD EM FD 18 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Bathing & Grooming there is no Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming."	25
19	16503	CI-112017 - DSD EM FD 19 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Feeding and there is no Assessed Need for Feeding	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	27
20	12603 1 6109	CI-112046 - DSD EM FD 20 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 5 for Respiration there is no Assessed Need for Respiration	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	28

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
21	12603	CI-112003 - DSD EM FD 21 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Transfer there is no Assessed Need for Transfer	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	29
22	16508	CI-112022 - DSD EM FD 22 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Ambulation there is no Assessed Need for Ambulation	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	30
23	12201	CI-112026 - DSD EM FD 23 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for 'Bowel, Bladder & Menstrual' and there is no Assessed Need for Bowel and Bladder Care or Menstrual Care	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Bowel & Bladder Care or Menstrual Care."	31
24	12083 12136	CI-112013 - DSD EM FD 24 IMPLEMENTED	Submit for Approval	When a case with an IHSS-R Funding Source has an IHSS Share of Cost which exceeds SOC Compare Cost *Note – The SOC Compare Cost calculation is always based upon the hours associated with a full service month.	Allow the action	Display the information message, "Share of Cost exceeds Need – IHSS-R."	06
25	12441	CI-112027 - DSD EM FD 25 IMPLEMENTED	Check Eligibility or Activate Evidence	If Teaching and Demonstration Services are indicated and there is no Assessed Need for services other than Heavy Cleaning, Accompaniment to Medical Appointment, Accompaniment to Alternative Resource, Protective Supervision, Teaching and Demonstration or Paramedical Services	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Teaching and Demonstration not allowed with indicated Service Types."	16
26			Removed per CR 590				
27	16524	CI-112050 - DSD EM FD 27 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Living Arrangement is Tenant/Landlord and an Assessed Need for Yard Hazard Abatement exists	Fail the rule, decision results screen shows that this rule failed	Display the message, "Assessed Need for Yard Hazard Abatement is not allowed when Living Arrangement is 'Tenant/Landlord.'"	14
28			Removed per CR 556				

29	12159 1 2175	CI-112002 - DSD EM FD 29 IMPLEMENTED	Check Eligibility or Activate Evidence	If the Assessment Type is Inter-County Transfer and the Address indicated on the Inter-County Transfer does not match the Residence Address on the Recipient's Person Record	Do not allow the action	Display the message, "Person Record Residence Address must match Inter-County Transfer Address indication."	12
30	12218	CI-112059 - DSD EM FD 30 IMPLEMENTED	Check Eligibility Activate Evidence	If the Disaster Preparedness Degree of Contact field is blank	Do not allow the action	Display the error message, "Disaster Preparedness indications are required."	01
31	12494	CI-112041 - DSD EM FD 31 IMPLEMENTED	Check Eligibility Activate Evidence	If Advance Pay is indicated and Recipient is not Severely Impaired (SI)	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Advance Pay not allowed for a Recipient who is not severely impaired."	15
32	12510	CI-112055 - DSD EM FD 32 IMPLEMENTED	Check Eligibility Activate Evidence	When NOA AR03, HR02, HR04, LV05, LV06, RM02, RM03, RM07, RS02 (Change), RS03 (Change), SC02, SC03, SC04, SP01 (Change), SP02 (Change), TR01, TR02, TR03, TR04, TR05, TR06, TR07, TR08, TR09, TR10, TR11, TR12, TR13, TR14, TR15, TR16, TR19, TR20, TR21, TR22, TR23, TR24, TR28, TR29, VS02 (Change), VS03 (Change) is triggered AND For Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD AND The Authorization Start Date is less than 13 days from the current date OR For Recipients who have an indicated Notice of Action Option of Audio CD or Data CD AND The Authorization Start Date is less than 15 days from the current date OR For cases being terminated the Terminate Case Authorization End Date is not 13 days from the current date	Do not allow the action	Display the error message, "Any negative action requires 10 day notice."	18
33	12569	CI-112032 - DSD EM FD 33 IMPLEMENTED	Check Eligibility Activate Evidence	If the Assessment Type is other than "Initial" and the Authorized to Purchase Hours are less than the previous Authorization Segment Authorized to Purchase Hours AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Fail the rule, decision results screen show that this rule failed	Display the error message, "Retrospective decrease in authorized hours not allowed."	19
34	12174 1 6271	CI-112051 - DSD EM FD 34 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the "Auth to Purchase Remaining Hours" are less than the number of hours being moved from one Mode of Service to another	Do not allow the action	Display the error message, "Remaining Hours are less than Mode of Service Hours being changed."	
35	12435 1 6075	CI-112028 - DSD EM FD 35 IMPLEMENTED	Check Eligibility or Activate Evidence	When an indicated Proration value exceeds the number of Household Members on the case	Fail the rule, decision results screen show that the rule failed	Display the error message, "Proration for [Service Type] exceeds the indicated number of Household Members."	32
36	16354	CI-112048 - DSD EM FD 36 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Ambulation" Service Type "Comment" field is blank and the Individual Assessed Need for "Ambulation" is below or above the following hours allocation for the Functional Area of Ambulation: Functional Rank 2 – 00:35 to 01:45 Functional Rank 3 – 01:00 to 02:06 Functional Rank 4 – 01:45 to 03:30 Functional Rank 5 – 01:45 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	33

37	16349	CI-112036 - DSD EM FD 37 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Dressing" Service Type "Comment" field is blank and the Individual Assessed Need for "Dressing" is below or above the following hours allocation for the Functional Area Dressing: Functional Rank 2 – 00:34 to 01:12 Functional Rank 3 – 01:00 to 01:52 Functional Rank 4 – 01:30 to 02:20 Functional Rank 5 – 01:54 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	34
38	16347	CI-112044 - DSD EM FD 38 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Feeding" Service Type "Comment" field is blank and the Individual Assessed Need for "Feeding" is below or above the following hours allocation for the Functional Area Feeding: Functional Rank 2 – 0:42 to 2:18 Functional Rank 3 – 1:10 to 3:30 Functional Rank 4 – 3:30 to 7:00 Functional Rank 5 – 5:15 to 9:20	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	35
39	16345	CI-112039 - DSD EM FD 39 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Laundry" exceeds 01:30 hours/week when: The Recipient case Washer is "No" Or the Recipient case Dryer is "No" And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1:30 /week."	36
40	16344	CI-112049 - DSD EM FD 40 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Laundry" exceeds 1.00 hours/week when: The Recipient case Washer designation is Yes And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1.0 hours/week."	37

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
41	16343	CI-112011 - DSD EM FD 41 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Clean-up" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Clean-up" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: Functional Rank 2 – 01:10 to 03:30 Functional Rank 3 – 01:45 to 03:30 Functional Rank 4 – 01:45 to 03:30 Functional Rank 5 – 02:20 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	38
42	16353	CI-112004 - DSD EM FD 42 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Menstrual Care" Service Type "Comment" field is blank and the Individual Assessed Need for "Menstrual Care" is below 00:17 or above 00:488 hours/week.	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	39
43	16346	CI-112006 - DSD EM FD 43 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bowel and Bladder" Service Type "Comment" field is blank and the Individual Assessed Need for "Bowel and Bladder" is below or above the following hours allocation for the Functional Area of Bowel, Bladder & Menstrual: Functional Rank 2 – 00:35 to 02:00 Functional Rank 3 – 01:10 to 03:20 Functional Rank 4 – 02:55 to 05:50 Functional Rank 5 – 04:05 to 08:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	40

44	16342	<input checked="" type="checkbox"/> CI-112045 - DSD EM FD 44 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Preparation" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Preparation" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: Functional Rank 2 – 03:01 to 07:00 Functional Rank 3 – 03:30 to 07:00 Functional Rank 4 – 05:15 to 07:00 Functional Rank 5 – 07:00 to 07:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	41
45	16348	<input checked="" type="checkbox"/> CI-112052 - DSD EM FD 45 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bathing, Oral Hygiene and Grooming" Service Type "Comment" field is blank and the Individual Assessed Need for "Bathing, Oral Hygiene and Grooming" is below or above the following hours allocation for the Functional Area Bathing and Grooming: Functional Rank 2 – 00:30 to 01:55 Functional Rank 3 – 01:16 to 03:09 Functional Rank 4 – 02:21 to 04:05 Functional Rank 5 – 03:00 to 05:06	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	42
46	16351	<input checked="" type="checkbox"/> CI-112057 - DSD EM FD 46 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Transfer" Service Type "Comment" field is blank and the Individual Assessed Need for "Transfer" is below or above the following hours allocation for the Transfer Functional Area: Functional Rank 2 – 00:30 to 1:10 Functional Rank 3 – 00:35 to 01:24 Functional Rank 4 – 01:06 to 02:20 Functional Rank 5 – 01:10 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	43
47	16535	<input checked="" type="checkbox"/> CI-112047 - DSD EM FD 47 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Bed Bath" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Bed Bath" is below or above the following hours allocation for the Bathing and Grooming Functional Area: Functional Rank 2 – 00:30 to 01:45 Functional Rank 3 – 01:00 to 02:20 Functional Rank 4 – 01:10 to 03:30 Functional Rank 5 – 01:45 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	44
48	16109	<input checked="" type="checkbox"/> CI-111999 - DSD EM FD 48 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Feeding" has an Individual Assessed Need and the Functional Rank for "Feeding" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Feeding is indicated as Paramedical."	45
49	16109	<input checked="" type="checkbox"/> CI-112018 - DSD EM FD 49 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Meal-Clean-up" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	46
50	16109	<input checked="" type="checkbox"/> CI-112020 - DSD EM FD 50 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Preparation of Meals" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	47
51	16109	<input checked="" type="checkbox"/> CI-112053 - DSD EM FD 51 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Respiration" has an Individual Assessed Need and the Functional Rank for "Respiration" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allow because Functional Area Respiration is indicated as Paramedical."	48

52	16109	<input checked="" type="checkbox"/> CI-112016 - DSD EM FD 52 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Bowel & Bladder Care" has an Individual Assessed Need and the Functional Rank for "Bowel & Bladder" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Bowel & Bladder is indicated as Paramedical."	49
53	12037 1 6113	<input checked="" type="checkbox"/> CI-112023 - DSD EM FD 53 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Eligibility Date indicated on the Check Eligibility screen is either prior to the Pending Evidence Authorization Start Date or after the Pending Evidence Authorization End Date	Fail the rule, decision results screen show that the rule failed	Display the error message "Check Eligibility date selected is either before Authorization Start Date or after Authorization End Date."	11
54	12156 1 6269	<input checked="" type="checkbox"/> CI-112029 - DSD EM FD 54 IMPLEMENTED	Check Eligibility or Activate Evidence	When Advance Pay is indicated and the Authorization Start Date is in a month prior to the current month	Fail the rule, decision results screen show that the rule failed	Display the error message "Advance Pay only allowed for current or future month."	08.1
55	12318	<input checked="" type="checkbox"/> CI-112064 - DSD EM FD 55 IMPLEMENTED	Modes of Service	When the Search link is selected on the Mode of Service list screen and the To date is more than one year from the From date	Do not allow the action	Display the error message, "Mode of Service Search is limited to a twelve month period."	
56	12325 1 6086	<input checked="" type="checkbox"/> CI-112056 - DSD EM FD 56 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Restaurant Meals Allowance – No Need for Meal Prep" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "Restaurant Meals Allowance – No Need for Meal Prep" not allowed when Program Evidence Restaurant Meals Allowance is indicated"	50
57	12325 1 6086	<input checked="" type="checkbox"/> CI-112010 - DSD EM FD 57 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities' not allowed when Program Evidence Restaurant Meals Allowance is indicated"	51
58	12203	<input checked="" type="checkbox"/> CI-112069 - DSD EM FD 58 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment Termination – Recipient Request" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment Termination – Recipient Request' not allowed when Program Evidence Advance Payment is indicated"	52
59	12203	<input checked="" type="checkbox"/> CI-112005 - DSD EM FD 59 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination- Reconciling timesheets not submitted in 90 days" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination- Reconciling timesheets not submitted in 90 days' not allowed when Program Evidence Advance Payment is indicated"	53
60	12203	<input checked="" type="checkbox"/> CI-112060 - DSD EM FD 60 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination- Did not pay provider timely" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination- Did not pay provider timely' not allowed when Program Evidence Advance Payment is indicated"	54

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
61	12203	<input checked="" type="checkbox"/> CI-112001 - DSD EM FD 61 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination-Incorrect use of payment" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination-Incorrect use of payment' not allowed when Program Evidence Advance Payment is indicated"	55
62	12223	<input checked="" type="checkbox"/> CI-112025 - DSD EM FD 62 IMPLEMENTED	Check Eligibility, Activate Evidence	When a case is indicated as "Presumptive Eligible" and the IHSS Funding source is other than IHSS-R	Do not allow the action	Display the error message, "Presumptive Eligibility not allowed when IHSS Funding Source is other than IHSS-R."	13
63			Removed with CR 919				

64	12004 1 2023	<input checked="" type="checkbox"/> CI-112037 - DSD EM FD 64 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Assessment Type is not Conversion but is Change, Reassessment, or Telehealth AND the previous Authorization indicated Advance Pay And the current Assessment indicates Advance Pay AND the Authorization Start Date of the current Assessment is before the 1st day of the month prior to the current date AND the Total Auth to Purchase After Reduced Hours have increased (Note: When previous Assessment Type is Conversion cases which are indicated as Advance Pay will not encounter this error regardless of whether the hours increase is due to a changed assessment or the increase associated with CR 611.)	Do not allow the Modify action	Display the error message "Auth Hours may not be increased for a period prior to the 1st day of the prior month when Advance Payment has been made. The user must create an Assessment with the same hours as the previous authorization with an Authorization Start Date of [Authorization Start Date of the Pending Evidence] and an Authorization End Date of [one day prior to the 1st day of the prior month]. The user then creates a separate Assessment for the ongoing increased hours with the Authorization Start Date [the 1st day of the prior month]."	17
65	12007 1 2623	<input checked="" type="checkbox"/> CI-112054 - DSD EM FD 65 IMPLEMENTED	Check Eligibility and Activate Evidence	When Authorization Start Date is prior to the current date and any Medi-Cal Eligibility Service Month records within the "Authorization Period" has an FFP indication which does not match the record associated with	Do not allow the action	Display the error message "Authorization cannot span months with different Medi-Cal Eligibility FFP indications."	05
66	12012 1 2039 12 089 120 93 12121 12174	<input checked="" type="checkbox"/> CI-112015 - DSD EM FD 66 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and Hours are allocated to a Mode of Service not indicate on the Program Evidence screen for the Authorization Period associated to the Service Month	Do not allow the action	Display the error message, "Hours cannot be assigned to [Mode of Service] as it was not indicated for the Authorization Period."	
67	12536 1 2555 12 828	<input checked="" type="checkbox"/> CI-112019 - DSD EM FD 67 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PS01 or PS02 is indicated and the Protective Supervision Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Selected NOA not allowed when Protective Supervision Total Assessed Need exists."	56
68	12473	<input checked="" type="checkbox"/> CI-112066 - DSD EM FD 68 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PM01 is indicated and the Paramedical Services Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Manual NOA PM01 not allowed when a Total Assessed Need exists for Paramedical Services."	57
69	16493	<input checked="" type="checkbox"/> CI-112012 - DSD EM FD 69 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM05 is indicated and the a Total Assessed Need exists for Meal Preparation	Do not allow the action	Display the error message, "Selected NOA not allowed when a Total Assessed Need exists for Meal Preparation."	58
70	16085	<input checked="" type="checkbox"/> CI-112040 - DSD EM FD 70 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM06 is indicated and Household Evidence Stove = Yes	Do not allow the action	Display the error message, "Manual NOA RM06 not allow when Household Evidence Stove = Yes."	59
71			Removed with CR 919				
72			Removed with CR 919				
73	12037 1 6113	<input checked="" type="checkbox"/> CI-112008 - DSD EM FD 73 IMPLEMENTED	Check Eligibility or Activate Evidence	When a case has Share of Cost Evidence and Program Evidence Authorization Start Date and Authorization End Date span the Share of Cost Benefit Level Begin Date	Do not allow the action	Display the error message "Authorization Start Date and Authorization End Date may not span Benefit Level Begin Date [Begin Date]."	10

75	12037 1 2454 16 113 21280 16120 16118	<input checked="" type="checkbox"/> CI-112031 - DSD EM FD 75 IMPLEMENTED	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 12 months and the Funding Source is IPO or CFCO AND The action taken on the case is NOT the rescind action	Do not allow the Action	Display the error message, "<Funding Source> Authorization Period may not exceed 12 months."	07
76	16119 16971	<input checked="" type="checkbox"/> CI-112065 - DSD EM FD 76 IMPLEMENTED	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 18 months and the Funding Source is PCSP or IHSS-R	Do not allow the Action	Display the error message, "Funding Source Authorization Period may not exceed 18 months."	08
77	16118	<input checked="" type="checkbox"/> CI-112061 - DSD EM FD 77 IMPLEMENTED	Check Eligibility Activate Evidence	When the Save link is selected on the Modify Program Evidence screen and the Assessment Type is Initial and has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 13 months	Do not allow the Action	Display the error message, "Initial Authorization period may not exceed 12 months."	03.1
78	12467	<input checked="" type="checkbox"/> CI-116714 - DSD EM FD 78 IMPLEMENTED	Check Eligibility Submit for Approval	When the previous Authorization indicated Advance Pay and the current assessment indicates Advance Pay and the Authorization Start Date is the 1st day of the next calendar month and that date is not at least 13 calendar days in the future and the Auth to Purchase hours have either decreased	Do not allow the action	Display the error message, "Auth Hours may not be decreased retrospectively. User must create an Assessment with same Authorized Hours as the previous authorization with an Authorization Start Date [one day after the prior Authorization End Date] through the [Last day of the current month or the last day of the next calendar month]." Then create separate Assessment for the ongoing Assessment with the decreased hours.	60
79	12179	<input checked="" type="checkbox"/> CI-117167 - DSD EM FD 79 IMPLEMENTED	Check Eligibility Activate Evidence	When the Pending Evidence Assessment Type is Inter-County Transfer and a State Hearing in a Status other than Resolved exists	Do not allow the action	Display the error message "Inter-County Transfer Assessment may not be authorized until State Hearing status is Resolved."	61
80	12114 1 6570	<input checked="" type="checkbox"/> CI-118001 - DSD EM FD 80 IMPLEMENTED	Check Eligibility Activate Evidence	When the Check Eligibility or Activate Evidence process occurs and the current assessment has Share of Cost Evidence with a Share of Cost Linkage and there are no Income Evidence records	Do not allow the action	Display the error message, "When a Share of Cost Linkage is indicated, Income Evidence is required. Verify Share of Cost and Income Evidence data."	62

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
81			Removed with CR 718				
82	16879	<input checked="" type="checkbox"/> CI-118140 - DSD EM FD 82 IMPLEMENTED	Check Eligibility	When the Check Eligibility processes occurs AND the current case status is Pending and the Health Care Certification Type is Blank AND the DN22 NOA is selected on the Manual NOA screen.	Allow the action	Display the information message, "Denial – Health Care Certification."	63

83	16889	 CI-123022 - DSD EM FD 83 IMPLEMENTED	Check Eligibility Submit for Approval	<p>When the user selects the Yes link on the Submit for Approval screen or the Check Eligibility link on the Check Eligibility screen</p> <p>and the previous assessment Type is Conversion</p> <p>and the current Total Auth to Purchase Total Auth to Purchase will be the Total Auth to Purchase for the case after all reductions (LMA and when implemented Reduced Hours). is less than the previous Total Auth to Purchase</p> <p>and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for the Service Type</p>	Do not allow the action	<p>Display the error message, "Total Auth to Purchase is decreased by [XX:XX] due to conversion of Legacy hours to CMIPS hours and minutes. Please increase a Monthly Service Type by [XX:XX] or a Weekly Service by [XX:XX] as directed by CDSS in the ACL providing direction regarding Conversion to Hours and Minutes."</p> <p>The designations by which a Monthly or Weekly services is to be increased is based upon the following: Current Pending Evidence Total Auth to Purchase, before any reduction of hours, is compared to Total Auth to Purchase, before any reduction of hours, from Assessment Type "Conversion" to determine the decreased time.</p> <p>The instruction for increase to Monthly Service will be the same as the decreased hour indication. The instruction for increase to Weekly Services is based upon the total decreased divided by 4.33 then rounded up to the next minute.</p> <p>(For example if the total decreased time is 22 minutes, the weekly instruction will be 22 minutes /4.33 = 5.08minutes which will be rounded up to 6 minutes. The instruction for the weekly service will result in an increase slightly above the total decreased amount, but will ensure the Total Auth to Purchase on the current assessment is increased properly.)</p>	60.1
84	16891	 CI-123768 - DSD EM FD 84 IMPLEMENTED	Activate Evidence	<p>When the Yes link is selected from the Submit for Approval</p> <p>and the Reduced Hours field "Verified by Case Owner or Supervisor" is not checked</p> <p>and the Authorization Start Date is on or after the Start Date associated with a Reduced Hours segment with a percentage greater than 0.00%</p>	Do not allow the action.	Display the error message, 'Reduced Hours must be verified before the Submit for Approval action is allowed. Please process Check Eligibility and then verify Reduced Hours by selecting 'Verify by Case Owner or Supervisor' field.'	60.2
85		 CI-123769 - DSD EM FD 85 CANCELLED	Cancelled by Curam Upgrade Feature 3 Final Determination on ASR				
86	16893 16891	 CI-123770 - DSD EM FD 86 IMPLEMENTED	Modify Reduced Hours	<p>When the Save link is selected on the Modify Reduced Hours screen and Reinstated Hours are greater than 00:00</p> <p>and the Waiver Program field on the Program Evidence screen is Yes</p>	Do not allow the action.	Display the error message, "Reinstated Hours may not be indicated when Program Evidence Waiver Program is Yes. Please review designations and update appropriately."	
87	16893	 CI-123771 - DSD EM FD 87 IMPLEMENTED	Modify Reduced Hours	<p>When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours are a negative value</p>	Do not allow the action.	Display the error message, "Reinstated Hours may not be a negative value."	
88	16893 16894	 CI-123772 - DSD EM FD 88 IMPLEMENTED	Modify Reduced Hours	<p>When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours are greater than 00:00</p> <p>and the Social Worker Certification is "Yes"</p>	Do not allow the action.	Display the error message, "When Reinstated Hours are indicated Social Worker Certification must be 'No'."	
89	16896	 CI-123773 - DSD EM FD 89 IMPLEMENTED	Manual NOA RH03 Invalid	<p>When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and</p> <p>Manual NOA RH03 is selected and the Reinstated Hours are not equal to the Reduced Hours</p>	Do not allow the action.	Display the error message, "Manual NOA RH03 is not valid when Reinstated Hours are less than Reduced Hours."	60.5
90	16896	 CI-123774 - DSD EM FD 90 IMPLEMENTED	Manual NOA RH03 Not Allowed	<p>When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and</p> <p>Manual NOA RH03 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes</p>	Do not allow the action.	Display the error message, "Manual NOA RH03 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.4
91	16896	 CI-123775 - DSD EM FD 91 IMPLEMENTED	Manual NOA RH04 Invalid	<p>When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and</p> <p>Manual NOA RH04 is selected And the Reinstated Hours greater than 00:00</p>	Do not allow the action.	Display the error message, "Manual NOA RH04 is not valid when Reinstated Hours are indicated."	60.7

92	16896	CI-123776 - DSD EM FD 92 IMPLEMENTED	Manual NOA RH04 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH04 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH04 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.6
93	16896	CI-123777 - DSD EM FD 93 IMPLEMENTED	Manual NOA RH05 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH05 is selected and the Reinstate Hours are not equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH05 is not valid when Reinstate Hours are less than Reduced Hours."	60.9
94	16896	CI-123778 - DSD EM FD 94 IMPLEMENTED	Manual NOA RH05 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH05 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH05 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.8
95	16896	CI-123779 - DSD EM FD 95 IMPLEMENTED	Manual NOA RH06 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH06 is selected and the Reinstate Hours are 00:00 or the Reinstate Hours equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH06 only allowed when Reinstate Hours are greater than 00:00 but less than the Reduced Hours."	60.11
96	16896	CI-123780 - DSD EM FD 96 IMPLEMENTED	Manual NOA RH06 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH06 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH06 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.10
97	16896	CI-123781 - DSD EM FD 97 IMPLEMENTED	Manual NOA RH07 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH07 is selected and the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH07 is not valid when Reinstate Hours are indicated."	60.13
98	16896	CI-123782 - DSD EM FD 98 IMPLEMENTED	Manual NOA RH07 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH07 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH07 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.12
99	16896	CI-123783 - DSD EM FD 99 IMPLEMENTED	Manual NOA RH08 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH08 is selected and the Reinstate Hours less than the Reduced hours	Do not allow the action.	Display the error message, "Manual NOA RH08 is not valid when Reinstate Hours are less than Reduced Hours."	60.15
100	16896	CI-123762 - DSD EM FD 100 IMPLEMENTED	Manual NOA RH08 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH08 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH08 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.14

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
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101	16896	CI-123763 - DSD EM FD 101 IMPLEMENTED	Manual NOA RH09 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH09 is selected and the Reinstated Hours are 00:00 or the Reinstated Hours equal the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH09 only allowed when Reinstated Hours are greater than 00:00 but less than the Reduced Hours."	60.17
102	16896	CI-123764 - DSD EM FD 102 IMPLEMENTED	Manual NOA RH09 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH09 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH09 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.16
103	16896	CI-123765 - DSD EM FD 103 IMPLEMENTED	Manual NOA RH10 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH10 is selected the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH10 is not valid when Reinstated Hours are indicated."	60.19
104	16896	CI-123766 - DSD EM FD 104 IMPLEMENTED	Manual NOA RH10 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH10 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH10 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.18
105	16896	CI-123767 - DSD EM FD 105 IMPLEMENTED	Manual NOA RH03 – RH10 – No Active Reduce Hours	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and any Manual NOA for Reduced Hours (RH) is selected and the current Reduced Hours is 0.00%	Do not allow the action.	Display the error message, "Manual NOA [NOA Code] not allowed when the Reduction of Recipient Hours is not in effect."	60.3
106	12510 12524 16895 16896	CI-215801 - DSD EM FD 106 IMPLEMENTED	Activate Evidence	When a user entered Assessment Type is other than Initial and NOA RH01, RH02, RH06, RH07, RH09, RH10, is triggered AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Do not allow the action	Display the error message, "Any negative action requires 10 day notice."	60.20
107	16893 16894	CI-215802 - DSD EM FD 107 IMPLEMENTED	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen and Social Worker Certification is Yes and the Waiver Program field on the Program Evidence screen is Yes	Do not allow the action	Display the error message, "Social Worker Certification and Waiver Program may not both be indicated as "Yes". Please review needed indication and make appropriate changes."	
108	12531 12536 16099 20785	CI-290730 - DSD EM FD 108 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occur and a case has Companion Case(s) And any of the cases has Companion Case Protective Supervision Proration = Yes And any of the associated Companion Cases is in Pending, Eligible or Presumptive Eligible status and does not have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of the current date	Do not allow the action	Display the error message, "All Companion Cases associated with this case must have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of current date when any Companion Case Protective Supervision Proration = Yes. Please update case evidence as needed."	11.1
109	12531 12536 16099 20785	CI-290731 - DSD EM FD 109 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occurs and a case has Companion Case(s) And an associated Companion Case Protective Supervision Proration = Yes And the Authorization Start Date on all Companion cases in Pending, Eligible or Presumptive Eligible does not have an Authorization Start Date in the same calendar month	Do not allow the action	Display the error message, "All Companion Cases must have an Authorization Start Date in the same calendar month when any Companion Case Protective Supervision Proration = Yes. Please validate Authorization Start Dates on all cases."	11.2
110	12510	CI-437006 - DSD EM FD 110 IMPLEMENTED	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected or triggered	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.2

111	12510	CI-437007 - DSD EM FD 111 IMPLEMENTED	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.3
112	16879	CI-437008 - DSD EM FD 112 IMPLEMENTED	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.4
113	16879	CI-437009 - DSD EM FD 113 IMPLEMENTED	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.5
114	16946	CI-446476 - DSD EM FD 114 IMPLEMENTED	Check Eligibility or Submit for Approval	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit for Approval screen and the Assessment Type is other than Initial and the Person Home "Meets Residency Requirement" is any of the following: Living in Home of Relative receiving Board & Care Rate Non-California Residency Not living in own home Whereabouts unknown	Do not allow the action	Display the error message, 'Meets Residency Requirement' field on Person Home must be "Met" to process Pending Evidence. To Terminate the case for the Meets Residency Requirement, delete the Pending Evidence and Terminate Case from the Case Home.'	02
115	16962	CI-451227 - DSD EM FD 115 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval actions are processed and the Case Status is Denied and there is no Denial NOA triggered	Do not allow the action	Display the error message "Denied Case – Please update case to trigger specific denial."	63.1
116	16571 16972	CI-463611 - DSD EM FD 116 IMPLEMENTED	Check Eligibility Activate Evidence	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit of Approval confirmation screen on a user entered assessment and the Funding Source is other than IHSS-R and Share of Cost Evidence exists on the case	Do not allow the action	Display the error message, "Share of Cost Evidence is not allowed when the Funding Source is [display Funding Source for current assessment]. Please delete Share of Cost Evidence. • This error message will be bypassed when a system generated assessment is processed.	63.2
117	12007 16970	CI-489572 - DSD EM FD 117 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the Submit for Approval Confirmation Screen and the Assessment Type is other than Initial And the authorization Start Date is prior to the current date And a payment has been issued for any month in the authorization period (Authorization Start Date through Authorization End Date) And the current Funding Source does not match the Funding Source associated with the payment	Do not allow the action	Display the error message, "Payments have been made for MM/DD/YYYY1 to MM/DD/YYYY2 therefore the Funding Source cannot be modified. Please process an authorization for the following assessments: MM/DD/YYYY1 to MM/DD/YYYY2 to retain funding source. Then process another assessment for period MM/DD/YYYY3 to MM/DD/YYYY4 to allow update of the funding source. Rules to populate MM/DD/YYYY fields: <ul style="list-style-type: none">• MM/DD/YYYY1 current Pending Evidence Authorization Start Date• MM/DD/YYYY2 – Last day of the month in the Authorization Period where payment has been issued• MM/DD/YYYY3 first day of the month in the Authorization Period where payments have not been issued• MM/DD/YYYY4 the current Pending Evidence Authorization End Date.	
118	12075 16962	CI-489573 - DSD EM FD 118 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation Screen and the Assessment Type is Initial And the DN19 NOA is selected on the Manual NOA screen And either Medi-Cal Eligibility exists for the Referral Date month and the FFP is "Y" Or Medi-Cal Eligibility exists for the Authorization Start Date month and the FFP is "Y"	Do not allow the action	Display the error message, "Funding Source for this case is PCSP/IPO/CFCO. Manual NOA DN19 may only be selected when the Funding Source is IHSS-R. Please remove DN19 from the Manual NOA screen."	
119			Removed with CR 1073				
120	20818	CI-507513 - DSD EM FD 120 IMPLEMENTED	Check Eligibility or Activate Evidence	When either the Check Eligibility or Submit for Approval action is processed AND the Assessment Type is State Hearing AND a manual State Hearing NOA is not selected	Do not allow the action	Display the error message, "A manual State Hearing NOA must be selected for an assessment type of State Hearing"	03.5

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
121	16878	CI-775210 - DSD EM FD 121 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the NOA DN23 – Health Care Certification – No Need is selected AND the Health Care Certification screen has a Health Care Certification Type other than "No Need"	Do not allow the action	Display the error message, "Health Care Certification – No Need may not be selected when the Health Case Certification Type is [Type]." [Type] is the Health Care Certification Type indicated.	63.3
122	16878	CI-775211 - DSD EM FD 122 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the DN22 – Health Care Certification – Not Received is selected AND the Health Care Certification screen has a Health Care Certification Type is not blank	Do not allow the action	Display the error message, "DN22 – No Health Care Certification may not be selected when the Health Case Certification Type is [Type]." [Type] is the Health Care Certification Type indicated.	63.4
123	16878	CI-775212 - DSD EM FD 123 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND there is no Health Care Certification information associated to the case	Do not allow the action	Display the error message, "Health Care Certification must exist before case can be authorized."	63.5
124	16878	CI-775213 - DSD EM FD 124 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the current case status is "Pending" AND the Health Care Certification Documentation Received Date is blank AND the current date is after either: The Health Care Certification Due Date Or, if indicated, the Good Cause Extension Due Date AND the "DN22 – Health Care Certification – Not Received" is not selected on the Manual NOA screen	Do not allow the action	Display the error message, "Case must be denied when the Health Care Certification has not been received by the due date (MM/DD/YYYY*)." *MM/DD/YYYY is either: <ul style="list-style-type: none">• The Due Date Or, if indicated, the Good Cause Extension Due Date	63.6
125	16878	CI-775214 - DSD EM FD 125 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the current case status is Eligible, Presumptive Eligible or Leave AND the Health Care Certification Documentation Received Date is blank AND the current date is after either: The Health Care Certification Due Date Or, if indicated, the Good Cause Extension Due Date	Do not allow the action	Display the error message, "Case must be terminated when the Health Care Certification has not been received by the due date (MM/DD/YYYY*)." *MM/DD/YYYY is either: The Due Date Or, if indicated, the Good Cause Extension Due Date	63.7
126	16878	CI-775215 - DSD EM FD 126 IMPLEMENTED	Check Eligibility Or Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed And the current case status is Pending AND the Exception Granted Date is blank AND the Due Date is future to the current date AND the Health Care Certification Type is blank	Do not allow the action	Display the error message, "Case may not be authorized unless Exception Granted Date is indicated or the Health Care Certification has been received."	63.8
127	12080 12497	CI-822563 - DSD EM FD 127 IMPLEMENTED	Submit for Approval - Supervisor Approval Required	When a case is submitted for approval AND no other errors are encountered AND the user has a security role requiring Supervisory Approval OR the user submits a case for approval that meets one or more of the criteria indicated as Yes on the SW User Approvals screen. AND the user is not an ICT Coordinator, assigned by the receiving county, to a case with an In Progress ICT authorizing the 'Inter-County Transfer' pending evidence	Allow the action	Display the informational message, "This case will be sent to your supervisor for approval."	N/A

128	24282 24285 24287 24291 23303 21256	CI-822829 - DSD EM FD 128 IMPLEMENTED	Submit for Approval - ICT	When a case is submitted for approval AND the user is a Receiving county ICT Coordinator AND the case has a Recipient Waiver and an In-Progress ICT AND the user creates pending Inter-County Transfer evidence on the Case that is dated the first day of the upcoming month	Allow the action	Display the informational message, "The Recipient Waiver for the provider, <Provider First Name Last Name>, will be end dated when the ICT evidence is approved."	N/A
129	21295	CI-823044 - DSD EM FD 129 IMPLEMENTED	Modify Program Evidence - ICT	When the Save link is selected on the Modify Program Evidence screen AND the Assessment Type is ICT AND Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) spans more than 12 months	Do not allow the action	Display the error message, "Inter-County Transfer Authorization period may not exceed 12 months."	N/A
130	12004 12136	CI-823314 - DSD EM FD 130 IMPLEMENTED	Modify Modes of Service - IP Hours less than SOC Hours	When the Modify Modes of Service screen is saved AND the remaining IHSS Available Hours are less than the hours being moved from one mode of service to another, the system checks for any service from the start date that has SOC hours AND IF the hours moved are less than the remaining hours in a month subject to SOC	Do not allow the action	Display the error message, "The recipient has share of cost hours within the dates entered. The IP Hours cannot be less than the recipient's share of cost hours. Please review the details on the Share of Cost Hours Details screen."	N/A
131	12527 12530 12828	CI-823845 - DSD EM FD 131 IMPLEMENTED	Submit for Approval - Enrolled in PACE Program	When DN24 - Enrolled in PACE program is selected on the Modify Manual NOA screen AND The user selects Submit for Approval link from Evidence Workspace	Allow the action	On the Submit Case for Approval screen, display the informational message, "Denial - Enrolled in PACE Program"	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (1-20)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
5	12354	<input checked="" type="checkbox"/> CI-112030 - DSD EM FD 05 IMPLEMENTED	Cancel Submission	When a user other than the user who submitted the case for approval selects the Cancel Submission link	Do not allow the action	Display the error message, "Only the submitter can cancel a submission."	
6	12508	<input checked="" type="checkbox"/> CI-112000 - DSD EM FD 06 IMPLEMENTED	Authorization List	When the Search link is selected on the Authorizations screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
7	12508	<input checked="" type="checkbox"/> CI-112033 - DSD EM FD 07 IMPLEMENTED	Authorization List	When the Search link is selected and the Authorization Start Date To date is more than one year from the From date	Do not allow the action	Display the error message, "Authorization Search is limited to a one year period."	
8	12012	<input checked="" type="checkbox"/> CI-112014 - DSD EM FD 08 IMPLEMENTED	Modes of Service List Search	When the Search link is selected on the Modes of Services List screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
9	16271 12097	<input checked="" type="checkbox"/> CI-112024 - DSD EM FD 09 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the aggregated Total of Individual Provider Hours, County Contractor Hours and Homemaker Hours do not total the Auth to Purchase	Do not allow the action	Display the error message, "Individual Provider, County Contractor and Homemaker Hours must equal Auth to Purchase Hours."	
10	12075	<input checked="" type="checkbox"/> CI-111998 - DSD EM FD 10 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date indicated is beyond the Authorization Period of the current Active Evidence	Do not allow the action	Display the error message, "Modes of Service Assignment may not exceed Authorization Period of current Active Evidence."	
11	11984 12012	<input checked="" type="checkbox"/> CI-112068 - DSD EM FD 11 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date is not the 1st day of a Month or of an Authorization Segment	Do not allow the action	Display the error message, "Start Date must be the first day of a Service Month or the first day of an Authorization Segment."	
12	12611	<input checked="" type="checkbox"/> CI-112007 - DSD EM FD 12 IMPLEMENTED	Check Eligibility or Activate Evidence	If a case has an Functional Rank of 1 and an associated Service has an Assessed Need greater than zero	Do not allow the action	Display the error message, "Functional Rank of 1 does not allow Assessed Need for [Service Type]."	20
13	12611 16108	112,063	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Domestic Services and there is no Assessed Need for Domestic Services or Heavy Cleaning	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Domestic Services or Heavy Cleaning."	21
14	12603 16065	<input checked="" type="checkbox"/> CI-112009 - DSD EM FD 14 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 4 or 5 for Laundry and there is no Assessed Need for Laundry	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	23
15	12596 16068 16 499 165 36	<input checked="" type="checkbox"/> CI-112067 - DSD EM FD 15 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3 or 5 for Shopping and Errands and there is no Assessed Need for Shopping for Food and/or Other Shopping and Errands	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Shopping for Food and/or Other Shopping and Errands."	24
16	12603	<input checked="" type="checkbox"/> CI-112062 - DSD EM FD 16 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Meal Prep & Clean-up there is no Assessed Need for Preparation of Meals and/or Meal Clean-up	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Preparation of Meals and/or Meal Clean-up."	22
17	16505	<input checked="" type="checkbox"/> CI-112058 - DSD EM FD 17 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Dressing and there is no Assessed Need for Dressing	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	26
18	16510 16535	<input checked="" type="checkbox"/> CI-112034 - DSD EM FD 18 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Bathing & Grooming there is no Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming."	25
19	16503	<input checked="" type="checkbox"/> CI-112017 - DSD EM FD 19 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Feeding and there is no Assessed Need for Feeding	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	27
20	12603 16109	<input checked="" type="checkbox"/> CI-112046 - DSD EM FD 20 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 5 for Respiration there is no Assessed Need for Respiration	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	28

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (21-40)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
21	12603	CI-112003 - DSD EM FD 21 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Transfer there is no Assessed Need for Transfer	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	29
22	16508	CI-112022 - DSD EM FD 22 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Ambulation there is no Assessed Need for Ambulation	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	30
23	12201	CI-112026 - DSD EM FD 23 IMPLEMENTED	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for 'Bowel, Bladder & Menstrual' and there is no Assessed Need for Bowel and Bladder Care or Menstrual Care	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Bowel & Bladder Care or Menstrual Care."	31
24	12083 12136	CI-112013 - DSD EM FD 24 IMPLEMENTED	Submit for Approval	When a case with an IHSS-R Funding Source has an IHSS Share of Cost which exceeds SOC Compare Cost *Note – The SOC Compare Cost calculation is always based upon the hours associated with a full service month.	Allow the action	Display the information message, "Share of Cost exceeds Need – IHSS-R."	06
25	12441	CI-112027 - DSD EM FD 25 IMPLEMENTED	Check Eligibility or Activate Evidence	If Teaching and Demonstration Services are indicated and there is no Assessed Need for services other than Heavy Cleaning, Accompaniment to Medical Appointment, Accompaniment to Alternative Resource, Protective Supervision, Teaching and Demonstration or Paramedical Services	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Teaching and Demonstration not allowed with indicated Service Types."	16
26			Removed per CR 590				
27	16524	CI-112050 - DSD EM FD 27 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Living Arrangement is Tenant/Landlord and an Assessed Need for Yard Hazard Abatement exists	Fail the rule, decision results screen shows that this rule failed	Display the message, "Assessed Need for Yard Hazard Abatement is not allowed when Living Arrangement is 'Tenant/Landlord.'"	14
28			Removed per CR 556				
29	12159 1 2175	CI-112002 - DSD EM FD 29 IMPLEMENTED	Check Eligibility or Activate Evidence	If the Assessment Type is Inter-County Transfer and the Address indicated on the Inter-County Transfer does not match the Residence Address on the Recipient's Person Record	Do not allow the action	Display the message, "Person Record Residence Address must match Inter-County Transfer Address indication."	12
30	12218	CI-112059 - DSD EM FD 30 IMPLEMENTED	Check Eligibility Activate Evidence	If the Disaster Preparedness Degree of Contact field is blank	Do not allow the action	Display the error message, "Disaster Preparedness indications are required."	01
31	12494	CI-112041 - DSD EM FD 31 IMPLEMENTED	Check Eligibility Activate Evidence	If Advance Pay is indicated and Recipient is not Severely Impaired (SI)	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Advance Pay not allowed for a Recipient who is not severely impaired."	15

32	12510	CI-112055 - DSD EM FD 32 IMPLEMENTED	Check Eligibility Activate Evidence	<p>When NOA AR03, HR02, HR04, LV05, LV06, RM02, RM03, RM07, RS02 (Change), RS03 (Change), SC02, SC03, SC04, SP01 (Change), SPO2 (Change), TR01, TR02, TR03, TR04, TR05, TR06, TR07, TR08, TR09, TR10, TR11, TR12, TR13, TR14, TR15, TR16, TR19, TR20, TR21, TR22, TR23, TR24, TR28, TR29, VS02 (Change), VS03 (Change) is triggered</p> <p>AND</p> <p>For Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD</p> <p>AND</p> <p>The Authorization Start Date is less than 13 days from the current date</p> <p>OR</p> <p>For Recipients who have an indicated Notice of Action Option of Audio CD or Data CD</p> <p>AND</p> <p>The Authorization Start Date is less than 15 days from the current date</p> <p>OR</p> <p>For cases being terminated the Terminate Case Authorization End Date is not 13 days from the current date</p>	Do not allow the action	Display the error message, "Any negative action requires 10 day notice."	18
33	12569	CI-112032 - DSD EM FD 33 IMPLEMENTED	Check Eligibility Activate Evidence	<p>If the Assessment Type is other than "Initial" and the Authorized to Purchase Hours are less than the previous Authorization Segment Authorized to Purchase Hours</p> <p>AND</p> <p>The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD</p> <p>OR</p> <p>The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD</p>	Fail the rule, decision results screen show that this rule failed	Display the error message, "Retrospective decrease in authorized hours not allowed."	19
34	12174 1 6271	CI-112051 - DSD EM FD 34 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and the "Auth to Purchase Remaining Hours" are less than the number of hours being moved from one Mode of Service to another	Do not allow the action	Display the error message, "Remaining Hours are less than Mode of Service Hours being changed."	
35	12435 1 6075	CI-112028 - DSD EM FD 35 IMPLEMENTED	Check Eligibility or Activate Evidence	When an indicated Proration value exceeds the number of Household Members on the case	Fail the rule, decision results screen show that the rule failed	Display the error message, "Proration for [Service Type] exceeds the indicated number of Household Members."	32
36	16354	CI-112048 - DSD EM FD 36 IMPLEMENTED	Check Eligibility or Activate Evidence	<p>When the "Ambulation" Service Type "Comment" field is blank and the Individual Assessed Need for "Ambulation" is below or above the following hours allocation for the Functional Area of Ambulation:</p> <p>Functional Rank 2 – 00:35 to 01:45</p> <p>Functional Rank 3 – 01:00 to 02:06</p> <p>Functional Rank 4 – 01:45 to 03:30</p> <p>Functional Rank 5 – 01:45 to 03:30</p>	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	33
37	16349	CI-112036 - DSD EM FD 37 IMPLEMENTED	Check Eligibility or Activate Evidence	<p>When the "Dressing" Service Type "Comment" field is blank and the Individual Assessed Need for "Dressing" is below or above the following hours allocation for the Functional Area Dressing:</p> <p>Functional Rank 2 – 00:34 to 01:12</p> <p>Functional Rank 3 – 01:00 to 01:52</p> <p>Functional Rank 4 – 01:30 to 02:20</p> <p>Functional Rank 5 – 01:54 to 03:30</p>	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	34
38	16347	CI-112044 - DSD EM FD 38 IMPLEMENTED	Check Eligibility or Activate Evidence	<p>When the "Feeding" Service Type "Comment" field is blank and the Individual Assessed Need for "Feeding" is below or above the following hours allocation for the Functional Area Feeding:</p> <p>Functional Rank 2 – 0:42 to 2:18</p> <p>Functional Rank 3 – 1:10 to 3:30</p> <p>Functional Rank 4 – 3:30 to 7:00</p> <p>Functional Rank 5 – 5:15 to 9:20</p>	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	35

39	16345	 CI-112039 - DSD EM FD 39 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Laundry" exceeds 01:30 hours/week when: The Recipient case Washer is "No" Or the Recipient case Dryer is "No" And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1:30 /week."	36
40	16344	 CI-112049 - DSD EM FD 40 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Laundry" exceeds 1.00 hours/week when: The Recipient case Washer designation is Yes And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1.0 hours/week."	37

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (41-60)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
41	16343	CI-112011 - DSD EM FD 41 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Clean-up" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Clean-up" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: Functional Rank 2 – 01:10 to 03:30 Functional Rank 3 – 01:45 to 03:30 Functional Rank 4 – 01:45 to 03:30 Functional Rank 5 – 02:20 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	38
42	16353	CI-112004 - DSD EM FD 42 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Menstrual Care" Service Type "Comment" field is blank and the Individual Assessed Need for "Menstrual Care" is below 00:17 or above 00:488 hours/week.	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	39
43	16346	CI-112006 - DSD EM FD 43 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bowel and Bladder" Service Type "Comment" field is blank and the Individual Assessed Need for "Bowel and Bladder" is below or above the following hours allocation for the Functional Area of Bowel, Bladder & Menstrual: Functional Rank 2 – 00:35 to 02:00 Functional Rank 3 – 01:10 to 03:20 Functional Rank 4 – 02:55 to 05:50 Functional Rank 5 – 04:05 to 08:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	40
44	16342	CI-112045 - DSD EM FD 44 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Preparation" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Preparation" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: Functional Rank 2 – 03:01 to 07:00 Functional Rank 3 – 03:30 to 07:00 Functional Rank 4 – 05:15 to 07:00 Functional Rank 5 – 07:00 to 07:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	41
45	16348	CI-112052 - DSD EM FD 45 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bathing, Oral Hygiene and Grooming" Service Type "Comment" field is blank and the Individual Assessed Need for "Bathing, Oral Hygiene and Grooming" is below or above the following hours allocation for the Functional Area Bathing and Grooming: Functional Rank 2 – 00:30 to 01:55 Functional Rank 3 – 01:16 to 03:09 Functional Rank 4 – 02:21 to 04:05 Functional Rank 5 – 03:00 to 05:06	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	42
46	16351	CI-112057 - DSD EM FD 46 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Transfer" Service Type "Comment" field is blank and the Individual Assessed Need for "Transfer" is below or above the following hours allocation for the Transfer Functional Area: Functional Rank 2 – 00:30 to 1:10 Functional Rank 3 – 00:35 to 01:24 Functional Rank 4 – 01:06 to 02:20 Functional Rank 5 – 01:10 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	43

47	16535	CI-112047 - DSD EM FD 47 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Bed Bath" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Bed Bath" is below or above the following hours allocation for the Bathing and Grooming Functional Area: Functional Rank 2 - 00:30 to 01:45 Functional Rank 3 - 01:00 to 02:20 Functional Rank 4 - 01:10 to 03:30 Functional Rank 5 - 01:45 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	44
48	16109	CI-111999 - DSD EM FD 48 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Feeding" has an Individual Assessed Need and the Functional Rank for "Feeding" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Feeding is indicated as Paramedical."	45
49	16109	CI-112018 - DSD EM FD 49 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Meal-Clean-up" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	46
50	16109	CI-112020 - DSD EM FD 50 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Preparation of Meals" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	47
51	16109	CI-112053 - DSD EM FD 51 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Respiration" has an Individual Assessed Need and the Functional Rank for "Respiration" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allow because Functional Area Respiration is indicated as Paramedical."	48
52	16109	CI-112016 - DSD EM FD 52 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Bowel & Bladder Care" has an Individual Assessed Need and the Functional Rank for "Bowel & Bladder" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Bowel & Bladder is indicated as Paramedical."	49
53	12037 1 6113	CI-112023 - DSD EM FD 53 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Eligibility Date indicated on the Check Eligibility screen is either prior to the Pending Evidence Authorization Start Date or after the Pending Evidence Authorization End Date	Fail the rule, decision results screen show that the rule failed	Display the error message "Check Eligibility date selected is either before Authorization Start Date or after Authorization End Date."	11
54	12156 1 6269	CI-112029 - DSD EM FD 54 IMPLEMENTED	Check Eligibility or Activate Evidence	When Advance Pay is indicated and the Authorization Start Date is in a month prior to the current month	Fail the rule, decision results screen show that the rule failed	Display the error message "Advance Pay only allowed for current or future month."	08.1
55	12318	CI-112064 - DSD EM FD 55 IMPLEMENTED	Modes of Service	When the Search link is selected on the Mode of Service list screen and the To date is more than one year from the From date	Do not allow the action	Display the error message, "Mode of Service Search is limited to a twelve month period."	
56	12325 1 6086	CI-112056 - DSD EM FD 56 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Restaurant Meals Allowance – No Need for Meal Prep" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "Restaurant Meals Allowance – No Need for Meal Prep' not allowed when Program Evidence Restaurant Meals Allowance is indicated"	50
57	12325 1 6086	CI-112010 - DSD EM FD 57 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities' not allowed when Program Evidence Restaurant Meals Allowance is indicated"	51
58	12203	CI-112069 - DSD EM FD 58 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment Termination – Recipient Request" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment Termination – Recipient Request' not allowed when Program Evidence Advance Payment is indicated"	52

59	12203	CI-112005 - DSD EM FD 59 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination- Reconciling timesheets not submitted in 90 days" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination- Reconciling timesheets not submitted in 90 days' not allowed when Program Evidence Advance Payment is indicated"	53
60	12203	CI-112060 - DSD EM FD 60 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination- Did not pay provider timely" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination- Did not pay provider timely' not allowed when Program Evidence Advance Payment is indicated"	54

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (61-80)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
61	12203	CI-112001 - DSD EM FD 61 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination-Incorrect use of payment" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "Advance Payment – Termination-Incorrect use of payment' not allowed when Program Evidence Advance Payment is indicated"	55
62	12223	CI-112025 - DSD EM FD 62 IMPLEMENTED	Check Eligibility, Activate Evidence	When a case is indicated as "Presumptive Eligible" and the IHSS Funding source is other than IHSS-R	Do not allow the action	Display the error message, "Presumptive Eligibility not allowed when IHSS Funding Source is other than IHSS-R."	13
63			Removed with CR 919				
64	12004 1 2023	CI-112037 - DSD EM FD 64 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Assessment Type is not Conversion but is Change, Reassessment, or Telehealth AND the previous Authorization indicated Advance Pay And the current Assessment indicates Advance Pay AND the Authorization Start Date of the current Assessment is before the 1st day of the month prior to the current date AND the Total Auth to Purchase After Reduced Hours have increased (Note: When previous Assessment Type is Conversion cases which are indicated as Advance Pay will not encounter this error regardless of whether the hours increase is due to a changed assessment or the increase associated with CR 611.)	Do not allow the Modify action	Display the error message "Auth Hours may not be increased for a period prior to the 1st day of the prior month when Advance Payment has been made. The user must create an Assessment with the same hours as the previous authorization with an Authorization Start Date of [Authorization Start Date of the Pending Evidence] and an Authorization End Date of [one day prior to the 1st day of the prior month]. The user then creates a separate Assessment for the ongoing increased hours with the Authorization Start Date [the 1st day of the prior month]."	17
65	12007 1 2623	CI-112054 - DSD EM FD 65 IMPLEMENTED	Check Eligibility and Activate Evidence	When Authorization Start Date is prior to the current date and any Medi-Cal Eligibility Service Month records within the "Authorization Period" has an FFP indication which does not match the record associated with	Do not allow the action	Display the error message "Authorization cannot span months with different Medi-Cal Eligibility FFP indications."	05
66	12012 1 2039 12 089 120 93 12121 12174	CI-112015 - DSD EM FD 66 IMPLEMENTED	Modify Modes of Service	When the Save link is selected on the Modify Modes of Service screen and Hours are allocated to a Mode of Service not indicate on the Program Evidence screen for the Authorization Period associated to the Service Month	Do not allow the action	Display the error message, "Hours cannot be assigned to [Mode of Service] as it was not indicated for the Authorization Period."	
67	12536 1 2555 12 828	CI-112019 - DSD EM FD 67 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PS01 or PS02 is indicated and the Protective Supervision Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Selected NOA not allowed when Protective Supervision Total Assessed Need exists."	56
68	12473	CI-112066 - DSD EM FD 68 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PM01 is indicated and the Paramedical Services Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Manual NOA PM01 not allowed when a Total Assessed Need exists for Paramedical Services."	57
69	16493	CI-112012 - DSD EM FD 69 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM05 is indicated and the a Total Assessed Need exists for Meal Preparation	Do not allow the action	Display the error message, "Selected NOA not allowed when a Total Assessed Need exists for Meal Preparation."	58

70	16085	<input checked="" type="checkbox"/> CI-112040 - DSD EM FD 70 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM06 is indicated and Household Evidence Stove = Yes	Do not allow the action	Display the error message, "Manual NOA RM06 not allow when Household Evidence Stove = Yes."	59
71			Removed with CR 919				
72			Removed with CR 919				
73	12037 1 6113	<input checked="" type="checkbox"/> CI-112008 - DSD EM FD 73 IMPLEMENTED	Check Eligibility or Activate Evidence	When a case has Share of Cost Evidence and Program Evidence Authorization Start Date and Authorization End Date span the Share of Cost Benefit Level Begin Date	Do not allow the action	Display the error message "Authorization Start Date and Authorization End Date may not span Benefit Level Begin Date [Begin Date]."	10
75	12037 1 2454 16 113 21280 16120 16118	<input checked="" type="checkbox"/> CI-112031 - DSD EM FD 75 IMPLEMENTED	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 12 months and the Funding Source is IPO or CFCO AND The action taken on the case is NOT the rescind action	Do not allow the Action	Display the error message, "<Funding Source> Authorization Period may not exceed 12 months."	07
76	16119 16971	<input checked="" type="checkbox"/> CI-112065 - DSD EM FD 76 IMPLEMENTED	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 18 months and the Funding Source is PCSP or IHSS-R	Do not allow the Action	Display the error message, "Funding Source Authorization Period may not exceed 18 months."	08
77	16118	<input checked="" type="checkbox"/> CI-112061 - DSD EM FD 77 IMPLEMENTED	Check Eligibility Activate Evidence	When the Save link is selected on the Modify Program Evidence screen and the Assessment Type is Initial and has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 13 months	Do not allow the Action	Display the error message, "Initial Authorization period may not exceed 12 months."	03.1
78	12467	<input checked="" type="checkbox"/> CI-116714 - DSD EM FD 78 IMPLEMENTED	Check Eligibility Submit for Approval	When the previous Authorization indicated Advance Pay and the current assessment indicates Advance Pay and the Authorization Start Date is the 1st day of the next calendar month and that date is not at least 13 calendar days in the future and the Auth to Purchase hours have either decreased	Do not allow the action	Display the error message, "Auth Hours may not be decreased retrospectively. User must create an Assessment with same Authorized Hours as the previous authorization with an Authorization Start Date [one day after the prior Authorization End Date] through the [Last day of the current month or the last day of the next calendar month].)". Then create separate Assessment for the ongoing Assessment with the decreased hours.	60
79	12179	<input checked="" type="checkbox"/> CI-117167 - DSD EM FD 79 IMPLEMENTED	Check Eligibility Activate Evidence	When the Pending Evidence Assessment Type is Inter-County Transfer and a State Hearing in a Status other than Resolved exists	Do not allow the action	Display the error message "Inter-County Transfer Assessment may not be authorized until State Hearing status is Resolved."	61
80	12114 1 6570	<input checked="" type="checkbox"/> CI-118001 - DSD EM FD 80 IMPLEMENTED	Check Eligibility Activate Evidence	When the Check Eligibility or Activate Evidence process occurs and the current assessment has Share of Cost Evidence with a Share of Cost Linkage and there are no Income Evidence records	Do not allow the action	Display the error message, "When a Share of Cost Linkage is indicated, Income Evidence is required. Verify Share of Cost and Income Evidence data."	62

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (81-100)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
81			Removed with CR 718				
82	16879	CI-118140 - DSD EM FD 82 IMPLEMENTED	Check Eligibility	When the Check Eligibility processes occurs AND the current case status is Pending and the Health Care Certification Type is Blank AND the DN22 NOA is selected on the Manual NOA screen.	Allow the action	Display the information message, "Denial – Health Care Certification."	63
83	16889	CI-123022 - DSD EM FD 83 IMPLEMENTED	Check Eligibility Submit for Approval	When the user selects the Yes link on the Submit for Approval screen or the Check Eligibility link on the Check Eligibility screen and the previous assessment Type is Conversion and the current Total Auth to Purchase Total Auth to Purchase will be the Total Auth to Purchase for the case after all reductions (LMA and when implemented Reduced Hours). is less than the previous Total Auth to Purchase and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for the Service Type	Do not allow the action	Display the error message, "Total Auth to Purchase is decreased by [XX:XX] due to conversion of Legacy hours to CMIPS hours and minutes. Please increase a Monthly Service Type by [XX:XX] or a Weekly Service by [XX:XX] as directed by CDSS in the ACL providing direction regarding Conversion to Hours and Minutes." The designations by which a Monthly or Weekly services is to be increased is based upon the following: Current Pending Evidence Total Auth to Purchase, before any reduction of hours, is compared to Total Auth to Purchase, before any reduction of hours, from Assessment Type "Conversion" to determine the decreased time. The instruction for increase to Monthly Service will be the same as the decreased hour indication. The instruction for increase to Weekly Services is based upon the total decreased divided by 4.33 then rounded up to the next minute. (For example if the total decreased time is 22 minutes, the weekly instruction will be 22 minutes /4.33 = 5.08minutes which will be rounded up to 6 minutes. The instruction for the weekly service will result in an increase slightly above the total decreased amount, but will ensure the Total Auth to Purchase on the current assessment is increased properly.)	60.1
84	16891	CI-123768 - DSD EM FD 84 IMPLEMENTED	Activate Evidence	When the Yes link is selected from the Submit for Approval and the Reduced Hours field "Verified by Case Owner or Supervisor" is not checked and the Authorization Start Date is on or after the Start Date associated with a Reduced Hours segment with a percentage greater than 0.00%	Do not allow the action.	Display the error message, 'Reduced Hours must be verified before the Submit for Approval action is allowed. Please process Check Eligibility and then verify Reduced Hours by selecting 'Verify by Case Owner or Supervisor' field.'	60.2
85		CI-123769 - DSD EM FD 85 CANCELLED	Cancelled by Curam Upgrade Feature 3 Final Determination on ASR				
86	16893 16891	CI-123770 - DSD EM FD 86 IMPLEMENTED	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen and Reinstated Hours are greater than 00:00 and the Waiver Program field on the Program Evidence screen is Yes	Do not allow the action.	Display the error message, "Reinstated Hours may not be indicated when Program Evidence Waiver Program is Yes. Please review designations and update appropriately."	
87	16893	CI-123771 - DSD EM FD 87 IMPLEMENTED	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours are a negative value	Do not allow the action.	Display the error message, "Reinstated Hours may not be a negative value."	
88	16893 16894	CI-123772 - DSD EM FD 88 IMPLEMENTED	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours are greater than 00:00 and the Social Worker Certification is "Yes"	Do not allow the action.	Display the error message, "When Reinstated Hours are indicated Social Worker Certification must be 'No'."	

89	16896	CI-123773 - DSD EM FD 89 IMPLEMENTED	Manual NOA RH03 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH03 is selected and the Reinstate Hours are not equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH03 is not valid when Reinstate Hours are less than Reduced Hours."	60.5
90	16896	CI-123774 - DSD EM FD 90 IMPLEMENTED	Manual NOA RH03 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH03 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH03 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.4
91	16896	CI-123775 - DSD EM FD 91 IMPLEMENTED	Manual NOA RH04 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH04 is selected And the Reinstate Hours greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH04 is not valid when Reinstate Hours are indicated."	60.7
92	16896	CI-123776 - DSD EM FD 92 IMPLEMENTED	Manual NOA RH04 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH04 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH04 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.6
93	16896	CI-123777 - DSD EM FD 93 IMPLEMENTED	Manual NOA RH05 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH05 is selected and the Reinstate Hours are not equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH05 is not valid when Reinstate Hours are less than Reduced Hours."	60.9
94	16896	CI-123778 - DSD EM FD 94 IMPLEMENTED	Manual NOA RH05 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH05 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH05 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.8
95	16896	CI-123779 - DSD EM FD 95 IMPLEMENTED	Manual NOA RH06 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH06 is selected and the Reinstate Hours are 00:00 or the Reinstate Hours equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH06 only allowed when Reinstate Hours are greater than 00:00 but less than the Reduced Hours."	60.11
96	16896	CI-123780 - DSD EM FD 96 IMPLEMENTED	Manual NOA RH06 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH06 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH06 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.10
97	16896	CI-123781 - DSD EM FD 97 IMPLEMENTED	Manual NOA RH07 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH07 is selected and the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH07 is not valid when Reinstate Hours are indicated."	60.13
98	16896	CI-123782 - DSD EM FD 98 IMPLEMENTED	Manual NOA RH07 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH07 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH07 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.12
99	16896	CI-123783 - DSD EM FD 99 IMPLEMENTED	Manual NOA RH08 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH08 is selected and the Reinstate Hours less than the Reduced hours	Do not allow the action.	Display the error message, "Manual NOA RH08 is not valid when Reinstate Hours are less than Reduced Hours."	60.15

100	16896	 CI-123762 - DSD EM FD 100 IMPLEMENTED	Manual NOA RH08 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH08 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH08 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.14
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (101-120)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
101	16896	CI-123763 - DSD EM FD 101 IMPLEMENTED	Manual NOA RH09 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH09 is selected and the Reinstated Hours are 00:00 or the Reinstated Hours equal the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH09 only allowed when Reinstated Hours are greater than 00:00 but less than the Reduced Hours."	60.17
102	16896	CI-123764 - DSD EM FD 102 IMPLEMENTED	Manual NOA RH09 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH09 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH09 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.16
103	16896	CI-123765 - DSD EM FD 103 IMPLEMENTED	Manual NOA RH10 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH10 is selected the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH10 is not valid when Reinstated Hours are indicated."	60.19
104	16896	CI-123766 - DSD EM FD 104 IMPLEMENTED	Manual NOA RH10 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH10 is indicated and the Social Worker Certification is Yes Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH10 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.18
105	16896	CI-123767 - DSD EM FD 105 IMPLEMENTED	Manual NOA RH03 – RH10 – No Active Reduce Hours	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and any Manual NOA for Reduced Hours (RH) is selected and the current Reduced Hours is 0.00%	Do not allow the action.	Display the error message, "Manual NOA [NOA Code] not allowed when the Reduction of Recipient Hours is not in effect."	60.3
106	12510 12524 16895 16896	CI-215801 - DSD EM FD 106 IMPLEMENTED	Activate Evidence	When a user entered Assessment Type is other than Initial and NOA RH01, RH02, RH06, RH07, RH09, RH10, is triggered AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Do not allow the action	Display the error message, "Any negative action requires 10 day notice."	60.20
107	16893 16894	CI-215802 - DSD EM FD 107 IMPLEMENTED	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen and Social Worker Certification is Yes and the Waiver Program field on the Program Evidence screen is Yes	Do not allow the action	Display the error message, "Social Worker Certification and Waiver Program may not both be indicated as "Yes". Please review needed indication and make appropriate changes."	
108	12531 12536 16099 20785	CI-290730 - DSD EM FD 108 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occur and a case has Companion Case(s) And any of the cases has Companion Case Protective Supervision Proration = Yes And any of the associated Companion Cases is in Pending, Eligible or Presumptive Eligible status and does not have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of current date when any Companion Case Protective Supervision Proration = Yes. Please update case evidence as needed."	Do not allow the action	Display the error message, "All Companion Cases associated with this case must have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of current date when any Companion Case Protective Supervision Proration = Yes. Please update case evidence as needed."	11.1

109	12531 12536 16099 20785	CI-290731 - DSD EM FD 109 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occurs and a case has Companion Case(s) And an associated Companion Case Protective Supervision Proration = Yes And the Authorization Start Date on all Companion cases in Pending, Eligible or Presumptive Eligible does not have an Authorization Start Date in the same calendar month	Do not allow the action	Display the error message, "All Companion Cases must have an Authorization Start Date in the same calendar month when any Companion Case Protective Supervision Proration = Yes. Please validate Authorization Start Dates on all cases."	11.2
110	12510	CI-437006 - DSD EM FD 110 IMPLEMENTED	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected or triggered	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.2
111	12510	CI-437007 - DSD EM FD 111 IMPLEMENTED	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.3
112	16879	CI-437008 - DSD EM FD 112 IMPLEMENTED	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.4
113	16879	CI-437009 - DSD EM FD 113 IMPLEMENTED	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.5
114	16946	CI-446476 - DSD EM FD 114 IMPLEMENTED	Check Eligibility or Submit for Approval	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit for Approval screen and the Assessment Type is other than Initial and the Person Home "Meets Residency Requirement" is any of the following: Living in Home of Relative receiving Board & Care Rate Non-California Residency Not living in own home Whereabouts unknown	Do not allow the action	Display the error message, 'Meets Residency Requirement' field on Person Home must be "Met" to process Pending Evidence. To Terminate the case for the Meets Residency Requirement, delete the Pending Evidence and Terminate Case from the Case Home.'	02
115	16962	CI-451227 - DSD EM FD 115 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval actions are processed and the Case Status is Denied and there is no Denial NOA triggered	Do not allow the action	Display the error message "Denied Case – Please update case to trigger specific denial."	63.1
116	16571 16972	CI-463611 - DSD EM FD 116 IMPLEMENTED	Check Eligibility Activate Evidence	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit of Approval confirmation screen on a user entered assessment and the Funding Source is other than IHSS-R and Share of Cost Evidence exists on the case	Do not allow the action	Display the error message, "Share of Cost Evidence is not allowed when the Funding Source is [display Funding Source for current assessment]. Please delete Share of Cost Evidence. • This error message will be bypassed when a system generated assessment is processed.	63.2
117	12007 16970	CI-489572 - DSD EM FD 117 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the Submit for Approval Confirmation Screen and the Assessment Type is other than Initial And the authorization Start Date is prior to the current date And a payment has been issued for any month in the authorization period (Authorization Start Date through Authorization End Date) And the current Funding Source does not match the Funding Source associated with the payment	Do not allow the action	Display the error message, "Payments have been made for MM/DD/YYYY1 to MM/DD/YYYY2 therefore the Funding Source cannot be modified. Please process an authorization for the following assessments: MM/DD/YYYY1 to MM/DD/YYYY2 to retain funding source. Then process another assessment for period MM/DD/YYYY3 to MM/DD/YYYY4 to allow update of the funding source. Rules to populate MM/DD/YYYY fields: <ul style="list-style-type: none">• MM/DD/YYYY1 current Pending Evidence Authorization Start Date• MM/DD/YYYY2 – Last day of the month in the Authorization Period where payment has been issued• MM/DD/YYYY3 first day of the month in the Authorization Period where payments have not been issued• MM/DD/YYYY4 the current Pending Evidence Authorization End Date.	

118	12075 16962	<input checked="" type="checkbox"/> CI-489573 - DSD EM FD 118 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation Screen and the Assessment Type is Initial And the DN19 NOA is selected on the Manual NOA screen And either Medi-Cal Eligibility exists for the Referral Date month and the FFP is "Y" Or Medi-Cal Eligibility exists for the Authorization Start Date month and the FFP is "Y"	Do not allow the action	Display the error message, "Funding Source for this case is PCSP/IPO/CFCO. Manual NOA DN19 may only be selected when the Funding Source is IHSS-R. Please remove DN19 from the Manual NOA screen."	
119			Removed with CR 1073				
120	20818	<input checked="" type="checkbox"/> CI-507513 - DSD EM FD 120 IMPLEMENTED	Check Eligibility or Activate Evidence	When either the Check Eligibility or Submit for Approval action is processed AND the Assessment Type is State Hearing AND a manual State Hearing NOA is not selected	Do not allow the action	Display the error message, "A manual State Hearing NOA must be selected for an assessment type of State Hearing"	03.5

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Error Messages (121-140)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error	Check Eligibility Processing Order
121	16878	CI-775210 - DSD EM FD 121 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the NOA DN23 – Health Care Certification – No Need is selected AND the Health Care Certification screen has a Health Care Certification Type other than "No Need"	Do not allow the action	Display the error message, "Health Care Certification – No Need may not be selected when the Health Case Certification Type is [Type]." [Type] is the Health Care Certification Type indicated.	63.3
122	16878	CI-775211 - DSD EM FD 122 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the DN22 – Health Care Certification – Not Received is selected AND the Health Care Certification screen has a Health Care Certification Type is not blank	Do not allow the action	Display the error message, "DN22 – No Health Care Certification may not be selected when the Health Case Certification Type is [Type]." [Type] is the Health Care Certification Type indicated.	63.4
123	16878	CI-775212 - DSD EM FD 123 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND there is no Health Care Certification information associated to the case	Do not allow the action	Display the error message, "Health Care Certification must exist before case can be authorized."	63.5
124	16878	CI-775213 - DSD EM FD 124 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the current case status is "Pending" AND the Health Care Certification Documentation Received Date is blank AND the current date is after either: The Health Care Certification Due Date Or, if indicated, the Good Cause Extension Due Date AND the "DN22 – Health Care Certification – Not Received" is not selected on the Manual NOA screen	Do not allow the action	Display the error message, "Case must be denied when the Health Care Certification has not been received by the due date (MM/DD/YYYY*)." *MM/DD/YYYY is either: <ul style="list-style-type: none">• The Due Date Or, if indicated, the Good Cause Extension Due Date	63.6
125	16878	CI-775214 - DSD EM FD 125 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed AND the current case status is Eligible, Presumptive Eligible or Leave AND the Health Care Certification Documentation Received Date is blank AND the current date is after either: The Health Care Certification Due Date Or, if indicated, the Good Cause Extension Due Date	Do not allow the action	Display the error message, "Case must be terminated when the Health Care Certification has not been received by the due date (MM/DD/YYYY*)." *MM/DD/YYYY is either: The Due Date Or, if indicated, the Good Cause Extension Due Date	63.7
126	16878	CI-775215 - DSD EM FD 126 IMPLEMENTED	Check Eligibility OR Submit for Approval	When the Check Eligibility or Submit for Approval actions are processed And the current case status is Pending AND the Exception Granted Date is blank AND the Due Date is future to the current date AND the Health Care Certification Type is blank	Do not allow the action	Display the error message, "Case may not be authorized unless Exception Granted Date is indicated or the Health Care Certification has been received."	63.8

127	12080 12497	CI-822563 - DSD EM FD 127 IMPLEMENTED	Submit for Approval - Supervisor Approval Required	When a case is submitted for approval AND no other errors are encountered AND the user has a security role requiring Supervisory Approval OR the user submits a case for approval that meets one or more of the criteria indicated as Yes on the SW User Approvals screen. AND the user is not an ICT Coordinator, assigned by the receiving county, to a case with an In Progress ICT authorizing the 'Inter-County Transfer' pending evidence	Allow the action	Display the informational message, "This case will be sent to your supervisor for approval."	N/A
128	24282 24285 24287 24291 23303 21256	CI-822829 - DSD EM FD 128 IMPLEMENTED	Submit for Approval - ICT	When a case is submitted for approval AND the user is a Receiving county ICT Coordinator AND the case has a Recipient Waiver and an In-Progress ICT AND the user creates pending Inter-County Transfer evidence on the Case that is dated the first day of the upcoming month	Allow the action	Display the informational message, "The Recipient Waiver for the provider, <Provider First Name Last Name>, will be end dated when the ICT evidence is approved."	N/A
129	21295	CI-823044 - DSD EM FD 129 IMPLEMENTED	Modify Program Evidence - ICT	When the Save link is selected on the Modify Program Evidence screen AND the Assessment Type is ICT AND Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) spans more than 12 months	Do not allow the action	Display the error message, "Inter-County Transfer Authorization period may not exceed 12 months."	N/A
130	12004 12136	CI-823314 - DSD EM FD 130 IMPLEMENTED	Modify Modes of Service - IP Hours less than SOC Hours	When the Modify Modes of Service screen is saved AND the remaining IHSS Available Hours are less than the hours being moved from one mode of service to another, the system checks for any service from the start date that has SOC hours AND IF the hours moved are less than the remaining hours in a month subject to SOC	Do not allow the action	Display the error message, "The recipient has share of cost hours within the dates entered. The IP Hours cannot be less than the recipient's share of cost hours. Please review the details on the Share of Cost Hours Details screen."	N/A
131	12527 12530 12828	CI-823845 - DSD EM FD 131 IMPLEMENTED	Submit for Approval - Enrolled in PACE Program	When DN24 - Enrolled in PACE program is selected on the Modify Manual NOA screen AND The user selects Submit for Approval link from Evidence Workspace	Allow the action	On the Submit Case for Approval screen, display the informational message, "Denial - Enrolled in PACE Program"	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules

The following business rules apply to Final Determination process:

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (1-10)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (11-20)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (21-30)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (31-40)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (41-50)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (51-60)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (61-70)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (71-80)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (81-90)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (91-100)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (101-110)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (111-120)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (121-130)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (131-140)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (141-150)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (151-160)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
1	11989	CI-111289 - DSD BR FD 01 IMPLEMENTED	IHSS application is denied.	When an application for IHSS services is denied When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Denied (Case Home).	<ul style="list-style-type: none"> • Send IH34 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO • Send S8 transaction with "Denied" status to SAWS 		Case Home-Status
2	11989	CI-111290 - DSD BR FD 02 IMPLEMENTED	IHSS case is terminated.	When an IHSS case has been terminated. When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Terminated (Case Home).	<ul style="list-style-type: none"> • Send IH40 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO • Send S8 to SAWS with "Terminated" status Note: CMIPS Status will not show Terminated because of the 10-day NOA, but SAWS and MEDS transactions will be sent. 		Case Home-Status
3	12157 12180	CI-111291 - DSD BR FD 03 IMPLEMENTED	ICT Process Is Completed	When an ICT process is completed. When the Approve link is selected on the Evidence Workspace screen, the evidence type is Inter-County Transfer and the outcome is Eligible.	<ul style="list-style-type: none"> • Send IH05 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO • Send S9 to sending SAWS county with ICT status "TC" 		Evidence Workspace-Active Evidence Details

4	12159 12176 1 2180 16840 16 841 16842 168 43 16844 16847	CI-111292 - DSD BR FD 04 IMPLEMENTED	Inter County Transfer Approval & Activation Evidence	Activate Evidence	<p>When the Pending Evidence associated with an Assessment Type (Evidence Workspace: Evidence Type) of Inter-County Transfer is Approved and Activated:</p> <p>If Active Evidence exists with an Authorization Start Date future to the Authorization Start Date on the Pending Inter-County Transfer Assessment – allow Pending Inter-County Transfer Assessment to supersede future dated assessment.</p> <ul style="list-style-type: none"> • Update all County indicators on the case to the Receiving County indicated on the Inter-County Transfer screen • Update the Case Owner to the Inter-County Transfer Assigned Worker • Update the District Office to the District Office associated to the Inter-County Transfer Assigned Worker • Send a Notification to the previous Case Owner, in the Sending County, that the Inter-County Transfer is Transfer Complete • Set the Inter-County Transfer Status to Transfer Complete • Set the Authorization Start Date, on the Inter-County Transfer screen to equal the Authorization Start Date associated with the Inter-County Transfer Assessment • Terminate all Active or Leave Status IHSS providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date with a Termination Reason "Other" and a Termination Comment, "Inter-County Transfer." • Terminate all Active or Leave Status WPCS providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date • Produce Task "[case number] [case name] Inter-County Transfer authorization completed, please assign WPCS provider." to the WPCS Work Queue <p>If Workplace Hours were indicated, set the Workplace Hours End Date to one day prior to the Authorization Start Date of the Inter-County Transfer assessment.</p> <ul style="list-style-type: none"> • Produce Notification "[case number] [case name] Inter-County Transfer completed, please review Workplace Hours." to the Case Owner • Default all Auth to Purchase hours to IP Mode of Service • Recalculate the Case Cost based upon the Auth To Purchase Hours multiplied by the default County Rate in the Receiving County • Recalculate the Share of Cost Compare Cost based upon the Auth To Purchase Hours multiplied by the highest County Rate in the Receiving County • End Date Provider Workweek Agreement action • End Date Recipient Workweek Agreement Action • Recalculate Monthly Overtime Maximum • Recalculate Provider and Recipient Weekly Maximum • Update Number of Active Cases • Update Number of Active Providers 		Evidence Workspace-Active Evidence Details
5	12174 16893	CI-111293 - DSD BR FD 05 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the County Contractor Mode of Service (Mode of Services:CC Hours)		Modes of Service-CC Hours
6	12174 16893	CI-111294 - DSD BR FD 06 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Individual Provider Mode of Service assign Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services: IP Hours)		Modes of Service-IP Hours
7	12174 16893	CI-111295 - DSD BR FD 07 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Homemaker Mode of Service (Mode of Services: HM Hours)		Modes of Service-HM Hours
8	12174 16893	CI-111296 - DSD BR FD 08 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)		Modes of Service-IP Hours
9	12174 16893	CI-111297 - DSD BR FD 09 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)		Modes of Service-IP Hours
10	12174 16892 1 6893	CI-111298 - DSD BR FD 10 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours and Mode of Service are the same as the previous Authorization Period retain the previous Mode of Service hour's designation (Mode of Services:IP Hours, CC Hours, HM Hours).		Modes of Service-IP,CC,HM Hours

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
11	12174 16892 1 6893	CI-111299 - DSD BR FD 11 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have decreased and the Program Evidence Screen Mode of Service designation is Individual Provider and any other Mode of Service apply the decreased number of hours to the Individual Provider (Mode of Services:IP Hours, CC Hours, HM Hours).		Modes of Service-IP,CC,HM Hours

12	12174 16892 16893	CI-111300 - DSD BR FD 12 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have increased and the Mode of Service are Individual Provider and any other Mode of Service apply the increased number of hours to the Individual Provider Mode of Service (Mode of Services:IP Hours, CC Hours, HM Hours).		Modes of Service-IP,CC,HM Hours
13	16100	CI-111301 - DSD BR FD 13 IMPLEMENTED	Protective Supervision Awaiting Additional Information	Check Eligibility Activate Evidence	When Protective Supervision Form Sent Date is not blank and Awaiting Additional Information is indicated Fail the rule. Decision results screen shows that this rule failed Do not authorize Protective Supervision Services Produce applicable NOA Allow authorization of the other Service Types	40	Protective Supervision-Protective Supervision Form Sent Date, Pending Receipt of Additional Information
14	12527	CI-111302 - DSD BR FD 14 IMPLEMENTED	Paramedical Services Awaiting Additional Information	Check Eligibility Activate Evidence	When the Awaiting Additional Information is indicated And the Paramedical Form Send Date is indicated And the Paramedical Form Receive Date is indicated And Paramedical Services Total Assessed Need hours are indicated Authorize the indicated Total Assessed Need hours Allow authorization of the other Service Types Produce NOA PM03	41	Paramedical Services-Paramedical Services Form Sent Date, Pending Receipt of Additional Information
15	12007 12627 12448 16970 16668 21164	CI-111303 - DSD BR FD 15 IMPLEMENTED	Determine Funding Program Aid Code	Check Eligibility Activate Evidence	<p>Authorization Summary: Funding Source Aid Code:</p> <p>If Authorization Start Date is before 08/01/2009 and Medi-Cal FFP is "Y"</p> <ul style="list-style-type: none"> • If Parent/Spouse Provider: set Funding Source to IPW1 • If Advance Pay: set Funding Source to IPW2 • If Protective Supervision by Parent of a Minor Child/Spouse: set Funding Source to IPW3 • If Domestic Services and Related by Parent of Minor Child/Spouse: set Funding Source to IPW4 • If Meals: set Funding Source to IPW5 • If Multiple Services: set Funding Source to IPW6 • Else Funding Source is set to PCSP <p>Else Medi-Cal FFP is "N": set Funding Source to IHSS-R</p> <p>OR</p> <p>If Authorization Start Date is on or after 08/01/2009 and Medi-Cal FFP is "Y" AND</p> <p>If Advance Pay, Parent of Minor Child/Spouse Provider, or Restaurant Meals allowance</p> <ul style="list-style-type: none"> • If Advance Pay: set Funding Source to IPO1 • If Meals: set Funding Source to IPO2 • If Parent Provider of a Minor Child: set Funding Source to IPO3 • If Spouse Provider: set Funding Source to IPO4 • If Multiple Services: set Funding Source to IPO5 • Else Funding Source is set to PCSP <p>Else if Medi-Cal FFP is "N": set Funding Source to IHSS-R</p> <p>OR</p> <p>If the Authorization Start Date is on or after 9/1/2014 and MEDS Eligibility FFP is "Y" AND</p> <p>If Recipient Declines CFCO indicator is not selected and any of the following occur, set the Funding Source to CFCO:</p> <ul style="list-style-type: none"> • If the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is equal to or greater than 195:00 • Or if the Impairment Level is Severely Impaired • Or if the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is less than 195:00 and any of the following: <ul style="list-style-type: none"> ◦ If the combined Functional Ranks for Memory + Orientation + Judgment is 6 or greater ◦ Or have any three of the following are indicated: <ul style="list-style-type: none"> ▪ Functional Rank for Feeding is 3, 4, 5, or 6 ▪ Functional Rank for Bowel, Bladder and Menstrual Care is 4 or 5 ▪ Functional Rank for Bathing & Grooming is 4 or 5 ▪ Functional Rank for Ambulation 4 or 5 ▪ Functional Rank for Transfer 4 or 5 ▪ Functional Rank for Respiration 5 or 6 ▪ Total Assessed Need for Paramedical Services greater than 0:00 <p>ELSE</p> <p>If MEDS Eligibility FFP = "Y", but none of the above are met or Recipient Declines CFCO indicator is selected:</p> <ul style="list-style-type: none"> • If Restaurant Meals is "Yes": set Funding Source to IPO2 • If Provider Relationship to Recipient is Parent of a Minor Child: set Funding Source to IPO3 • If Provider Relationship to Recipient is Spouse: set Funding Source to IPO4 • If Multiple Services IPO Funding Source are indicated: set Funding Source to IPO5 • If CFCO or IPO criteria are not met: set Funding Source to PCSP <p>Else if MEDS Eligibility FFP is "N": set Funding Source to IHSS-R</p>	01	Authorization Summary-Funding Source Aid Code
16	12080 12497	CI-111304 - DSD BR FD 16 IMPLEMENTED	Case Event - Ready for Review	Submit for Approval	When a user has a security role requiring Supervisory Approval submits a case for Approval OR the user submits a case for approval that meets one or more of the criteria indicated as Yes on the SW User Approvals screen. THEN The case event - "[case number] Case Ready for Review" is produced to the user's supervisor.	54	Tasks-Task ID
17	12082	CI-111305 - DSD BR FD 17 IMPLEMENTED	Calculate "Case Cost"	Check Eligibility Activate Evidence	Case Cost = (IP Hours X County Default IP Rate)+(CC Hours X County CC Rate) + (HM Hours X County HM Rate)	30	Modes of Service-Case Cost
18	12083	CI-111306 - DSD BR FD 18 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) of Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R Set the Case Status (Case Home: Status) to Denied Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. Apply appropriate NOA Messages Send a Notification to the Case Owner	26	Authorization Summary-SOC Compare Cost

19	12083	CI-111307 - DSD BR FD 19 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) other than Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R Set the Case Status (Case Home: Status) to Terminated Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. Apply appropriate NOA Messages Send a Notification to the Case Owner End Date Provider Workweek Agreement action End Date Recipient Workweek Agreement Action Recalculate Monthly Overtime Maximum Recalculate Provider and Recipient Weekly Maximum Update Number of Active Cases Update Number of Active Providers	27	Authorization Summary-SOC Compare Cost
20	12083	CI-111308 - DSD BR FD 20 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with a Funding Source of PCSP or IPW/IPO and the IHSS SOC exceeds the SOC Compare Cost: Send a Notification to the Case Owner	28	Authorization Summary-SOC Compare Cost

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
21	12088	CI-111309 - DSD BR FD 21 IMPLEMENTED	IHSS application is Eligible.	When an application for IHSS services is eligible. When the Approve link is selected on the Evidence Workspace screen and the outcome is Eligible.	<ul style="list-style-type: none"> Send IH20 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO <ul style="list-style-type: none"> Send S8 to SAWS with "Eligible" status (See also DSD – Section 25 – Case Maintenance – BR #25 – CI 111,233) 	62	Case Home-Status
22	12325	CI-111310 - DSD BR FD 22 IMPLEMENTED	Calculate Meals Hours	Check Eligibility Activate Evidence	When Restaurant Meals Allowance is indicated Meals Hours = Sum of the "Net Adjusted Need" for the following Service Types: <ul style="list-style-type: none"> Preparation of Meals Meal Clean-up Shopping for Food 	46	Authorization Summary – Net Adjusted Need: Preparation of Meals, Meal Clean-up, Shopping for Food
23	12333	CI-111311 - DSD BR FD 23 IMPLEMENTED	Calculate Individual Assessed Need By Week	Check Eligibility Activate Evidence	Weekly Individual Assessed Need = Sum of all "Individual Assessed Need" for Weekly Services	02	Authorization Summary-Individual Assessed Need
24	12334	CI-111312 - DSD BR FD 24 IMPLEMENTED	Exclude One-Time and Monthly Services from Weekly Auth to Purchase	Check Eligibility Activate Evidence	Exclude "one-time only" and "Monthly Service" from the total weekly "Authorize to Purchase" hours' calculation.	03	N/A
25	12337	CI-111313 - DSD BR FD 25 IMPLEMENTED	Calculate Unmet Need for cases without Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (Authorization Summary: Unmet Need (HH:MM)) = (Net Adjusted Need for all Service Types – Statutory Maximum) if > 0 else Unmet need = 0	13	Authorization Summary-Unmet Need Before LMA
26	12431	CI-111314 - DSD BR FD 26 IMPLEMENTED	Calculate Auth to Purchase by Service Type	Check Eligibility Activate Evidence	Auth to Purchase by Service Type (Authorization Summary: Auth to Purchase) = Net Adjusted Need (Authorization Summary: Net Adj Need – Unmet Need (Authorization Summary: Unmet Need) for each Service Type) Protective Supervision hours are excluded from this calculation	06	Authorization Summary- Auth to Purchase
27	12432 16087	CI-111315 - DSD BR FD 27 IMPLEMENTED	Calculate Individual Assessed Need by Service Type	Check Eligibility Activate Evidence	Individual Assessed Need (Authorization Summary: Ind Assessed Need) = Assessed Need (Authorization Summary: Assessed Need)– Adjustments (Authorization Summary: Adj)	04.1	Authorization Summary-Individual Assessed Need
28	12433	CI-111316 - DSD BR FD 28 IMPLEMENTED	Calculate prorated month Auth to Purchase After Reduced Hours	Check Eligibility Activate Evidence	Prorated Auth to Purchase After Reduced (ihssAuthorizations: Auth to Purchase) = ((Monthly Auth to Purchase After Reduced Hours/ total number of days in month) x (multiplied by) number of days in the prorated month.)	25	Authorization Summary- Total Auth to Purchase Before LMA
29	12436	CI-111317 - DSD BR FD 29 IMPLEMENTED	Calculate Net Adjusted Need by Service Type	Check Eligibility Activate Evidence	Net Adjusted Need by Service Type (Authorization Summary: Net Adj Need) = Individual Assessed Need (Authorization Summary: Ind Assessed Need) – Alternate Resources – Refused Services – Voluntary Services for each Service Type.	05	Authorization Summary- Net Adjusted Need
30	12437	CI-111318 - DSD BR FD 30 IMPLEMENTED	Calculate Meal Allowance Auth Hours Adjustment	Check Eligibility Activate Evidence	For Recipient cases with a Restaurant Meals Allowance indication Auth to Purchase = Auth to Purchase - Meals Hours	47	Authorization Summary-Restaurant Meals Allowance

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
31	12442	CI-111319 - DSD BR FD 31 IMPLEMENTED	Teaching and Demonstration Authorization Limits	Check Eligibility Activate Evidence	Authorization for Teaching and Demonstration (Authorization Summary: Auth to Purchase) shall be limited to a period of three consecutive months.	45	Authorization Summary-Teaching and Demonstration
32	12486	CI-111320 - DSD BR FD 32 IMPLEMENTED	Determine Impairment Level - Severely Impaired	Check Eligibility Activate Evidence	<p>Identify Recipient as Severely Impaired (SI) (Authorization Summary: Impairment Level) when the aggregated Individual Assessed Need for the following Service Types is 20 hours or more per week:</p> <ul style="list-style-type: none"> • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Transfer • Bathing, Oral Hygiene, Grooming • Repositioning and Rubbing Skin • Care and Assistance with Prostheses • Paramedical Services <p>"time-limited" and "one-time" services will not be considered in this calculation.</p>	42	Authorization Summary-Impairment Level
33	12490 16969	CI-111321 - DSD BR FD 33 IMPLEMENTED	Severely Impaired Authorized Hours Statutory Limit	Check Eligibility Activate Evidence	Auth To Purchase (Authorization Summary: Total Auth to Purchase (HH:MM) hours for Severely Impaired Recipient as follows: <ul style="list-style-type: none"> • PCSP/CFCO – 283 Hours/Month • IPW – 283 Hours/Month • IPO – 283 Hours/Month • IHSS-R – 283 Hours/Month.)	43	Authorization Summary- Total Auth to Purchase Before LMA
34	12491 16968	CI-111322 - DSD BR FD 34 IMPLEMENTED	Statutory Maximum for Non-Severely Impaired	Check Eligibility Activate Evidence	Statutory Maximum for Non-Severely Impaired Recipients <ul style="list-style-type: none"> • PCSP/CFCO – 283 Hours/Month of which no more than 195 hours may be authorized for Protective Supervision (CR 126) • IPW – 195 Hours/Month • IPO – 195 Hours/Month • IHSS-R – 195 Hours/Month.)	44	Authorization Summary- Total Auth to Purchase Before LMA
35	12531	CI-111323 - DSD BR FD 35 IMPLEMENTED	Calculate the "Protective Supervision Companion Case Adjustment"	Check Eligibility Activate Evidence	Protective Supervision Companion Case Adjustment = 168 – (168/ # of Recipient's with Protective Supervision in Companion Case Collection) + Weekly Auth to Purchase for all Recipient's not receiving Protective Supervision	15	View Protective Supervision-Companion Case Protective Supervision Adjustment
36	12536 12551	CI-111324 - DSD BR FD 36 IMPLEMENTED	Protective Supervision 24 Hour Care Plan Calculations:	Check Eligibility Activate Evidence	<p>Calculate the number of hours per/week of "24 Hour Protective Supervision Care Plan" using the following calculations:</p> <ul style="list-style-type: none"> • Protective Supervision Adjustment = Sum of Weekly Auth to Purchase hours excluding Protective Supervision hours • Protective Supervision Individual Assessed Need = 168 – Protective Supervision Adjustment – Companion Case Protective Supervision Adjustment <ul style="list-style-type: none"> ◦ This value should be greater than zero • Protective Supervision Net Adjusted Need = Protective Supervision Individual Assessed Need – Protective Supervision Alternate Resources – Protective Supervision Voluntary Services <p>If Protective Supervision Net Adjusted Need < (Protective Supervision Statutory Max – Protective Supervision Adjustments)</p> <p>Protective Supervision Auth Purchase = Protective Supervision Net Adjusted Need</p> <p>Else</p> <p>Protective Supervision Auth Purchase = Protective Supervision Statutory Max – Protective Supervision Adjustments</p> <p>24 Hour Protective Supervision Care Plan Need Authorization Summary:24 Hour Protective Supervision Care Plan</p> <p>Need(HH:MM) = Protective Supervision Net Adjusted Need - Protective Supervision Auth to Purchase</p>	16	View Protective Supervision- 24 Hour Care Plan Need Authorization Summary- 24 Hour Protective Supervision Care Plan Need
37	12555	CI-111325 - DSD BR FD 37 IMPLEMENTED	No Unmet Need For Protective Supervision	Check Eligibility Activate Evidence	Unmet Need for Protective Supervision not allowed.	17	Authorization Summary-Protective Supervision: Unmet Need

38	12560	CI-111326 - DSD BR FD 38 IMPLEMENTED	Calculate Protective Supervision Adjustment Categories	Check Eligibility Activate Evidence	Calculate and process adjustments to the assessed need for protective supervision based on the following: a. Shared living arrangements b. Alternative resources c. Voluntary services.	18	Authorization Summary-Protective Supervision
39	12561	CI-111327 - DSD BR FD 39 IMPLEMENTED	Same Residence Protective Supervision Guidelines	Check Eligibility Activate Evidence	When multiple Recipients in the same residence require protective supervision, CMIPS shall perform the following: a. Calculate the individual assessed need for protective supervision as a common need b. Prorate the individual assessed need for protective supervision among the multiple Recipients. c. Allow authorized user to manually adjust calculations.	19	Authorization Summary-Protective Supervision
40	12603	CI-111328 - DSD BR FD 40 IMPLEMENTED	Calculate Functional Index Score for Recipient	Check Eligibility Activate Evidence	For all service types excluding Memory, Orientation and Judgment, calculate new Functional Rank using the following formula If Functional Rank = 6 then New Function Rank = 1 Else New Functional Rank = Functional Rank -1 If Service Type = "Housework" Functional Rank product = 0.038 * New Functional Rank If Service Type = "Laundry" Functional Rank product = 0.037 * New Functional Rank If Service Type = "Shopping and Errands" Functional Rank product = 0.040 * New Functional Rank If Service Type = "Meal Preparation and Clean-up" Functional Rank product = 0.222 * New Functional Rank If Service Type = "Mobility Inside" Functional Rank product = 0.079 * New Functional Rank If Service Type = "Bathing and Grooming" Functional Rank product = 0.095 * New Functional Rank If Service Type = "Dressing" Functional Rank product = 0.057 * New Functional Rank If Service Type = "Bowel, Bladder and Menstrual" Functional Rank product = 0.129 * New Functional Rank If Service Type = "Transfer" Functional Rank product = 0.094 * New Functional Rank If Service Type = "Eating" Functional Rank product = 0.127 * New Functional Rank If Service Type = "Respiration" Functional Rank product = 0.082 * New Functional Rank Functional Rank Sum = Sum of all Functional Rank Products Functional Index Score (Authorization Summary : Functional Index Score) = Functional Rank Sum + 1	58	Service Evidence-Functional Index

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
41	16065	CI-111329 - DSD BR FD 41 IMPLEMENTED	Weekly Services	Check Eligibility Activate Evidence	CMIPS shall track and report the following services as "Weekly Services." <ul style="list-style-type: none"> • Accompaniment to alternative resources • Accompaniment to medical appointments • Ambulation • Bathing, oral hygiene and grooming • Bowel & Bladder care • Care and assistance with prosthesis • Dressing • Feeding • Meal clean-up • Menstrual care • Transfer • Other shopping and errands • Paramedical Services • Preparation of meals • Protective supervision • Repositioning and Rubbing Skin • Respiration • Routine bed baths • Laundry • Shopping for food 	07	Authorization Summary- W/M

42	16072	<input checked="" type="checkbox"/> CI-111330 - DSD BR FD 42 IMPLEMENTED	Calculate Weekly Net Adjusted Need	Check Eligibility Activate Evidence	Weekly Net Adjusted Need = Sum of the Net Adjusted Need for all Weekly Services	08	Authorization Summary- Net Adjusted Need
43	16073	<input checked="" type="checkbox"/> CI-111331 - DSD BR FD 43 IMPLEMENTED	Calculate Monthly Net Adjusted Need	Check Eligibility Activate Evidence	Monthly Net Adjusted Need = Weekly Net Adjusted Need * 4.33 + Sum of the Net Adjusted Need for all Monthly Services	09	Authorization Summary- Net Adjusted Need
44	16089	<input checked="" type="checkbox"/> CI-111332 - DSD BR FD 44 IMPLEMENTED	Calculate Monthly Individual Assessed Need	Check Eligibility Activate Evidence	Monthly Individual Assessed Need = ("Weekly Individual Assessed Need" * 4.33) + Sum of the Individual Assessed Need" for Monthly Services.	10	Authorization Summary-Ind Assessed Need
45	16091	<input checked="" type="checkbox"/> CI-111333 - DSD BR FD 45 IMPLEMENTED	Calculate Unmet Need by Service Type	Check Eligibility Activate Evidence	Unmet Need by Service Type (Authorization Summary: Unmet Need) = Unmet Need by Month * (Net Adjusted Need by Service Type/ Net Adjusted Need by Month)	12	Authorization Summary-Unmet Need
46	16092	<input checked="" type="checkbox"/> CI-111334 - DSD BR FD 46 IMPLEMENTED	Calculate Weekly Auth to Purchase Hours	Check Eligibility Activate Evidence	Weekly Auth to Purchase = Sum of "Auth to Purchase" hours for all Weekly Services. One-time only and Protective Supervision Auth to Purchase Hours are excluded from this calculation.	11	N/A
47	16093 12569	<input checked="" type="checkbox"/> CI-111335 - DSD BR FD 47 IMPLEMENTED	Calculate Total Auth to Purchase	Check Eligibility Activate Evidence	Total Auth to Purchase Before LMA(Authorizations: Total Auth to Purchase Before LMA) = ((Weekly Auth to Purchase * 4.33) + (Protective Supervision Auth to Purchase * 4.33) + Monthly Auth to Purchase)	20	Authorization Summary- Total Auth to Purchase Before LMA
48	16094	<input checked="" type="checkbox"/> CI-111336 - DSD BR FD 48 IMPLEMENTED	Determine Prorated Month	Check Eligibility Activate Evidence	A Service month shall be determined as a "Prorated Month" when any of the following conditions occur: The eligibility begin date is a date other than the first date of a month – a.k.a. – Initial Proration The eligibility end date is a date other than the end of a month – a.k.a. – Ending Proration There are multiple changes in eligibility within a specific month – a.k.a. – Mid-Month Proration	24	N/A
49	16095 16096	<input checked="" type="checkbox"/> CI-111337 - DSD BR FD 49 IMPLEMENTED	Validation on Paramedical Form Received Date for Paramedical Service	Check Eligibility Activate Evidence	If Received Date on Paramedical Form is blank Do not authorized Paramedical Services Allow authorization of the other Service Types	39	Paramedical Services- Paramedical Services Form Sent Date
50	16098	<input checked="" type="checkbox"/> CI-111338 - DSD BR FD 50 IMPLEMENTED	Determine Impairment Level - Non-Severely Impaired	Check Eligibility Activate Evidence	Identify Recipient as Non-Severely Impaired (NSI) (Authorization Summary: Impairment Level) when the aggregated "Individual Assessed Need" for the following Service Types is less than 20 hours per week: <ul style="list-style-type: none"> • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Moving In/Out of Bed • Bathing, Oral Hygiene, Grooming • Rubbing Skin, Repositioning, Etc. • Care and Assistance with Prostheses • Paramedical Services One-time services will not be considered in this calculation.	31	Authorization Summary- Impairment Level

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname- Field name
51	16103	<input checked="" type="checkbox"/> CI-111339 - DSD BR FD 51 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO/IHSS-R & Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limits for IPW/IPO/IHSS-R and Non- Severely Impaired Recipient are a total of 195 hrs/month, all of which may be for Protective Supervision (45:02 HH:MM/week).	32	Authorization Summary- Protective Supervision
52	16104	<input checked="" type="checkbox"/> CI-111340 - DSD BR FD 52 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IPW/IPO Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM/wk).	33	Authorization Summary- Protective Supervision
53	16105	<input checked="" type="checkbox"/> CI-111341 - DSD BR FD 53 IMPLEMENTED	Protective Supervision Statutory Limits – IHSS-R – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IHSS-R and Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM/wk).	34	Authorization Summary- Protective Supervision

54	16106 16968	CI-111342 - DSD BR FD 54 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP/CFCO – Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Non – Severely Impaired is a total of 283 hrs/mo, of which only 195 hrs /mo (45:02 HH:MM/wk) may be for Protective Supervision.	35	Authorization Summary- Protective Supervision
55	16107 16969	CI-111343 - DSD BR FD 55 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP/CFCO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Severely Impaired is a total 283 hrs/mo, of which all may be Protective Supervision (65:22 HH:MM/wk).	36	Authorization Summary- Protective Supervision
56	16118	CI-111344 - DSD BR FD 56 IMPLEMENTED	Re-assessment Due Date – IPW /IPO	Check Eligibility Activate Evidence	<p>For an Assessment Type (Evidence Workspace: Evidence Type) of Initial, Re-assessment or Inter-County Transfer and the Funding Program (Authorization Summary):</p> <p>Funding Source Aid Code) is IPO or IPW if the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) is more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p> <p>For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment when a Funding Program changes from PCSP to IPW/IPO, the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date, reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p>	51	Program Evidence- Re-Assessment Due Date
57	16119	CI-111345 - DSD BR FD 57 IMPLEMENTED	Re-assessment Due Date – PCSP, CFCO	Check Eligibility Activate Evidence	<p>Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) for an Initial Assessment with a PCSP or CFCO Funding Source (Authorization Summary):</p> <p>Funding Source Aid Code) shall not exceed 12 months from the Home Visit Date), reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p> <p>Re-assessment Due Date for a case with an Assessment Type other than Initial Assessment and a Funding Source of PCSP or CFCO may not be more than 18 months from the In-Home Visit Date regardless of the Assessment Type), reset the Re-assessment Due Date to 18 months from the Home Visit Date.</p>	52	Program Evidence- Re-Assessment Due Date
58	16120 16119	CI-111346 - DSD BR FD 58 IMPLEMENTED	Re-assessment Due Date – IHSS-R	Check Eligibility Activate Evidence	<p>An Assessment Type of Initial (Evidence Workspace: Evidence Type), Re-assessment or Inter-County Transfer for Funding Program IHSS-R when the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Date to 12 months from the Home Visit Date</p> <p>For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment with a Funding Program changes from PCSP or CFCO to IHSS-R and the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date reset the Re-assessment Date to 12 months from the Home Visit Date.</p>	53	Program Evidence- Re-Assessment Due Date
59	16121	CI-111347 - DSD BR FD 59 IMPLEMENTED	IHSS Determination Date	Activate Evidence	System generates IHSS Determination Date (Authorizations: Determination Date) assigned as the date the Final Determination was process for an Authorization Period for the Initial Approval or Denial and all subsequent authorizations.	50	Authorization Summary- IHSS Determination Date
60	16133	CI-111348 - DSD BR FD 60 IMPLEMENTED	No payment for Voluntary Services	Check Eligibility Activate Evidence	Shall not authorize payment for voluntary services.	60	N/A

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname- Field name
61	16477	CI-111349 - DSD BR FD 61 IMPLEMENTED	Calculate 'SOC Compare Cost'	Check Eligibility Activate Evidence	<p>SOC Compare Cost (Authorization Summary: SOC Compare Cost) = Highest County Rate * Total Auth to Purchase Before LMA hours.</p> <p>*SOC Compare Cost will always be calculated for a full Service Month.</p>	29	Authorization Summary- SOC Compare Cost
62	16522	CI-111350 - DSD BR FD 62 IMPLEMENTED	Able and Available Spouse Calculation	Check Eligibility Activate Evidence	<p>If the Spouse/Parent indication is "Spouse – Able and Available" assign Individual Assessed Need (Authorization Summary: Ind Assessed Need) for the following services as "Alternate Resources" (Authorization Summary: Alt+Ref+Vol):</p> <ul style="list-style-type: none"> • Domestic Services • Preparation of Meals • Meal Clean-up • Laundry • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning 	48	View Household Member- Spouse / Parent

63	16523	CI-111351 - DSD BR FD 63 IMPLEMENTED	Able and Partially Available Spouse Calculation	Check Eligibility Activate Evidence	If the Spouse/Parent indication is "Spouse Able/Partially Available" assign Individual Assessed Need/Authorization Summary: Ind Assessed Need for the following services as "Alternate Resources" (Authorization Summary: Alt+Ref+Vol): <ul style="list-style-type: none"> • Domestic Services • Routine Laundry • Meal Clean-up • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning 	49	View Household Member- Spouse / Parent
65	12527	CI-111352 - DSD BR FD 65 IMPLEMENTED	Notice of Action	When the "submit for approval" processing results in a Case Status of Denied or Terminated	CMIPS shall print only the NOA message(s) pertinent to the Denial or Termination.	59	Authorization Summary-System Generated
66a	12569	CI-111353 - DSD BR FD 66a IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are equal to the Previous Auth to Purchase Hours	If Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated: <ul style="list-style-type: none"> • "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated : <ul style="list-style-type: none"> • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case 	65.1	View Case Provider-Provider Hours
66b	12569	CI-111354 - DSD BR FD 66b IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are greater than the Previous Auth to Purchase Hours	If Auth to Purchase Hours have increased and the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: <ul style="list-style-type: none"> • "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: <ul style="list-style-type: none"> • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the: <ul style="list-style-type: none"> ◦ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment ◦ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case 	65.2	View Case Provider-Provider Hours

66c	12569	CI-111355 - DSD BR FD 66c IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And the Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are less than the Previous Auth to Purchase Hours	If the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: and current Auth to Purchase is less than the Provider Assigned Hours do not update Provider Hours [Produce Task "[case name] [case number] Change in Recipient Auth Hours; Verify Modes of Service"] Else the current Auth to Purchase is greater than the Provider Assigned Hours • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the: ◦ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment ◦ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case	65.3	View Case Provider-Provider Hours
66d	16214	CI-111356 - DSD BR FD 66d IMPLEMENTED	Activate Evidence	When evidence is activated and eligible providers are associated	An associated Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • Do not update the Provider If the provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated	65.4	View Case Provider-Provider Hours, Provider Assigned Hours Form
67	12337	CI-111357 - DSD BR FD 67 IMPLEMENTED	Calculate Unmet Need for cases with Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (Authorization Summary: Unmet Need(HH:MM) = (Net Adjusted Need for all Service Types excluding protective supervision – Total Auth To Purchase – Protective Supervision Auth To Purchase multiplied by 4.33) if > 0 else Unmet need = 0	14	Authorization Summary-Unmet Need Before LMA
68	12527	CI-111358 - DSD BR FD 68 IMPLEMENTED	Activate Evidence	When the Check Eligibility or Submit for Approval actions occur and the Assessment Type is Initial Assessment and any of the following Manual NOA Codes are indicated: DN02 DN06 DN07 DN08 DN09 DN11 DN15 DN16 DN17 DN19 DN24 DN20 DN21 DN22 DN23	Set the CaseStatus = Denied	61	Case Home-Status
69	16225	CI-111359 - DSD BR FD 69 IMPLEMENTED	User entered Countable Income Calculation	When the user enters Countable Income in the Create or Modify Share of Cost Evidence cluster on the Share of Cost Evidence screen	CMIPS shall calculate IHSS Share of Cost using the following formula: IHSS Share of Cost = Countable Income – Benefit Level Amount		Share of Cost Evidence-IHSS Share Of Cost

70	12236 16 225	CI-111360 - DSD BR FD 70 IMPLEMENTED	Share of Cost Earned & Unearned Income Calculations	Determine Earned and Unearned Income amounts	<p>The following will be used to determine the indicated amounts:</p> <p>Recipient Unearned Income will be determined by summing the Monthly Income Amounts for all of the following indicated in the Income Evidence cluster:</p> <ul style="list-style-type: none"> • Retirement, Survivors, Disability Insurance (RSDI) – Recipient • Veteran's administration – Recipient • Railroad Retirement – Recipient • Other Pension – Recipient • Other unearned – Recipient <p>Recipient Unearned Income Deductions will be determined by summing the Deduction amounts associated with each of the following indicated in the Income Evidence cluster:</p> <ul style="list-style-type: none"> • Retirement, Survivors, Disability Insurance (RSDI) – Recipient • Veteran's administration – Recipient • Railroad Retirement – Recipient • Other Pension – Recipient • Other unearned – Recipient <p>Recipient Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Recipient in the Income Evidence cluster.</p> <p>Recipient Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Recipient entry in the Income Evidence cluster.</p> <p>Spouse/Parent Unearned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Unearned – Spouse/Parent in the Income Evidence cluster.</p> <p>Spouse/Parent Unearned Income Deduction will be determined by summing the Deduction amount indicated for each Unearned – Spouse/Parent entry in the Income Evidence cluster.</p> <p>Spouse/Parent Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Spouse/Parent in the Income Evidence cluster.</p> <p>Spouse/Parent Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Spouse/Parent entry in the Income Evidence cluster.</p>	Share of Cost Evidence-Countable Income
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No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
71	12236 16 521	CI-111361 - DSD BR FD 71 IMPLEMENTED	Calculate Share of Cost - Link 1 Calculation = Share of Cost Linkage: IHSS Individual	When Share of Cost Link Code = IHSS Individual	<p>Calculate Recipient Unearned Income</p> <p>Recipient Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)</p> <p>Calculate Recipient Earned Income Recipient Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0) Calculate Countable Income</p> <p>Countable Income = Recipient Unearned Income + Recipient Earned Income – Recipient Unearned Income Deduction</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0) Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income

72	12236 16 521	CI-111362 - DSD BR FD 72 IMPLEMENTED	Calculate Share of Cost - Link 2 Calculations = Share of Cost Linkage = IHSS Individual/linked spouse	When Share of Cost Link Code is 2	<p>Calculate Unearned Income (Recipient and Spouse)</p> <p>Unearned Income = Sum of Recipient Unearned Income + Sum of Spouse Unearned Income – Standard Exclusion – Recipient Unearned Deduction</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0) Calculate Earned Income (Recipient and Spouse)</p> <p>Earned Income = ((Sum of Recipient Earned Income + Sum of Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income</p> <p>Countable Income = Unearned Income + Earned Income</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence- Countable Income
73	12236	CI-111363 - DSD BR FD 73 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations Determine Alternate Benefit Level Usage	When Share of Cost Link is 3 – Determine Alternative Benefit Level Usage based upon number of Dependents	<p>If Share of Cost Evidence Dependents indication is zero (0) use Benefit Level Amount associated with indicated Benefit Level</p> <p>Else determine Alternate Benefit Level to be used to calculate IHSS Share of Cost:</p> <p>If Benefit Level Code from the screen = Couple aged or disabled, own home; use Alternate Benefit Code = Individual aged or disabled, own home</p> <p>Else if Benefit Level Code from the screen = Couple both blind, own home or Couple blind /aged or disabled, own home; use Alternate Benefit Code = Individual blind, own home</p> <p>Else if Benefit Level Code from the screen = Couple aged or disabled, household of another or Couple both blind, household of another; use Alternate Benefit Code = Individual aged or disabled, household of another</p> <p>Else if Benefit Level Code from the screen = Couple blind/aged or disabled, household of another; use Alternate Benefit Code = Individual blind, household of another</p> <p>Else if Benefit Level Code from the screen = Couple aged or disabled, independent, living without cooking facilities; use Alternate Benefit Code = Individual aged or disabled, independent, living without cooking facilities</p>		Share of Cost Evidence- Countable Income
74	12236	CI-111364 - DSD BR FD 74 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents = zero (0)	Share of Cost Link is 3	<p>Calculate Unearned Income</p> <p>Unearned Income = Sum of Recipient Unearned Income + Sum Spouse Unearned Income – Standard Exclusion – Recipients Unearned Income Deduction</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0) Calculate Earned Income</p> <p>Earned Income = ((Sum of Recipient Earned Income + Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction – Spouse Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income</p> <p>Countable Income = Unearned Income + Earned Income</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence- Countable Income

75	12236	<p>CI-111365 - DSD BR FD</p> <p>75 IMPLEMENTED</p>	<p>Calculate Share of Cost - link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents greater than zero (0)</p>	<p>Share of Cost Link 3</p>	<p>Calculate Unearned Income Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion If Unearned Income is less than zero (0), then Unearned Income = zero (0) Calculate Earned Income Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0) Calculate Countable Income Countable Income = Unearned Income + Earned Income – Recipient Unearned Income Deduction If Countable Income is less than zero (0), then Countable Income = zero (0) Calculate IHSS Share of Cost IHSS Share of Cost = Countable Income – Alternate Benefit Level Amount If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>	<p>Share of Cost Evidence- Countable Income</p>
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76	12236	CI-111366 - DSD BR FD 76 IMPLEMENTED	Calculate Share of Cost - Link 4 and Link 5 Calculations:	<p>Link 4: Share of Cost linkage = IHSS Individual/non-linked parent Link 5: Share of Cost linkage = IHSS Individual/non-linked parents</p> <p>Calculate Total Child Allowance Total Child Allowance = # Dependents * Child Need Amount</p> <p>Calculate Parent Unearned Income Parent Unearned Income = Sum of Parent Unearned Income - Total Child allowance</p> <p>If Parent Unearned Income is less than zero (0), then Parent Unearned Income = zero (0)</p> <p>Calculate Parent Earned Income Parent Earned Income = ((Sum of Parent Earned Income - Earned Income Exclusion) * 0.5)</p> <p>If Parent Earned Income is less than zero (0), then Parent Earned Income = zero (0)</p> <p>Calculate Parent Share of Cost Parent Share of Cost = Parent Unearned Income + Parent Earned Income</p> <p>Determine Parent Allowance If Share of Cost linkage = IHSS Individual/non-linked parent then Parent Allowance</p> <p>Else if Cost linkage = IHSS Individual/non-linked parents then Parent Allowance</p> <p>Calculate Child Deemed Income Child Deemed Income = Parent Share of Cost - Parent Allowance</p> <p>If Child Deemed Income is less than zero (0), then Child Deemed Income = zero (0)</p> <p>Calculate Recipient Unearned Income Recipient Unearned Income = Sum of Recipient Unearned Income + Child Deemed Income - Standard Exclusion</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)</p> <p>Calculate Recipient Earned Income Recipient Earned Income = ((Sum of Recipient Earned Income - Earned Income Exclusion) * 0.5) - Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income Countable Income = Recipient Unearned Income + Recipient Earned Income - Recipient Unearned Income Deduction</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost IHSS Share of Cost = Countable Income - Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income
77			Removed with CR 919			
78			Removed with CR 919			
79			Removed CR 611			
80	16832	CI-117168 - DSD BR FD 80 IMPLEMENTED	Calculate LMA	Check Eligibility Submit for Approval	The LMA shall be calculated as follows: Auth to Purchase multiplied by LMA (may be +/- value) (Authorization Summary: LMA Hours). If the calculated value is a negative number the display will indicate negative (-3:17)	21 Authorization Summary- LMA

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name

81	16830 16 831	CI-117169 - DSD BR FD 81 IMPLEMENTED	Apply LMA to Auth to Purchase	Check Eligibility Submit for Approval	The Total Auth to Purchase after LMA shall be calculated as follows: Total Auth to Purchase after LMA = Total Auth to Purchase Before LMA – (LMA percentage multiplied by Auth to Purchase) (Authorization Summary: Total Auth to Purchase After LMA)	22	Authorization Summary- Total Auth to Purchase After LMA
82	16833	CI-117170 - DSD BR FD 82 IMPLEMENTED	Apply LMA to case with Unmet Need	Check Eligibility Submit for Approval	The LMA shall be applied to Recipient cases with Unmet Need as follows: The LMA shall be applied first against Unmet Need amount Then when Unmet Need has been reduced to 0:00: Any remaining reduction shall be applied against the case Total Auth to Purchase Before LMA to arrive at Total Auth to Purchase after LMA amount Reduce the Unmet Need Before LMA field on the Authorization Summary screen up to the LMA reduction amount (Authorization Summary: Unmet Need After LMA (HH:MM)) Reduce the Total Auth to Purchase Before LMA field on the Authorization Summary screen by the remaining LMA reduction amount if any LMA reduction amount remains after being applied to Unmet Need (Authorization Summary: Total Auth to Purchase After LMA)	23	Authorization Summary- LMA
83	16879	CI-118141 - DSD BR FD 83 IMPLEMENTED	Check Eligibility or Submit for Approval	When the Check Eligibility or Submit for Approval actions process AND the Case Status results in Denied and a Denial (DN) NOA other than the following is triggered: <ul style="list-style-type: none">• DN12 – No Assessed Need• DN13 – SOC Exceeds Need – IHSS-R• DN14 – Need met through Alt Resources, Voluntary Services, Refused Services AND the following field indications exist: <ul style="list-style-type: none">• Disaster Preparedness – Blank or other indication• Functional Rank – Blank or other indication AND the Health Care Certification Due Date is before the current date OR the Good Cause Extension Due Date is before the current date	<ul style="list-style-type: none">• Allow the denial action• Set the case Status to Denied• Trigger applicable denial NOA	57.1	Case Home-Status Authorization Summary-System Generated Health Care Certification
84			Removed CR 718				
85	16882	CI-118143 - DSD BR FD 85 IMPLEMENTED	Allow Change Assessment Authorization Health Care Certification Exception Granted Date and the due date in the future	When the current Assessment is Change Assessment: <ul style="list-style-type: none">• AND the current case status is Eligible or Leave• AND the Health Care Certification Exception Granted Date is indicated• AND the Health Care Certification Due Date is future to the current date OR, if indicated, the Health Care Certification Extension Due Date is future to the current date	Allow the authorization Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted"	57.2	Authorization Summary-System Generated
86			This Business Rule was removed with CR 651				
87	16884 16888	CI-121160 - DSD BR FD 87 IMPLEMENTED	Provider Notification (SOC 2271) Activate Evidence Authorization End Date Equal to or Greater than Current Month	When evidence is activated AND the Previous case status was Eligible or Presumptive Eligible AND the Current case status is Eligible or Presumptive Eligible AND the Authorization End Date = > the current month		63	N/A

All SOC 2271 produced will have the associated recipient case name populated to the form field, "You are receiving this notice because you are a provider of IHSS for" [case recipient name (First MI Last Name)]

Starting with the earliest Authorization Segment in the Assessment with a Segment End Date greater than or equal to the current month, evaluate each Authorization Segment in relation to each IHSS Provider assigned to the case as follows:

Starting Segment
If the first month in the Authorization Segment was previously assessed
AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the Previous Assessment
OR the Auth to Purchase after Adjusted Hours has either increased or decreased from the Previous Assessment

AND the latest segment of the IHSS Provider is in an Active status

OR
If the first month in the Authorization Segment was not previously assessed
AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest Authorization Segment in the Previous Assessment
OR the Auth to Purchase after Adjusted Hours has either increased or decreased from the Previous Assessment
AND the latest segment of the IHSS Provider is in an Active status

- Set the Provider Notification 2271 Notification Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider or the current date
- Provider Number – Nine-digit CMIPS Provider Number
- Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the Authorized Segment with an End Date greater than or equal to the current month.
- Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours)
- Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271)

			<ul style="list-style-type: none"> Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence <p>Subsequent Authorization Segments If the Service Types associated with the Authorization Segment are to the Service Types authorized in the previous Authorization Segment in Current Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased in the previous Authorization Segment in Current Assessment AND the latest segment of the IHSS Provider is in an Active status</p> <ul style="list-style-type: none"> Set the Provider Notification (SOC 2271) Notification Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider Provider Number – Nine-digit CMIPS Provider Number Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the Authorized Segment with and End Date greater than or equal to the current month. Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271) Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence <p>Existing Pending Provider Notifications If there are existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => a Provider Notification (SOC 2271) generated above</p> <ul style="list-style-type: none"> Inactivate the existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above.
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88	16884 16888	CI-121661 - DSD BR FD 88 IMPLEMENTED	Provider Notification (SOC 2271) Activate Evidence Authorization End Date Prior to Current Month	When evidence is activated AND the Previous case status was Eligible or Presumptive Eligible AND the Current case status is Eligible or Presumptive Eligible AND the Authorization End Date is < the current month AND the Authorization End Date is = > the latest Authorization Segment End Date in the Previous Assessment	Evaluate the latest Authorization Segment in the Assessment in relation to each IHSS Provider assigned to the case as follows: If the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest segment in the Previous Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased in the latest segment in the Previous Assessment AND the latest segment of the IHSS Provider is in an Active status <ul style="list-style-type: none"> • Set the Provider Notification (SOC 2271) Notification Date to the latter of the Begin Date of the Provider or the current date • Provider Number – Nine-digit CMIPS Provider Number • Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the latest segment in the Previous Assessment • Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) • Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271) • Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence Existing Pending Provider Notifications If there are existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above <ul style="list-style-type: none"> • Inactivate the existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above. 	64	N/A
89	16890	CI-123024 - DSD BR FD 89 IMPLEMENTED	System Generated Assessment	When the System generates an Assessment The CMIPS system assessments through various processes and these processes have one of the following Assessment Types, Cost of Living Adjustment, Funding Source Update, Wage Rate Update, Funding Source Update or State Mandated Change. The CMIPS system also generates assessments based user actions, for example Leave Case, Terminate Case or Rescind Case. When these user actions occur the system process the authorization and an associated Assessment Type, Change, is added to the system. Therefore, whenever the system generates an assessment, regardless of the Assessment Type this BR will be executed when the "When" conditions are encountered. and the previous Assessment (Type) is Conversion the current Total Auth to Purchase Before LMA is less than the previous Total Auth to Purchase Before LMA and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for each indicated Service Type	Trap the "time difference" between the previous Total Auth to Purchase Before LMA and the current Total Auth to Purchase Before LMA Add the "difference" to the Total Assessed Need of first service encountered, other than Protective Supervision, which has Net Adjusted Need greater than 0:00 Insert the message "This service Total Assessed Need was increased by [HH:MM] due to conversion of time." in the Service Type comment field Continue system generated assessment	23.1	View Service Type Details-Comments

90	16892	CI-123789 - DSD BR FD 90 IMPLEMENTED	Calculate Reduced Hours – Reinstated Hours greater than 00:00	When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours field is greater than 00:00	Set Total Auth to Purchase After Reduced Hours to Total Auth to Purchase after LMA add + Reduced Hours plus Reduced Hours are stored in the database as a negative value and will display as a negative value. Therefore the Reduced Hours must be added to the Total Auth to Purchase After LMA. + Reinstated Hours (HH:MM) Note – Reduced Hours shall not exceed designate Reduced Hours percentage (20.0%).		Authorization Summary-Adjusted Hours
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No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
91	16891 16892	CI-123790 - DSD BR FD 91 IMPLEMENTED	Calculate Reduced Hours – Program Waiver	When the Save link is selected on the Modify Reduced Hours screen and the Program Evidence Waiver Program field is Yes	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA. Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.		Authorization Summary-Adjusted Hours
92	16894	CI-123791 - DSD BR FD 92 IMPLEMENTED	Calculate Reduced Hours – SW Certification	When the Save link is selected on the Modify Reduced Hours screen and the Social Worker Certification is "Yes"	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.		Authorization Summary-Adjusted Hours
93	16892	CI-123792 - DSD BR FD 93 IMPLEMENTED	Check Eligibility	When the Check Eligibility process occurs CMIPS shall	Calculate and populate the following to the Reduced Hours screen: Set "Total Auth to Purchase After LMA" equal to "IHSSAuthorization: authToPurchaseMinAfterLMA" (HH:MM) Calculate Reduced Hours as Auth to Purchase after LMA multiplied by [Reduced Hours %] (HH:MM) If Initial Assessment set Reinstated Hours to blank Else if, Assessment Type is other than Initial and the previous Program Evidence Waiver Program = No and current Program Evidence Waiver Program = Yes, set the Reinstated Hours to 00:00 Else set Reinstated Hours to previously indicated Reinstated Hours If Initial Assessment set Social Worker Certification to blank Else set Social Worker Certification to previous Social Worker Certification indication If Initial Assessment calculate Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA plus + Reduced Hours Else calculate Total Auth to Purchase After Reduced Hours based upon previous Program Evidence Waiver and Social Worker Certification indications Set "Verified by Case Owner or Supervisor" to unchecked	23.2	Authorization Summary-Adjusted Hours
94	16970	CI-463627 - DSD BR FD 94 IMPLEMENTED	Calculate Monthly Total Assessed Need	Check Eligibility Submit for Approval	Calculate Monthly Total Assessed Need using the following formula: (((Sum Total Assessed Need for all Weekly Services) * 4.33) + (Sum Total Assessed Need for all Monthly Services excluding Heavy Cleaning and Yard Hazard Abatement)) *This calculation is added to the system to determine eligibility for the CFCO Funding Source implemented 8/1/2014.	04.2	N/A

95	16970	CI-463628 - DSD BR FD 95 IMPLEMENTED	CFCO Implementation Batch Job	CFCO Funding Source Implementation	<p>Apply CFCO Funding Source Updates as follows:</p> <ul style="list-style-type: none"> Process State Mandated Change against all Eligible and Presumptive Eligible Recipient cases and update Funding Source on cases meeting CFCO criteria Produce Notices of Action on all cases per NOA Triggers rules Flag and send to HP Print center for printing and mailing only those Notices of Action on cases where the Funding Source changed from IPO to CFCO and the Auth to Purchase before LMA prior to processing is 195:00 and after processing the Auth to Purchase before LMA is greater than 195:00. 		N/A
96	20743	CI-480725 - DSD BR FD 96 IMPLEMENTED	Calculate Weekly Authorized Hours	Check Eligibility Activate Evidence	<p>Calculate and populate to the Authorization Summary screen the "Weekly Authorized Hours" fields as follows:</p> <p>28 Day Month – The number of hours authorized per week based upon a calendar month with 28 days. (Total Auth to Purchase After Adjusted Hours/4.0)</p> <p>29 Day Month – The number of hours authorized per week based upon a calendar month with 29 days. (Total Auth to Purchase After Adjusted Hours/4.1426)</p> <p>30 Day Month – The number of hours authorized per week based upon a calendar month with 30 days. (Total Auth to Purchase After Adjusted Hours/4.2857)</p> <p>31 Day Month – The number of hours authorized per week based upon a calendar month with 91 days. (Total Auth to Purchase After Adjusted Hours/4.4286)</p>		
97	20770	CI-484130 - DSD BR FD 97 IMPLEMENTED	Generate Standard PDF NOAs for County Support Option	When a NOA is triggered And The Notice of Action Option of County Support is selected	Generate and mail standard PDF NOAs		
98	20770	CI-486332 - DSD BR FD 98 IMPLEMENTED	Generate Standard PDF NOAs for No Accommodation is Needed Option	When a NOA is triggered And The Notice of Action Option of No Accommodation is Needed is selected	Generate and mail standard PDF NOAs		
99			Removed with CR 1040				
100			Removed with CR 1040				

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
101	20770	CI-486335 - DSD BR FD 101 IMPLEMENTED	Generate NOA in selected Notice of Action Option	When a NOA is triggered And The Notice of Action Option of Braille Documents is selected	<p>If the Recipient's written language indication is English Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA</p> <p>Else, if the Recipient's written language indication is Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard PDF NOA in Recipient's indicated written language of Spanish, Armenian, or Chinese</p> <p>Else, if the Recipient's written language indication is not English, Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA</p>		

102	20770 20799	CI-486336 - DSD BR FD 102 IMPLEMENTED	Generate Audio NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Audio CD is selected	<p>Send standard PDF NOA to county printer Set Status on BVI format Cluster as Pending Generation Generate manifest detail for interface CMDS876A</p> <p>AND</p> <p>IF the standard PDF NOA was generated in Spanish, Chinese, or Armenian Then generate the NOA as an unlocked Spanish, Chinese, or Armenian PDF with imbedded fonts for interface CMDS876A Else generate NOA as unlocked English PDF with imbedded fonts for interface CMDS876A</p>		
103	20770 20799	CI-486337 - DSD BR FD 103 IMPLEMENTED	Generate Textual NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Data CD is selected	<p>Send standard PDF NOA to county printer Set Status on BVI format Cluster as Pending Generation Generate manifest detail for interface CMDS876A</p> <p>AND</p> <p>IF the standard PDF NOA was generated in Spanish, Chinese, or Armenian Then generate the NOA as an unlocked Spanish, Chinese, or Armenian PDF with imbedded fonts for interface CMDS876A Else generate NOA as unlocked English PDF with imbedded fonts for interface CMDS876A</p>		
104	20770	CI-486338 - DSD BR FD 104 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Large Font NOA is selected	Generate and mail Large Font NOAs		
105	12007 16970	CI-489605 - DSD BR FD 105 IMPLEMENTED	Check Eligibility Submit for Approval	<p>When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation screen And payment has already been made for all months in the authorization period</p> <p>And the current Funding Source does not match the Funding Source associated with the payment</p>	Allow authorization to process, but do not update the funding source associated with the payment.		
106	12091	CI-489606 - DSD BR FD 106 IMPLEMENTED	Submit for Approval	<p>When the "Yes" link is selected on the Submit for Approval Confirmation screen and the Pending Evidence Authorization Period (Authorization Start Date – Authorization End Date) spans an entire Active Evidence Authorization Period</p>	<p>Allow authorization when all error messages are resolved</p> <p>Supersede any Assessment with an Authorization Period which falls within the Authorization Period on the Pending Evidence.</p>		
107	12091	CI-489607 - DSD BR FD 107 IMPLEMENTED	Submit for Approval	<p>When the "Yes" link is selected on the Submit for Approval Confirmation screen and the case Status History has a future dated Leave and the current Pending Evidence Authorization Period spans the future Leave</p>	<p>Allow the action</p> <p>Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY1 through MM/DD/YYYY2 Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not contain a Leave period."</p> <p>MM/DD/YYYY1 – Most recent Status History Leave "From" date MM/DD/YYYY2 – Most recent Status History Leave "To" date [Leave Reason] – Most recent Leave Reason verbiage</p>		

108	12007 16970	CI-489608 - DSD BR FD 108 IMPLEMENTED	Submit for Approval	<p>When the "Yes" link is selected on the Submit for Approval Confirmation screen</p> <p>And a payment has already been made for the authorization period</p> <p>And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence</p>	<p>Allow the action</p> <p>Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY1 through MM/DD/YYYY2 Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not show no contain Leave period."</p> <p>MM/DD/YYYY1 – Most recent Status History Leave "From" date MM/DD/YYYY2 – Most recent Status History Leave "To" date [Leave Reason] – Most recent Leave Reason verbiage</p>		
109	12007 16970	CI-489609 - DSD BR FD 109 IMPLEMENTED	Submit for Approval	<p>When the "Continue" link is selected on the Submit for Approval Confirmation screen</p> <p>And a payment has already been made for the authorization period</p> <p>And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence</p>	<p>Allow the action authorizing the assessment.</p> <p>Update Status History as follows:</p> <ul style="list-style-type: none"> • Supersede current Eligible Status History segment • Supersede most recent Leave Status History segment • Remove "To" date associated with Eligible Status History segment prior to Leave 		
110	12091	CI-489610 - DSD BR FD 110 IMPLEMENTED	Submit for Approval	<p>When the "Yes" link is selected on the Submit for Approval Confirmation screen and the case Status History has a future dated Termination</p> <p>and the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"</p>	<p>Allow the action</p> <p>Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a future Termination as of MM/DD/YYYY Termination Reason [Termination Reason]. When this assessment is authorized, the future dated termination will be removed."</p> <p>MM/DD/YYYY – Most recent Status History Termination "From" date [Termination Reason] – Most recent Termination Reason verbiage</p>		

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
111	12007 16970	CI-489611 - DSD BR FD 111 IMPLEMENTED	Submit for Approval	<p>When the "Continue" link is selected on the Submit for Approval Confirmation screen</p> <p>And future dated terminations exists on the case</p> <p>And the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"</p>	<p>Allow the action authorizing the assessment.</p> <p>Update Status History as follows:</p> <ul style="list-style-type: none"> • Supersede most recent Terminated Status History segment • Remove "To" date associated with Eligible Status History segment prior to Leave 		
112	12007 16970	CI-500092 - DSD BR FD 112 IMPLEMENTED	Update Funding Source from PCSP to CFCO	<p>When the Yes link is selected on the Submit for Approval Confirmation screen</p> <p>AND the Funding Source has change from PCSP to CFCO</p> <p>AND no payments exist for any month in the Pending Evidence Authorization Period</p> <p>AND the Pending Evidence Authorization Start Date is other than the first day of a month</p>	<p>Allow the Save action and update the Funding Source for the entire* service month associated with the Authorization Start Date month and all subsequent months.</p> <p>*Entire service month means the Funding Source will be updated on the prorated month (authorization) created from the previous authorization and the prorated month (authorization) created from the pending evidence.</p>		
113	12007 16970	CI-500185 - DSD BR FD 113 IMPLEMENTED	Update Funding Source from PCSP to CFCO	<p>When the Yes link is selected on the Submit for Approval Confirmation screen</p> <p>AND the Funding Source has change from PCSP to CFCO</p> <p>AND no payments exist for any month in the Pending Evidence Authorization Period</p> <p>AND the Pending Evidence Authorization Start Date is other than the first day of a month</p>	<p>Allow the Save action and update the Funding Source for the entire* service month associated with the Authorization Start Date month and all subsequent months.</p> <p>*Entire service month means the Funding Source will be updated on the prorated month created from the previous authorization and the prorated month created from the pending evidence.</p>		

114	16361	CI-507525 - DSD BR FD 114 IMPLEMENTED	Submit for Approval – NOA production	When the Submit for Approval action occurs and a NOA is produced	CMIPS shall print one (1) copy of the NOA for mailing to the Recipient.		
115	20827	CI-510885 - DSD BR FD 115 IMPLEMENTED	Submit for Approval	<p>When a case authorization is processed</p> <ul style="list-style-type: none"> • AND the case status was Pending, Eligible or Presumptive Eligible • AND the current case status is Eligible or Presumptive Eligible • AND the case Auth to Purchase after Adjusted Hours has either increased or decreased • OR the previous case status was Leave and the current case status is Eligible or Presumptive Eligible 	<p>Trigger the SOC2271A form in languages based upon the following:</p> <ul style="list-style-type: none"> • If the recipient written language is English, trigger SOC2271A in English language • Else, if the recipient written language is Spanish, trigger SOC2271A in Spanish language • Else, if the recipient written language is Chinese, trigger SOC2271A in Chinese language • Else, if the recipient written language is Armenian, trigger SOC2271A in Armenian language • Else, the recipients written language is other than English, Spanish, Chinese or Armenian trigger SOC2271A in English language and include GEN1365(MULTILINGUAL) <p>Generate SOC 2271A with the following data:</p> <ul style="list-style-type: none"> • Print the following in the Addressee section of the form: <ul style="list-style-type: none"> ◦ Addressee – All fields Left Justified, font size 9 ◦ Recipient Name ◦ Recipient Mailing Address ◦ Recipient Mailing City, State Zip (If recipient has Guardian or Conservator mailing should be addressed C/O) ◦ Case Information – Upper right section of form – All fields right justified, font size 12 ◦ Notice Date – Date Notice is printed ◦ Recipient Name – Case Recipient Name ◦ Recipient Case Number – CMIPS Case Number ◦ Social Worker Name – Case Owner Name ◦ Social Worker Number – Case Owner Worker Number ◦ Social Worker Telephone – Case Owner Office Phone Number ◦ Social Worker Address – County District Office Mailing Address • Form Body – All fields are left justified in the field, font size 14 • "as of "date" – The Authorization Start Date of the Assessment being authorized • "Monthly Authorized Hours are" – Auth to Purchase after Adjusted Hours for the Authorization Start Date month or if that month is not a full calendar month, the first full calendar month following the Authorization Start Date month. • If the Assessment is an Initial Assessment and does not include one-time services, populate with the Auth to Purchase after Adjusted hours associated with the first full assessment month. • Else, if the assessment is other than Initial and includes one-time services use the Auth to Purchase after Adjusted Hours for the first month after the one-time services. • Weekly Authorized Hours – Populate with the Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) • Save the Recipient Notification (SOC 2271A) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who submitted the case for approval 		
116		CI-753376 - DSD BR FD 116 CANCELLED	Cancelled by SCF-18				
117	16879	CI-775231 - DSD BR FD 117 IMPLEMENTED	Submit for Approval	<p>Denial – Health Care Certification – No Need (DN23)</p> <p>AND the Case is in Pending Status</p> <p>AND the Assessment Type is Initial</p> <p>AND the "DN23 – Health Care Certification – No Need" Manual NOA is selected</p>	Trigger NOA DN23 - "Denied Health Care Certification – No Need"	57.4	
118	21073	CI-775232 - DSD BR FD 118 IMPLEMENTED	Submit for Approval	<p>Print – SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted</p> <p>AND the Assessment Type is Initial</p> <p>AND the Health Care Certification Exception Granted Date is indicated</p> <p>AND the Due Date is future to the current date</p>	<p>Allow case authorization action</p> <ul style="list-style-type: none"> • Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted" • If Authorization StartDate is not the first day of a calendar month, trigger NOA message PR02 and print in 14 point font at the bottom of the last page (Page 4) of the SOC 876. • Else, Authorization Start Date is first day of a calendar month, no NOA messages are printed. <p>Suppress generation and printing of Initial NOA form</p>	57.5	

119	21071	CI-775233 - DSD BR FD 119 IMPLEMENTED	Check Eligibility	When either the Check Eligibility action is processed and one of the following Health Care Certification conditions is met: <ul style="list-style-type: none">• IF the Health Care Certification – Form Generated screen has an "Exception Date" indicated:• AND either the "Due Date" is a date future to the current date• OR, if indicated, the "Good Cause Extension Due Date" is a date future to the current date Else Health Care Certification – Form Not Generated screen has and indicated both the Health Care Certification Date and the Health Care Certification Type	Display Authorization Summary screen with case authorization details and display all applicable NOA Codes	57.6	
120	21071	CI-775234 - DSD BR FD 120 IMPLEMENTED	Submit for Approval	When the Submit for Approval action is processed <ul style="list-style-type: none">• And the Assessment Type is Change• AND one of the following Health Care Certification conditions is met:<ul style="list-style-type: none">• IF the Health Care Certification – Form Generated screen has an "Exception Granted Date" indicated:• AND the "Due Date" is a date future to the current date• OR, if indicated, the "Good Cause Extension Due Date" is a date future to the current dateELSE the Health Care Certification – Form Not Printed screen has the Document Received Date	Allow the case authorization action: <ul style="list-style-type: none">• Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted"• If authorization start date is not the first day of a calendar month, trigger NOA message PR02 and print in 14 point font at the bottom of the last page (Page 4) of the SOC 876.• Else, Authorization Start Date is first day of a calendar month, no NOA messages are printed Suppress generation of Change NOA form	57.7	

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
121	16879	CI-775230 - DSD BR FD 121 IMPLEMENTED	Check Eligibility Denial – Health Care Certification – No Need (DN23)	When the Check Eligibility action processes AND The Case is in Pending Status AND The Assessment Type is Initial AND The "DN23 – Health Care Certification – No Need" Manual NOA is selected	Display the informational message, "Denied Health Care Certification – No Need"	57.3	
122		CI-819072 - DSD BR FD 122 CANCELLED	Cancelled by CR115 CGI M&O – PSR – EVV Simplification				
123		CI-819074 - DSD BR FD 123 CANCELLED	Cancelled by CR115 CGI M&O – PSR – EVV Simplification				
124	21130 21158 21155	CI-822344 - DSD BR FD 124 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county = 12/31/9999	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A

125	21130 21158 21155	CI-822345 - DSD BR FD 125 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
126	21130 21158 21155	CI-822346 - DSD BR FD 126 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is pri or to the Case Initial Authorization Start Date	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = Case Initial Authorization Start Date AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
127	21130 21158 21155	CI-822347 - DSD BR FD 127 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A
128	21130 21158 21155	CI-822348 - DSD BR FD 128 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Reactivaiton on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table does exist	CM: Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A

129	21130 21158 21155	CI-822349 - DSD BR FD 129 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
130	21130 21158 21155	CI-822350 - DSD BR FD 130 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate is not = 12/31/999 THEN Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the authorizing county	N/A	N/A

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
131	21130 21158 21155	CI-822351 - DSD BR FD 131 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate = 12/31/9999 THEN Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A

132	21130 21158 21155	CI-822352 - DSD BR FD 132 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is prior to the Case Initial Authorization Start Date for Reactivation AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table AND Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
133	21130 21158 21155	CI-822353 - DSD BR FD 133 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date for the Reactivation AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
134	21130 21158 21155	CI-822354 - DSD BR FD 134 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date for the Reactivation AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation	N/A	N/A

135	21130 21158 21155	CI-822355 - DSD BR FD 135 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A
136	21130 21158 21155	CI-822356 - DSD BR FD 136 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action = 12/31/9999 AND CaseEVVDetails table does exist	CM: Set / Retain CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A
137	21130 21158 21155	CI-822357 - DSD BR FD 137 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
138	21130 21158 21155	CI-822358 - DSD BR FD 138 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A

139	21130 21158 21155	CI-822359 - DSD BR FD 139 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999 THEN Set / Retain CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county	N/A	N/A
140	21130 21158 21155	CI-822360 - DSD BR FD 140 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving Count EVV Date = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county = 12/31/9999	CM: Set / Retain CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
141	21130 21158 21155	CI-822361 - DSD BR FD 141 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31/9999 AND Receiving CountyEVVEffectiveDate is after the ICT Authorization Segment Start Date AND CaseEVVDetails. EVVEffectiveDate = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the receiving county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
142	21130 21158 21155	CI-822362 - DSD BR FD 142 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31/9999 AND Receiving CountyEVVEffectiveDate is after the ICT Authorization Segment Start Date AND CaseEVVDetails. EVVEffectiveDate is not = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the receiving county	N/A	N/A

143	21130 21158 21155	CI-822363 - DSD BR FD 143 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31 /9999 AND Receiving CountyEVVEffectiveDate is prior or equal to the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = ICT Authorization Segment Start Date AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
144	21130 21158 21155	CI-822364 - DSD BR FD 144 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31 /9999 AND Receiving CountyEVVEffectiveDate is prior or equal to the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = ICT Authorization Segment Start Date	N/A	N/A
145	12218	CI-822852 - DSD BR FD 145 IMPLEMENTED	ICT Pending Evidence - New ICT Evidence Blanks out Disaster Preparedness	WHEN An Eligible case has an ICT In Progress AND New evidence is added where Assessment Type = Inter-County Transfer	CM: Disaster Preparedness information is updated to reflect: <ul style="list-style-type: none">• 'No' for all checkbox driven-fields• 'Degree of Contact' selection is blank• Comments are blank• 'Electricity Dependent?' selection is blank.	N/A	N/A
146	12218	CI-822853 - DSD BR FD 146 IMPLEMENTED	Cancel ICT Pending Evidence - Revert Disaster Preparedness Entries	WHEN A user cancels pending ICT evidence OR Pending ICT evidence is cancelled due to a funding source update	CM: Disaster Preparedness entries are reverted back to the data present prior to the creation of the pending ICT evidence.	N/A	N/A

147	21334 21335	CI-823118 - DSD BR FD 147 IMPLEMENTED	803DPRDS Processing - Spend Down Batch for Advance Pay Recipients	When 803DPRDS or 803DPRDS_MONTHLY processes	<p>CM:</p> <p>Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where:</p> <ol style="list-style-type: none"> 1. The Recipient is Advance Pay. 2. The batch will only do spend-down for those months where the Medi-Cal Eligibility Status Code begins with '5' and 3. Recipients have at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month). <p>Batch Process/Behavior: The batch spends down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 or the IHSS authorized hours reach 00:00 hrs/min AND IF the batch is 803DPRDS_MONTHLY, once the batch has completed the share of cost hours calculation, it triggers a web service to Managed Advantage (PRMS944A) to transmit the adjusted hours to Payroll AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours fields in the case header</p>	N/A	N/A
148	12147 16059 12703	CI-823180 - DSD BR FD 148 IMPLEMENTED	802DPRDS Processing - Daily Spend Down Batch for IHSS Arrears Recipients	When 802DPRDS processes	<p>Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where:</p> <ol style="list-style-type: none"> 1. The Recipient is Arrears. 2. The batch will only do spend-down for those months where the Medi-Cal Eligibility Status Code begins with '5' 3. Recipients have at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month). 4. Recipient case has at least one assigned Provider that was in 'Active' at least 1 day during the service month <p>Batch Process/Behavior - <i>The batch will spend-down the regular and overtime IP Hours week-by-week for the current month:</i> The batch spends down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 or the IHSS authorized hours reach 00:00 hrs/min AND The IP Assigned Hours for the service month will be adjusted after the spend-down is complete AND For IP mixed mode Recipient cases, the IHSS Available Hours is the sum of the adjusted IHSS hours and the CC or HM hours AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours fields in the case header IF 802DPRDS processes a trigger from an initial assessment, when a Recipient is taken off leave, or when a Recipient's termination is rescinded and the following conditions are met: <ul style="list-style-type: none"> • Recipient has Eligible status in the service month(s) from the authorization start date to the current system month • Recipient has uncertified Medi-Cal share of cost in the eligible service months • Service months from the Authorization Start Date through the current system month must fall on or after the configured SOCCutOffDate • Recipient case has IP service hours in the service month • Service months are within 13 months of the current system month • The full service month was not previously spent down (<i>Does not apply for an initial assessment</i>) • There is at least one Provider with at least 1 day of active assignment in the service month <p>THEN 802DPRDS performs the following:</p> <ul style="list-style-type: none"> • If a Recipient meets the criteria listed above for the service month, the batch sets triggers to 'Processed' status for service months and conducts the SOC hours calculation defined above • If the Recipient is neither eligible nor has uncertified in the service month, the batch sets the trigger to 'Exception' • If the Recipient is meets all of the criteria listed above except there is neither IP service hours (mixed mode case) nor a Provider assessment in the service month, the batch leaves the trigger in 'Pending' status </p>	N/A	N/A

149	12147 12264 16059 12703	CI-823181 - DSD BR FD 149 IMPLEMENTED	Spend Down Process for Case Rescinded from Termination	When a user clicks the Save button on the Rescind Case screen for a terminated Recipient case AND The Recipient moves from 'Terminated' to 'Eligible' status Applies to: <ul style="list-style-type: none">• IHSS Arrears Recipient• IHSS-R Arrears Recipient• Advance Pay Arrears Recipient• Advance Pay IHSS-R Recipient	Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria: IF the Recipient's termination is in a month prior to the rescind action <ul style="list-style-type: none">The system conducts a spend-down of the current month's purchased IHSS hours ELSE IF the Recipient's termination is in the same month as the rescind action <ul style="list-style-type: none">AND the previous SOC Hours calculation for month was based on a prorated IHSS hours in the current month The system conducts a spend-down based on the remaining days in the month after the termination date ELSE IF the Recipient's termination is in the same month as the rescind action <ul style="list-style-type: none">AND the previous SOC Hours calculation was based on a full eligible month The system does not conduct a spend-down AND the SOC Hours previously calculated for the termination month are restored	N/A	N/A
150	12147 16059 12703	CI-823208 - DSD BR FD 150 IMPLEMENTED	Spend Down Process for Initial Assessment	When a user approves an initial assessment for one of the following: <ul style="list-style-type: none">• IHSS Arrears Recipient• IHSS-R Arrears Recipient• Advance Pay Arrears Recipient• Advance Pay IHSS-R Recipient	Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria: <ul style="list-style-type: none">• System conducts a spend down any month(s) within the initial assessment, from the authorization start date up through the current month• If a Recipient's authorization start date is mid-month, the IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month	N/A	N/A

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
151	12147 16059 12703 12114	CI-823209 - DSD BR FD 151 IMPLEMENTED	Spend Down Process for Case Taken off Leave	When a user approves an assessment that moves a Recipient from 'Leave' to: 'Eligible' OR 'Presumptive Eligible' Applies to: <ul style="list-style-type: none">• IHSS Arrears Recipient• IHSS-R Arrears Recipient• Advance Pay Arrears Recipient• Advance Pay IHSS-R Recipient	Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria: <ul style="list-style-type: none">• System conducts a spend down for any month(s), retroactive up through the current month, after the Recipient taken off leave• If a Recipient is on leave then made eligible in a future month, the system calculates SOC hours for all days in previous month(s) from Authorization Start Date of the approved assessment through the current month.• If a Recipient is taken off leave such that the authorization start date is mid-month, the IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month that were not part of a previous spend-down (system will only spend down a service month once)• If a Recipient is taken off leave in a service month in which a full spend-down of the month has already occurred, CMIPS will not do another spend-down for that service month	N/A	N/A

152	12147 12114	 <p>CI-823217 - DSD BR FD 152 IMPLEMENTED</p>	804DPRDS Processing - Spend Down Batch for IHSS-R funded Recipients	When 804DPRDS, 804DPRDS_MON THLY, or 804DPRDS_AP processes	<p>Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where:</p> <ol style="list-style-type: none"> 1. The Recipient has 'Presumptive Eligible' or 'Eligible' case status for at least one day in the current month (This could include Recipients that will be terminated or on-leave on a future date in the current month). 2. The most recent authorized evidence has an IHSS Share of Cost dollar > \$0.00. The most recent evidence cannot be 'Pending', the system will only consider the most recent fully approved evidence record. The most recent evidence may have an Authorization End Date that is prior to the system date in which the batch is run. 3. The Recipient has at least 1 day of presumptive eligible or eligible case status in the current month. 4. There is at least one active assigned Provider on the Recipient case for at least one day in the service month. 5. The Recipient case has greater than 00:00 IP mode of service hours in the service month. 6. The Recipient has the IHSS-R funding source. <p>IF a Recipient has a pending SOC trigger and they change from IHSS-R funded to another funding source (such as CFCO, PCSP, IPO) due to MEDS Daily Renewal, change the Recipient's IHSS-R flag from '1' (TRUE) to '0' (FALSE) and do not process the original trigger (this allows 802DPRDS to process the trigger instead)</p> <p>IF the batch processes a trigger from an initial assessment, when a Recipient is taken off leave, or when a Recipient's termination is rescinded:</p> <ul style="list-style-type: none"> • If a Recipient meets the numbered criteria listed above for the service month, the batch sets triggers to 'Processed' status for service months and conducts the SOC hours calculation • If the Recipient is neither eligible nor has uncertified in the service month, the batch sets the trigger to 'Exception' • If the Recipient meets the numbered criteria listed above except there is neither IP service hours (mixed mode case) nor a Provider assessment in the service month, the batch leaves the trigger in 'Pending' status <p>Batch Process/Behavior - The batch uses the IHSS Share of Cost dollar amount indicated in the Recipient's most recently authorized evidence segment to spend-down the regular and overtime IP Hours week-by-week for the current month:</p> <p>The batch spends down the regular hours in week 1 by calculating 40:00 hrs /min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 AND The IP Assigned Hours for the service month will be adjusted after the spend-down is complete AND For IP mixed mode Recipient cases, the IHSS Available Hours is the sum of the adjusted IHSS hours and the CC or HM hours AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours in system:<ul style="list-style-type: none"> • In the Case Header in the corresponding data fields. • On the Share of Cost Hours Details screen in the (IHSS) SOC Amount, IHSS Authorized Hours, Recipient SOC Hours, and IHSS Available Hours fields. <p>Note: For IHSS-R cases, the system does not allow for the IHSS Share of Cost to be more than the cost of the Total IHSS Auth to Purchase Hours. Therefore, in these cases the IHSS hours will never be spent to down 00:00 HH:MM.</p> <p>Note: It is possible in some instances for a Recipient to have IHSS-R funding source with MEDS SOC dollars in a given service month (Recipient cannot have IHSS SOC >\$0.00 and MEDS SOC dollars in the same service month). If this occurs, the system will do the call to MEDS to retrieve the Recipient's SOC dollar amount.</p> </p>	N/A	N/A
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Notices of Action (NOA) are the communications associated with the Final Determination topic area. The phrases "system select one of the following" or "system select any of the following that apply" used throughout this document are not intended to be included in the actual NOA message, but rather as direction that the system will determine which of the following values will be printed based upon the Business Rule. Any NOA Code highlighted in gray will be a manual NOA.

The following legend identifies the meaning of the NOA code prefix

Code	Definition
AA	Approval
AP	Advance Pay
AR	Alternate Resource
AS	Additional Assistance
DN	Denial
FF	Free Form Text

FR	Fingerprint Refused
FS	Funding Source
HR	Hours Change
IN	Information Notice
LM	Legislative Mandate
LV	Leave
MS	Mode of Service
OT	One-Time Service
PM	Paramedical Service
PR	Prorate
PS	Protective Supervision
RH	Reduced Hours
RM	Restaurant Meals Allowance
RS	Refused Services
SC	Share of Cost
SD	Sponsor Deeming
SH	State Hearing
SP	Spouse
TR	Termination
UN	Unmet Need
VS	Voluntary Services

Notice of Action Text and Triggers

This section provides the NOA trigger information. Please refer to Appendix G for the translated language provided by CDSS associated with the NOA triggers.

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AA)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AP)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (DN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FF)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (IN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (HR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LV)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (MS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (OT)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SC)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SD)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SP)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (TR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (UN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (VS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AA01	CI-116411 - DSD NOA AA01 IMPLEMENTED	Provisional - Pending Disability/Blindness/ Medi-Cal Eligibility Determination	<p>As of MMDDYYYY, you can get In-Home Supportive Services temporarily while it is being determined if you are disabled and /or blind (MPP 30-759.3) and/or eligible for Medi-Cal (W&IC 14132.951(d)(1) & (2)).</p> <p>If you are determined to be disabled or blind and that you need ongoing services, you will continue to get IHSS as long as you are otherwise eligible.</p> <p>If it is determined you are not disabled or blind your services will stop and you may have to pay back any money we paid for services you received.</p> <p>If you are determined eligible for Medi-Cal, you will receive a notice from Medi-Cal and you will get IHSS under the PCSP, CFCO or IPO program.</p> <p>If you are not eligible for Medi-Cal, you may be able get IHSS under the IHSS Residual program.</p> <p>You will get another Notice of Action telling you about your final IHSS eligibility.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Inter-County Transfer Current CaseStatus = Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION)	No
AA02	CI-116412 - DSD NOA AA02 IMPLEMENTED	Final Approval of Prior Provisional Approval	<p>You have been getting In-Home Supportive Services (IHSS) on a temporary basis. You have now been determined disabled or blind. If you meet all of the other eligibility criteria, you will continue to get IHSS through the following program:</p> <p>system select one of the following Funding Program: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) In-Home Supportive Services-Residual (IHSS-R) Program (MPP 30-755.1) Community First Choice Option (CFCO) Program (W&IC 14132.956)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth Previous CaseStatus = Presumptive Eligible Current CaseStatus = Eligible IHSSAuthorization fundingAidCode	NA 1254 (CHANGE CONTINUATION)	No
AA03	CI-116413 - DSD NOA AA03 IMPLEMENTED	Application Previously Denied in Error	<p>On MMDDYYYY, we sent you a Notice of Action telling you that you could not get In-Home Supportive Services (IHSS).</p> <p>That Notice was sent in error.</p> <p>Your application date of MMDDYYYY, will be restored and you will be contacted by a County Social Worker.</p>	1st Previous CaseStatus = Denied with a "Rescind Date" Previous CaseStatus = Pending Current CaseStatus = Denied, Eligible or Presumptive Eligible 1st Date – Date last Denial NOA generated 2nd Date = IHSS Application Date	NA 1257 (MULTIPURPOSE)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AP01	CI-116414 - DSD NOA AP01 IMPLEMENTED	Advance Payment	<p>As requested you will receive payment in advance for you IHSS Service as of MMDDYYYY. (MPP 30-769.731)</p> <p>After receiving IHSS services for a year, you may request your advance payment be made by direct deposit to your bank account. To request direct deposit contact the IHSS direct deposit help desk at [HP Help Desk Phone Number].</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence advancePayInd = N Current IHSSAssessmentEvidence advancePayInd = Y MMDDYYYY - IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

AP02	 CI-116415 - DSD NOA AP02 IMPLEMENTED	Advance Payment Qualified	Because you meet the program rules that define severely impaired as a combined total of 20 hours per week of Personal Care, Paramedical and Meal Preparation and Clean-up services, you may request advance payment for your IHSS Services by contacting your social worker. (MPP 30-769.731)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = N Current IHSSAuthorization severelyImpairedInd = Y Current IHSSAssessmentEvidence advancePayInd = N	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AP03	 CI-116416 - DSD NOA AP03 IMPLEMENTED	Advance Payment – Termination – No longer qualify	As of MMDDYYYY you can no longer get advance payment for the value of your IHSS services. Here's why: <ul style="list-style-type: none">• You are no longer severely impaired based on program rules of a combined total of 20 per week of Personal Care, Paramedical and Meal Preparation and Clean-up. (MPP 30-769.731)• Your provider will not get paid by the IHSS Program unless they submit timesheets twice per month reporting their time worked.• If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = N Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes
AP04	 CI-116417 - DSD NOA AP04 IMPLEMENTED	Advance Payment Termination – Recipient Request	As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why: <ul style="list-style-type: none">• You asked to have the payment cancelled. Your provider will need to turn in timesheets approved by you twice a month in order to get paid for the work they do for you.• If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. (MPP 30-769.731)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment Termination – Recipient Request	NA 1254 (CHANGE CONTINUATION)	No

AP05	 CI-116418 - DSD NOA AP05 IMPLEMENTED	Advance Payment – Termination-Reconciling timesheets not submitted in 90 days	<p>As of MMDDYYYY your advance payment status will be cancelled. Here's why:</p> <ul style="list-style-type: none"> Timesheets totaling the amount of hours used to calculate your advance payment have not been received in the 90 days since the advance payment was issued to you. (MPP 30-767.133(b)) Now your provider will be paid in arrears. They must submit timesheets that have been approved by you, at the end of each pay period in order to get paid. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Reconciling timesheets not submitted in 90 days	NA 1254 (CHANGE CONTINUATION)	Yes
AP06	 CI-116419 - DSD NOA AP06 IMPLEMENTED	Advance Payment – Termination- Did not pay provider timely	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You did not pay your provider on time. When you receive advance payment you must pay your provider(s) in a timely manner. (MPP 30-767.133 (c)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Did not pay provider timely	NA 1254 (CHANGE CONTINUATION)	Yes
AP07	 CI-116420 - DSD NOA AP07 IMPLEMENTED	Advance Payment – Termination- Incorrect use of payment	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You used your payment for something other than authorized services. When you receive advance payment, you cannot use your payment for anything other than authorized services. (MPP 30-767.133 (a)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Incorrect use of payment	NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AR01	CI-116421 - DSD NOA AR01 IMPLEMENTED	Auth to Purchase – Alternative Resource decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here's why:</p> <p>You told us that some or all of the following services are no longer being provided to you through an Alternative Resource (MPP 30-763.6):</p> <p>List all services that apply.</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence alternateResourcesMin < the previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	No
AR02	CI-116422 - DSD NOA AR02 IMPLEMENTED	Alternative Resource – First Authorization that Recipient receiving services from Alternative Resource	<p>The hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that some or all of each of the following services are being provided to you by an alternative resource at no cost to you: List all services which apply: If you stop receiving these services through this alternative resource please contact your social worker. (MPP 30-763.6) 	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type = Initial Current ServiceTypeEvidence alternateResourcesMin > zero (0) If Assessment Type other than Initial: Previous ServiceTypeEvidence alternateResourcesMin = zero (0) Current ServiceTypeEvidence alternateResourcesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AR03	CI-116423 - DSD NOA AR03 IMPLEMENTED	Auth to Purchase – Alternative Resource increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that additional amounts of each of the following services are now being provided to you through an Alternative Resource: (MPP 30-763.6) List all services which apply: 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence alternateResourcesMin > then previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AS01	CI-116424 - DSD NOA AS01 IMPLEMENTED	Request for additional assistance	<p>You requested additional assistance. In an assessment done on MMDDYYYY, your social worker found that your current ## hours and ## minutes meet your needs with no substantial risk to your safety. (MPP 30-761.2)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible ManualNOAMessageRequest noaCode = Request for additional assistance MMDDYYYY - IHSSAssessmentEvidence authStartDate <ol style="list-style-type: none"> a. hours and ## minutes = IHSSAuthorization authToPurchaseMin 	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made. OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
DN01	CI-116425 - DSD NOA DN01 IMPLEMENTED	Denial – SSI Board & Care Rate	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI / SSP). Individuals who get the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in Home of Relative receiving Board &Care Rate [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN02	CI-116426 - DSD NOA DN02 IMPLEMENTED	Denial – Citizenship	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are an alien not lawfully admitted for permanent residence in the U.S. (MPP 30-770.4)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial MediCalEligInfo alienStatusCode = U [Application Date] – IHSS Application Date	NA 1252 (DENIAL) Subject to MEDS Interface changes	No
DN03	CI-116427 - DSD NOA DN03 IMPLEMENTED	Denial – Non-California Residency	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not have State of California residency. (MPP 30-774.4)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in another state [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN04	CI-116428 - DSD NOA DN04 IMPLEMENTED	Denial – Not in own home	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not live in your own home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Not living in own home CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN05	CI-116429 - DSD NOA DN05 IMPLEMENTED	Denial – Whereabouts unknown	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You have not told the county where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, MPP 30-760.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Whereabouts unknown CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN06	CI-116430 - DSD NOA DN06 IMPLEMENTED	Denial – Not Returning from Hospital	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied CaseNoaCode ManualNOACode = Not returning home from Hospital [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN07	CI-116431 - DSD NOA DN07 IMPLEMENTED	Denial – Not Returning from ICF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from ICF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN08	CI-116432 - DSD NOA DN08 IMPLEMENTED	Denial – Not Returning from SNF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from SNF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN09	CI-116433 - DSD NOA DN09 IMPLEMENTED	Denial – Not Returning from CCF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in a community care facility and have no plan for returning home. (MPP 30-701(o), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from CCF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN10	CI-116434 - DSD NOA DN10 IMPLEMENTED	Denial – Not 65, Blind or Disabled	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are not 65 or older, blind, or disabled. (MPP 30-771.25)	IHSSAssessmentEvidence assessmentTypeCode = Initial ihssAidCode = Not Aged, Blind or Disabled [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN11	CI-116435 - DSD NOA DN11 IMPLEMENTED	Refuse to Pay Share of Cost	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program and you told us that you would not pay your IHSS Share of Cost. (MPP 30-755.233(d))	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization fundingAidCode = IHSS-R ManualNOACode = Refuse to Pay Share of Cost CaseStatus = Denied [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN12	CI-116436 - DSD NOA DN12 IMPLEMENTED	Denial – No Assessed Need	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You do not need any services to safely stay in your home. (MPP 30-761)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied Functional Ranks other than blank All Service Types have ServiceTypeEvidenceAssessedNeedMin = zero (0)	NA 1252 (DENIAL)	No

DN13	 CI-116437 - DSD NOA DN13 IMPLEMENTED	Denial – Share of Cost Exceeds Need – IHSS-R	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>Your application was assessed under the IHSS Residual program, and Your IHSS Share of Cost is more than the cost of your IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is \$####.##. Your IHSS service cost is \$###.## (W&IC 12304.5) See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization authcalculatedSOC > (CR102 IHSS SOC) IHSSAuthorization fundingAidCode = IHSSR 1st [Application Date] – IHSS Application Date 2nd \$####.## - Current ShareofCostEvidence ihssShareOfCostAmt 3rd \$####.## = IHSSAuthorization compareCost	NA 1252 (DENIAL)	No
DN14	 CI-116438 - DSD NOA DN14 IMPLEMENTED	Denial – Need met through Alternative Resources / Voluntary Services / Refused Services	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213)</p> <p>(System display list of services)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Where all services types with ServiceTypeEvidence indAssessedNeedMin > 0 (zero) Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero) [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN15	 CI-116439 - DSD NOA DN15 IMPLEMENTED	Denial – Death	<p>To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the application for IHSS services dated [Application Date] has been denied.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial RECIPIENT FULL NAME PersonName CaseStatus = Denied ManualNOACode = Denial Death MMDDYYYY = Person dateOfDeath [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN16	 CI-116440 - DSD NOA DN16 IMPLEMENTED	Denial – Did not provide adequate information	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You did not tell us enough information to determine if you can get services. (MPP 30-760.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Did not provide adequate information [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN17	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116441 - DSD NOA DN17 IMPLEMENTED</div>	Denial - Non-Compliance with Medi-Cal Eligibility	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>The IHSS program has been informed that you did not provide Medi-Cal with the required information to complete a Medi-Cal eligibility determination which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>CaseStatus = Denied</p> <p>ManualNOACode = Did not Comply with Medi-Cal Eligibility</p> <p>If there is No Medi-Cal Eligibility record, bypass the Medi-Cal Eligibility error message and let the Denial process</p> <p>[Application Date] – IHSS Application Date</p>	NA 1252 (DENIAL)	No
DN18	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116442 - DSD NOA DN18 IMPLEMENTED</div>	Application Withdrawn – Recipient Request	<p>On MMDDYYYY, you asked to withdraw your application dated [Application Date] for In-Home Supportive Services (IHSS). If you change your mind you can submit a new application. (MPP 30-009.213)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>Previous CaseStatus = Pending</p> <p>Current CaseStatus = Application Withdrawn</p> <p>CaseStatus reasonCode =Recipient Request</p> <p>MMDDYYYY =CaseStatus startDate</p> <p>[Application Date] – IHSS Application Date</p>	NA 1257 (MULTIPURPOSE)	No
DN19	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116443 - DSD NOA DN19 IMPLEMENTED</div>	Denial– IHSS- R Excess Resource	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>IHSSAuthorization fundingAidCode = IHSS-R</p> <p>ManualNOAMessageRequest</p> <p>ManualNOACode =Denial – IHSS-R Excess Resource</p> <p>[Application Date] – IHSS Application Date</p>	NA 1252 (DENIAL)	No
DN20	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-117732 - DSD NOA DN20 IMPLEMENTED</div>	Application Denied – Invalid SSN	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>The Social Security Number you provided was invalid.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>Previous CaseStatus = Pending</p> <p>Current CaseStatus = Denial</p> <p>ManualNOAMessageRequest noaCode = Suspect SSN</p> <p>[Application Date] – IHSS Application Date</p>	NA 1252 (DENIAL)	No

DN21	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-117733 - DSD NOA DN21 IMPLEMENTED</div>	Application Denied – Duplicate SSN	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided has been determined to belong to someone else.	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial ManualNOAMessageRequest noaCode = Duplicate SSN [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-118146 - DSD NOA DN22 IMPLEMENTED</div>	Denial – Health Care Certification – Not Received	The County has denied your application dated [MM/DD/YYYY*] for In-Home Supportive Services (IHSS). Here's why: You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial AND the Health Care Certification Type is blank AND if indicated, the Health Care Certification Extension Due Date is before the current date ELSE, the Health Care Certification Due Date is before the current date *MM/DD/YYYY – IHSS Application Date	NA 1252 (DENIAL)	No
DN23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-775235 - DSD NOA DN23 IMPLEMENTED</div>	Denial – Health Care Certification – No Need	The County has denied your application dated [MM/DD/YYYY*] for In-Home Supportive Services (IHSS). Here's why: The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1) *MM/DD/YYYY will be populated with the IHSS Application Date	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus is Pending Manual NOA "DN23 – Denial – Health Care Certification – No Need" is selected AND the Health Care Certification Type is "No Need"	NA 1252 (DENIAL)	No
DN24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-823836 - DSD NOA DN24 IMPLEMENTED</div>	Denial – Enrolled in PACE Program	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial ManualNOACode= DN24 [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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FF01	CI-290355 - DSD NOA FF01 IMPLEMENTED	Free-Form Text NOA	The NOA Text will be printed exactly as keyed by the user. There are no spell-check capabilities and the field is limited to 200 characters as indicated in the DSD	Allowed on any Assessment Type on any Case Status	NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION) NA 1257 (MULTIPURPOSE) NA 1252 (DENIAL) NA 1255 (TERMINATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FR01		Removed with CR 919				
FR02		Removed With CR 919				

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FS01	CI-116446 - DSD NOA FS01 IMPLEMENTED	Funding Source Approval	<p>As of MMDDYYYY, you are approved for In-Home Supportive Services through the following program: system select one of the following Funding Programs:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	IHSSAssessmentEvidence assessmentTypeCode = Initial MMDDYYYY = IHSSAssessmentEvidence authStartDate IHSSAuthorization fundingAidCode	NA 1250 (APPROVAL)	No
FS02	CI-116447 - DSD NOA FS02 IMPLEMENTED	Transfer to new Program	<p>As of MMDDYYYY, you will no longer get In-Home Supportive Services through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) <p>You will now get IHSS through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Mandated Change Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode Current IHSSAuthorization fundingAidCode MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS03	CI-116448 - DSD NOA FS03 IMPLEMENTED	Reason for Transfer from PCSP to IPO	<p>You will get services from the IPO Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> • Get advance payments • Get Restaurant meal allowance • Get services from your spouse • You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply)	NA 1254 (CHANGE CONTINUATION)	No

FS04	CI-116449 - DSD NOA FS04 IMPLEMENTED	Reason for Transfer from IPO to PCSP	You will get services from the PCSP Program because you: system select all of the following that apply: <ul style="list-style-type: none">• No longer get advance payments• No longer get Restaurant meal allowance• No longer get services from your spouse• No longer are a child under the age of 18 and you getting services from your parent. (MPP 30-780, MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply) Current IHSSAuthorization fundingAidCode = PCSP	NA 1254 (CHANGE CONTINUATION)	No
FS05	CI-116450 - DSD NOA FS05 IMPLEMENTED	Reason for Transfer from PCSP/IPO to IHSS-R	You will get services from the IHSS-R Program because you: <ul style="list-style-type: none">• No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.951)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 or PCSP Current IHSSAuthorization fundingAidCode = IHSS-R	NA 1254 (CHANGE CONTINUATION)	No
FS06	CI-116451 - DSD NOA FS06 IMPLEMENTED	Reason for Transfer from IHSS-R to PCSP	You will get services from the PCSP Program because you: <ul style="list-style-type: none">• Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.951)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous MediCalEligInfo ffplnd =N Current MediCalEligInfo ffplnd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = PCSP	NA 1254 (CHANGE CONTINUATION)	No
FS07	CI-116452 - DSD NOA FS07 IMPLEMENTED	Reason for Transfer from IHSS-R to IPO	You will get services from the IPO Program because you: Now receive Medi-Cal with federal financial Participation (FFP) and system select all of the following that apply: <ul style="list-style-type: none">• Get advance payments• Get Restaurant meal allowance• Get services from your spouse• You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous MediCalEligInfo ffplnd =N Current MediCalEligInfo ffplnd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and /or IPO4 (List all that apply)	NA 1254 (CHANGE CONTINUATION)	No
FS08	CI-116453 - DSD NOA FS08 IMPLEMENTED	Service Hours increase due to funding source change	Your hours of service are increased. Here's why: <ul style="list-style-type: none">• You now receive your services from the PCSP program. If you go back to IPO or IHSS-R program your services may be decreased.(W&IC 14132.95(g))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = IHSS-R, IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Previous IHSSAuthorization authToPurchaseMin = 195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1254 (CHANGE CONTINUATION)	No
FS09	CI-116454 - DSD NOA FS09 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">• You are no longer eligible for the PCSP program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No

FS10	CI-116455 - DSD NOA FS10 IMPLEMENTED	Service Hours decrease due to funding source = IPO	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">• You are no longer eligible for the PCSP program. The IPO program maximum hours for non-severely impaired is 195 hours a month. (W&IC 14132.952)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS11	CI-116456 - DSD NOA FS11 IMPLEMENTED	Service Hours unchanged funding source = IPO to PCSP	As of MMDDYYYY, your eligibility will change from the IPO program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS12	CI-116457 - DSD NOA FS12 IMPLEMENTED	Service Hours unchanged funding source = IHSS-R to PCSP	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS13	CI-463612 - DSD NOA FS13 IMPLEMENTED	Reason for Transfer from PCSP to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS14	CI-463613 - DSD NOA FS14 IMPLEMENTED	Reason for Transfer from IPO to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply) Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No

FS15	CI-463614 - DSD NOA FS15 IMPLEMENTED	Reason for Transfer from CFCO to IHSS-R	You will get services from the IHSS-R Program because you: No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.956)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R	NA 1254 (CHANGE CONTINUATION)	No
FS16	CI-463615 - DSD NOA FS16 IMPLEMENTED	Reason for Transfer from CFCO to IPO	You will get services from the IPO Program because you no longer meet the skilled nursing level of care requirements and: system select all of the following that apply: <ul style="list-style-type: none">• Get advance payments• Get Restaurant meal allowance• Get services from your spouse• You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No
FS17	CI-463616 - DSD NOA FS17 IMPLEMENTED	Reason for Transfer from CFCO to PCSP	You will get services from the PCSP Program because your authorized services, due to an assessed change in your condition, no longer meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible or Leave Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = PCSP Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No
FS18	CI-463617 - DSD NOA FS18 IMPLEMENTED	Reason for Transfer from IHSS-R to CFCO	You will get services from the CFCO Program because you: <ul style="list-style-type: none">• Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.956) and your authorized services, due to an assessed change in your condition, meet requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible Previous MediCalEligInfo ffpInd =N Current MediCalEligInfo ffpInd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS19	CI-463618 - DSD NOA FS19 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R (NSI - CFCO to IHSS-R)	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">• You are no longer eligible for the CFCO program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS20	CI-463619 - DSD NOA FS20 IMPLEMENTED	Service Hours unchanged funding source = IPO to CFCO (SI – IPO – CFCO)	As of MMDDYYYY, your eligibility will change from the IPO program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Eligible or Leave IHSSAuthorization severelyImpairedInd = S Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 and or IPO5 Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No

FS21	CI-463620 - DSD NOA FS21 IMPLEMENTED	Service Hours unchanged funding source = IHSS-R to CFCO	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Leave or Presumptive Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS22	CI-467950 - DSD NOA FS22 IMPLEMENTED	Service Hours increase due to funding source change = IPO to CFCO	Your hours of service are increased. Here's why: <ul style="list-style-type: none">You now receive your services from the CFCO program, which allows you to receive 195 hours of Protective Supervision plus additional hours for your other IHSS services (W&IC 14132.956).	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = CFCO Impairment Level = NSI ServiceTypeEvidence serviceTypeCode = Protective Supervision Assessed Need > 0:00 Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS23	CI-467951 - DSD NOA FS23 IMPLEMENTED	Service Hours decrease due to funding source change = CFCO to IPO	Your hours of service are being decreased. Here's why: <ul style="list-style-type: none">You are no longer eligible for the CFCO program. The IHSS Plus Option (IPO) program maximum hours for non-severely impaired Recipients is 195 hours a month. (W&IC 12303.4, W&IC 14132.952).	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Impairment Level = NSI Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO2, IPO3 and or IPO4 Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin < 195 Recipient Declines CFCO Indicator = False	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS24	CI-822482 - DSD NOA FS24 IMPLEMENTED	Recipient Declines CFCO Selected on Program Evidence.	You declined to receive services from the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Recipient Declines CFCO indicator = True	NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
HR01	CI-116458 - DSD NOA HR01 IMPLEMENTED	Auth to Purchase No Change	On MMDDYYYY a reassessment of your needs was done. There has been no change to your previous authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDate homeVisitDate	NA 1254 (CHANGE CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made.	No

HR02	 CI-116459 - DSD NOA HR02 IMPLEMENTED	Auth to Purchase No Change – Change to some Service Types	On MMDDYYYY a reassessment of your needs was done. There has been a change to authorized hours for some service types which is detailed in other messages. There has been no change to your previous total monthly authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin < (less than) Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDatehomeVisitDate	NA 1254 (CHANGE CONTINUATION)	Yes
HR03	 CI-116460 - DSD NOA HR03 IMPLEMENTED	Assessed Hours increase	As of [date], you will get more hours of IHSS. Here's why: On [date], a reassessment of your needs was done. The reassessment showed that your condition has changed and that you now need more help in these areas: (MPP Section 30-756, MPP Section 30-757, MPP Section 30-761, MPP Section 30-763): [services]	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin < Current ServiceTypeEvidence assessedNeedMin And/or the Previous Protective Supervision authToPurchaseMin < Current Protective Supervision authToPurchaseMin	NA 1254 (CHANGE CONTINUATION)	No
HR04	 CI-116461 - DSD NOA HR04 IMPLEMENTED	Assessed Hours decrease	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: <ul style="list-style-type: none"> The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need less assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply: 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin > Current ServiceTypeEvidence assessedNeedMin 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate	NA 1254 (CHANGE CONTINUATION)	Yes No – Except when Assessment Type is State Hearing the 10-day notice will be bypassed

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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LM01	<p> CI-117173 - DSD NOA LM01 IMPLEMENTED</p>	<p>Legislative Mandate – Ongoing when authorization Start Date is before 7/1/2013</p> <p>As a result of a new state law your total monthly authorized hours of HHH:MM have been reduced by XX.X% to HHH:MM (W&IC XXXXX.XX)</p> <p>Your total authorized hours will be reduced by XX.X%. Here's why:</p> <p>A new state law, Section XXXXX.XX of the Welfare and Institution Code, requires the California Department of Social Services to reduce every IHSS Recipients total authorized hours by XX.X% effective MM/DD/YYYY. For those Recipients who have a documented unmet need, excluding protective supervision, the XX.X% reduction will be taken first from the documented unmet need.</p> <p>The new law allows you to choose how this reduction to your total authorized hours is applied toward each of your personal care services authorized on the front of the Notice of Action.</p> <p>Your hearing rights are included on the back of your notice of action. However there is no right to a state appeal when the only issue is a state law requiring an adjustment in service hours.</p> <p>If you do not understand or have questions regarding this notice please contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Any If LMA% is > 0% (greater than zero percent) Current CaseStatus = Eligible, Presumptive Eligible Authorization Start Date is equal to or greater than CURRENT LMA Effective Date 1st HHH:MM = Total Auth to Purchase Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HHH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage for LMA Begin Date prior to 7/1/2013 XXXXX.XX Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY –LMA Begin Date prior to 7/1/2013</p>	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)</p>	No
LM02	<p> CI-445363 - DSD NOA LM02 IMPLEMENTED</p>	<p>Modify Legislative Mandate Percentage</p> <p>This notice is about a new state law that affects your IHSS hours.</p> <p>Starting MM/DD/YYYY, a new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients total authorized hours by ZZ.Z percent. This means that the current temporary cut of XX.X percent will be increased by an additional YY.Y percent starting MM/DD/YYYY. The ZZ.Z percent cut will remain in effect for MM months. Starting MM/DD/YYYY, your new monthly IHSS hours will be HHH:MM.]</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the ZZ.Z percent cut in service hours will be dismissed.</p> <p>[If you do not understand this new cut or have questions about the new law please contact your county IHSS office.]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed</p> <p>Where current LMA percentage is greater than the previous LMA percentage MM/DD/YYYY – CURRENT LMA Begin Date XXXXX.XX Welfare and Institution associated with Current LMA XX.X – Previous LMA Percentage YY.Y – Difference between Current LMA Percentage and Previous LMA Percentage ZZ.Z - Current LMA Percentage HH:MM – Current Auth to Purchase after Adjusted Hours MM = Number of months [bracketed text] – The verbiage in the brackets will be dynamic and modified based upon whether the percentage is an increase or decrease.</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No

LM03	<p> CI-445364 - DSD NOA LM03 IMPLEMENTED</p>	<p>Legislative Mandate – Ongoing when authorization Start Date is on or after 7/1/2013</p> <p>As a result of a new state law your total monthly authorized hours of HH:MM have been cut by XX.X percent to HH:MM (WIC Section XXXXX.XX). Here is why: A new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients' total authorized monthly hours by XX.X percent. [The XX.X percent cut will remain in effect for MM months.]</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the XX.X percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing. Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the XX.X percent cut in service hours will be dismissed. If you do not understand this new cut or have questions about the new law please contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Any except State Mandated change State when triggered by Modify LMA batch job is processed If LMA% is > 0% (greater than zero percent) Authorization Start Date is equal to or greater than LMA Begin Date 7/1/2013 Current CaseStatus = Eligible, Presumptive Eligible 1st HH:MM = Total Auth to Purchase Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage XXXXXX.Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY – LMA Begin Date prior to 7/1/2013 MM = Number of months [bracketed text] – The verbiage in the brackets will be dynamic and modified based upon whether the percentage is an increase or decrease.</p>	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)</p>	No
LM04	<p> CI-465089 - DSD NOA LM04 IMPLEMENTED</p>	<p>Modify Legislative Mandate Percentage – 2014 LMA</p> <p>This notice is about a state law that affects your IHSS hours.</p> <p>On MM/DD/YYYY, a state law went into effect which said that your total authorized hours had to be cut by XX.X percent. Starting MM/DD/YYYY, 1 percent of your authorized hours will be restored, which means that from now on your authorized hours will only be cut by ZZ.Z percent. This is because a state law says the California Department of Social Services must reduce all IHSS Recipients total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Starting MM/DD/YYYY, your new monthly IHSS hours will be HH:MM.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to increase by 1 percent. For example, if you get two more hours of service per month, you can choose to add two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed WITH 7/1/2014 LMA begin date Where current LMA percentage is less than the previous LMA percentage 1st MM/DD/YYYY – Previous LMA Begin Date XX.X – Previous LMA Percentage 2nd MM/DD/YYYY – Current LMA Begin Date ZZ.Z - Current LMA Percentage 3rd MM/DD/YYYY – Current LMA Begin Date HH:MM – Current Auth to Purchase after Adjusted Hours 4th MM/DD/YYYY – Current LMA Begin Date</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No

LM05	<p> CI-465090 - DSD NOA LM05 IMPLEMENTED</p>	<p>On-going Legislative Mandate Percentage – 2014 LMA</p> <p>Your total authorized hours have been reduced by ZZ.Z percent. This is because a state law says that, starting MM/DD/YYYY, the California Department of Social Services must reduce all IHSS total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Your monthly IHSS hours will be HHH:HH.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to decrease by ZZ.ZZ percent. For example, if you get two less hours of service per month, you can choose to cut two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>Any authorization with an Authorization Start Date on or after 7/1/2014 All ZZ.Z – Current LMA Percentage All MM/DD/YYYY – Current LMA Begin Date HHH:MM – Current Auth to Purchase after Adjusted Hours</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
LV01	<p> CI-116462 - DSD NOA LV01 IMPLEMENTED</p>	<p>Not Currently Residing in Own Home – Temporarily Hospitalized</p>	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are hospitalized. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in Hospital MMDDYYYY = CaseStatus startDate</p>	<p>NA 1257 (MULTIPURPOSE)</p>	No
LV02	<p> CI-116463 - DSD NOA LV02 IMPLEMENTED</p>	<p>Not Currently Residing in Own Home – Temporarily in SNF</p>	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a skilled nursing facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in SNF MMDDYYYY = CaseStatus startDate</p>	<p>NA 1257 (MULTIPURPOSE)</p>	No
LV03	<p> CI-116464 - DSD NOA LV03 IMPLEMENTED</p>	<p>Not Currently Residing in Own Home – Temporarily in ICF</p>	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in an intermediate care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in ICF MMDDYYYY = CaseStatus startDate</p>	<p>NA 1257 (MULTIPURPOSE)</p>	No

LV04	CI-116465 - DSD NOA LV04 <small>IMPLEMENTED</small>	Not Currently Residing in Own Home – Temporarily in CCF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a community care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in CCF MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	No
LV05	CI-116466 - DSD NOA LV05 <small>IMPLEMENTED</small>	Resources Disposed of for Less Than Fair Market Value	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You sold, donated, transferred or otherwise disposed of your property and/or other resources for less than it was worth (fair market value). You cannot get IHSS for the period MMDDYYYY through MMDDYYYY. (MPP 30-773)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Leave CaseStatus reasonCode = Undervalue disposal of resources 1st MMDDYYYY =CaseStatus startDate 2nd MMDDYYYY =CaseStatus startDate 3rd MMDDYYYY =CaseStatus XXXX – Resource Suspension End Date</pre>	NA 1257 (MULTIPURPOSE)	Yes
LV06	CI-116467 - DSD NOA LV06 <small>IMPLEMENTED</small>	Out of State for More Than 6 Months	<p>As of MMDDYYYY, your IHSS eligibility will be suspended and you can no longer get In-Home Supportive Services (IHSS) because you will have been out of state for longer than six months. You cannot get IHSS until you return to California and a reassessment of your needs has been completed. (MPP 30-770.45)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus Leave CaseStatus reasonCode = Temporarily out of State over 6 months 1st MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	Yes
LV07	CI-822558 - DSD NOA LV07 <small>IMPLEMENTED</small>	Not Currently Residing in Own Home – Other Facility	<p>As of MM/DD/YYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a facility type identified as Other Facility.</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home. (MPP 30-755.1).</p>	<pre>Previous CaseStatus= Eligible or Presumptive Eligible Current CaseStatus= Leave CaseStatus reasonCode = Other Facility MMDDYYYY = CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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MS01	CI-116468 - DSD NOA MS01 IMPLEMENTED	Mode of Service – County Contract	You will be receiving all or some of your IHSS services through the county contract service agency. You will be contacted by the service agency to schedule the days that services will be provided. (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization modeOfServiceCCInd = Yes	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
MS02	CI-116469 - DSD NOA MS02 IMPLEMENTED	Mode of Service - County Home maker	All or some of your IHSS services will be provided by a county homemaker. You will be contacted by the county homemaker to schedule the days that services will be provided. (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible IHSSAuthorization modeOfServiceHMInd=Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
MS03	CI-116470 - DSD NOA MS03 IMPLEMENTED	Mode of Service - Individual Provider	All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible IHSSAuthorization modeOfServicePInd=Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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OT01	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116471 - DSD NOA OT01 IMPLEMENTED </div>	Heavy Cleaning (1 month)	<p>Beginning MMDDYYYY you get ### hours and ## minutes of heavy cleaning services for one month because a recent assessment showed that your home needs thorough cleaning to remove excessive debris or dirt which is a hazard to your safety, or because you are at risk of eviction for failing to prepare your home for necessary pest control treatment. These hours are allowed for one month only. (MPP 30-757.12)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning IHSSAuthorization authToPurchaseMin for Heavy Cleaning > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Heavy Cleaning </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT02	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116472 - DSD NOA OT02 IMPLEMENTED </div>	<p>Yard Hazard Abatement (1 month)</p> <p>Beginning MMDDYYYY you get ### hours and ## minutes for yard hazard abatement for one month because these substances pose a fire/safety hazard.</p> <p>These hours are allowed for one month only. (MPP 30-757.161)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT03	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116473 - DSD NOA OT03 IMPLEMENTED </div>	<p>Ice and Snow Removal</p> <p>As of MMDDYYYY, you can get ### hours, ## minutes for removal of ice and snow from entrances and walkways around your home where they pose a hazard to your safety.</p> <p>Ice and snow removal are available only for a limited time and only during icy and snowy weather. (MPP 30-757.162)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT04	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116474 - DSD NOA OT04 IMPLEMENTED </div>	Teaching & Demonstration (3 month)	<p>As of MMDDYYYY you get ### hours and ## minutes of teaching and demonstration services for _ months.</p> <p>The following month, your hours will be decreased to ### hours and ## minutes.</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration IHSSAuthorization authToPurchaseMin for Teaching and Demonstration > zero (0) _months = ServiceTypeEvidence numberOfWorkMonths MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Teaching and Demonstration </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PM01	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116475 - DSD NOA PM01 IMPLEMENTED </div>	Denial – Paramedical Services	You cannot get paramedical services. (MPP 30-757.19)	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Denial – Paramedical Services </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PM02	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116476 - DSD NOA PM02 IMPLEMENTED </div>	Paramedical	We are unable to make a determination on your request for paramedical services at this time because we have not received enough information to complete the assessment of your need to paramedical services. (MPP 30-757.196 & .197)	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is blank </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PM03	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116477 - DSD NOA PM03 IMPLEMENTED </div>	Paramedical – Additional Hours	We are unable to make a determination on your request for additional paramedical services at this time because we have not received enough information to complete the assessment of your need for paramedical services. (MPP 30-757.196 & .197)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is not blank Previous ParamedicalEvidence pendingAdditionalInfoInd = N Current ParamedicalEvidence pendingAdditionalInfoInd = Y ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Paramedical Services	NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PR01	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116478 - DSD NOA PR01 IMPLEMENTED </div>	Services Proration	<p>Because you share living arrangements with another person(s), your authorized hours for the following Services have been prorated by the amount shown in the Adjustment column on the front page of this NOA:</p> <p>System list prorated services:</p> <p>This means that these tasks are being performed for other persons in the household so the time it takes to perform these tasks has been divided among each person, and you receive only your share of this time. If your provider is performing a task for you alone, there has been no proration of time. (MPP 30-763)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence adjustmentsMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Assessments – NA 1254 (CHANGE CONTINUATION)	No

PR02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116479 - DSD NOA PR02 IMPLEMENTED</div>	Mid-Month Begin date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services begin date is after the 1st of the month.</p> <p>Beginning next month you will receive your full authorization of ### hours, ## minutes. The attached form shows the monthly number of hours you have been approved to receive for each service.</p>	<pre>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible, Presumptive Eligible or Leave IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = Case Decision decisionFromDate is other than the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate 1st ###hours, ##minutes = IHSSAuthorization authToPurchaseMin 2nd ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for subsequent calendar month</pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No
PR03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116480 - DSD NOA PR03 IMPLEMENTED</div>	Mid-Month End date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services end date is before the end of the month.</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave or Termination IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is other than the last day of the CaseDecision decisionFromDate calendar month ###hours, ##minutes = IHSSAuthorization authToPurchaseMin</pre>	NA 1255 (TERMINATION) Or NA 1257 (MULTIPURPOSE)	No
PR04	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116481 - DSD NOA PR04 IMPLEMENTED</div>	Death	<p>To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been prorated for the period MMDDYYYY through MMDDYYYY. Proration means that the recipient's total monthly authorized hours were divided by total days in the month of MMYYYY and multiplied by the eligible days from MMDDYYYY to MMDDYYYY. The total authorized hours for this period are ### hours, ## minutes.</p>	<pre>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Recipient Death 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is the date the eligibility ended. ###hours, ##minutes = IHSSAuthorization authToPurchaseMin</pre>	NA 1255 (TERMINATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PS01	 CI-116482 - DSD NOA PS01 IMPLEMENTED	Denial - Protective Supervision – 24 Hours Not Required	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>An assessment of your needs done on MMDDYYYY, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = Denial – Protective Supervision – 24 Hours Not Required	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS02	 CI-116483 - DSD NOA PS02 IMPLEMENTED	Denial - Protective Supervision – Other Reason	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to prevent or control a Recipient's anti-social or aggressive behavior. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessage Request noaCode = Denial – Protective Supervision – Other Reason MMDDYYYY = IHSSAssessmentEvidence homeVisitDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS03	 CI-116484 - DSD NOA PS03 IMPLEMENTED	Protective Supervision	We are unable to make a determination on your request for protective supervision services at this time because we have not received enough information to complete the assessment of your need to protective supervision. (MPP 30-757.173)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ProtectiveSupervision formSentDate is not blank ProtectiveSupervision formReceivedDate is blank ProtectiveSupervision pendingAdditionalInfoInd = Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS04	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116485 - DSD NOA PS04 IMPLEMENTED </div>	Approva l – Protecti ve Supervi sion	<p>As of [date], you can get ### hours, ## minutes per week of protective supervision services. At your last assessment we found that you are mentally impaired or mentally ill and you cannot assess when something is dangerous and take action to avoid getting hurt. You need 24-hour supervision to help you avoid getting hurt. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person to make sure you have supervision 24-hours a day. [MPP 30-757.171]</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision 1. a. i. hours, ## minutes = IHS SAuthorization authToPurchaseMin	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS05	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116486 - DSD NOA PS05 IMPLEMENTED </div>	Maximu m hours of Protecti ve Supervi sion	<p>The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the PCSP program and are determined to be non-severely impaired by the PCSP program rules. (MPP 30-765; MPP 30-780, W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = PCSP ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS06	 CI-463621 - DSD NOA PS06 IMPLEMENTED	Maximum hours of Protective Supervision	The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the CFCO program. (MPP 30-765; MPP 30-780)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = CFCO ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS07	 CI-786089 - DSD NOA PS07 IMPLEMENTED	Protective Supervision: Not Eligible - Changes to Home	You are not eligible for the services of Protective Supervision because you made changes to your home. These changes allow you to remain safely in your home when unsupervised. (MPP Section 30-757.17)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS07 – Not Eligible - Changes to Home	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS08	 CI-786090 - DSD NOA PS08 IMPLEMENTED	Protective Supervision: Not Eligible - No Self Harm	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill and who might hurt themselves. Your case information shows you are not physically able to hurt yourself. [MPP Section 30-757.17, Calderon v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS08 – Not Eligible - No Self Harm	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS09	 CI-786091 - DSD NOA PS09 IMPLEMENTED	Protective Supervision: Not Eligible - No Mental Impairment or Illness	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill. Your case information shows that you do not have a mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS09 – Not Eligible – No Mental Impairment or Illness	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS10	 CI-786092 - DSD NOA PS10 IMPLEMENTED	Protective Supervision: Protective Supervision: Not Eligible - Recipient Self-Directed	You are not eligible for IHSS Protective Supervision because your case information shows you are self-directed. This means that you know when things are dangerous and may cause you to get hurt and you can stop yourself from doing harmful things. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS10 – Not Eligible – Recipient Self-Directed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS11	 CI-786093 - DSD NOA PS11 IMPLEMENTED	Protective Supervision: Not Eligible - Non-Impairment Related Behavior	You are not eligible for IHSS Protective Supervision because your case information shows that your actions that could cause you to get hurt are not related to your mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS11 – Not Eligible – Non-Impairment Related Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS12	 CI-786094 - DSD NOA PS12 IMPLEMENTED	Protective Supervision: Not Eligible - Visiting or Social Activities	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for a friendly visit or social activity. Your case information shows that the supervision you asked for is only to have a friendly visit or social activity. [MPP Section 30-757.172(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS12 – Not Eligible – Visiting and Social Activities	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS13	 CI-786095 - DSD NOA PS13 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Condition	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for medical supervision. Your case information shows that the supervision you need is medical or for a medical condition. [MPP Section 30-757.172(b)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS13 – Not Eligible – Medical Condition	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS14	 CI-786096 - DSD NOA PS14 IMPLEMENTED	Protective Supervision: Not Eligible - Fall Risk Not Related	You are not eligible for IHSS Protective Supervision because the case information shows that, although you have fallen recently or have shown a tendency to fall, it is not due to your mental impairment or mental illness. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS14 – Not Eligible – Fall Risk Not Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS15	 CI-786097 - DSD NOA PS15 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Emergency Monitoring	You are not eligible for IHSS Protective Supervision because your case information shows that you want Protective Supervision because of a possible medical emergency. Protective Supervision cannot be authorized to help monitor for medical emergencies that might happen. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS15 – Not Eligible – Medical Emergency Monitoring	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS16	 CI-786098 - DSD NOA PS16 IMPLEMENTED	Protective Supervision: Not Eligible - Behavior Related	You are not eligible for IHSS Protective Supervision. Your case information shows you only need supervision to protect you from harm caused by your aggressive or antisocial behavior. Protective Supervision is not for people who need protection because of their own antisocial or aggressive behavior. [MPP Section 30-757.172(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS16 – Not Eligible – Behavior Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS17	 CI-786099 - DSD NOA PS17 IMPLEMENTED	Protective Supervision: Not Eligible - Self-Destructive Behavior	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for people who hurt themselves on purpose. Your case information shows that your actions that could hurt you are done on purpose to hurt yourself. [MPP Section 30-757.172(e)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS17 – Not Eligible – Self-Destructive Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS18	 CI-786100 - DSD NOA PS18 IMPLEMENTED	Protective Supervision: Not Eligible - Routine Childcare	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for routine childcare. Your case information shows that you asked for supervision similar to routine childcare. [MPP Section 30-763.456(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS18 – Not Eligible – Routine Childcare	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS19	 CI-786101 - DSD NOA PS19 IMPLEMENTED	Protective Supervision: Not Eligible - Supervision Not More Than Child of Same Age	You are not eligible for IHSS Protective Supervision. Your case information shows that you do not need more supervision than a child of your same age who does not have a mental impairment or mental illness. [Garrett v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS19 – Not Eligible – Supervision Not More Than Child of Same Age	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS20	 CI-786102 - DSD NOA PS20 IMPLEMENTED	Protective Supervision: Not Eligible - 24-Hour Supervision Not Needed	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day to stay at home safely. Your case information shows you are able to stay at home safely without 24-hour supervision. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS20 – Not Eligible – 24-Hour Supervision Not Needed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS21	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-786103 - DSD NOA PS21 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Infrequent Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision sometimes and for certain activities. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS21 – Not Eligible – Infrequent Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-786138 - DSD NOA PS22 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Predictable Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision at regular and predictable times. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS22 – Not Eligible – Predictable Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-823184 - DSD NOA PS23 IMPLEMENTED </div>	Approval – Protective Supervision - Calculation	The amount of hours/minutes per week of protective supervision services you will get is shown on the first page of this notice. This is the amount of service you need or the weekly program limit, whichever is less. The number of protective supervision hours you can get is calculated by subtracting your weekly hours for other IHSS services and subtracting your alternative resource hours from 168 hours, which is one week of the 24-hour supervision you need to help you avoid getting hurt. The weekly program limit on the number of hours you can get depends on if you are severely or non-severely impaired, and the funding program for your services. The county decides if you are severely impaired under regulations at MPP Section 30-701(s)(1)(A)-(D).	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidence ncelID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision hours, ##minutes = IHSSAuthorization authToPurchaseMin	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS24	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-823449 - DSD NOA PS24 IMPLEMENTED </div>	<p>Protective Supervision:</p> <p>Hour Reduction on-Alternate Resources</p>	<p>As of [date] you will get fewer hours of IHSS. Here's why: You told us that you are getting some or all of your Protective Supervision (PS) from another resource, such as another agency or program, at no cost to you. This other resource is helping to meet your total need for 24-hour a day supervision. The alternative resource hours have been deducted from your total need for 24-hour supervision. If you stop receiving these services through this alternative resource, please contact your social worker as soon as possible. [MPP Section 30-763.6]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>Where the Current Protective Supervision authToPurchaseMin < the Previous Protective Supervision authToPurchaseMin</p> <p>And the Current Protective Supervision ServiceTypeEvidence alternateResourcesMin > then Previous Protective Supervision ServiceTypeEvidence alternateResourcesMin and Previous PS hours > 0</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RH01	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123797 - DSD NOA RH01 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH02	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123798 - DSD NOA RH02 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH03	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123799 - DSD NOA RH03 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH04	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123800 - DSD NOA RH04 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH05	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123801 - DSD NOA RH05 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH06	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123802 - DSD NOA RH06 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH07	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123803 - DSD NOA RH07 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH08	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123804 - DSD NOA RH08 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH09	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123805 - DSD NOA RH09 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH10	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123806 - DSD NOA RH10 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RM01	 CI-116487 - DSD NOA RM01 IMPLEMENTED	Restaurant Meals Allowance – Approval	<p>Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is approved.</p> <p>As of MMDDYYYY, you will receive a Restaurant Meal Allowance of \$62.00.</p> <p>If you change your mind, you can ask the county to change back to meal preparation, meal clean-up, and shopping for food services. (MPP 30-757.133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = N Current IHSSAssessmentEvidence mealsAllowanceInd = Y MMDDYYYY = IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM02	 CI-116488 - DSD NOA RM02 IMPLEMENTED	Restaurant Meals Allowance Termination – Recipient Request	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>You asked to have your Restaurant Meal Allowance stopped. You will now get any individual assessed need (hours and minutes) for meal prep, meal clean-up, shopping for food from your previous assessment. If you change your mind, you can ask to have your Restaurant Meal Allowance restored. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes
RM03	 CI-116489 - DSD NOA RM03 IMPLEMENTED	Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>An assessment showed that you do not have need for meal preparation. You must have a need for meal preparation to be eligible for a Restaurant Meal Allowance. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin > zero (0) Current IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin = zero (0) Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes

RM04	CI-116490 - DSD NOA RM04 IMPLEMENTED	Restaurant Meals Allowance Increase Payment Amount	As of MMDDYYYY, your Restaurant Meal Allowance will increase due to an increase to the State Maximum payment. (MPP 30-757.133)	This message will only be generated when the Restaurant Meal Allowance Table Value change from 62.00 through a Change Request	NA 1257 (MULTIPURPOSE)	No 3/18/2011 DSD Review – This BR will be tested when a CR is submitted to change Restaurant Meals Allowance.
RM05	CI-116491 - DSD NOA RM05 IMPLEMENTED	Restaurant Meals Allowance – Not qualified	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is denied. You are not eligible to receive a Restaurant Meal Allowance because you must have a need for meal preparation. (MPP 30-757.131 & .132 & .133)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Restaurant Meals Allowance – Not Qualified	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM06	CI-116492 - DSD NOA RM06 IMPLEMENTED	Deny – Restaurant Meal Allowance	Your request for Restaurant Meal Allowance is denied. Here's why: You are not eligible to receive Restaurant Meal Allowance because you do not have adequate cooking facilities at home. Ask your social worker for a referral to Social Security for evaluation of your eligibility for a Restaurant Meal Allowance through Supplemental Security Payment. (MPP 30-757.133 (a)(3))	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Deny - Restaurant Meals Allowance HouseholdEvidence stoveInd = No	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM07	CI-116493 - DSD NOA RM07 IMPLEMENTED	Termination – Restaurant Meals Allowance – Receiving SSP payment	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why: You are getting a meal allowance as part of your Supplemental Security Payment. (MPP 30-757.133 (a)(2))	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N ManualNOAMessageRequest noaCode = Termination – Restaurant Meals Allowance – Receiving SSP payment MMDDYYYY = IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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RS01	CI-116494 - DSD NOA RS01 <small>IMPLEMENTED</small>	Auth to Purchase – Refused Service increased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that you no longer refuse some or all of the following services: (MPP 30-009.213) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence refusedServicesMin < the previous ServiceTypeEvidence refusedServicesMin	NA 1254 (CHANGE CONTINUATION)	No
RS02	CI-116495 - DSD NOA RS02 <small>IMPLEMENTED</small>	Refused Services – First Authorization that Recipient Refused Services	The hours of IHSS you get are decreased. Here's why: You refused some or all of each of the following services: (MPP 30-009.213) List all services which apply: If you change your mind, contact your social worker.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0) If Assessment Type other than Initial Previous ServiceTypeEvidence refusedServicesMin = zero (0) Current ServiceTypeEvidence refusedServicesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
RS03	CI-116496 - DSD NOA RS03 <small>IMPLEMENTED</small>	Auth to Purchase – Refused Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that you refuse additional amounts of each of the following services: (MPP 30-009.213) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence refusedServicesMin > the previous ServiceTypeEvidence refusedServicesMin	NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SC01	CI-116497 - DSD NOA SC01 <small>IMPLEMENTED</small>	IHSS SOC	You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed on a separate page of this notice. If you have an IHSS share of cost, that amount will be deducted each month from your provider's paycheck and you will be sent a letter telling you to pay that amount to your provider. If you are Medi-Cal eligible and have a Medi-Cal share of cost, you may provide proof of the amount you paid your provider to your Medi-Cal eligibility worker and that amount will be used toward meeting your Medi-Cal share of cost.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible Previous assessment no Share of Cost Evidence existed Current assessment ShareOfCostEvidence exists MediCalEligInfo ffpInd = N	NA 1256B (IHSS SHARE OF COST)	No

SC02	 CI-116498 - DSD NOA SC02 IMPLEMENTED	IHSS SOC – increase - more countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because you have more countable income. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes
SC03	 CI-116499 - DSD NOA SC03 IMPLEMENTED	IHSS SOC – increase - decreases SSI /SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because a state law decreased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount > current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes
SC04	 CI-116500 - DSD NOA SC04 IMPLEMENTED	IHSS SOC – increase – COLA	As of MMDDYYYY, your IHSS share of cost is \$__1st__. Your IHSS share of cost was \$__2nd__. It increased because a cost of living adjustment was made to the social security payments available to you which are \$__3rd__, \$3rd__, \$__3rd__. If the social security amount you receive is different than listed here, contact your IHSS worker within 10 calendar days. MPP 30-755.233	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous Monthly Income Amount for Income Source = SOCIncomeSource = SOCIS001 < Current Monthly Income Amount for Income Source = SOCIncomeSource = SOCIS001 Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareOfCostAmt List current Monthly Income Amount(s) for all SOCIncomeSource = SOCIS001 3rd \$ = SOCIncomeSource = SOCIS001	NA 1256B (IHSS SHARE OF COST)	Yes

SC05	CI-116501 - DSD NOA SC05 IMPLEMENTED	IHSS SOC – decreases less countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because you have less countable income. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence countableIncomeAmt > Current ShareOfCostEvidence countableIncomeAmt Previous ShareOfCostEvidence ihssShareOfCostAmt > Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvinence ihssShareoOfCostAmt 2nd \$= Previous ShareOfCostEvinence ihssShareoOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No
SC06	CI-116502 - DSD NOA SC06 IMPLEMENTED	IHSS SOC – decreases increase SSI /SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because a state law increased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount < current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt > Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvinence ihssShareoOfCostAmt 2nd \$= Previous ShareOfCostEvinence ihssShareoOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No
SC07	CI-116503 - DSD NOA SC07 IMPLEMENTED	IHSS Service of Medi-Cal	You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay. If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets is processed telling you how much you need to pay your provider.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Cost of Living Adjustment, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = Y	Initial Assessment - NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessment - NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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SD01	CI-823197 - DSD NOA SD01 IMPLEMENTED	Sponsor Deeming –Sponsor's Income and Resources Used to Determine IHSS Eligibility	You are subject to sponsor deeming because three years have not passed since the date you became a lawful permanent resident. You do not meet the exception to sponsor deeming, as you did not become blind or disabled after you became a lawful permanent resident. Your sponsor's income and resources have been used to determine your IHSS eligibility. (WIC 12305.6(b)(2); 42 USC Section 1382j)	ManualNOAMessageRequest noaCode = Sponsor Deeming – Sponsor's Income and Resources Used to Determine IHSS Eligibility	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD02	CI-823198 - DSD NOA SD02 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are no longer subject to sponsor deeming because three years have passed since the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42USC Section 1382J]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD03	CI-823199 - DSD NOA SD03 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are not subject to sponsor deeming because it has been determined that you became blind or disabled after the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42USC Section 1382J]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SH01	CI-116504 - DSD NOA SH01 IMPLEMENTED	State Hearing – Outcome Compliance	This NOA reflects the outcome of your state hearing dated.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing Outcome Compliance	NA 1254 (CHANGE CONTINUATION)	No
SH02	CI-116505 - DSD NOA SH02 IMPLEMENTED	State Hearing – Conditional Withdrawal	This NOA reflects the results of the assessment done in agreement with the terms of your conditional withdrawal of your request for a State Hearing.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No

SH03	CI-116506 - DSD NOA SH03 <small>IMPLEMENTED</small>	State Hearing – Payment	To comply with the recent State Hearing order, you will receive a one-time payment.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No
SH04	CI-451618 - DSD NOA SH04 <small>IMPLEMENTED</small>	State Hearing - Aid Paid Pending Decrease	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS hours were scheduled to be decreased. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = SH04 - State Hearing - Aid Paid Pending Decrease	NA 1254 (CHANGE CONTINUATION)	No
SH05	CI-451617 - DSD NOA SH05 <small>IMPLEMENTED</small>	State Hearing – Filed before Termination effective	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS services were scheduled to end. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	Previous CaseStatus = Terminated Current CaseStatus - Eligible or Presumptive Eligible Rescind Reason = State Hearing Filed before Termination effective	NA 1257 (MULTIPURPOSE)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SP01	CI-116507 - DSD NOA SP01 <small>IMPLEMENTED</small>	No Hours Authorized	<p>You do not receive any authorized hours for the services listed below because your spouse is able and available to provide these services to you at no cost. (MPP 30-763.41)</p> <p>List all services which apply:</p> <ul style="list-style-type: none"> • Domestic Services • Meal Preparation • Meal Clean-up • Laundry • Shopping for food • Other shopping and errands • Heavy Cleaning • Yard Hazard Abatement • Teaching and Demonstration Services 	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated HouseholdMemberEvidence parentSpouseCode = Spouse – able and available Where ServiceTypeEvidence indAssessedNeedMin = ServiceTypeEvidence alternateResourcesMin for IHSSServiceType: Domestic Services Meal Preparation Meal Clean-up Laundry Shopping for food Other shopping and errands Heavy Cleaning Year Hazard Abatement Teaching and Demonstration Services	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	<p>Yes — Change only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available</p> <p>When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and available trigger the NOA, but the 10-Day Notice is not required</p>

SP02	 CI-116508 - DSD NOA SP02 IMPLEMENTED	Limited Hours Authorized	You receive only a limited number of authorized hours for meal preparation because your spouse is able and available part of the time to provide these services to you at no cost (MPP 30-763.41)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available Where Meal Preparation ServiceTypeEvidence netAdjNeedMin > 0: 00.	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes – Change - only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available trigger the NOA, but the 10-Day Notice is not required
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
TR01	 CI-116509 - DSD NOA TR01 IMPLEMENTED	Termination – No longer in own home	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot continue to get IHSS because you no longer reside in your own home. (MPP 30-701 (o)(2), MPP 30-755.1)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = No longer in own home. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR02	 CI-116510 - DSD NOA TR02 IMPLEMENTED	Termination – Recipient Request	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You asked to stop all of your service hours. (MPP 30-009.213)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient Request. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR03	 CI-116511 - DSD NOA TR03 IMPLEMENTED	Termination – Did not pay Share of Cost	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not pay your IHSS Share of Cost. The IHSS Share of Cost is the amount you must pay from your own pocket toward your IHSS services. (MPP 30-755.233(c))</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient did not pay IHSS Share of Cost. IHSSAuthorization fundingAidCode =IHSS-R MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR04	 CI-116512 - DSD NOA TR04 IMPLEMENTED	Termination – Out of State more than 60 days	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the State of California for more than 60 days in a row and it appears that you do not plan to come back. (MPP 30-770.44)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of State longer than 60 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR05	 CI-116513 - DSD NOA TR05 IMPLEMENTED	Termination – Out of country	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the country for a full calendar month or for 30 days in a row. (MPP 30-770.46)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of Country longer than 30 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR06	 CI-116514 - DSD NOA TR06 IMPLEMENTED	Termination – Moved out of State	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You told us that you are going to reside outside the State of California. (MPP 30-770.4)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Moved out of State MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes

TR07	CI-116515 - DSD NOA TR07 IMPLEMENTED	Termination – Failure to cooperate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not cooperate with the County in providing needed information to show that you need services to remain safely in your home. (MPP 30-760.1)</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus - Terminated</p> <p>CaseStatus reasonCode = Failure to provide needed information.</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR08	CI-116516 - DSD NOA TR08 IMPLEMENTED	Termination – IHSS-R SOC exceeds need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>Your application was assessed under the IHSS Residual program and your Share of Cost is more than the cost of your assessed IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services.</p> <p>Your Share of Cost is \$####.##. Your IHSS services cost is \$####.##. See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Funding Source Update, Change, Reassessment, Telehealth, State Hearing or Inter-County Transfer</p> <p>IHSSAuthorization fundingAidCode = IHSSR</p> <p>IHSSAuthorization authCalculatedSOC < ShareOfCostEvidence ihssShareOfCostAmt 1st \$####.## = current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$####.## = IHSSAuthorization compareCost</p>	NA 1255 (TERMINATION)	Yes
TR09	CI-116517 - DSD NOA TR09 IMPLEMENTED	Termination – No Assessed Need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You do not need any services to safely stay in your own home. (MPP 30-761.25)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer</p> <p>Previous ServiceTypeEvidence assessedNeenMin > zero (0)</p> <p>Current ServiceTypeEvidence assessedNeenMin = zero (0)</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR10	CI-116518 - DSD NOA TR10 IMPLEMENTED	Termination – Need met through Alternate Resources	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer</p> <p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>MMDDYYYY =CaseStatus startDate</p> <p>Where all services types with ServiceTypeEvidence indAssessedNeedMin > 0 (zero)</p> <p>Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero)</p>	NA 1255 (TERMINATION)	Yes
TR11	CI-116519 - DSD NOA TR11 IMPLEMENTED	Termination – Non-Compliance with Medi-Cal Eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information. Please contact your IHSS social worker once your Medi-Cal eligibility has been reinstated and your IHSS services may be restored.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>MMDDYYYY =CaseStatus startDate</p> <p>CaseStatus reasonCode = Non-cooperation with Medi-Cal</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR12	CI-116520 - DSD NOA TR12 IMPLEMENTED	Termination – Residence - Hospital	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>CaseStatus reasonCode = Not returning home Hospital</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes

TR13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116521 - DSD NOA TR13 IMPLEMENTED</div>	Termination – Residence - Intermediate Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from ICF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR14	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116522 - DSD NOA TR14 IMPLEMENTED</div>	Termination – Residence - Skilled Nursing Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from SNF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR15	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116523 - DSD NOA TR15 IMPLEMENTED</div>	Termination – Residence - Community Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a Community care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from CCF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR16	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116524 - DSD NOA TR16 IMPLEMENTED</div>	Termination – Whereabouts unknown	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not tell us where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, 30-760.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Whereabouts unknown MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR17	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116525 - DSD NOA TR17 IMPLEMENTED</div>	Termination – Recipient Death	<p>To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, IHSS services for RECIPIENT FULL NAME have been terminated.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated CaseStatus reasonCode = Recipient Death MMDDYYYY = Person dateOfDeath</p>	NA 1255 (TERMINATION)	No
TR18	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116526 - DSD NOA TR18 IMPLEMENTED</div>	Termination - Erroneous	<p>On MMDDYYYY, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop. That Notice was sent in error. As of MMDDYYYY, you can get IHSS through the following program:</p> <p>system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	<p>Previous CaseStatus = Terminated Current CaseStatus = Eligible or Presumptive Eligible CaseStatus reasonCode = Administrative Error 1st Date = CaseNoaSent sentDate 2nd Date = IHSSAssessmentEvidenceStartDate IHSSAuthorization fundingAidCode</p>	NA 1257 (MULTIPURPOSE)	No
TR19	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116527 - DSD NOA TR19 IMPLEMENTED</div>	Termination – IHSS-R Excess Resource	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated IHSSAuthorization fundingAidCode = IHSS-R ManualNOAMessageRequest ManualNOACode = Termination –IHSS-R Excess Resource</p>	NA 1255 (TERMINATION)	Yes
TR20	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-117734 - DSD NOA TR20 IMPLEMENTED</div>	Terminations – Invalid SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided is not valid.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Suspect SSN MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR21	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-117735 - DSD NOA TR21 IMPLEMENTED</div>	Terminations – Duplicate SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided has been determined to belong to someone else.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Duplicate SSN MMDDYYYY = CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes

TR22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-118147 - DSD NOA TR22 IMPLEMENTED</div>	Termination – Health Care Certification - Not Received	<p>As of [MM/DD/YYYY*], the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)</p> <p>*MM/DD/YYYY – Terminate Case Authorization End Date</p>	<p>Previous CaseStatus is Eligible, Presumptive Eligible or Leave Current CaseStatus is Terminated AND the Health Care Certification Type is blank AND the Health Care Certification Due Date is before the current date OR, if indicated, the Health Care Certification Extension Due Date is before the current date</p>	NA 1255 (TERMINATION)	Yes
TR23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-718152 - DSD NOA TR23 IMPLEMENTED</div>	Termination – Non-compliance UHV	<p>You have failed to comply with IHSS program requirements regarding unannounced home visits in accordance with the California Welfare and Institutions Code (WIC) Section 12305.71(c)(3).</p> <p>You were unavailable and/or denied entry to the county worker when the County attempted three home visits within the past sixty (60) days, on MMDDYYYY at HH:MM, on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM.</p> <p>Additionally, a county worker called your home on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM, and sent you a letter on MMDDYYYY.</p> <p>In spite of these efforts, we have been unable to complete an unannounced home visit, and your eligibility for the In-Home Supportive Services Program will stop as of MMDDYYYY in accordance with WIC Section 12305.82(f).</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus = Terminated</p> <p>CaseStatus reasonCode = 'Non-Compliance - UHV'</p> <p>UHV Status = 'Final UHV Attempt Unsuccessful'</p>	NA 1255 (TERMINATION)	Yes
TR24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-775236 - DSD NOA TR24 IMPLEMENTED</div>	Termination – Health Care Certification – No Need	<p>As of MM/DD/YYYY*, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1)</p> <p>*MM/DD/YYYY will be populated with the Terminate Case End Date</p>	<p>AND the Health Care Certification Type is "No Need"</p>	NA 1255 (TERMINATION)	Yes
TR25	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822524 - DSD NOA TR25 IMPLEMENTED</div>	Termination – No Medi-Cal eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.</p> <p>You may be obligated to pay your IHSS provider's wages if your Medi-Cal eligibility is not restored.</p>	<p>SAWS job S3 terminates an IHSS Case</p>	NA 1255 (TERMINATION)	Yes
TR26	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822593 - DSD NOA TR26 IMPLEMENTED</div>	Termination – Rescission – Medi-Cal Non-Compliance Resolved	<p>On XX/XX/XXXX, we sent you a notice of action telling you that the IHSS Services you had been receiving would stop as a result of information received from Medi-Cal. We have received information that your Medi-Cal eligibility has been restored. Therefore, as of XX/XX/XXXX, you can get IHSS through the following program:</p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Rescission Reason = Medi-Cal Non-Compliance Resolved.</p>	NA 1257 (MULTIPURPOSE)	No
TR27	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822686 - DSD NOA TR27 IMPLEMENTED</div>	Termination – Manual Rescission – Medi-Cal Restored	<p>On XX/XX/XXXX, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop when your Medi-Cal eligibility was stopped. We have received information from Medi-Cal that you are again eligible to receive services. As of XX/XX/XXXX, you can get IHSS through the following program: <program and code></p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Manual Rescind Code = Medi-Cal Restored</p>	NA 1257 (MULTIPURPOSE)	Yes
TR28	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-823843 - DSD NOA TR28 IMPLEMENTED</div>	Termination – Enrolled in PACE program	<p>As of <MMDDYYYY - Start Date of Terminated Case Status>, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR28</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR29	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-824401 - DSD NOA TR29 IMPLEMENTED</div>	Termination – SSI Board & Care Rate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI/SSP). Individuals receiving the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR29</p> <p>MMDDYYYY =CaseStatus startDate</p>	<p>NA 1255 (TERMINATION)</p> <p>OR</p> <p>NA 1255L (TERMINATION Large Font)</p>	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
UN01	<div style="border: 1px solid #ccc; padding: 5px;">⊕ CI-116528 - DSD NOA UN01 IMPLEMENTED</div>	Unmet Need – PCSP (NSI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN02	<div style="border: 1px solid #ccc; padding: 5px;">⊕ CI-116529 - DSD NOA UN02 IMPLEMENTED</div>	Unmet Need – PCSP (SI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN03	<div style="border: 1px solid #ccc; padding: 5px;">⊕ CI-116530 - DSD NOA UN03 IMPLEMENTED</div>	Unmet Need – IPO (NSI)	<p>You are receiving your IHSS services through the IPO program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN04	CI-116531 - DSD NOA UN04 IMPLEMENTED	Unmet Need – IPO (SI)	You are receiving your IHSS services through the IPO program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN05	CI-116532 - DSD NOA UN05 IMPLEMENTED	Unmet Need – IHSS-R (NSI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN06	CI-116533 - DSD NOA UN06 IMPLEMENTED	Unmet Need – IHSS-R (SI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN07	CI-463622 - DSD NOA UN07 IMPLEMENTED	Unmet Need CFCO (NSI)	You are receiving your IHSS services through the CFCO program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ### hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN08	CI-463623 - DSD NOA UN08 IMPLEMENTED	Unmet Need CFCO (SI)	You are receiving your IHSS services through the CFCO program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ### hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedIn d = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
VS01	CI-116534 - DSD NOA VS01 IMPLEMENTED	Auth to Purchase – Voluntary Service increased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that some or all of the following services are no longer being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence voluntaryServicesMin < the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	No
VS02	CI-116535 - DSD NOA VS02 IMPLEMENTED	Voluntary Services – First Authorization that Recipient receiving Voluntary Services	The hours of IHSS you get are decreased. Here's why: You told us some or all of each of the following services are being provided to you voluntarily and the individual providing them does not wish to be paid: List all services which apply: If the individual decides they would like to be paid for providing services, contact your social worker. (MPP 30-763.6)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0) If Assessment Type other than InitialPrevious ServiceTypeEvidence voluntaryServicesMin = zero (0) Current ServiceTypeEvidence voluntaryServicesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
VS03	CI-116536 - DSD NOA VS03 IMPLEMENTED	Auth to Purchase – Voluntary Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that additional amounts of each of the following services are now being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence voluntaryServicesMin > the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (1-10)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
1	11989	CI-111289 - DSD BR FD 01 IMPLEMENTED	IHSS application is denied.	When an application for IHSS services is denied When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Denied (Case Home).	<ul style="list-style-type: none"> Send IH34 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO Send S8 transaction with "Denied" status to SAWS 		Case Home-Status
2	11989	CI-111290 - DSD BR FD 02 IMPLEMENTED	IHSS case is terminated.	When an IHSS case has been terminated. When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Terminated (Case Home).	<ul style="list-style-type: none"> Send IH40 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO Send S8 to SAWS with "Terminated" status Note: CMIPS Status will not show Terminated because of the 10-day NOA, but SAWS and MEDS transactions will be sent. 		Case Home-Status
3	12157 12180	CI-111291 - DSD BR FD 03 IMPLEMENTED	ICT Process Is Completed	When an ICT process is completed. When the Approve link is selected on the Evidence Workspace screen, the evidence type is Inter-County Transfer and the outcome is Eligible.	<ul style="list-style-type: none"> Send IH05 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO Send S9 to sending SAWS county with ICT status "TC" 		Evidence Workspace-Active Evidence Details
4	12159 12176 1 2180 16840 16 841 16842 168 43 16844 16847	CI-111292 - DSD BR FD 04 IMPLEMENTED	Inter County Transfer Approval & Activation Evidence	Activate Evidence	<p>When the Pending Evidence associated with an Assessment Type (Evidence Workspace: Evidence Type) of Inter-County Transfer is Approved and Activated:</p> <p>If Active Evidence exists with an Authorization Start Date future to the Authorization Start Date on the Pending Inter-County Transfer Assessment – allow Pending Inter-County Transfer Assessment to supersede future dated assessment.</p> <ul style="list-style-type: none"> Update all County indicators on the case to the Receiving County indicated on the Inter-County Transfer screen Update the Case Owner to the Inter-County Transfer Assigned Worker Update the District Office to the District Office associated to the Inter-County Transfer Assigned Worker Send a Notification to the previous Case Owner, in the Sending County, that the Inter-County Transfer is Transfer Complete Set the Inter-County Transfer Status to Transfer Complete Set the Authorization Start Date, on the Inter-County Transfer screen to equal the Authorization Start Date associated with the Inter-County Transfer Assessment Terminate all Active or Leave Status IHSS providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date with a Termination Reason "Other" and a Termination Comment, "Inter-County Transfer.". Terminate all Active or Leave Status WPCS providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date Produce Task "[case number] [case name] Inter-County Transfer authorization completed, please assign WPCS provider." to the WPCS Work Queue <p>If Workplace Hours were indicated, set the Workplace Hours End Date to one day prior to the Authorization Start Date of the Inter-County Transfer assessment.</p> <ul style="list-style-type: none"> Produce Notification "[case number] [case name] Inter-County Transfer completed, please review Workplace Hours." to the Case Owner Default all Auth to Purchase hours to IP Mode of Service Recalculate the Case Cost based upon the Auth To Purchase Hours multiplied by the default County Rate in the Receiving County Recalculate the Share of Cost Compare Cost based upon the Auth To Purchase Hours multiplied by the highest County Rate in the Receiving County End Date Provider Workweek Agreement action End Date Recipient Workweek Agreement Action Recalculate Monthly Overtime Maximum Recalculate Provider and Recipient Weekly Maximum Update Number of Active Cases Update Number of Active Providers 		Evidence Workspace-Active Evidence Details

5	12174 16893	CI-111293 - DSD BR FD 05 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the County Contractor Mode of Service (Mode of Services:CC Hours)		Modes of Service-CC Hours
6	12174 16893	CI-111294 - DSD BR FD 06 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Individual Provider Mode of Service assign Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services: IP Hours)		Modes of Service-IP Hours
7	12174 16893	CI-111295 - DSD BR FD 07 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Homemaker Mode of Service (Mode of Services: HM Hours)		Modes of Service-HM Hours
8	12174 16893	CI-111296 - DSD BR FD 08 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)		Modes of Service-IP Hours
9	12174 16893	CI-111297 - DSD BR FD 09 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)		Modes of Service-IP Hours
10	12174 16892 1 6893	CI-111298 - DSD BR FD 10 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours and Mode of Service are the same as the previous Authorization Period retain the previous Mode of Service hour's designation (Mode of Services:IP Hours, CC Hours, HM Hours).		Modes of Service-IP,CC,HM Hours

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (11-20)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
11	12174 16892 16893	⊕ CI-111299 - DSD BR FD 11 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have decreased and the Program Evidence Screen Mode of Service designation is Individual Provider and any other Mode of Service apply the decreased number of hours to the Individual Provider (Mode of Services:IP Hours, CC Hours, HM Hours) .		Modes of Service-IP,CC,HM Hours
12	12174 16892 16893	⊕ CI-111300 - DSD BR FD 12 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have increased and the Mode of Service are Individual Provider and any other Mode of Service apply the increased number of hours to the Individual Provider Mode of Service (Mode of Services:IP Hours, CC Hours, HM Hours).		Modes of Service-IP,CC,HM Hours
13	16100	⊕ CI-111301 - DSD BR FD 13 IMPLEMENTED	Protective Supervision Awaiting Additional Information	Check Eligibility Activate Evidence	When Protective Supervision Form Sent Date is not blank and Awaiting Additional Information is indicated Fail the rule. Decision results screen shows that this rule failed Do not authorize Protective Supervision Services Produce applicable NOA Allow authorization of the other Service Types	40	Protective Supervision-Protective Supervision Form Sent Date, Pending Receipt of Additional Information
14	12527	⊕ CI-111302 - DSD BR FD 14 IMPLEMENTED	Paramedical Services Awaiting Additional Information	Check Eligibility Activate Evidence	When the Awaiting Additional Information is indicated And the Paramedical Form Send Date is indicated And the Paramedical Form Receive Date is indicated And Paramedical Services Total Assessed Need hours are indicated Authorize the indicated Total Assessed Need hours Allow authorization of the other Service Types Produce NOA PM03	41	Paramedical Services-Paramedical Services Form Sent Date, Pending Receipt of Additional Information
15	12007 12627 12448 16970 16668 21164	⊕ CI-111303 - DSD BR FD 15 IMPLEMENTED	Determine Funding Program Aid Code	Check Eligibility Activate Evidence	<p>Authorization Summary: Funding Source Aid Code:</p> <p>If Authorization Start Date is before 08/01/2009 and Medi-Cal FFP is "Y"</p> <ul style="list-style-type: none"> • If Parent/Spouse Provider: set Funding Source to IPW1 • If Advance Pay: set Funding Source to IPW2 • If Protective Supervision by Parent of a Minor Child/Spouse: set Funding Source to IPW3 • If Domestic Services and Related by Parent of Minor Child/Spouse: set Funding Source to IPW4 • If Meals: set Funding Source to IPW5 • If Multiple Services: set Funding Source to IPW6 • Else Funding Source is set to PCSP <p>Else Medi-Cal FFP is "N": set Funding Source to IHSS-R</p> <p>OR</p> <p>If Authorization Start Date is on or after 08/01/2009 and Medi-Cal FFP is "Y" AND If Advance Pay, Parent of Minor Child/Spouse Provider, or Restaurant Meals allowance</p> <ul style="list-style-type: none"> • If Advance Pay: set Funding Source to IPO1 • If Meals: set Funding Source to IPO2 • If Parent Provider of a Minor Child: set Funding Source to IPO3 • If Spouse Provider: set Funding Source to IPO4 • If Multiple Services: set Funding Source to IPO5 • Else Funding Source is set to PCSP <p>Else if Medi-Cal FFP is "N": set Funding Source to IHSS-R</p> <p>OR</p> <p>If the Authorization Start Date is on or after 9/1/2014 and MEDS Eligibility FFP is "Y" AND If Recipient Declines CFCO indicator is not selected and any of the following occur, set the Funding Source to CFCO:</p> <ul style="list-style-type: none"> • If the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is equal to or greater than 195:00 • Or if the Impairment Level is Severely Impaired • Or if the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is less than 195:00 and any of the following: <ul style="list-style-type: none"> ◦ If the combined Functional Ranks for Memory + Orientation + Judgment is 6 or greater ◦ Or have any three of the following are indicated: <ul style="list-style-type: none"> ▪ Functional Rank for Feeding is 3, 4, 5, or 6 ▪ Functional Rank for Bowel, Bladder and Menstrual Care is 4 or 5 ▪ Functional Rank for Bathing & Grooming is 4 or 5 ▪ Functional Rank for Ambulation 4 or 5 ▪ Functional Rank for Transfer 4 or 5 ▪ Functional Rank for Respiration 5 or 6 ▪ Total Assessed Need for Paramedical Services greater than 0:00 <p>ELSE</p> <p>If MEDS Eligibility FFP = "Y", but none of the above are met or Recipient Declines CFCO indicator is selected:</p> <ul style="list-style-type: none"> • If Restaurant Meals is "Yes": set Funding Source to IPO2 • If Provider Relationship to Recipient is Parent of a Minor Child: set Funding Source to IPO3 • If Provider Relationship to Recipient is Spouse: set Funding Source to IPO4 • If Multiple Services IPO Funding Source are indicated: set Funding Source to IPO5 • If CFCO or IPO criteria are not met: set Funding Source to PCSP <p>Else if MEDS Eligibility FFP is "N": set Funding Source to IHSS-R</p>	01	Authorization Summary-Funding Source Aid Code

16	12080 12497	CI-111304 - DSD BR FD 16 IMPLEMENTED	Case Event - Ready for Review	Submit for Approval	When a user has a security role requiring Supervisory Approval submits a case for Approval OR the user submits a case for approval that meets one or more of the criteria indicated as Yes on the SW User Approvals screen. THEN The case event - "[case number] Case Ready for Review" is produced to the user's supervisor.	54	Tasks-Task ID
17	12082	CI-111305 - DSD BR FD 17 IMPLEMENTED	Calculate "Case Cost"	Check Eligibility Activate Evidence	Case Cost = (IP Hours X County Default IP Rate)+(CC Hours X County CC Rate) + (HM Hours X County HM Rate)	30	Modes of Service-Case Cost
18	12083	CI-111306 - DSD BR FD 18 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) of Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R Set the Case Status (Case Home: Status) to Denied Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. Apply appropriate NOA Messages Send a Notification to the Case Owner	26	Authorization Summary-SOC Compare Cost
19	12083	CI-111307 - DSD BR FD 19 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) other than Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R Set the Case Status (Case Home: Status) to Terminated Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. Apply appropriate NOA Messages Send a Notification to the Case Owner End Date Provider Workweek Agreement action End Date Recipient Workweek Agreement Action Recalculate Monthly Overtime Maximum Recalculate Provider and Recipient Weekly Maximum Update Number of Active Cases Update Number of Active Providers	27	Authorization Summary-SOC Compare Cost
20	12083	CI-111308 - DSD BR FD 20 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with a Funding Source of PCSP or IPW/IPO and the IHSS SOC exceeds the SOC Compare Cost: Send a Notification to the Case Owner	28	Authorization Summary-SOC Compare Cost

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (21-30)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
21	12088	CI-111309 - DSD BR FD 21 IMPLEMENTED	IHSS application is Eligible.	When an application for IHSS services is eligible. When the Approve link is selected on the Evidence Workspace screen and the outcome is Eligible.	<ul style="list-style-type: none"> Send IH20 to MEDS AND IF The Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month ALSO Send S8 to SAWS with "Eligible" status (See also DSD – Section 25 – Case Maintenance – BR #25 – CI 111,233) 	62	Case Home-Status
22	12325	CI-111310 - DSD BR FD 22 IMPLEMENTED	Calculate Meals Hours	Check Eligibility Activate Evidence	When Restaurant Meals Allowance is indicated Meals Hours = Sum of the "Net Adjusted Need" for the following Service Types: <ul style="list-style-type: none"> Preparation of Meals Meal Clean-up Shopping for Food 	46	Authorization Summary – Net Adjusted Need: Preparation of Meals, Meal Clean-up, Shopping for Food
23	12333	CI-111311 - DSD BR FD 23 IMPLEMENTED	Calculate Individual Assessed Need By Week	Check Eligibility Activate Evidence	Weekly Individual Assessed Need = Sum of all "Individual Assessed Need" for Weekly Services	02	Authorization Summary- Individual Assessed Need
24	12334	CI-111312 - DSD BR FD 24 IMPLEMENTED	Exclude One-Time and Monthly Services from Weekly Auth to Purchase	Check Eligibility Activate Evidence	Exclude "one-time only" and "Monthly Service" from the total weekly "Authorize to Purchase" hours' calculation.	03	N/A
25	12337	CI-111313 - DSD BR FD 25 IMPLEMENTED	Calculate Unmet Need for cases without Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (Authorization Summary: Unmet Need (HH:MM) = (Net Adjusted Need for all Service Types – Statutory Maximum) if > 0 else Unmet need = 0	13	Authorization Summary- Unmet Need Before LMA
26	12431	CI-111314 - DSD BR FD 26 IMPLEMENTED	Calculate Auth to Purchase by Service Type	Check Eligibility Activate Evidence	Auth to Purchase by Service Type (Authorization Summary: Auth to Purchase) = Net Adjusted Need (Authorization Summary: Net Adj Need – Unmet Need (Authorization Summary: Unmet Need) for each Service Type) Protective Supervision hours are excluded from this calculation	06	Authorization Summary- Auth to Purchase
27	12432 16087	CI-111315 - DSD BR FD 27 IMPLEMENTED	Calculate Individual Assessed Need by Service Type	Check Eligibility Activate Evidence	Individual Assessed Need (Authorization Summary: Ind Assessed Need) = Assessed Need (Authorization Summary: Assessed Need)– Adjustments (Authorization Summary: Adj)	04.1	Authorization Summary- Individual Assessed Need
28	12433	CI-111316 - DSD BR FD 28 IMPLEMENTED	Calculate prorated month Auth to Purchase After Reduced Hours	Check Eligibility Activate Evidence	Prorated Auth to Purchase After Reduced (ihssAuthorizations: Auth to Purchase) = ((Monthly Auth to Purchase After Reduced Hours/ total number of days in month) x (multiplied by) number of days in the prorated month.)	25	Authorization Summary- Total Auth to Purchase Before LMA
29	12436	CI-111317 - DSD BR FD 29 IMPLEMENTED	Calculate Net Adjusted Need by Service Type	Check Eligibility Activate Evidence	Net Adjusted Need by Service Type (Authorization Summary: Net Adj Need) = Individual Assessed Need (Authorization Summary: Ind Assessed Need) – Alternate Resources – Refused Services – Voluntary Services for each Service Type.	05	Authorization Summary- Net Adjusted Need
30	12437	CI-111318 - DSD BR FD 30 IMPLEMENTED	Calculate Meal Allowance Auth Hours Adjustment	Check Eligibility Activate Evidence	For Recipient cases with a Restaurant Meals Allowance indication Auth to Purchase = Auth to Purchase - Meals Hours	47	Authorization Summary- Restaurant Meals Allowance

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (31-40)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
31	12442	CI-111319 - DSD BR FD 31 IMPLEMENTED	Teaching and Demonstration Authorization Limits	Check Eligibility Activate Evidence	Authorization for Teaching and Demonstration (Authorization Summary: Auth to Purchase) shall be limited to a period of three consecutive months.	45	Authorization Summary-Teaching and Demonstration
32	12486	CI-111320 - DSD BR FD 32 IMPLEMENTED	Determine Impairment Level - Severely Impaired	Check Eligibility Activate Evidence	<p>Identify Recipient as Severely Impaired (SI) (Authorization Summary: Impairment Level) when the aggregated Individual Assessed Need for the following Service Types is 20 hours or more per week:</p> <ul style="list-style-type: none"> • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Transfer • Bathing, Oral Hygiene, Grooming • Repositioning and Rubbing Skin • Care and Assistance with Prostheses • Paramedical Services <p>"time-limited" and "one-time" services will not be considered in this calculation.</p>	42	Authorization Summary-Impairment Level
33	12490 16969	CI-111321 - DSD BR FD 33 IMPLEMENTED	Severely Impaired Authorized Hours Statutory Limit	Check Eligibility Activate Evidence	<p>Auth To Purchase (Authorization Summary: Total Auth to Purchase (HH:MM) hours for Severely Impaired Recipient as follows:</p> <ul style="list-style-type: none"> • PCSP/CFCO – 283 Hours/Month • IPW – 283 Hours/Month • IPO – 283 Hours/Month • IHSS-R – 283 Hours/Month. 	43	Authorization Summary- Total Auth to Purchase Before LMA
34	12491 16968	CI-111322 - DSD BR FD 34 IMPLEMENTED	Statutory Maximum for Non-Severely Impaired	Check Eligibility Activate Evidence	Statutory Maximum for Non-Severely Impaired Recipients <ul style="list-style-type: none"> • PCSP/CFCO – 283 Hours/Month of which no more than 195 hours may be authorized for Protective Supervision (CR 126) • IPW – 195 Hours/Month • IPO – 195 Hours/Month • IHSS-R – 195 Hours/Month. 	44	Authorization Summary- Total Auth to Purchase Before LMA
35	12531	CI-111323 - DSD BR FD 35 IMPLEMENTED	Calculate the "Protective Supervision Companion Case Adjustment"	Check Eligibility Activate Evidence	Protective Supervision Companion Case Adjustment = 168 – (168/ # of Recipient's with Protective Supervision in Companion Case Collection) + Weekly Auth to Purchase for all Recipient's not receiving Protective Supervision	15	View Protective Supervision-Companion Case Protective Supervision Adjustment

36	12536 12551	CI-111324 - DSD BR FD 36 IMPLEMENTED	Protective Supervision 24 Hour Care Plan Calculations:	Check Eligibility Activate Evidence	<p>Calculate the number of hours per/week of "24 Hour Protective Supervision Care Plan" using the following calculations:</p> <ul style="list-style-type: none"> • Protective Supervision Adjustment = Sum of Weekly Auth to Purchase hours excluding Protective Supervision hours • Protective Supervision Individual Assessed Need = 168 – Protective Supervision Adjustment – Companion Case Protective Supervision Adjustment <ul style="list-style-type: none"> ◦ This value should be greater than zero • Protective Supervision Net Adjusted Need = Protective Supervision Individual Assessed Need – Protective Supervision Alternate Resources – Protective Supervision Voluntary Services <p>If Protective Supervision Net Adjusted Need < (Protective Supervision Statutory Max – Protective Supervision Adjustments)</p> <p>Protective Supervision Auth Purchase = Protective Supervision Net Adjusted Need</p> <p>Else</p> <p>Protective Supervision Auth Purchase = Protective Supervision Statutory Max – Protective Supervision Adjustments 24 Hour Protective Supervision Care Plan Need Authorization Summary:24 Hour Protective Supervision Care Plan</p> <p>Need(HH:MM) = Protective Supervision Net Adjusted Need - Protective Supervision Auth to Purchase</p>	16	<p>View Protective Supervision- 24 Hour Care Plan Need</p> <p>Authorization Summary- 24 Hour Protective Supervision Care Plan Need</p>
37	12555	CI-111325 - DSD BR FD 37 IMPLEMENTED	No Unmet Need For Protective Supervision	Check Eligibility Activate Evidence	Unmet Need for Protective Supervision not allowed.	17	Authorization Summary- Protective Supervision: Unmet Need
38	12560	CI-111326 - DSD BR FD 38 IMPLEMENTED	Calculate Protective Supervision Adjustment Categories	Check Eligibility Activate Evidence	Calculate and process adjustments to the assessed need for protective supervision based on the following: a. Shared living arrangements b. Alternative resources c. Voluntary services.	18	Authorization Summary- Protective Supervision
39	12561	CI-111327 - DSD BR FD 39 IMPLEMENTED	Same Residence Protective Supervision Guidelines	Check Eligibility Activate Evidence	When multiple Recipients in the same residence require protective supervision, CMIPS shall perform the following: a. Calculate the individual assessed need for protective supervision as a common need b. Prorate the individual assessed need for protective supervision among the multiple Recipients. c. Allow authorized user to manually adjust calculations.	19	Authorization Summary- Protective Supervision
40	12603	CI-111328 - DSD BR FD 40 IMPLEMENTED	Calculate Functional Index Score for Recipient	Check Eligibility Activate Evidence	<p>For all service types excluding Memory, Orientation and Judgment, calculate new Functional Rank using the following formula</p> <p>If Functional Rank = 6 then New Function Rank = 1</p> <p>Else New Functional Rank = Functional Rank -1</p> <p>If Service Type = "Housework" Functional Rank product = 0.038 * New Functional Rank</p> <p>If Service Type = "Laundry" Functional Rank product = 0.037 * New Functional Rank</p> <p>If Service Type = "Shopping and Errands" Functional Rank product = 0.040 * New Functional Rank</p> <p>If Service Type = "Meal Preparation and Clean-up" Functional Rank product = 0.222 * New Functional Rank</p> <p>If Service Type = "Mobility Inside" Functional Rank product = 0.079 * New Functional Rank</p> <p>If Service Type = "Bathing and Grooming" Functional Rank product = 0.095 * New Functional Rank</p> <p>If Service Type = "Dressing" Functional Rank product = 0.057 * New Functional Rank</p> <p>If Service Type = "Bowel, Bladder and Menstrual" Functional Rank product = 0.129 * New Functional Rank</p> <p>If Service Type = "Transfer" Functional Rank product = 0.094 * New Functional Rank</p> <p>If Service Type = "Eating" Functional Rank product = 0.127 * New Functional Rank</p> <p>If Service Type = "Respiration" Functional Rank product = 0.082 * New Functional Rank</p> <p>Functional Rank Sum = Sum of all Functional Rank Products Functional Index Score (Authorization Summary : Functional Index Score) = Functional Rank Sum + 1</p>	58	Service Evidence- Functional Index

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (41-50)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
41	16065	CI-111329 - DSD BR FD 41 IMPLEMENTED	Weekly Services	Check Eligibility Activate Evidence	CMIPS shall track and report the following services as "Weekly Services." <ul style="list-style-type: none"> • Accompaniment to alternative resources • Accompaniment to medical appointments • Ambulation • Bathing, oral hygiene and grooming • Bowel & Bladder care • Care and assistance with prosthesis • Dressing • Feeding • Meal clean-up • Menstrual care • Transfer • Other shopping and errands • Paramedical Services • Preparation of meals • Protective supervision • Repositioning and Rubbing Skin • Respiration • Routine bed baths • Laundry • Shopping for food 	07	Authorization Summary- W/M
42	16072	CI-111330 - DSD BR FD 42 IMPLEMENTED	Calculate Weekly Net Adjusted Need	Check Eligibility Activate Evidence	Weekly Net Adjusted Need = Sum of the Net Adjusted Need for all Weekly Services	08	Authorization Summary- Net Adjusted Need
43	16073	CI-111331 - DSD BR FD 43 IMPLEMENTED	Calculate Monthly Net Adjusted Need	Check Eligibility Activate Evidence	Monthly Net Adjusted Need = Weekly Net Adjusted Need * 4.33 + Sum of the Net Adjusted Need for all Monthly Services	09	Authorization Summary- Net Adjusted Need
44	16089	CI-111332 - DSD BR FD 44 IMPLEMENTED	Calculate Monthly Individual Assessed Need	Check Eligibility Activate Evidence	Monthly Individual Assessed Need = ("Weekly Individual Assessed Need" * 4.33) + Sum of the Individual Assessed Need" for Monthly Services.	10	Authorization Summary-Ind Assessed Need
45	16091	CI-111333 - DSD BR FD 45 IMPLEMENTED	Calculate Unmet Need by Service Type	Check Eligibility Activate Evidence	Unmet Need by Service Type (Authorization Summary: Unmet Need) = Unmet Need by Month * (Net Adjusted Need by Service Type/ Net Adjusted Need by Month)	12	Authorization Summary-Unmet Need
46	16092	CI-111334 - DSD BR FD 46 IMPLEMENTED	Calculate Weekly Auth to Purchase Hours	Check Eligibility Activate Evidence	Weekly Auth to Purchase = Sum of "Auth to Purchase" hours for all Weekly Services. One-time only and Protective Supervision Auth to Purchase Hours are excluded from this calculation.	11	N/A
47	16093 12569	CI-111335 - DSD BR FD 47 IMPLEMENTED	Calculate Total Auth to Purchase	Check Eligibility Activate Evidence	Total Auth to Purchase Before LMA(Authorizations: Total Auth to Purchase Before LMA) = ((Weekly Auth to Purchase * 4.33) + (Protective Supervision Auth to Purchase * 4.33) + Monthly Auth to Purchase)	20	Authorization Summary- Total Auth to Purchase Before LMA
48	16094	CI-111336 - DSD BR FD 48 IMPLEMENTED	Determine Prorated Month	Check Eligibility Activate Evidence	A Service month shall be determined as a "Prorated Month" when any of the following conditions occur: The eligibility begin date is a date other than the first date of a month – a.k.a. – Initial Proration The eligibility end date is a date other than the end of a month – a.k.a. – Ending Proration There are multiple changes in eligibility within a specific month – a.k.a. – Mid-Month Proration	24	N/A
49	16095 16096	CI-111337 - DSD BR FD 49 IMPLEMENTED	Validation on Paramedical Form Received Date for Paramedical Service	Check Eligibility Activate Evidence	If Received Date on Paramedical Form is blank Do not authorized Paramedical Services Allow authorization of the other Service Types	39	Paramedical Services-Paramedical Services Form Sent Date

50	16098	 CI-11138 - DSD BR FD 50 IMPLEMENTED	Determine Impairment Level - Non-Severely Impaired	Check Eligibility Activate Evidence	<p>Identify Recipient as Non-Severely Impaired (NSI) (Authorization Summary: Impairment Level) when the aggregated "Individual Assessed Need" for the following Service Types is less than 20 hours per week:</p> <ul style="list-style-type: none"> • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Moving In/Out of Bed • Bathing, Oral Hygiene, Grooming • Rubbing Skin, Repositioning, Etc. • Care and Assistance with Prostheses • Paramedical Services <p>One-time services will not be considered in this calculation.</p>	31	Authorization Summary- Impairment Level
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (51-60)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
51	16103	CI-111339 - DSD BR FD 51 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO/IHSS-R & Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limits for IPW/IPO/IHSS-R and Non- Severely Impaired Recipient are a total of 195 hrs/month, all of which may be for Protective Supervision (45:02 HH:MM/week).	32	Authorization Summary- Protective Supervision
52	16104	CI-111340 - DSD BR FD 52 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IPW/IPO Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM/wk).	33	Authorization Summary- Protective Supervision
53	16105	CI-111341 - DSD BR FD 53 IMPLEMENTED	Protective Supervision Statutory Limits – IHSS-R – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IHSS-R and Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM/wk).	34	Authorization Summary- Protective Supervision
54	16106 16968	CI-111342 - DSD BR FD 54 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP/CFCO – Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Non – Severely Impaired is a total of 283 hrs/mo, of which only 195 hrs /mo (45:02 HH:MM/wk) may be for Protective Supervision.	35	Authorization Summary- Protective Supervision
55	16107 16969	CI-111343 - DSD BR FD 55 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP/CFCO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Severely Impaired is a total 283 hrs/mo, of which all may be Protective Supervision (65:22 HH:MM/wk).	36	Authorization Summary- Protective Supervision
56	16118	CI-111344 - DSD BR FD 56 IMPLEMENTED	Re-assessment Due Date – IPW /IPO	Check Eligibility Activate Evidence	<p>For an Assessment Type (Evidence Workspace: Evidence Type) of Initial, Re-assessment or Inter-County Transfer and the Funding Program (Authorization Summary):</p> <p>Funding Source Aid Code) is IPO or IPW if the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) is more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p> <p>For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment when a Funding Program changes from PCSP to IPW/IPO, the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date, reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p>	51	Program Evidence- Re-Assessment Due Date
57	16119	CI-111345 - DSD BR FD 57 IMPLEMENTED	Re-assessment Due Date – PCSP, CFCO	Check Eligibility Activate Evidence	<p>Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) for an Initial Assessment with a PCSP or CFCO Funding Source (Authorization Summary):</p> <p>Funding Source Aid Code) shall not exceed 12 months from the Home Visit Date, reset the Re-assessment Due Date to 12 months from the Home Visit Date.</p> <p>Re-assessment Due Date for a case with an Assessment Type other than Initial Assessment and a Funding Source of PCSP or CFCO may not be more than 18 months from the In-Home Visit Date regardless of the Assessment Type), reset the Re-assessment Due Date to 18 months from the Home Visit Date.</p>	52	Program Evidence- Re-Assessment Due Date
58	16120 16119	CI-111346 - DSD BR FD 58 IMPLEMENTED	Re-assessment Due Date – IHSS-R	Check Eligibility Activate Evidence	<p>An Assessment Type of Initial (Evidence Workspace: Evidence Type), Re-assessment or Inter-County Transfer for Funding Program IHSS-R when the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Date to 12 months from the Home Visit Date</p> <p>For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment with a Funding Program changes from PCSP or CFCO to IHSS-R and the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date reset the Re-assessment Date to 12 months from the Home Visit Date.</p>	53	Program Evidence- Re-Assessment Due Date
59	16121	CI-111347 - DSD BR FD 59 IMPLEMENTED	IHSS Determination Date	Activate Evidence	System generates IHSS Determination Date (Authorizations: Determination Date) assigned as the date the Final Determination was process for an Authorization Period for the Initial Approval or Denial and all subsequent authorizations.	50	Authorization Summary- IHSS Determination Date
60	16133	CI-111348 - DSD BR FD 60 IMPLEMENTED	No payment for Voluntary Services	Check Eligibility Activate Evidence	Shall not authorize payment for voluntary services.	60	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (61-70)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
61	16477	CI-111349 - DSD BR FD 61 IMPLEMENTED	Calculate "SOC Compare Cost"	Check Eligibility Activate Evidence	SOC Compare Cost (Authorization Summary: SOC Compare Cost) = Highest County Rate * Total Auth to Purchase Before LMA hours. "SOC Compare Cost will always be calculated for a full Service Month.	29	Authorization Summary- SOC Compare Cost
62	16522	CI-111350 - DSD BR FD 62 IMPLEMENTED	Able and Available Spouse Calculation	Check Eligibility Activate Evidence	If the Spouse/Parent indication is "Spouse – Able and Available" assign Individual Assessed Need (Authorization Summary: Ind Assessed Need) for the following services as "Alternate Resources" (Authorization Summary: Alt+Ref+Vol): <ul style="list-style-type: none"> • Domestic Services • Preparation of Meals • Meal Clean-up • Laundry • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning 	48	View Household Member- Spouse / Parent
63	16523	CI-111351 - DSD BR FD 63 IMPLEMENTED	Able and Partially Available Spouse Calculation	Check Eligibility Activate Evidence	If the Spouse/Parent indication is "Spouse Able/Partially Available" assign Individual Assessed Need(Authorization Summary: Ind Assessed Need) for the following services as "Alternate Resources" (Authorization Summary: Alt+Ref+Vol): <ul style="list-style-type: none"> • Domestic Services • Routine Laundry • Meal Clean-up • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning 	49	View Household Member- Spouse / Parent
65	12527	CI-111352 - DSD BR FD 65 IMPLEMENTED	Notice of Action	When the "submit for approval" processing results in a Case Status of Denied or Terminated	CMIPS shall print only the NOA message(s) pertinent to the Denial or Termination.	59	Authorization Summary-System Generated
66a	12569	CI-111353 - DSD BR FD 66a IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are equal to the Previous Auth to Purchase Hours	If Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated: <ul style="list-style-type: none"> • "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated : <ul style="list-style-type: none"> • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case 	65.1	View Case Provider-Provider Hours

66b	12569	CI-111354 - DSD BR FD 66b IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are greater than the Previous Auth to Purchase Hours	If Auth to Purchase Hours have increased and the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the: ◦ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment ◦ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case	65.2	View Case Provider-Provider Hours
66c	12569	CI-111355 - DSD BR FD 66c IMPLEMENTED	Activate Evidence	When evidence is activated: And eligible providers are associated with the case And the Current Assessment is indicated as Advance Pay And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate And the Current Auth to Purchase Hours are less than the Previous Auth to Purchase Hours	If the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: and current Auth to Purchase is less than the Provider Assigned Hours do not update Provider Hours [Produce Task "[case name] [case number] Change in Recipient Auth Hours; Verify Modes of Service"] Else the current Auth to Purchase is greater than the Provider Assigned Hours • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the: ◦ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment ◦ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case	65.3	View Case Provider-Provider Hours
66d	16214	CI-111356 - DSD BR FD 66d IMPLEMENTED	Activate Evidence	When evidence is activated and eligible providers are associated	An associated Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • Do not update the Provider If the provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated	65.4	View Case Provider-Provider Hours, Provider Assigned Hours Form
67	12337	CI-111357 - DSD BR FD 67 IMPLEMENTED	Calculate Unmet Need for cases with Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (Authorization Summary: Unmet Need(HH:MM) = (Net Adjusted Need for all Service Types excluding protective supervision – Total Auth To Purchase – Protective Supervision Auth To Purchase multiplied by 4.33) if > 0 else Unmet need = 0	14	Authorization Summary-Unmet Need Before LMA

68	12527	CI-111358 - DSD BR FD 68 IMPLEMENTED	Activate Evidence	When the Check Eligibility or Submit for Approval actions occur and the Assessment Type is Initial Assessment and any of the following Manual NOA Codes are indicated: DN02 DN06 DN07 DN08 DN09 DN11 DN15 DN16 DN17 DN19 DN24 DN20 DN21 DN22 DN23	Set the CaseStatus = Denied	61	Case Home-Status
69	16225	CI-111359 - DSD BR FD 69 IMPLEMENTED	User entered Countable Income Calculation	When the user enters Countable Income in the Create or Modify Share of Cost Evidence cluster on the Share of Cost Evidence screen	CMIPS shall calculate IHSS Share of Cost using the following formula: IHSS Share of Cost = Countable Income – Benefit Level Amount		Share of Cost Evidence-IHSS Share Of Cost
70	12236 16 225	CI-111360 - DSD BR FD 70 IMPLEMENTED	Share of Cost Earned & Unearned Income Calculations	Determine Earned and Unearned Income amounts	The following will be used to determine the indicated amounts: Recipient Unearned Income will be determined by summing the Monthly Income Amounts for all of the following indicated in the Income Evidence cluster: <ul style="list-style-type: none">• Retirement, Survivors, Disability Insurance (RSDI) – Recipient• Veteran's administration – Recipient• Railroad Retirement – Recipient• Other Pension – Recipient• Other unearned – Recipient Recipient Unearned Income Deductions will be determined by summing the Deduction amounts associated with each of the following indicated in the Income Evidence cluster: <ul style="list-style-type: none">• Retirement, Survivors, Disability Insurance (RSDI) – Recipient• Veteran's administration – Recipient• Railroad Retirement – Recipient• Other Pension – Recipient• Other unearned – Recipient Recipient Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Recipient in the Income Evidence cluster. Recipient Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Recipient entry in the Income Evidence cluster. Spouse/Parent Unearned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Unearned – Spouse/Parent in the Income Evidence cluster. Spouse/Parent Unearned Income Deduction will be determined by summing the Deduction amount indicated for each Unearned – Spouse/Parent entry in the Income Evidence cluster. Spouse/Parent Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Spouse/Parent in the Income Evidence cluster. Spouse/Parent Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Spouse/Parent entry in the Income Evidence cluster.		Share of Cost Evidence-Countable Income

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (71-80)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
71	12236 16 521	CI-111361 - DSD BR FD 71 IMPLEMENTED	Calculate Share of Cost - Link 1 Calculation = Share of Cost Linkage: IHSS Individual	When Share of Cost Link Code = IHSS Individual	<p>Calculate Recipient Unearned Income</p> <p>Recipient Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)</p> <p>Calculate Recipient Earned Income Recipient Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0) Calculate Countable Income</p> <p>Countable Income = Recipient Unearned Income + Recipient Earned Income – Recipient Unearned Income Deduction</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0) Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income
72	12236 16 521	CI-111362 - DSD BR FD 72 IMPLEMENTED	Calculate Share of Cost - Link 2 Calculations = Share of Cost Linkage = IHSS Individual/linked spouse	When Share of Cost Link Code is 2	<p>Calculate Unearned Income (Recipient and Spouse)</p> <p>Unearned Income = Sum of Recipient Unearned Income + Sum of Spouse Unearned Income – Standard Exclusion – Recipient Unearned Deduction</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0) Calculate Earned Income (Recipient and Spouse)</p> <p>Earned Income = ((Sum of Recipient Earned Income + Sum of Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0) Calculate Countable Income</p> <p>Countable Income = Unearned Income + Earned Income</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income

73	12236	CI-111363 - DSD BR FD 73 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations Determine Alternate Benefit Level Usage	<p>When Share of Cost Link is 3 – Determine Alternative Benefit Level Usage based upon number of Dependents</p> <p>If Share of Cost Evidence Dependents indication is zero (0) use Benefit Level Amount associated with indicated Benefit Level</p> <p>Else determine Alternate Benefit Level to be used to calculate IHSS Share of Cost:</p> <ul style="list-style-type: none"> If Benefit Level Code from the screen = Couple aged or disabled, own home; use Alternate Benefit Code = Individual aged or disabled, own home Else if Benefit Level Code from the screen = Couple both blind, own home or Couple blind /aged or disabled, own home; use Alternate Benefit Code = Individual blind, own home Else if Benefit Level Code from the screen = Couple aged or disabled, household of another or Couple both blind, household of another; use Alternate Benefit Code = Individual aged or disabled, household of another Else if Benefit Level Code from the screen = Couple blind/aged or disabled, household of another; use Alternate Benefit Code = Individual blind, household of another Else if Benefit Level Code from the screen = Couple aged or disabled, independent, living without cooking facilities; use Alternate Benefit Code = Individual aged or disabled, independent, living without cooking facilities 		Share of Cost Evidence-Countable Income
74	12236	CI-111364 - DSD BR FD 74 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents = zero (0)	<p>Share of Cost Link is 3</p> <p>Calculate Unearned Income</p> <p>Unearned Income = Sum of Recipient Unearned Income + Sum Spouse Unearned Income – Standard Exclusion – Recipients Unearned Income Deduction</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)</p> <p>Calculate Earned Income</p> <p>Earned Income = ((Sum of Recipient Earned Income + Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction – Spouse Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income</p> <p>Countable Income = Unearned Income + Earned Income</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income
75	12236	CI-111365 - DSD BR FD 75 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents greater than zero (0)	<p>Share of Cost Link 3</p> <p>Calculate Unearned Income</p> <p>Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion</p> <p>If Unearned Income is less than zero (0), then Unearned Income = zero (0)</p> <p>Calculate Earned Income</p> <p>Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income</p> <p>Countable Income = Unearned Income + Earned Income – Recipient Unearned Income Deduction</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost</p> <p>IHSS Share of Cost = Countable Income – Alternate Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income

76	12236	<p>CI-111366 - DSD BR FD 76 IMPLEMENTED</p>	Calculate Share of Cost - Link 4 and Link 5 Calculations:	<p>Link 4: Share of Cost linkage = IHSS Individual/non-linked parent Link 5: Share of Cost linkage = IHSS Individual/non-linked parents</p> <p>Calculate Total Child Allowance Total Child Allowance = # Dependents * Child Need Amount</p> <p>Calculate Parent Unearned Income Parent Unearned Income = Sum of Parent Unearned Income - Total Child allowance</p> <p>If Parent Unearned Income is less than zero (0), then Parent Unearned Income = zero (0)</p> <p>Calculate Parent Earned Income Parent Earned Income = ((Sum of Parent Earned Income - Earned Income Exclusion) * 0.5)</p> <p>If Parent Earned Income is less than zero (0), then Parent Earned Income = zero (0)</p> <p>Calculate Parent Share of Cost Parent Share of Cost = Parent Unearned Income + Parent Earned Income</p> <p>Determine Parent Allowance If Share of Cost linkage = IHSS Individual/non-linked parent then Parent Allowance</p> <p>Else if Cost linkage = IHSS Individual/non-linked parents then Parent Allowance</p> <p>Calculate Child Deemed Income Child Deemed Income = Parent Share of Cost - Parent Allowance</p> <p>If Child Deemed Income is less than zero (0), then Child Deemed Income = zero (0)</p> <p>Calculate Recipient Unearned Income Recipient Unearned Income = Sum of Recipient Unearned Income + Child Deemed Income - Standard Exclusion</p> <p>If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)</p> <p>Calculate Recipient Earned Income Recipient Earned Income = ((Sum of Recipient Earned Income - Earned Income Exclusion) * 0.5) - Recipient Earned Income Deduction</p> <p>If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)</p> <p>Calculate Countable Income Countable Income = Recipient Unearned Income + Recipient Earned Income - Recipient Unearned Income Deduction</p> <p>If Countable Income is less than zero (0), then Countable Income = zero (0)</p> <p>Calculate IHSS Share of Cost IHSS Share of Cost = Countable Income - Benefit Level Amount</p> <p>If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)</p>		Share of Cost Evidence-Countable Income
77			Removed with CR 919			
78			Removed with CR 919			
79			Removed CR 611			
80	16832	<p>CI-117168 - DSD BR FD 80 IMPLEMENTED</p>	Calculate LMA	<p>Check Eligibility Submit for Approval</p> <p>The LMA shall be calculated as follows: Auth to Purchase multiplied by LMA (may be +/- value) (Authorization Summary: LMA Hours).</p> <p>If the calculated value is a negative number the display will indicate negative (-3:17)</p>	21	Authorization Summary- LMA

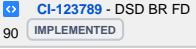
DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (81-90)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
81	16830 16 831	CI-117169 - DSD BR FD 81 IMPLEMENTED	Apply LMA to Auth to Purchase	Check Eligibility Submit for Approval	The Total Auth to Purchase after LMA shall be calculated as follows: Total Auth to Purchase after LMA = Total Auth to Purchase Before LMA – (LMA percentage multiplied by Auth to Purchase) (Authorization Summary: Total Auth to Purchase After LMA)	22	Authorization Summary- Total Auth to Purchase After LMA
82	16833	CI-117170 - DSD BR FD 82 IMPLEMENTED	Apply LMA to case with Unmet Need	Check Eligibility Submit for Approval	The LMA shall be applied to Recipient cases with Unmet Need as follows: The LMA shall be applied first against Unmet Need amount Then when Unmet Need has been reduced to 0:00: Any remaining reduction shall be applied against the case Total Auth to Purchase Before LMA to arrive at Total Auth to Purchase after LMA amount Reduce the Unmet Need Before LMA field on the Authorization Summary screen up to the LMA reduction amount (Authorization Summary: Unmet Need After LMA (HH:MM)) Reduce the Total Auth to Purchase Before LMA field on the Authorization Summary screen by the remaining LMA reduction amount if any LMA reduction amount remains after being applied to Unmet Need (Authorization Summary: Total Auth to Purchase After LMA)	23	Authorization Summary- LMA
83	16879	CI-118141 - DSD BR FD 83 IMPLEMENTED	Check Eligibility or Submit for Approval	When the Check Eligibility or Submit for Approval actions process AND the Case Status results in Denied and a Denial (DN) NOA other than the following is triggered: <ul style="list-style-type: none">• DN12 – No Assessed Need• DN13 – SOC Exceeds Need – IHSS-R• DN14 – Need met through Alt Resources, Voluntary Services, Refused Services AND the following field indications exist: <ul style="list-style-type: none">• Disaster Preparedness – Blank or other indication• Functional Rank – Blank or other indication AND the Health Care Certification Due Date is before the current date OR the Good Cause Extension Due Date is before the current date	<ul style="list-style-type: none">• Allow the denial action• Set the case Status to Denied• Trigger applicable denial NOA	57.1	Case Home-Status Authorization Summary-System Generated Health Care Certification
84			Removed CR 718				
85	16882	CI-118143 - DSD BR FD 85 IMPLEMENTED	Allow Change Assessment Authorization Health Care Certification Exception Granted Date and the due date in the future	When the current Assessment is Change Assessment: <ul style="list-style-type: none">• AND the current case status is Eligible or Leave• AND the Health Care Certification Exception Granted Date is indicated• AND the Health Care Certification Due Date is future to the current date OR, if indicated, the Health Care Certification Extension Due Date is future to the current date	Allow the authorization Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted"	57.2	Authorization Summary-System Generated
86			This Business Rule was removed with CR 651				
87	16884 16888	CI-121660 - DSD BR FD 87 IMPLEMENTED		When evidence is activated AND the Previous case status was Eligible or Presumptive Eligible AND the Current case status is Eligible or Presumptive Eligible AND the Authorization End Date = > the current month		63	N/A

		<p>Provider Notification (SOC 2271)</p> <p>Activate Evidence</p> <p>Authorization End Date Equal to or Greater than Current Month</p>	<p>All SOC 2271 produced will have the associated recipient case name populated to the form field, "You are receiving this notice because you are a provider of IHSS for" [case recipient name (First MI Last Name)]</p> <p>Starting with the earliest Authorization Segment in the Assessment with a Segment End Date greater than or equal to the current month, evaluate each Authorization Segment in relation to each IHSS Provider assigned to the case as follows:</p> <p>Starting Segment If the first month in the Authorization Segment was previously assessed AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the Previous Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased from the Previous Assessment</p> <p>AND the latest segment of the IHSS Provider is in an Active status OR If the first month in the Authorization Segment was not previously assessed AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest Authorization Segment in the Previous Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased from the Previous Assessment AND the latest segment of the IHSS Provider is in an Active status</p> <ul style="list-style-type: none"> • Set the Provider Notification 2271 Notification Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider or the current date • Provider Number – Nine-digit CMIPS Provider Number • Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the Authorized Segment with an End Date greater than or equal to the current month. • Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) • Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271)
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			<ul style="list-style-type: none"> Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence <p>Subsequent Authorization Segments If the Service Types associated with the Authorization Segment are to the Service Types authorized in the previous Authorization Segment in Current Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased in the previous Authorization Segment in Current Assessment AND the latest segment of the IHSS Provider is in an Active status</p> <ul style="list-style-type: none"> Set the Provider Notification (SOC 2271) Notification Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider Provider Number – Nine-digit CMIPS Provider Number Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the Authorized Segment with and End Date greater than or equal to the current month. Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271) Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence <p>Existing Pending Provider Notifications If there are existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => a Provider Notification (SOC 2271) generated above</p> <ul style="list-style-type: none"> Inactivate the existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above.
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88	16884 16888	CI-121661 - DSD BR FD 88 IMPLEMENTED	Provider Notification (SOC 2271) Activate Evidence Authorization End Date Prior to Current Month	When evidence is activated AND the Previous case status was Eligible or Presumptive Eligible AND the Current case status is Eligible or Presumptive Eligible AND the Authorization End Date is < the current month AND the Authorization End Date is = > the latest Authorization Segment End Date in the Previous Assessment	Evaluate the latest Authorization Segment in the Assessment in relation to each IHSS Provider assigned to the case as follows: If the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest segment in the Previous Assessment OR the Auth to Purchase after Adjusted Hours has either increased or decreased in the latest segment in the Previous Assessment AND the latest segment of the IHSS Provider is in an Active status <ul style="list-style-type: none"> • Set the Provider Notification (SOC 2271) Notification Date to the latter of the Begin Date of the Provider or the current date • Provider Number – Nine-digit CMIPS Provider Number • Set "your recipient's monthly authorized hours are" [Auth to Purchase after Assigned Hours] associated with the latest segment in the Previous Assessment • Weekly Authorized Hours – Populate with the Recipient Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) • Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 2271) • Save the Provider Notification (SOC 2271) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence Existing Pending Provider Notifications If there are existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above <ul style="list-style-type: none"> • Inactivate the existing Provider Notifications (SOC 2271) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 2271) generated above. 	64	N/A
89	16890	CI-123024 - DSD BR FD 89 IMPLEMENTED	System Generated Assessment	When the System generates an Assessment The CMIPS system assessments through various processes and these processes have one of the following Assessment Types, Cost of Living Adjustment, Funding Source Update, Wage Rate Update, Funding Source Update or State Mandated Change. The CMIPS system also generates assessments based user actions, for example Leave Case, Terminate Case or Rescind Case. When these user actions occur the system process the authorization and an associated Assessment Type, Change, is added to the system. Therefore, whenever the system generates an assessment, regardless of the Assessment Type this BR will be executed when the "When" conditions are encountered. and the previous Assessment (Type) is Conversion the current Total Auth to Purchase Before LMA is less than the previous Total Auth to Purchase Before LMA and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for each indicated Service Type	Trap the "time difference" between the previous Total Auth to Purchase Before LMA and the current Total Auth to Purchase Before LMA Add the "difference" to the Total Assessed Need of first service encountered, other than Protective Supervision, which has Net Adjusted Need greater than 0:00 Insert the message "This service Total Assessed Need was increased by [HH:MM] due to conversion of time." in the Service Type comment field Continue system generated assessment	23.1	View Service Type Details-Comments

90	16892	 <p>CI-123789 - DSD BR FD 90 IMPLEMENTED</p>	<p>Calculate Reduced Hours – Reinstated Hours greater than 00:00</p>	<p>When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours field is greater than 00:00</p>	<p>Set Total Auth to Purchase After Reduced Hours to Total Auth to Purchase after LMA add  Reduced Hours plus Reduced Hours are stored in the database as a negative value and will display as a negative value. Therefore the Reduced Hours must be added to the Total Auth to Purchase After LMA  Reinstated Hours (HH:MM)</p> <p>Note – Reduced Hours shall not exceed designate Reduced Hours percentage (20.0%).</p>		Authorization Summary-Adjusted Hours
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (91-100)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
91	16891 16892	CI-123790 - DSD BR FD 91 IMPLEMENTED	Calculate Reduced Hours – Program Waiver	When the Save link is selected on the Modify Reduced Hours screen and the Program Evidence Waiver Program field is Yes	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA. Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.		Authorization Summary-Adjusted Hours
92	16894	CI-123791 - DSD BR FD 92 IMPLEMENTED	Calculate Reduced Hours – SW Certification	When the Save link is selected on the Modify Reduced Hours screen and the Social Worker Certification is "Yes"	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.		Authorization Summary-Adjusted Hours
93	16892	CI-123792 - DSD BR FD 93 IMPLEMENTED	Check Eligibility	When the Check Eligibility process occurs CMIPS shall	Calculate and populate the following to the Reduced Hours screen: Set "Total Auth to Purchase After LMA" equal to "IHSSAuthorization: authToPurchaseMinAfterLMA" (HH:MM) Calculate Reduced Hours as Auth to Purchase after LMA multiplied by [Reduced Hours %] (HH:MM) If Initial Assessment set Reinstated Hours to blank Else if, Assessment Type is other than Initial and the previous Program Evidence Waiver Program = No and current Program Evidence Waiver Program = Yes, set the Reinstated Hours to 00:00 Else set Reinstated Hours to previously indicated Reinstated Hours If Initial Assessment set Social Worker Certification to blank Else set Social Worker Certification to previous Social Worker Certification indication If Initial Assessment calculate Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA plus Reduced Hours Else calculate Total Auth to Purchase After Reduced Hours based upon previous Program Evidence Waiver and Social Worker Certification indications Set "Verified by Case Owner or Supervisor" to unchecked	23.2	Authorization Summary-Adjusted Hours
94	16970	CI-463627 - DSD BR FD 94 IMPLEMENTED	Calculate Monthly Total Assessed Need	Check Eligibility Submit for Approval	Calculate Monthly Total Assessed Need using the following formula: (((Sum Total Assessed Need for all Weekly Services) * 4.33) + (Sum Total Assessed Need for all Monthly Services excluding Heavy Cleaning and Yard Hazard Abatement)) *This calculation is added to the system to determine eligibility for the CFCO Funding Source implemented 8/1/2014.	04.2	N/A
95	16970	CI-463628 - DSD BR FD 95 IMPLEMENTED	CFCO Implementation Batch Job	CFCO Funding Source Implementation	Apply CFCO Funding Source Updates as follows: <ul style="list-style-type: none">• Process State Mandated Change against all Eligible and Presumptive Eligible Recipient cases and update Funding Source on cases meeting CFCO criteria• Produce Notices of Action on all cases per NOA Triggers rules• Flag and send to HP Print center for printing and mailing only those Notices of Action on cases where the Funding Source changed from IPO to CFCO and the Auth to Purchase before LMA prior to processing is 195:00 and after processing the Auth to Purchase before LMA is greater than 195:00.		N/A

96	20743	 CI-480725 - DSD BR FD 96 IMPLEMENTED	Calculate Weekly Authorized Hours	Check Eligibility Activate Evidence	Calculate and populate to the Authorization Summary screen the "Weekly Authorized Hours" fields as follows: 28 Day Month – The number of hours authorized per week based upon a calendar month with 28 days. (Total Auth to Purchase After Adjusted Hours/4.0) 29 Day Month – The number of hours authorized per week based upon a calendar month with 29 days. (Total Auth to Purchase After Adjusted Hours/4.1426) 30 Day Month – The number of hours authorized per week based upon a calendar month with 30 days. (Total Auth to Purchase After Adjusted Hours/4.2857) 31 Day Month – The number of hours authorized per week based upon a calendar month with 91 days. (Total Auth to Purchase After Adjusted Hours/4.4286)		
97	20770	 CI-484130 - DSD BR FD 97 IMPLEMENTED	Generate Standard PDF NOAs for County Support Option	When a NOA is triggered And The Notice of Action Option of County Support is selected	Generate and mail standard PDF NOAs		
98	20770	 CI-486332 - DSD BR FD 98 IMPLEMENTED	Generate Standard PDF NOAs for No Accommodation is Needed Option	When a NOA is triggered And The Notice of Action Option of No Accommodation is Needed is selected	Generate and mail standard PDF NOAs		
99			Removed with CR 1040				
100			Removed with CR 1040				

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (101-110)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
101	20770	CI-486335 - DSD BR FD 101 IMPLEMENTED	Generate NOA in selected Notice of Action Option	When a NOA is triggered And The Notice of Action Option of Braille Documents is selected	If the Recipient's written language indication is English Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA Else, if the Recipient's written language indication is Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard PDF NOA in Recipient's indicated written language of Spanish, Armenian, or Chinese Else, if the Recipient's written language indication is not English, Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA		
102	20770 20799	CI-486336 - DSD BR FD 102 IMPLEMENTED	Generate Audio NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Audio CD is selected	Send standard PDF NOA to county printer Set Status on BVI format Cluster as Pending Generation Generate manifest detail for interface CMDS876A AND IF the standard PDF NOA was generated in Spanish, Chinese, or Armenian Then generate the NOA as an unlocked Spanish, Chinese, or Armenian PDF with imbedded fonts for interface CMDS876A Else generate NOA as unlocked English PDF with imbedded fonts for interface CMDS876A		
103	20770 20799	CI-486337 - DSD BR FD 103 IMPLEMENTED	Generate Textual NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Data CD is selected	Send standard PDF NOA to county printer Set Status on BVI format Cluster as Pending Generation Generate manifest detail for interface CMDS876A AND IF the standard PDF NOA was generated in Spanish, Chinese, or Armenian Then generate the NOA as an unlocked Spanish, Chinese, or Armenian PDF with imbedded fonts for interface CMDS876A Else generate NOA as unlocked English PDF with imbedded fonts for interface CMDS876A		
104	20770	CI-486338 - DSD BR FD 104 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Large Font NOA is selected	Generate and mail Large Font NOAs		
105	12007 16970	CI-489605 - DSD BR FD 105 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation screen And payment has already been made for all months in the authorization period And the current Funding Source does not match the Funding Source associated with the payment	Allow authorization to process, but do not update the funding source associated with the payment.		

106	12091	CI-489606 - DSD BR FD 106 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen and the Pending Evidence Authorization Period (Authorization Start Date – Authorization End Date) spans an entire Active Evidence Authorization Period	Allow authorization when all error messages are resolved Supersede any Assessment with an Authorization Period which falls within the Authorization Period on the Pending Evidence.		
107	12091	CI-489607 - DSD BR FD 107 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen and the case Status History has a future dated Leave and the current Pending Evidence Authorization Period spans the future Leave	Allow the action Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY1 through MM/DD/YYYY2 Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not contain a Leave period." MM/DD/YYYY1 – Most recent Status History Leave "From" date MM/DD/YYYY2 – Most recent Status History Leave "To" date [Leave Reason] – Most recent Leave Reason verbiage		
108	12007 16970	CI-489608 - DSD BR FD 108 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen And a payment has already been made for the authorization period And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence	Allow the action Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY1 through MM/DD/YYYY2 Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not show no contain Leave period." MM/DD/YYYY1 – Most recent Status History Leave "From" date MM/DD/YYYY2 – Most recent Status History Leave "To" date [Leave Reason] – Most recent Leave Reason verbiage		
109	12007 16970	CI-489609 - DSD BR FD 109 IMPLEMENTED	Submit for Approval	When the "Continue" link is selected on the Submit for Approval Confirmation screen And a payment has already been made for the authorization period And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence	Allow the action authorizing the assessment. Update Status History as follows: <ul style="list-style-type: none">• Supersede current Eligible Status History segment• Supersede most recent Leave Status History segment• Remove "To" date associated with Eligible Status History segment prior to Leave		
110	12091	CI-489610 - DSD BR FD 110 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen and the case Status History has a future dated Termination and the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"	Allow the action Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a future Termination as of MM/DD/YYYY Termination Reason [Termination Reason]. When this assessment is authorized, the future dated termination will be removed." MM/DD/YYYY – Most recent Status History Termination "From" date [Termination Reason] – Most recent Termination Reason verbiage		

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (111-120)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
111	12007 16970	CI-489611 - DSD BR FD 111 IMPLEMENTED	Submit for Approval	When the "Continue" link is selected on the Submit for Approval Confirmation screen And future dated terminations exists on the case And the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"	Allow the action authorizing the assessment. Update Status History as follows: <ul style="list-style-type: none">• Supersede most recent Terminated Status History segment• Remove "To" date associated with Eligible Status History segment prior to Leave		
112	12007 16970	CI-500092 - DSD BR FD 112 IMPLEMENTED	Update Funding Source from PCSP to CFCO	When the Yes link is selected on the Submit for Approval Confirmation screen AND the Funding Source has change from PCSP to CFCO AND no payments exist for any month in the Pending Evidence Authorization Period AND the Pending Evidence Authorization Start Date is other than the first day of a month	Allow the Save action and update the Funding Source for the entire* service month associated with the Authorization Start Date month and all subsequent months. *Entire service month means the Funding Source will be updated on the prorated month (authorization) created from the previous authorization and the prorated month (authorization) created from the pending evidence.		
113	12007 16970	CI-500185 - DSD BR FD 113 IMPLEMENTED	Update Funding Source from PCSP to CFCO	When the Yes link is selected on the Submit for Approval Confirmation screen AND the Funding Source has change from PCSP to CFCO AND no payments exist for any month in the Pending Evidence Authorization Period AND the Pending Evidence Authorization Start Date is other than the first day of a month	Allow the Save action and update the Funding Source for the entire* service month associated with the Authorization Start Date month and all subsequent months. *Entire service month means the Funding Source will be updated on the prorated month created from the previous authorization and the prorated month created from the pending evidence.		
114	16361	CI-507525 - DSD BR FD 114 IMPLEMENTED	Submit for Approval – NOA production	When the Submit for Approval action occurs and a NOA is produced	CMIPS shall print one (1) copy of the NOA for mailing to the Recipient.		

115	20827	CI-510885 - DSD BR FD 115 IMPLEMENTED	Submit for Approval	<p>When a case authorization is processed</p> <ul style="list-style-type: none"> • AND the case status was Pending, Eligible or Presumptive Eligible • AND the current case status is Eligible or Presumptive Eligible • AND the case Auth to Purchase after Adjusted Hours has either increased or decreased • OR the previous case status was Leave and the current case status is Eligible or Presumptive Eligible 	<p>Trigger the SOC2271A form in languages based upon the following:</p> <ul style="list-style-type: none"> • If the recipient written language is English, trigger SOC2271A in English language • Else, if the recipient written language is Spanish, trigger SOC2271A in Spanish language • Else, if the recipient written language is Chinese, trigger SOC2271A in Chinese language • Else, if the recipient written language is Armenian, trigger SOC2271A in Armenian language • Else, the recipients written language is other than English, Spanish, Chinese or Armenian trigger SOC2271A in English language and include GEN1365(MULTILINGUAL) <p>Generate SOC 2271A with the following data:</p> <ul style="list-style-type: none"> • Print the following in the Addressee section of the form: <ul style="list-style-type: none"> ◦ Addressee – All fields Left Justified, font size 9 ◦ Recipient Name ◦ Recipient Mailing Address ◦ Recipient Mailing City, State Zip (If recipient has Guardian or Conservator mailing should be addressed C/O) ◦ Case Information – Upper right section of form – All fields right justified, font size 12 ◦ Notice Date – Date Notice is printed ◦ Recipient Name – Case Recipient Name ◦ Recipient Case Number – CMIPS Case Number ◦ Social Worker Name – Case Owner Name ◦ Social Worker Number – Case Owner Worker Number ◦ Social Worker Telephone – Case Owner Office Phone Number ◦ Social Worker Address – County District Office Mailing Address • Form Body – All fields are left justified in the field, font size 14 • "as of "date" – The Authorization Start Date of the Assessment being authorized • "Monthly Authorized Hours are" – Auth to Purchase after Adjusted Hours for the Authorization Start Date month or if that month is not a full calendar month, the first full calendar month following the Authorization Start Date month. • If the Assessment is an Initial Assessment and does not include one-time services, populate with the Auth to Purchase after Adjusted hours associated with the first full assessment month. • Else, if the assessment is other than Initial and includes one-time services use the Auth to Purchase after Adjusted Hours for the first month after the one-time services. • Weekly Authorized Hours – Populate with the Weekly Authorized Hours (Authorization Summary: Weekly Authorized Hours) • Save the Recipient Notification (SOC 2271A) as Correspondence for the recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who submitted the case for approval 	
116		CI-753376 - DSD BR FD 116 CANCELLED	Cancelled by SCF-18			
117	16879	CI-775231 - DSD BR FD 117 IMPLEMENTED	Submit for Approval	<p>Denial – Health Care Certification – No Need (DN23)</p> <p>When the Submit for Approval action processes</p> <p>AND the Case is in Pending Status</p> <p>AND the Assessment Type is Initial</p> <p>AND the "DN23 – Health Care Certification – No Need" Manual NOA is selected</p>	<p>Trigger NOA DN23 - "Denied Health Care Certification – No Need"</p>	57.4
118	21073	CI-775232 - DSD BR FD 118 IMPLEMENTED	Submit for Approval	<p>Print – SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted</p> <p>When the Submit for Approval process occurs</p> <p>AND the Assessment Type is Initial</p> <p>AND the Health Care Certification Exception Granted Date is indicated</p> <p>AND the Due Date is future to the current date</p>	<p>Allow case authorization action</p> <ul style="list-style-type: none"> • Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted" • If Authorization StartDate is not the first day of a calendar month, trigger NOA message PR02 and print in 14 point font at the bottom of the last page (Page 4) of the SOC 876. • Else, Authorization Start Date is first day of a calendar month, no NOA messages are printed. <p>Suppress generation and printing of Initial NOA form</p>	57.5

119	21071	CI-775233 - DSD BR FD 119 IMPLEMENTED	Check Eligibility	When either the Check Eligibility action is processed and one of the following Health Care Certification conditions is met: <ul style="list-style-type: none">• IF the Health Care Certification – Form Generated screen has an "Exception Date" indicated:• AND either the "Due Date" is a date future to the current date• OR, if indicated, the "Good Cause Extension Due Date" is a date future to the current date Else Health Care Certification – Form Not Generated screen has and indicated both the Health Care Certification Date and the Health Care Certification Type	Display Authorization Summary screen with case authorization details and display all applicable NOA Codes	57.6	
120	21071	CI-775234 - DSD BR FD 120 IMPLEMENTED	Submit for Approval	When the Submit for Approval action is processed <ul style="list-style-type: none">• And the Assessment Type is Change• AND one of the following Health Care Certification conditions is met:<ul style="list-style-type: none">• IF the Health Care Certification – Form Generated screen has an "Exception Granted Date" indicated:• AND the "Due Date" is a date future to the current date• OR, if indicated, the "Good Cause Extension Due Date" is a date future to the current dateELSE the Health Care Certification – Form Not Printed screen has the Document Received Date	Allow the case authorization action: <ul style="list-style-type: none">• Trigger for printing in the nightly batch the "SOC 876 – Notice of Provisional Approval Health Care Certification Exception Granted"• If authorization start date is not the first day of a calendar month, trigger NOA message PR02 and print in 14 point font at the bottom of the last page (Page 4) of the SOC 876.• Else, Authorization Start Date is first day of a calendar month, no NOA messages are printed Suppress generation of Change NOA form	57.7	

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (121-130)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
121	16879	CI-775230 - DSD BR FD 121 IMPLEMENTED	Check Eligibility Denial – Health Care Certification – No Need (DN23)	When the Check Eligibility action processes AND The Case is in Pending Status AND The Assessment Type is Initial AND The "DN23 – Health Care Certification – No Need" Manual NOA is selected	Display the informational message, "Denied Health Care Certification – No Need"	57.3	
122		CI-819072 - DSD BR FD 122 CANCELLED	Cancelled by CR115 CGI M&O – PSR – EVV Simplification				
123		CI-819074 - DSD BR FD 123 CANCELLED	Cancelled by CR115 CGI M&O – PSR – EVV Simplification				
124	21130 21158 21155	CI-822344 - DSD BR FD 124 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county = 12/31/9999	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A
125	21130 21158 21155	CI-822345 - DSD BR FD 125 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A

126	21130 21158 21155	CI-822346 - DSD BR FD 126 IMPLEMENTED	Authorize New Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A New Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is pri or to the Case Initial Authorization Start Date	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = Case Initial Authorization Start Date AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
127	21130 21158 21155	CI-822347 - DSD BR FD 127 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table do es not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A
128	21130 21158 21155	CI-822348 - DSD BR FD 128 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Reactivaiton on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table do es exist	CM: Set CaseEVVDetails.EVVEffectiveDate = 12/31/9999	N/A	N/A
129	21130 21158 21155	CI-822349 - DSD BR FD 129 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date AND CaseEVVDetails table do es not exist	CM: Create CaseEVVDetails table AND Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A

130	21130 21158 21155	 CI-822350 - DSD BR FD 130 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	<p>WHEN</p> <p>A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible</p> <p>AND</p> <p>CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date</p> <p>AND</p> <p>CaseEVVDetails table does exist</p>	<p>CM:</p> <p>IF</p> <p>CaseEVVDetails.EVVEffectiveDate is not = 12/31/999</p> <p>THEN</p> <p>Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the authorizing county</p>	N/A	N/A
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (131-140)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
131	21130 21158 21155	 CI-822351 - DSD BR FD 131 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date > or = Auth Start Date	<p>WHEN</p> <p>A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible</p> <p>AND</p> <p>CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date</p> <p>AND</p> <p>CaseEVVDetails table does exist</p>	<p>CM:</p> <p>IF</p> <p>CaseEVVDetails.EVVEffectiveDate = 12/31/9999</p> <p>THEN</p> <p>Set CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate</p> <p>AND IF</p> <p>Recipient is not Registered for TTS</p> <p>AND</p> <p>Recipient is not Registered for ESP</p> <p>THEN ALSO</p> <p>Generate TTS Registration Code</p> <p>AND</p> <p>Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.</p>	N/A	N/A
132	21130 21158 21155	 CI-822352 - DSD BR FD 132 IMPLEMENTED	Reactivate Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	<p>WHEN</p> <p>A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible</p> <p>AND</p> <p>CountyEVVEffectiveDate for the case county is prior to the Case Initial Authorization Start Date for Reactivation</p> <p>AND</p> <p>CaseEVVDetails table does not exist</p>	<p>CM:</p> <p>Create CaseEVVDetails table</p> <p>AND</p> <p>Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation</p> <p>AND IF</p> <p>Recipient is not Registered for TTS</p> <p>AND</p> <p>Recipient is not Registered for ESP</p> <p>THEN ALSO</p> <p>Generate TTS Registration Code</p> <p>AND</p> <p>Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.</p>	N/A	N/A

133	21130 21158 21155	 CI-822353 - DSD BR FD 133 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date for the Reactivation AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
134	21130 21158 21155	 CI-822354 - DSD BR FD 134 IMPLEMENTED	Reactive Case as Eligible or Presumptive Eligible – EVV Set-up – County EVV Date < Auth Start Date	WHEN A Reactivation on a Recipient case is authorized as Eligible or Presumptive Eligible AND CountyEVVEffectiveDate for the case county is on or after the Case Initial Authorization Start Date for the Reactivation AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = Case Initial Authorization Start Date for the Reactivation	N/A	N/A
135	21130 21158 21155	 CI-822355 - DSD BR FD 135 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county at reactivation = 12/31/9999 AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A
136	21130 21158 21155	 CI-822356 - DSD BR FD 136 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action = 12/31/9999 AND CaseEVVDetails table does exist	CM: Set / Retain CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A

137	21130 21158 21155	CI-822357 - DSD BR FD 137 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does not exist	CM: Create CaseEVVDetails table THEN Set CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
138	21130 21158 21155	CI-822358 - DSD BR FD 138 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate = 12/31/9999 THEN Set CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
139	21130 21158 21155	CI-822359 - DSD BR FD 139 IMPLEMENTED	Rescind Case to Eligible or Presumptive Eligible – EVV Set-up – County EVV Date is not = High End Date	WHEN A Rescind is completed on a Recipient case AND CountyEVVEffectiveDate for the case county on the date of Rescind action is not = 12/31/9999 AND CaseEVVDetails table does exist	CM: IF CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999 THEN Set / Retain CaseEVVDetails. EVVEffectiveDate = CountyEVVEffectiveDate for the case county	N/A	N/A
140	21130 21158 21155	CI-822360 - DSD BR FD 140 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving Count EVV Date = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county = 12/31/9999	CM: Set / Retain CaseEVVDetails. EVVEffectiveDate = 12/31/9999	N/A	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (141-150)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
141	21130 21158 21155	CI-822361 - DSD BR FD 141 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31 /9999 AND Receiving CountyEVVEffectiveDate is after the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the receiving county AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A
142	21130 21158 21155	CI-822362 - DSD BR FD 142 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date Is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31 /9999 AND Receiving CountyEVVEffectiveDate is after the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = CountyEVVEffectiveDate for the receiving county	N/A	N/A
143	21130 21158 21155	CI-822363 - DSD BR FD 143 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31 /9999 AND Receiving CountyEVVEffectiveDate is prior or equal to the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = ICT Authorization Segment Start Date AND IF Recipient is not Registered for TTS AND Recipient is not Registered for ESP THEN ALSO Generate TTS Registration Code AND Generate EVVTS Recipient Registration Code Notification (CMIPS 0001) containing this registration code on the county printer assigned to the case owner.	N/A	N/A

144	21130 21158 21155	CI-822364 - DSD BR FD 144 IMPLEMENTED	Authorize ICT – EVV Set-up – Receiving County EVV Date is not = High End Date – CaseEVV = High End Date	WHEN The Receiving County completes authorization of an Eligible or Presumptive Eligible ICT AND CountyEVVEffectiveDate for the receiving county is not = 12/31/9999 AND Receiving CountyEVVEffectiveDate is prior or equal to the ICT Authorization Segment Start Date AND CaseEVVDetails.EVVEffectiveDate is not = 12/31/9999	CM: Set CaseEVVDetails.EVVEffectiveDate = ICT Authorization Segment Start Date	N/A	N/A
145	12218	CI-822852 - DSD BR FD 145 IMPLEMENTED	ICT Pending Evidence - New ICT Evidence Blanks out Disaster Preparedness	WHEN An Eligible case has an ICT In Progress AND New evidence is added where Assessment Type = Inter-County Transfer	CM: Disaster Preparedness information is updated to reflect: • 'No' for all checkbox driven-fields • 'Degree of Contact' selection is blank • Comments are blank • 'Electricity Dependent?' selection is blank.	N/A	N/A
146	12218	CI-822853 - DSD BR FD 146 IMPLEMENTED	Cancel ICT Pending Evidence - Revert Disaster Preparedness Entries	WHEN A user cancels pending ICT evidence OR Pending ICT evidence is cancelled due to a funding source update	CM: Disaster Preparedness entries are reverted back to the data present prior to the creation of the pending ICT evidence.	N/A	N/A
147	21334 21335	CI-823118 - DSD BR FD 147 IMPLEMENTED	803DPRDS Processing - Spend Down Batch for Advance Pay Recipients	WHEN 803DPRDS or 803DPRDS_MONTHLY processes Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where: 1. The Recipient is Advance Pay. 2. The batch will only do spend-down for those months where the Medi-Cal Eligibility Status Code begins with '5' and 3. Recipients have at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month). Batch Process/Behavior: The batch spends down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining, the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 or the IHSS authorized hours reach 0:00 hrs/min AND IF the batch is 803DPRDS_MONTHLY, once the batch has completed the share of cost hours calculation, it triggers a web service to Managed Advantage (PRMS944A) to transmit the adjusted hours to Payroll AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours fields in the case header	CM: Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where: 1. The Recipient is Advance Pay. 2. The batch will only do spend-down for those months where the Medi-Cal Eligibility Status Code begins with '5' and 3. Recipients have at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month). Batch Process/Behavior: The batch spends down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining, the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 or the IHSS authorized hours reach 0:00 hrs/min AND IF the batch is 803DPRDS_MONTHLY, once the batch has completed the share of cost hours calculation, it triggers a web service to Managed Advantage (PRMS944A) to transmit the adjusted hours to Payroll AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours fields in the case header	N/A	N/A

148	12147 16059 12703	CI-823180 - DSD BR FD 148 IMPLEMENTED	802DPRDS Processing - Daily Spend Down Batch for IHSS Arrears Recipients	When 802DPRDS processes	<p>Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where:</p> <ol style="list-style-type: none"> 1. The Recipient is Arrears. 2. The batch will only do spend-down for those months where the MediCal Eligibility Status Code begins with '5' 3. Recipients have at least 1 day of eligible case status in the current month (therefore could include Recipients that will be terminated or on-leave on a future date in the current month). 4. Recipient case has at least one assigned Provider that was in 'Active' at least 1 day during the service month <p>Batch Process/Behavior - <i>The batch will spend-down the regular and overtime IP Hours week-by-week for the current month:</i></p> <p>The batch spends down the regular hours in week 1 by calculating 40:00 hrs/min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 or the IHSS authorized hours reach 00:00 hrs/min AND The IP Assigned Hours for the service month will be adjusted after the spend-down is complete AND For IP mixed mode Recipient cases, the IHSS Available Hours is the sum of the adjusted IHSS hours and the CC or HM hours AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours fields in the case header</p> <p>IF 802DPRDS processes a trigger from an initial assessment, when a Recipient is taken off leave, or when a Recipient's termination is rescinded and the following conditions are met:</p> <ul style="list-style-type: none"> • Recipient has Eligible status in the service month(s) from the authorization start date to the current system month • Recipient has uncertified MediCal share of cost in the eligible service months • Service months from the Authorization Start Date through the current system month must fall on or after the configured SOCCutOffDate • Recipient case has IP service hours in the service month • Service months are within 13 months of the current system month • The full service month was not previously spent down (<i>Does not apply for an initial assessment</i>) • There is at least one Provider with at least 1 day of active assignment in the service month <p>THEN 802DPRDS performs the following:</p> <ul style="list-style-type: none"> • If a Recipient meets the criteria listed above for the service month, the batch sets triggers to 'Processed' status for service months and conducts the SOC hours calculation defined above • If the Recipient is neither eligible nor has uncertified in the service month, the batch sets the trigger to 'Exception' • If the Recipient is meets all of the criteria listed above except there is neither IP service hours (mixed mode case) nor a Provider assessment in the service month, the batch leaves the trigger in 'Pending' status 	N/A	N/A
149	12147 12264 16059 12703	CI-823181 - DSD BR FD 149 IMPLEMENTED	Spend Down Process for Case Rescinded from Termination	<p>When a user clicks the Save button on the Rescind Case screen for a terminated Recipient case</p> <p>AND The Recipient moves from 'Terminated' to 'Eligible' status</p> <p>Applies to:</p> <ul style="list-style-type: none"> • IHSS Arrears Recipient • IHSS-R Arrears Recipient • Advance Pay Arrears Recipient • Advance Pay IHSS-R Recipient 	<p>Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria:</p> <p>IF the Recipient's termination is in a month prior to the rescind action</p> <p style="padding-left: 20px;">The system conducts a spend-down of the current month's purchased IHSS hours</p> <p>ELSE IF the Recipient's termination is in the same month as the rescind action</p> <p style="padding-left: 20px;">AND the previous SOC Hours calculation for month was based on a prorated IHSS hours in the current month</p> <p style="padding-left: 20px;">The system conducts a spend-down based on the remaining days in the month after the termination date</p> <p>ELSE IF the Recipient's termination is in the same month as the rescind action</p> <p style="padding-left: 20px;">AND the previous SOC Hours calculation was based on a full eligible month</p> <p style="padding-left: 20px;">The system does not conduct a spend-down AND the SOC Hours previously calculated for the termination month are restored</p>	N/A	N/A

150	12147 16059 12703	 CI-823208 - DSD BR FD 150 IMPLEMENTED	Spend Down Process for Initial Assessment	<p>When a user approves an initial assessment for one of the following:</p> <ul style="list-style-type: none"> • IHSS Arrears Recipient • IHSS-R Arrears Recipient • Advance Pay Arrears Recipient • Advance Pay IHSS-R Recipient 	<p>Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria:</p> <ul style="list-style-type: none"> • System conducts a spend down any month(s) within the initial assessment, from the authorization start date up through the current month • If a Recipient's authorization start date is mid-month, the IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month 	N/A	N/A
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules (151-160)

No	Req ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
151	12147 16059 12703 12114	 CI-823209 - DSD BR FD 151 IMPLEMENTED	Spend Down Process for Case Taken off Leave	When a user approves an assessment that moves a Recipient from 'Leave' to: 'Eligible' OR 'Presumptive Eligible' Applies to: <ul style="list-style-type: none">• IHSS Arrears Recipient• IHSS-R Arrears Recipient• Advance Pay Arrears Recipient• Advance Pay IHSS-R Recipient	Create trigger record(s) on the SOCSPENDDOWNTRIGGER table so that the triggers may be picked up by the daily spend down batch jobs and a spend down performed using the following criteria: <ul style="list-style-type: none">• System conducts a spend down for any month(s), retroactive up through the current month, after the Recipient taken off leave• If a Recipient is on leave then made eligible in a future month, the system calculates SOC hours for all days in previous month(s) from Authorization Start Date of the approved assessment through the current month.• If a Recipient is taken off leave such that the authorization start date is mid-month, the IP hours used for the spend-down calculation are prorated based on the number of eligible days in the service month that were not part of a previous spend-down (system will only spend down a service month once)• If a Recipient is taken off leave in a service month in which a full spend-down of the month has already occurred, CMIPS will not do another spend-down for that service month	N/A	N/A

152	12147 12114	 CI-823217 - DSD BR FD 152 IMPLEMENTED	804DPRDS Processing - Spend Down Batch for IHSS-R funded Recipients When 804DPRDS, 804DPRDS_MON THLY, or 804DPRDS_AP processes	Data Select Criteria: Data criteria for the batch includes all eligible Recipient cases in the current month where: 1. The Recipient has 'Presumptive Eligible' or 'Eligible' case status for at least one day in the current month (This could include Recipients that will be terminated or on-leave on a future date in the current month). 2. The most recent authorized evidence has an IHSS Share of Cost dollar > \$0.00. The most recent evidence cannot be 'Pending', the system will only consider the most recent fully approved evidence record. The most recent evidence may have an Authorization End Date that is prior to the system date in which the batch is run. 3. The Recipient has at least 1 day of presumptive eligible or eligible case status in the current month. 4. There is at least one active assigned Provider on the Recipient case for at least one day in the service month. 5. The Recipient case has greater than 00:00 IP mode of service hours in the service month. 6. The Recipient has the IHSS-R funding source. IF a Recipient has a pending SOC trigger and they change from IHSS-R funded to another funding source (such as CFCO, PCSP, IPO) due to MEDS Daily Renewal, change the Recipient's IHSS-R flag from '1' (TRUE) to '0' (FALSE) and do not process the original trigger (this allows 802DPRDS to process the trigger instead) IF the batch processes a trigger from an initial assessment, when a Recipient is taken off leave, or when a Recipient's termination is rescinded: <ul style="list-style-type: none"> • If a Recipient meets the numbered criteria listed above for the service month, the batch sets triggers to 'Processed' status for service months and conducts the SOC hours calculation • If the Recipient is neither eligible nor has uncertified in the service month, the batch sets the trigger to 'Exception' • If the Recipient meets the numbered criteria listed above except there is neither IP service hours (mixed mode case) nor a Provider assessment in the service month, the batch leaves the trigger in 'Pending' status Batch Process/Behavior - The batch uses the IHSS Share of Cost dollar amount indicated in the Recipient's most recently authorized evidence segment to spend-down the regular and overtime IP Hours week-by-week for the current month: The batch spends down the regular hours in week 1 by calculating 40:00 hrs /min multiplied by county pay rate AND If the Recipient still has share of cost dollars remaining the batch continues to spend down the week 1 overtime hours by calculating (number of overtime hours) x 1.5(county pay rate) AND If there are still share of cost dollars remaining, the batch continues to week two, and proceeds with the spend-down of the regular and overtime hours. This process continues through each of the remaining weeks until the share of cost dollar amount reaches \$0.00 AND The IP Assigned Hours for the service month will be adjusted after the spend-down is complete AND For IP mixed mode Recipient cases, the IHSS Available Hours is the sum of the adjusted IHSS hours and the CC or HM hours AND Once the batch has adjusted the Recipient's IHSS and SOC hours, CMIPS will display the adjusted hours in the Available Hours and SOC Hours in system: <ul style="list-style-type: none"> • In the Case Header in the corresponding data fields. • On the Share of Cost Hours Details screen in the (IHSS) SOC Amount, IHSS Authorized Hours, Recipient SOC Hours, and IHSS Available Hours fields. Note: For IHSS-R cases, the system does not allow for the IHSS Share of Cost to be more than the cost of the Total IHSS Auth to Purchase Hours. Therefore, in these cases the IHSS hours will never be spent to down 00:00 HH:MM. Note: It is possible in some instances for a Recipient to have IHSS-R funding source with MEDS SOC dollars in a given service month (Recipient cannot have IHSS SOC >\$0.00 and MEDS SOC dollars in the same service month). If this occurs, the system will do the call to MEDS to retrieve the Recipient's SOC dollar amount.	N/A	N/A
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules

Notices of Action (NOA) are the communications associated with the Final Determination topic area. The phrases "system select one of the following" or "system select any of the following that apply" used throughout this document are not intended to be included in the actual NOA message, but rather as direction that the system will determine which of the following values will be printed based upon the Business Rule. Any NOA Code highlighted in gray will be a manual NOA.

The following legend identifies the meaning of the NOA code prefix

Code	Definition
AA	Approval
AP	Advance Pay
AR	Alternate Resource
AS	Additional Assistance
DN	Denial
FF	Free Form Text
FR	Fingerprint Refused
FS	Funding Source
HR	Hours Change
IN	Information Notice
LM	Legislative Mandate
LV	Leave
MS	Mode of Service
OT	One-Time Service
PM	Paramedical Service
PR	Prorate
PS	Protective Supervision
RH	Reduced Hours
RM	Restaurant Meals Allowance
RS	Refused Services
SC	Share of Cost
SD	Sponsor Deeming
SH	State Hearing
SP	Spouse
TR	Termination
UN	Unmet Need
VS	Voluntary Services

Notice of Action Text and Triggers

This section provides the NOA trigger information. Please refer to Appendix G for the translated language provided by CDSS associated with the NOA triggers.

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AA)

- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AP)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (DN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FF)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (IN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (HR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LV)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (MS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (OT)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RM)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RS)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SC)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SD)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SH)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SP)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (TR)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (UN)
- DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (VS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AA01	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-116411 - DSD NOA AA01 IMPLEMENTED</div>	Provisional - Pending Disability/Blindness/ Medi-Cal Eligibility Determination	<p>As of MMDDYYYY, you can get In-Home Supportive Services temporarily while it is being determined if you are disabled and /or blind (MPP 30-759.3) and/or eligible for Medi-Cal (W&IC 14132.951(d)(1) & (2)).</p> <p>If you are determined to be disabled or blind and that you need ongoing services, you will continue to get IHSS as long as you are otherwise eligible.</p> <p>If it is determined you are not disabled or blind your services will stop and you may have to pay back any money we paid for services you received.</p> <p>If you are determined eligible for Medi-Cal, you will receive a notice from Medi-Cal and you will get IHSS under the PCSP, CFCO or IPO program.</p> <p>If you are not eligible for Medi-Cal, you may be able get IHSS under the IHSS Residual program.</p> <p>You will get another Notice of Action telling you about your final IHSS eligibility.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Inter-County Transfer Current CaseStatus = Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)	No
AA02	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-116412 - DSD NOA AA02 IMPLEMENTED</div>	Final Approval of Prior Provisional Approval	<p>You have been getting In-Home Supportive Services (IHSS) on a temporary basis. You have now been determined disabled or blind. If you meet all of the other eligibility criteria, you will continue to get IHSS through the following program:</p> <p>system select one of the following Funding Program: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) In-Home Supportive Services-Residual (IHSS-R) Program (MPP 30-755.1) Community First Choice Option (CFCO) Program (W&IC 14132.956)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth Previous CaseStatus = Presumptive Eligible Current CaseStatus = Eligible IHSSAuthorization fundingAidCode	NA 1254 (CHANGE CONTINUATION)	No
AA03	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-116413 - DSD NOA AA03 IMPLEMENTED</div>	Application Previously Denied in Error	<p>On MMDDYYYY, we sent you a Notice of Action telling you that you could not get In-Home Supportive Services (IHSS).</p> <p>That Notice was sent in error.</p> <p>Your application date of MMDDYYYY, will be restored and you will be contacted by a County Social Worker.</p>	1st Previous CaseStatus = Denied with a "Rescind Date" Previous CaseStatus = Pending Current CaseStatus = Denied, Eligible or Presumptive Eligible 1st Date – Date last Denial NOA generated 2nd Date = IHSS Application Date	NA 1257 (MULTIPURPOSE)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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AP01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116414 - DSD NOA AP01 IMPLEMENTED</div>	Advance Payment	<p>As requested you will receive payment in advance for your IHSS Service as of MMDDYYYY. (MPP 30-769.731)</p> <p>After receiving IHSS services for a year, you may request your advance payment be made by direct deposit to your bank account. To request direct deposit contact the IHSS direct deposit help desk at [HP Help Desk Phone Number].</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAssessmentEvidence advancePayInd = N</p> <p>Current IHSSAssessmentEvidence advancePayInd = Y</p> <p>MMDDYYYY - IHSSAssessmentEvidence authStartDate</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
AP02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116415 - DSD NOA AP02 IMPLEMENTED</div>	Advance Payment Qualified	<p>Because you meet the program rules that define severely impaired as a combined total of 20 hours per week of Personal Care, Paramedical and Meal Preparation and Clean-up services, you may request advance payment for your IHSS Services by contacting your social worker. (MPP 30-769.731)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization severelyImpairedInd = N</p> <p>Current IHSSAuthorization severelyImpairedInd = Y</p> <p>Current IHSSAssessmentEvidence advancePayInd = N</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
AP03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116416 - DSD NOA AP03 IMPLEMENTED</div>	Advance Payment – Termination – No longer qualify	<p>As of MMDDYYYY you can no longer get advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You are no longer severely impaired based on program rules of a combined total of 20 per week of Personal Care, Paramedical and Meal Preparation and Clean-up. (MPP 30-769.731) Your provider will not get paid by the IHSS Program unless they submit timesheets twice per month reporting their time worked. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization severelyImpairedInd = Y</p> <p>Current IHSSAuthorization severelyImpairedInd = N</p> <p>Previous IHSSAssessmentEvidence advancePayInd = Y</p> <p>Current IHSSAssessmentEvidence advancePayInd = N</p> <p>MMDDYYYY - IHSSAssessmentEvidence authStartDate</p>	NA 1254 (CHANGE CONTINUATION)	Yes

AP04	 CI-116417 - DSD NOA AP04 IMPLEMENTED	Advance Payment Termination – Recipient Request	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You asked to have the payment cancelled. Your provider will need to turn in timesheets approved by you twice a month in order to get paid for the work they do for you. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. <p>(MPP 30-769.731)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment Termination – Recipient Request	NA 1254 (CHANGE CONTINUATION)	No
AP05	 CI-116418 - DSD NOA AP05 IMPLEMENTED	Advance Payment – Termination-Reconciling timesheets not submitted in 90 days	<p>As of MMDDYYYY your advance payment status will be cancelled. Here's why:</p> <ul style="list-style-type: none"> Timesheets totaling the amount of hours used to calculate your advance payment have not been received in the 90 days since the advance payment was issued to you. (MPP 30-767.133(b)) Now your provider will be paid in arrears. They must submit timesheets that have been approved by you, at the end of each pay period in order to get paid. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Reconciling timesheets not submitted in 90 days	NA 1254 (CHANGE CONTINUATION)	Yes
AP06	 CI-116419 - DSD NOA AP06 IMPLEMENTED	Advance Payment – Termination- Did not pay provider timely	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You did not pay your provider on time. When you receive advance payment you must pay your provider(s) in a timely manner. (MPP 30-767.133 (c)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Did not pay provider timely	NA 1254 (CHANGE CONTINUATION)	Yes

AP07	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-116420 - DSD NOA AP07 IMPLEMENTED </div>	Advance Payment – Termination- Incorrect use of payment	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You used your payment for something other than authorized services. When you receive advance payment, you cannot use your payment for anything other than authorized services. (MPP 30-767.133 (a)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Incorrect use of payment	NA 1254 (CHANGE CONTINUATION)	Yes
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AR01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-116421 - DSD NOA AR01 IMPLEMENTED </div>	Auth to Purchase – Alternative Resource decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here's why:</p> <p>You told us that some or all of the following services are no longer being provided to you through an Alternative Resource (MPP 30-763.6):</p> <p>List all services that apply.</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence alternateResourcesMin < the previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	No
AR02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-116422 - DSD NOA AR02 IMPLEMENTED </div>	Alternative Resource – First Authorization that Recipient receiving services from Alternative Resource	<p>The hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that some or all of each of the following services are being provided to you by an alternative resource at no cost to you: List all services which apply: If you stop receiving these services through this alternative resource please contact your social worker. (MPP 30-763.6) 	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type = Initial Current ServiceTypeEvidence alternateResourcesMin > zero (0) If Assessment Type other than Initial: Previous ServiceTypeEvidence alternateResourcesMin = zero (0) Current ServiceTypeEvidence alternateResourcesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AR03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> ⊕ CI-116423 - DSD NOA AR03 IMPLEMENTED </div>	Auth to Purchase – Alternative Resource increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that additional amounts of each of the following services are now being provided to you through an Alternative Resource: (MPP 30-763.6) List all services which apply: 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence alternateResourcesMin > then previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AS01	 CI-116424 - DSD NOA AS01 IMPLEMENTED	Request for additional assistance	You requested additional assistance. In an assessment done on MMDDYYYY, your social worker found that your current ## hours and ## minutes meet your needs with no substantial risk to your safety. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible ManualNOAMessageRequest noaCode = Request for additional assistance MMDDYYYY - IHSSAssessmentEvidence authStartDate 1. a. hours and ## minutes = IHSSAuthorization authToPurchaseMin	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made. OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
DN01	 CI-116425 - DSD NOA DN01 IMPLEMENTED	Denial – SSI Board & Care Rate	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI / SSP). Individuals who get the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in Home of Relative receiving Board & Care Rate [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN02	 CI-116426 - DSD NOA DN02 IMPLEMENTED	Denial – Citizenship	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are an alien not lawfully admitted for permanent residence in the U.S. (MPP 30-770.4)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial MediCalEligInfo alienStatusCode = U [Application Date] – IHSS Application Date	NA 1252 (DENIAL) Subject to MEDS Interface changes	No
DN03	 CI-116427 - DSD NOA DN03 IMPLEMENTED	Denial – Non-California Residency	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You do not have State of California residency. (MPP 30-774.4)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in another state [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN04	 CI-116428 - DSD NOA DN04 IMPLEMENTED	Denial – Not in own home	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not live in your own home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Not living in own home CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN05	 CI-116429 - DSD NOA DN05 IMPLEMENTED	Denial – Whereabouts unknown	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You have not told the county where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, MPP 30-760.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Whereabouts unknown CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN06	 CI-116430 - DSD NOA DN06 IMPLEMENTED	Denial – Not Returning from Hospital	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied CaseNoaCode ManualNOACode = Not returning home from Hospital [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN07	 CI-116431 - DSD NOA DN07 IMPLEMENTED	Denial – Not Returning from ICF	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from ICF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN08	 CI-116432 - DSD NOA DN08 IMPLEMENTED	Denial – Not Returning from SNF	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from SNF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN09	 CI-116433 - DSD NOA DN09 IMPLEMENTED	Denial – Not Returning from CCF	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are in a community care facility and have no plan for returning home. (MPP 30-701(o), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from CCF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116434 - DSD NOA DN10 IMPLEMENTED</div>	Denial – Not 65, Blind or Disabled	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are not 65 or older, blind, or disabled. (MPP 30-771.25)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial ihssAidCode = Not Aged, Blind or Disabled [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116435 - DSD NOA DN11 IMPLEMENTED</div>	Refuse to Pay Share of Cost	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>Your application was assessed under the IHSS Residual program and you told us that you would not pay your IHSS Share of Cost. (MPP 30-755.233(d))</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization fundingAidCode = IHSS-R ManualNOACode = Refuse to Pay Share of Cost CaseStatus = Denied [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN12	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116436 - DSD NOA DN12 IMPLEMENTED</div>	Denial – No Assessed Need	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not need any services to safely stay in your home. (MPP 30-761)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied Functional Ranks other than blank All Service Types have ServiceTypeEvidenceAssessedNeedMin = zero (0)	NA 1252 (DENIAL)	No
DN13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116437 - DSD NOA DN13 IMPLEMENTED</div>	Denial – Share of Cost Exceeds Need – IHSS-R	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>Your application was assessed under the IHSS Residual program, and Your IHSS Share of Cost is more than the cost of your IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is #####. ##. Your IHSS service cost is #####. ## (W&IC 12304.5) See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization authcalculatedSOC > (CR102 IHSS SOC) IHSSAuthorization fundingAidCode = IHSSR 1st [Application Date] – IHSS Application Date 2nd #####.## - Current ShareofCostEvidence ihssShareOfCostAmt 3rd #####.## = IHSSAuthorization compareCost	NA 1252 (DENIAL)	No
DN14	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116438 - DSD NOA DN14 IMPLEMENTED</div>	Denial – Need met through Alternate Resources / Voluntary Services / Refused Services	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213)</p> <p>(System display list of services)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Where all services types with ServiceTypeEvidence indAssessedNeedMin > 0 (zero) Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero) [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN15	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116439 - DSD NOA DN15 IMPLEMENTED</div>	Denial – Death	To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the application for IHSS services dated [Application Date] has been denied.	IHSSAssessmentEvidence assessmentTypeCode = Initial RECIPIENT FULL NAME PersonName CaseStatus = Denied ManualNOACode = Denial Death MMDDYYYY = Person dateOfDeath [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN16	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116440 - DSD NOA DN16 IMPLEMENTED</div>	Denial – Did not provide adequate information	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You did not tell us enough information to determine if you can get services. (MPP 30-760.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Did not provide adequate information [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN17	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116441 - DSD NOA DN17 IMPLEMENTED</div>	Denial - Non-Compliance with Medi-Cal Eligibility	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: The IHSS program has been informed that you did not provide Medi-Cal with the required information to complete a Medi-Cal eligibility determination which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Did not Comply with Medi-Cal Eligibility If there is No Medi-Cal Eligibility record, bypass the Medi-Cal Eligibility error message and let the Denial process [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN18	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116442 - DSD NOA DN18 IMPLEMENTED</div>	Application Withdrawn – Recipient Request	On MMDDYYYY, you asked to withdraw your application dated [Application Date] for In-Home Supportive Services (IHSS). If you change your mind you can submit a new application. (MPP 30-009.213)	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Application Withdrawn CaseStatus reasonCode =Recipient Request MMDDYYYY =CaseStatus startDate [Application Date] – IHSS Application Date	NA 1257 (MULTIPURPOSE)	No

DN19	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116443 - DSD NOA DN19 IMPLEMENTED</div>	Denial– IHSS- R Excess Resource	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization fundingAidCode = IHSS-R ManualNOAMessageRequest ManualNOACode =Denial – IHSS-R Excess Resource [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN20	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-117732 - DSD NOA DN20 IMPLEMENTED</div>	Application Denied – Invalid SSN	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>The Social Security Number you provided was invalid.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial ManualNOAMessageRequest noaCode = Suspect SSN [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN21	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-117733 - DSD NOA DN21 IMPLEMENTED</div>	Application Denied – Duplicate SSN	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS).</p> <p>Here's why:</p> <p>The Social Security Number you provided has been determined to belong to someone else.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial ManualNOAMessageRequest noaCode = Duplicate SSN [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-118146 - DSD NOA DN22 IMPLEMENTED</div>	Denial – Health Care Certification – Not Received	<p>The County has denied your application dated [MM/DD/YYYY*] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial AND the Health Care Certification Type is blank AND if indicated, the Health Care Certification Extension Due Date is before the current date ELSE, the Health Care Certification Due Date is before the current date *MM/DD/YYYY – IHSS Application Date	NA 1252 (DENIAL)	No

DN23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-775235 - DSD NOA DN23 IMPLEMENTED</div>	Denial – Health Care Certification – No Need	<p>The County has denied your application dated [MM/DD/YYYY] for In-Home Supportive Services (IHSS). Here's why:</p> <p>The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1)</p> <p>*MM/DD/YYYY will be populated with the IHSS Application Date</p>	<p>IHSSAssessmentEvidence assessmentTypeCode is Initial</p> <p>Previous CaseStatus is Pending</p> <p>Manual NOA "DN23 – Denial – Health Care Certification – No Need" is selected</p> <p>AND the Health Care Certification Type is "No Need"</p>	NA 1252 (DENIAL)	No
DN24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-823836 - DSD NOA DN24 IMPLEMENTED</div>	Denial – Enrolled in PACE Program	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>CaseStatus=Denial</p> <p>ManualNOACode=DN24</p> <p>[Application Date] – IHSS Application Date</p>	NA 1252 (DENIAL)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FF01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-290355 - DSD NOA FF01 IMPLEMENTED</div>	Free-Form Text NOA	<p>The NOA Text will be printed exactly as keyed by the user.</p> <p>There are no spell-check capabilities and the field is limited to 200 characters as indicated in the DSD</p>	Allowed on any Assessment Type on any Case Status	<p>NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION) NA 1257 (MULTIPURPOSE) NA 1252 (DENIAL) NA 1255 (TERMINATION)</p>	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FR01		Removed with CR 919				
FR02		Removed With CR 919				

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FS01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116446 - DSD NOA FS01 IMPLEMENTED</div>	Funding Source Approval	<p>As of MMDDYYYY, you are approved for In-Home Supportive Services through the following program: system select one of the following Funding Programs:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial MMDDYY = IHSSAssessmentEvidence authStartDate IHSSAuthorization fundingAidCode</p>	NA 1250 (APPROVAL)	No

FS02	CI-116447 - DSD NOA FS02 IMPLEMENTED	Transfer to new Program	<p>As of MMDDYYYY, you will no longer get In-Home Supportive Services through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) <p>You will now get IHSS through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Mandated Change</p> <p>Previous CaseStatus = Leave, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization fundingAidCode Current IHSSAuthorization fundingAidCode</p> <p>MMDDYYYY = IHSSAssessmentEvidence authStartDate</p>	NA 1254 (CHANGE CONTINUATION)	No
FS03	CI-116448 - DSD NOA FS03 IMPLEMENTED	Reason for Transfer from PCSP to IPO	<p>You will get services from the IPO Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> • Get advance payments • Get Restaurant meal allowance • Get services from your spouse • You are a child under the age of 18 and get services from your parent. <p>(MPP 30-785)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization fundingAidCode = PCSP</p> <p>Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply)</p>	NA 1254 (CHANGE CONTINUATION)	No
FS04	CI-116449 - DSD NOA FS04 IMPLEMENTED	Reason for Transfer from IPO to PCSP	<p>You will get services from the PCSP Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> • No longer get advance payments • No longer get Restaurant meal allowance • No longer get services from your spouse • No longer are a child under the age of 18 and you getting services from your parent. <p>(MPP 30-780, MPP 30-785)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply)</p> <p>Current IHSSAuthorization fundingAidCode = PCSP</p>	NA 1254 (CHANGE CONTINUATION)	No
FS05	CI-116450 - DSD NOA FS05 IMPLEMENTED	Reason for Transfer from PCSP/IPO to IHSS-R	<p>You will get services from the IHSS-R Program because you:</p> <ul style="list-style-type: none"> • No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.951) 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 or PCSP</p> <p>Current IHSSAuthorization fundingAidCode = IHSS-R</p>	NA 1254 (CHANGE CONTINUATION)	No
FS06	CI-116451 - DSD NOA FS06 IMPLEMENTED	Reason for Transfer from IHSS-R to PCSP	<p>You will get services from the PCSP Program because you:</p> <ul style="list-style-type: none"> • Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.951) 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous MediCalEligInfo ffpInd =N</p> <p>Current MediCalEligInfo ffpInd =Y</p> <p>Previous IHSSAuthorization fundingAidCode = IHSS-R</p> <p>Current IHSSAuthorization fundingAidCode = PCSP</p>	NA 1254 (CHANGE CONTINUATION)	No
FS07	CI-116452 - DSD NOA FS07 IMPLEMENTED	Reason for Transfer from IHSS-R to IPO	<p>You will get services from the IPO Program because you: Now receive Medi-Cal with federal financial Participation (FFP) and system select all of the following that apply:</p> <ul style="list-style-type: none"> • Get advance payments • Get Restaurant meal allowance • Get services from your spouse • You are a child under the age of 18 and get services from your parent. <p>(MPP 30-785)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous MediCalEligInfo ffpInd =N</p> <p>Current MediCalEligInfo ffpInd =Y</p> <p>Previous IHSSAuthorization fundingAidCode = IHSS-R</p> <p>Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and /or IPO4 (List all that apply)</p>	NA 1254 (CHANGE CONTINUATION)	No

FS08	CI-116453 - DSD NOA FS08 IMPLEMENTED	Service Hours increase due to funding source change	Your hours of service are increased. Here's why: <ul style="list-style-type: none">You now receive your services from the PCSP program. If you go back to IPO or IHSS-R program your services may be decreased.(W&IC 14132.95(g))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = IHSS-R, IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Previous IHSSAuthorization authToPurchaseMin = 195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1254 (CHANGE CONTINUATION)	No
FS09	CI-116454 - DSD NOA FS09 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">You are no longer eligible for the PCSP program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS10	CI-116455 - DSD NOA FS10 IMPLEMENTED	Service Hours decrease due to funding source = IPO	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">You are no longer eligible for the PCSP program. The IPO program maximum hours for non-severely impaired is 195 hours a month. (W&IC 14132.952)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS11	CI-116456 - DSD NOA FS11 IMPLEMENTED	Service Hours unchanged funding source = IPO to PCSP	As of MMDDYYYY, your eligibility will change from the IPO program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No

FS12	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116457 - DSD NOA FS12 IMPLEMENTED</div>	Service Hours unchanged funding source = IHSS-R to PCSP	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463612 - DSD NOA FS13 IMPLEMENTED</div>	Reason for Transfer from PCSP to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS14	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463613 - DSD NOA FS14 IMPLEMENTED</div>	Reason for Transfer from IPO to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply) Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS15	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463614 - DSD NOA FS15 IMPLEMENTED</div>	Reason for Transfer from CFCO to IHSS-R	You will get services from the IHSS-R Program because you: No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.956)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R	NA 1254 (CHANGE CONTINUATION)	No
FS16	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463615 - DSD NOA FS16 IMPLEMENTED</div>	Reason for Transfer from CFCO to IPO	You will get services from the IPO Program because you no longer meet the skilled nursing level of care requirements and: system select all of the following that apply: <ul style="list-style-type: none">• Get advance payments• Get Restaurant meal allowance• Get services from your spouse• You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No
FS17	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463616 - DSD NOA FS17 IMPLEMENTED</div>	Reason for Transfer from CFCO to PCSP	You will get services from the PCSP Program because your authorized services, due to an assessed change in your condition, no longer meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible or Leave Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = PCSP Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No
FS18	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-463617 - DSD NOA FS18 IMPLEMENTED</div>	Reason for Transfer from IHSS-R to CFCO	You will get services from the CFCO Program because you: <ul style="list-style-type: none">• Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.956) and your authorized services, due to an assessed change in your condition, meet requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible Previous MediCalEligInfo fp1Ind =N Current MediCalEligInfo fp1Ind =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No

FS19	CI-463618 - DSD NOA FS19 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R (NSI - CFCO to IHSS-R)	Your hours of service are decreased. Here's why: <ul style="list-style-type: none"> You are no longer eligible for the CFCO program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2)) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severlyImpairedInd = N Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS20	CI-463619 - DSD NOA FS20 IMPLEMENTED	Service Hours unchanged funding source = IPO to CFCO (SI – IPO – CFCO)	As of MMDDYYYY, your eligibility will change from the IPO program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Eligible or Leave IHSSAuthorization severlyImpairedInd = S Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 and or IPO5 Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS21	CI-463620 - DSD NOA FS21 IMPLEMENTED	Service Hours unchanged funding source = IHSS-R to CFCO	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Leave or Presumptive Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS22	CI-467950 - DSD NOA FS22 IMPLEMENTED	Service Hours increase due to funding source change = IPO to CFCO	Your hours of service are increased. Here's why: <ul style="list-style-type: none"> You now receive your services from the CFCO program, which allows you to receive 195 hours of Protective Supervision plus additional hours for your other IHSS services (W&IC 14132.956). 	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = CFCO Impairment Level = NSI ServiceTypeEvidence serviceTypeCode = Protective Supervision Assessed Need > 0:00 Previous IHSSAuthorization authToPurchaseMin = 195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS23	CI-467951 - DSD NOA FS23 IMPLEMENTED	Service Hours decrease due to funding source change = CFCO to IPO	Your hours of service are being decreased. Here's why: <ul style="list-style-type: none"> You are no longer eligible for the CFCO program. The IHSS Plus Option (IPO) program maximum hours for non-severely impaired Recipients is 195 hours a month. (W&IC 12303.4, W&IC 14132.952). 	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Impairment Level = NSI Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO2, IPO3 and or IPO4 Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin < 195 Recipient Declines CFCO Indicator = False	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS24	CI-822482 - DSD NOA FS24 IMPLEMENTED	Recipient Declines CFCO Selected on Program Evidence.	You declined to receive services from the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Recipient Declines CFCO indicator = True	NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
HR01	 CI-116458 - DSD NOA HR01 IMPLEMENTED	Auth to Purchase No Change	On MMDDYYYY a reassessment of your needs was done. There has been no change to your previous authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDatehomeVisitDate	NA 1254 (CHANGE CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made.	No
HR02	 CI-116459 - DSD NOA HR02 IMPLEMENTED	Auth to Purchase No Change – Change to some Service Types	On MMDDYYYY a reassessment of your needs was done. There has been a change to authorized hours for some service types which is detailed in other messages. There has been no change to your previous total monthly authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin < (less than) Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDatehomeVisitDate	NA 1254 (CHANGE CONTINUATION)	Yes
HR03	 CI-116460 - DSD NOA HR03 IMPLEMENTED	Assessed Hours increase	As of [date], you will get more hours of IHSS. Here's why: On [date], a reassessment of your needs was done. The reassessment showed that your condition has changed and that you now need more help in these areas: (MPP Section 30-756, MPP Section 30-757, MPP Section 30-761, MPP Section 30-763): [services]	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin < Current ServiceTypeEvidence assessedNeedMin And/or the Previous Protective Supervision authToPurchaseMin < Current Protective Supervision authToPurchaseMin	NA 1254 (CHANGE CONTINUATION)	No

HR04	CI-116461 - DSD NOA HR04 IMPLEMENTED	Assessed Hours decrease	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need less assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) <p>List all services which apply:</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin > Current ServiceTypeEvidence assessedNeedMin 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate	NA 1254 (CHANGE CONTINUATION)	Yes No – Except when Assessment Type is State Hearing the 10-day notice will be bypassed
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
LM01	CI-117173 - DSD NOA LM01 IMPLEMENTED	Legislative Mandate – Ongoing when authorization Start Date is before 7/1/2013	<p>As a result of a new state law your total monthly authorized hours of HHH:MM have been reduced by XX.X% to HHH:MM (W&IC XXXXX.XX)</p> <p>Your total authorized hours will be reduced by XX.X%. Here's why:</p> <p>A new state law, Section XXXXX.XX of the Welfare and Institution Code, requires the California Department of Social Services to reduce every IHSS Recipients total authorized hours by XX.X% effective MM/DD/YYYY. For those Recipients who have a documented unmet need, excluding protective supervision, the XX.X% reduction will be taken first from the documented unmet need.</p> <p>The new law allows you to choose how this reduction to your total authorized hours is applied toward each of your personal care services authorized on the front of the Notice of Action.</p> <p>Your hearing rights are included on the back of your notice of action. However there is no right to state appeal when the only issue is a state law requiring an adjustment in service hours.</p> <p>If you do not understand or have questions regarding this notice please contact your county IHSS office.</p>	IHSSAssessmentEvidence assessmentTypeCode = Any If LMA% is > 0% (greater than zero percent) Current CaseStatus = Eligible, Presumptive Eligible Authorization Start Date is equal to or greater than CURRENT LMA Effective Date 1st HHH:MM = Total Auth to Purchase Before LMA Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HHH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage for LMA Begin Date prior to 7/1/2013 XXXXXX.XX Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY –LMA Begin Date prior to 7/1/2013	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)	No

LM02	 CI-445363 - DSD NOA LM02 IMPLEMENTED	Modify Legislative Mandate Percentage	<p>This notice is about a new state law that affects your IHSS hours.</p> <p>Starting MM/DD/YYYY, a new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients total authorized hours by ZZ.Z percent. This means that the current temporary cut of XX.X percent will be increased by an additional YY.Y percent starting MM/DD/YYYY. The ZZ.Z percent cut will remain in effect for MM months. Starting MM/DD/YYYY, your new monthly IHSS hours will be HHH:MM.</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the ZZ.Z percent cut in service hours will be dismissed.</p> <p>[If you do not understand this new cut or have questions about the new law please contact your county IHSS office.]</p>	IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed Where current LMA percentage is greater than the previous LMA percentage MM/DD/YYYY – CURRENT LMA Begin Date XXXXX.XX Welfare and Institution associated with Current LMA XX.X – Previous LMA Percentage YY.Y – Difference between Current LMA Percentage and Previous LMA Percentage ZZ.Z – Current LMA Percentage HHH:MM – Current Auth to Purchase after Adjusted Hours MM = Number of months [bracketed text] – The verbiage in the brackets will be dynamic and modified based upon whether the percentage is an increase or decrease.	NA 1254 (CHANGE CONTINUATION)	No
LM03	 CI-445364 - DSD NOA LM03 IMPLEMENTED	Legislative Mandate – Ongoing when authorization Start Date is on or after 7/1/2013	<p>As a result of a new state law your total monthly authorized hours of HHH:MM have been cut by XX.X percent to HHH:MM (WIC Section XXXXX.XX). Here is why:</p> <p>A new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients' total authorized monthly hours by XX.X percent. [The XX.X percent cut will remain in effect for MM months.]</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the XX.X percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the XX.X percent cut in service hours will be dismissed.</p> <p>If you do not understand this new cut or have questions about the new law please contact your county IHSS office.</p>	IHSSAssessmentEvidence assessmentTypeCode = Any except State Mandated change State when triggered by Modify LMA batch job is processed If LMA% is > 0% (greater than zero percent) Authorization Start Date is equal to or greater than LMA Begin Date 7/1/2013 Current CaseStatus = Eligible, Presumptive Eligible 1st HHH:MM = Total Auth to Purchase Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HHH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage XXXXXX.XX Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY – LMA Begin Date prior to 7/1/2013 MM = Number of months [bracketed text] – The verbiage in the brackets will be dynamic and modified based upon whether the percentage is an increase or decrease.	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)	No

LM04	CI-465089 - DSD NOA LM04 IMPLEMENTED	Modify Legislative Mandate Percentage – 2014 LMA	<p>This notice is about a state law that affects your IHSS hours.</p> <p>On MM/DD/YYYY, a state law went into effect which said that your total authorized hours had to be cut by XX.X percent. Starting MM/DD/YYYY, 1 percent of your authorized hours will be restored, which means that from now on your authorized hours will only be cut by ZZ.Z percent. This is because a state law says the California Department of Social Services must reduce all IHSS Recipients total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Starting MM/DD/YYYY, your new monthly IHSS hours will be HHH:MM.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to increase by 1 percent. For example, if you get two more hours of service per month, you can choose to add two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed WITH 7/1/2014 LMA begin date</p> <p>Where current LMA percentage is less than the previous LMA percentage</p> <p>1st MM/DD/YYYY – Previous LMA Begin Date</p> <p>XX.X – Previous LMA Percentage</p> <p>2nd MM/DD/YYYY – Current LMA Begin Date</p> <p>ZZ.Z - Current LMA Percentage</p> <p>3rd MM/DD/YYYY – Current LMA Begin Date</p> <p>HHH:MM – Current Auth to Purchase after Adjusted Hours</p> <p>4th MM/DD/YYYY – Current LMA Begin Date</p>	NA 1254 (CHANGE CONTINUATION)	No
LM05	CI-465090 - DSD NOA LM05 IMPLEMENTED	On-going Legislative Mandate Percentage – 2014 LMA	<p>Your total authorized hours have been reduced by ZZ.Z percent. This is because a state law says that, starting MM/DD/YYYY, the California Department of Social Services must reduce all IHSS Recipients total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Your monthly IHSS hours will be HHH:HH.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to decrease by ZZ.ZZ percent. For example, if you get two less hours of service per month, you can choose to cut two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>Any authorization with an Authorization Start Date on or after 7/1/2014</p> <p>All ZZ.Z – Current LMA Percentage</p> <p>All MM/DD/YYYY – Current LMA Begin Date</p> <p>HHH:MM – Current Auth to Purchase after Adjusted Hours</p>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
LV01	CI-116462 - DSD NOA LV01 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily Hospitalized	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are hospitalized. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Leave</p> <p>CaseStatus reasonCode = Temporarily in Hospital</p> <p>MMDDYYYY = CaseStatus startDate</p>	NA 1257 (MULTIPURPOSE)	No
LV02	CI-116463 - DSD NOA LV02 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in SNF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a skilled nursing facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Leave</p> <p>CaseStatus reasonCode = Temporarily in SNF</p> <p>MMDDYYYY = CaseStatus startDate</p>	NA 1257 (MULTIPURPOSE)	No

LV03	CI-116464 - DSD NOA LV03 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in ICF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in an intermediate care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in ICF MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	No
LV04	CI-116465 - DSD NOA LV04 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in CCF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a community care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in CCF MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	No
LV05	CI-116466 - DSD NOA LV05 IMPLEMENTED	Resources Disposed of for Less Than Fair Market Value	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You sold, donated, transferred or otherwise disposed of your property and/or other resources for less than it was worth (fair market value). You cannot get IHSS for the period MMDDYYYY through MMDDYYYY. (MPP 30-773)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Leave CaseStatus reasonCode = Undervalue disposal of resources 1st MMDDYYYY =CaseStatus startDate 2nd MMDDYYYY =CaseStatus startDate 3rd MMDDYYYY =CaseStatus XXXX – Resource Suspension End Date</pre>	NA 1257 (MULTIPURPOSE)	Yes
LV06	CI-116467 - DSD NOA LV06 IMPLEMENTED	Out of State for More Than 6 Months	<p>As of MMDDYYYY, your IHSS eligibility will be suspended and you can no longer get In-Home Supportive Services (IHSS) because you will have been out of state for longer than six months. You cannot get IHSS until you return to California and a reassessment of your needs has been completed. (MPP 30-770.45)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus Leave CaseStatus reasonCode = Temporarily out of State over 6 months 1st MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	Yes

LV07	CI-822558 - DSD NOA LV07 IMPLEMENTED	Not Currently Residing in Own Home – Other Facility	<p>As of MM/DD/YYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a facility type identified as Other Facility.</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home. (MPP 30-755.1).</p>	<p>Previous CaseStatus= Eligible or Presumptive Eligible</p> <p>Current CaseStatus= Leave</p> <p>CaseStatus reasonCode = Other Facility</p> <p>MMDDYYYY = CaseStatus startDate</p>	NA 1257 (MULTIPURPOSE)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
MS01	CI-116468 - DSD NOA MS01 IMPLEMENTED	Mode of Service – County Contract	You will be receiving all or some of your IHSS services through the county contract service agency. You will be contacted by the service agency to schedule the days that services will be provided. (MPP 30-767)	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>IHSSAuthorization modeOfServiceCCInd = Yes</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
MS02	CI-116469 - DSD NOA MS02 IMPLEMENTED	Mode of Service - County Homemaker	All or some of your IHSS services will be provided by a county homemaker. You will be contacted by the county homemaker to schedule the days that services will be provided. (MPP 30-767)	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible, Presumptive Eligible</p> <p>Current CaseStatus = Eligible, Presumptive Eligible</p> <p>IHSSAuthorization modeOfServiceHMInd=Y</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
MS03	CI-116470 - DSD NOA MS03 IMPLEMENTED	Mode of Service - Individual Provider	All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible, Presumptive Eligible</p> <p>Current CaseStatus = Eligible, Presumptive Eligible</p> <p>IHSSAuthorization modeOfServiceIPInd=Y</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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OT01	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116471 - DSD NOA OT01 IMPLEMENTED </div>	Heavy Cleaning (1 month)	<p>Beginning MMDDYYYY you get ### hours and ## minutes of heavy cleaning services for one month because a recent assessment showed that your home needs thorough cleaning to remove excessive debris or dirt which is a hazard to your safety, or because you are at risk of eviction for failing to prepare your home for necessary pest control treatment. These hours are allowed for one month only. (MPP 30-757.12)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning IHSSAuthorization authToPurchaseMin for Heavy Cleaning > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Heavy Cleaning </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT02	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116472 - DSD NOA OT02 IMPLEMENTED </div>	<p>Yard Hazard Abatement (1 month)</p> <p>Beginning MMDDYYYY you get ### hours and ## minutes for yard hazard abatement for one month because these substances pose a fire/safety hazard.</p> <p>These hours are allowed for one month only. (MPP 30-757.161)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT03	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116473 - DSD NOA OT03 IMPLEMENTED </div>	<p>Ice and Snow Removal</p> <p>As of MMDDYYYY, you can get ### hours, ## minutes for removal of ice and snow from entrances and walkways around your home where they pose a hazard to your safety.</p> <p>Ice and snow removal are available only for a limited time and only during icy and snowy weather. (MPP 30-757.162)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT04	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116474 - DSD NOA OT04 IMPLEMENTED </div>	Teaching & Demonstration (3 month)	<p>As of MMDDYYYY you get ### hours and ## minutes of teaching and demonstration services for _ months.</p> <p>The following month, your hours will be decreased to ### hours and ## minutes.</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration IHSSAuthorization authToPurchaseMin for Teaching and Demonstration > zero (0) _months = ServiceTypeEvidence numberOfWorkMonths MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Teaching and Demonstration </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PM01	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116475 - DSD NOA PM01 IMPLEMENTED </div>	Denial – Paramedical Services	You cannot get paramedical services. (MPP 30-757.19)	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Denial – Paramedical Services </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PM02	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116476 - DSD NOA PM02 IMPLEMENTED </div>	Paramedical	We are unable to make a determination on your request for paramedical services at this time because we have not received enough information to complete the assessment of your need to paramedical services. (MPP 30-757.196 & .197)	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is blank </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PM03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116477 - DSD NOA PM03 IMPLEMENTED </div>	Paramedical – Additional Hours	We are unable to make a determination on your request for additional paramedical services at this time because we have not received enough information to complete the assessment of your need for paramedical services. (MPP 30-757.196 & .197)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is not blank Previous ParamedicalEvidence pendingAdditionalInfoInd = N Current ParamedicalEvidence pendingAdditionalInfoInd = Y ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Paramedical Services	NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PR01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116478 - DSD NOA PR01 IMPLEMENTED </div>	Services Proration	<p>Because you share living arrangements with another person(s), your authorized hours for the following Services have been prorated by the amount shown in the Adjustment column on the front page of this NOA:</p> <p>System list prorated services:</p> <p>This means that these tasks are being performed for other persons in the household so the time it takes to perform these tasks has been divided among each person, and you receive only your share of this time. If your provider is performing a task for you alone, there has been no proration of time. (MPP 30-763)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence adjustmentsMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Assessments – NA 1254 (CHANGE CONTINUATION)	No

PR02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116479 - DSD NOA PR02 IMPLEMENTED</div>	Mid-Month Begin date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services begin date is after the 1st of the month.</p> <p>Beginning next month you will receive your full authorization of ### hours, ## minutes. The attached form shows the monthly number of hours you have been approved to receive for each service.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible, Presumptive Eligible or Leave IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = Case Decision decisionFromDate is other than the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate 1st ###hours, ##minutes = IHSSAuthorization authToPurchaseMin 2nd ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for subsequent calendar month	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No
PR03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116480 - DSD NOA PR03 IMPLEMENTED</div>	Mid-Month End date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services end date is before the end of the month.</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave or Termination IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is other than the last day of the CaseDecision decisionFromDate calendar month ###hours, ##minutes = IHSSAuthorization authToPurchaseMin	NA 1255 (TERMINATION) Or NA 1257 (MULTIPURPOSE)	No
PR04	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116481 - DSD NOA PR04 IMPLEMENTED</div>	Death	<p>To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been prorated for the period MMDDYYYY through MMDDYYYY. Proration means that the recipient's total monthly authorized hours were divided by total days in the month of MMYYYY and multiplied by the eligible days from MMDDYYYY to MMDDYYYY. The total authorized hours for this period are ### hours, ## minutes.</p>	Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Recipient Death 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is the date the eligibility ended. ###hours, ##minutes = IHSSAuthorization authToPurchaseMin	NA 1255 (TERMINATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PS01	 CI-116482 - DSD NOA PS01 IMPLEMENTED	Denial - Protective Supervision – 24 Hours Not Required	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>An assessment of your needs done on MMDDYYYY, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = Denial – Protective Supervision – 24 Hours Not Required	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS02	 CI-116483 - DSD NOA PS02 IMPLEMENTED	Denial - Protective Supervision – Other Reason	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to prevent or control a Recipient's anti-social or aggressive behavior. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessage Request noaCode = Denial – Protective Supervision – Other Reason MMDDYYYY = IHSSAssessmentEvidence homeVisitDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS03	 CI-116484 - DSD NOA PS03 IMPLEMENTED	Protective Supervision	We are unable to make a determination on your request for protective supervision services at this time because we have not received enough information to complete the assessment of your need to protective supervision. (MPP 30-757.173)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ProtectiveSupervision formSentDate is not blank ProtectiveSupervision formReceivedDate is blank ProtectiveSupervision pendingAdditionalInfoInd = Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS04	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116485 - DSD NOA PS04 IMPLEMENTED </div>	Approva l – Protecti ve Supervi sion	<p>As of [date], you can get ### hours, ## minutes per week of protective supervision services. At your last assessment we found that you are mentally impaired or mentally ill and you cannot assess when something is dangerous and take action to avoid getting hurt. You need 24-hour supervision to help you avoid getting hurt. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person to make sure you have supervision 24-hours a day. [MPP 30-757.171]</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision 1. a. i. hours, ## minute s = IHS SA uth oriz atio n aut hTo Pur chase Min	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS05	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116486 - DSD NOA PS05 IMPLEMENTED </div>	Maximu m hours of Protecti ve Supervi sion	<p>The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the PCSP program and are determined to be non-severely impaired by the PCSP program rules. (MPP 30-765; MPP 30-780, W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = PCSP ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS06	 CI-463621 - DSD NOA PS06 IMPLEMENTED	Maximum hours of Protective Supervision	The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the CFCO program. (MPP 30-765; MPP 30-780)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = CFCO ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS07	 CI-786089 - DSD NOA PS07 IMPLEMENTED	Protective Supervision: Not Eligible - Changes to Home	You are not eligible for the services of Protective Supervision because you made changes to your home. These changes allow you to remain safely in your home when unsupervised. (MPP Section 30-757.17)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS07 – Not Eligible - Changes to Home	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS08	 CI-786090 - DSD NOA PS08 IMPLEMENTED	Protective Supervision: Not Eligible - No Self Harm	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill and who might hurt themselves. Your case information shows you are not physically able to hurt yourself. [MPP Section 30-757.17, Calderon v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS08 – Not Eligible - No Self Harm	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS09	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786091 - DSD NOA PS09 IMPLEMENTED </div>	Protective Supervision: Not Eligible - No Mental Impairment or Illness	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill. Your case information shows that you do not have a mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS09 – Not Eligible – No Mental Impairment or Illness	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786092 - DSD NOA PS10 IMPLEMENTED </div>	Protective Supervision: Protective Supervision: Not Eligible - Recipient Self-Directed	You are not eligible for IHSS Protective Supervision because your case information shows you are self-directed. This means that you know when things are dangerous and may cause you to get hurt and you can stop yourself from doing harmful things. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS10 – Not Eligible – Recipient Self-Directed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786093 - DSD NOA PS11 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Non-Impairment Related Behavior	You are not eligible for IHSS Protective Supervision because your case information shows that your actions that could cause you to get hurt are not related to your mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS11 – Not Eligible – Non-Impairment Related Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS12	 CI-786094 - DSD NOA PS12 IMPLEMENTED	Protective Supervision: Not Eligible - Visiting or Social Activities	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for a friendly visit or social activity. Your case information shows that the supervision you asked for is only to have a friendly visit or social activity. [MPP Section 30-757.172(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS12 – Not Eligible – Visiting and Social Activities	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS13	 CI-786095 - DSD NOA PS13 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Condition	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for medical supervision. Your case information shows that the supervision you need is medical or for a medical condition. [MPP Section 30-757.172(b)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS13 – Not Eligible – Medical Condition	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS14	 CI-786096 - DSD NOA PS14 IMPLEMENTED	Protective Supervision: Not Eligible - Fall Risk Not Related	You are not eligible for IHSS Protective Supervision because the case information shows that, although you have fallen recently or have shown a tendency to fall, it is not due to your mental impairment or mental illness. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS14 – Not Eligible – Fall Risk Not Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS15	 CI-786097 - DSD NOA PS15 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Emergency Monitoring	You are not eligible for IHSS Protective Supervision because your case information shows that you want Protective Supervision because of a possible medical emergency. Protective Supervision cannot be authorized to help monitor for medical emergencies that might happen. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS15 – Not Eligible – Medical Emergency Monitoring	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS16	 CI-786098 - DSD NOA PS16 IMPLEMENTED	Protective Supervision: Not Eligible - Behavior Related	You are not eligible for IHSS Protective Supervision. Your case information shows you only need supervision to protect you from harm caused by your aggressive or antisocial behavior. Protective Supervision is not for people who need protection because of their own antisocial or aggressive behavior. [MPP Section 30-757.172(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS16 – Not Eligible – Behavior Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS17	 CI-786099 - DSD NOA PS17 IMPLEMENTED	Protective Supervision: Not Eligible - Self-Destructive Behavior	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for people who hurt themselves on purpose. Your case information shows that your actions that could hurt you are done on purpose to hurt yourself. [MPP Section 30-757.172(e)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS17 – Not Eligible – Self-Destructive Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS18	 CI-786100 - DSD NOA PS18 IMPLEMENTED	Protective Supervision: Not Eligible - Routine Childcare	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for routine childcare. Your case information shows that you asked for supervision similar to routine childcare. [MPP Section 30-763.456(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS18 – Not Eligible – Routine Childcare	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS19	 CI-786101 - DSD NOA PS19 IMPLEMENTED	Protective Supervision: Not Eligible - Supervision Not More Than Child of Same Age	You are not eligible for IHSS Protective Supervision. Your case information shows that you do not need more supervision than a child of your same age who does not have a mental impairment or mental illness. [Garrett v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS19 – Not Eligible – Supervision Not More Than Child of Same Age	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS20	 CI-786102 - DSD NOA PS20 IMPLEMENTED	Protective Supervision: Not Eligible - 24-Hour Supervision Not Needed	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day to stay at home safely. Your case information shows you are able to stay at home safely without 24-hour supervision. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS20 – Not Eligible – 24-Hour Supervision Not Needed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS21	 CI-786103 - DSD NOA PS21 IMPLEMENTED	Protective Supervision: Not Eligible - Infrequent Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision sometimes and for certain activities. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS21 – Not Eligible – Infrequent Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS22	 CI-786138 - DSD NOA PS22 IMPLEMENTED	Protective Supervision: Not Eligible - Predictable Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision at regular and predictable times. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS22 – Not Eligible – Predictable Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS23	 CI-823184 - DSD NOA PS23 IMPLEMENTED	Approval – Protective Supervision - Calculation	The amount of hours/minutes per week of protective supervision services you will get is shown on the first page of this notice. This is the amount of service you need or the weekly program limit, whichever is less. The number of protective supervision hours you can get is calculated by subtracting your weekly hours for other IHSS services and subtracting your alternative resource hours from 168 hours, which is one week of the 24-hour supervision you need to help you avoid getting hurt. The weekly program limit on the number of hours you can get depends on if you are severely or non-severely impaired, and the funding program for your services. The county decides if you are severely impaired under regulations at MPP Section 30-701(s)(1)(A)-(D).	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidence nceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision hours, ##minutes = IHSSAuthorization authToPurchaseMin	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS24	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-823449 - DSD NOA PS24 IMPLEMENTED </div>	<p>Protective Supervision:</p> <p>Hour Reduction on-Alternate Resources</p>	<p>As of [date] you will get fewer hours of IHSS. Here's why: You told us that you are getting some or all of your Protective Supervision (PS) from another resource, such as another agency or program, at no cost to you. This other resource is helping to meet your total need for 24-hour a day supervision. The alternative resource hours have been deducted from your total need for 24-hour supervision. If you stop receiving these services through this alternative resource, please contact your social worker as soon as possible. [MPP Section 30-763.6]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>Where the Current Protective Supervision authToPurchaseMin < the Previous Protective Supervision authToPurchaseMin</p> <p>And the Current Protective Supervision ServiceTypeEvidence alternateResourcesMin > then Previous Protective Supervision ServiceTypeEvidence alternateResourcesMin and Previous PS hours > 0</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RH01	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123797 - DSD NOA RH01 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH02	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123798 - DSD NOA RH02 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH03	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123799 - DSD NOA RH03 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH04	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123800 - DSD NOA RH04 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH05	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123801 - DSD NOA RH05 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH06	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123802 - DSD NOA RH06 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH07	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123803 - DSD NOA RH07 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH08	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123804 - DSD NOA RH08 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH09	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123805 - DSD NOA RH09 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				
RH10	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-123806 - DSD NOA RH10 CANCELLED </div>	Cancelled with CIS Sprint 3 ASR.				

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RM01	 CI-116487 - DSD NOA RM01 IMPLEMENTED	Restaurant Meals Allowance – Approval	<p>Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is approved.</p> <p>As of MMDDYYYY, you will receive a Restaurant Meal Allowance of \$62.00.</p> <p>If you change your mind, you can ask the county to change back to meal preparation, meal clean-up, and shopping for food services. (MPP 30-757.133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = N Current IHSSAssessmentEvidence mealsAllowanceInd = Y MMDDYYYY = IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM02	 CI-116488 - DSD NOA RM02 IMPLEMENTED	Restaurant Meals Allowance Termination – Recipient Request	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>You asked to have your Restaurant Meal Allowance stopped. You will now get any individual assessed need (hours and minutes) for meal prep, meal clean-up, shopping for food from your previous assessment. If you change your mind, you can ask to have your Restaurant Meal Allowance restored. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes
RM03	 CI-116489 - DSD NOA RM03 IMPLEMENTED	Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>An assessment showed that you do not have need for meal preparation. You must have a need for meal preparation to be eligible for a Restaurant Meal Allowance. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin > zero (0) Current IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin = zero (0) Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes

RM04		Restaurant Meals Allowance Increase Payment Amount	As of MMDDYYYY, your Restaurant Meal Allowance will increase due to an increase to the State Maximum payment. (MPP 30-757.133)	This message will only be generated when the Restaurant Meal Allowance Table Value change from 62.00 through a Change Request	NA 1257 (MULTIPURPOSE)	No 3/18/2011 DSD Review – This BR will be tested when a CR is submitted to change Restaurant Meals Allowance.
RM05		Restaurant Meals Allowance – Not qualified	Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is denied. You are not eligible to receive a Restaurant Meal Allowance because you must have a need for meal preparation. (MPP 30-757.131 & .132 & .133)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Restaurant Meals Allowance – Not Qualified	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM06		Deny – Restaurant Meal Allowance	Your request for Restaurant Meal Allowance is denied. Here's why: You are not eligible to receive Restaurant Meal Allowance because you do not have adequate cooking facilities at home. Ask your social worker for a referral to Social Security for evaluation of your eligibility for a Restaurant Meal Allowance through Supplemental Security Payment. (MPP 30-757.133 (a)(3))	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Deny - Restaurant Meals Allowance HouseholdEvidence stoveInd = No	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM07		Termination – Restaurant Meals Allowance – Receiving SSP payment	As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why: You are getting a meal allowance as part of your Supplemental Security Payment. (MPP 30-757.133 (a)(2))	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N ManualNOAMessageRequest noaCode = Termination – Restaurant Meals Allowance – Receiving SSP payment MMDDYYYY = IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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RS01	CI-116494 - DSD NOA RS01 <small>IMPLEMENTED</small>	Auth to Purchase – Refused Service increased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that you no longer refuse some or all of the following services: (MPP 30-009.213) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence refusedServicesMin < the previous ServiceTypeEvidence refusedServicesMin	NA 1254 (CHANGE CONTINUATION)	No
RS02	CI-116495 - DSD NOA RS02 <small>IMPLEMENTED</small>	Refused Services – First Authorization that Recipient Refused Services	The hours of IHSS you get are decreased. Here's why: You refused some or all of each of the following services: (MPP 30-009.213) List all services which apply: If you change your mind, contact your social worker.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0) If Assessment Type other than Initial Previous ServiceTypeEvidence refusedServicesMin = zero (0) Current ServiceTypeEvidence refusedServicesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
RS03	CI-116496 - DSD NOA RS03 <small>IMPLEMENTED</small>	Auth to Purchase – Refused Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that you refuse additional amounts of each of the following services: (MPP 30-009.213) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence refusedServicesMin > the previous ServiceTypeEvidence refusedServicesMin	NA 1254 (CHANGE CONTINUATION)	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SC01	CI-116497 - DSD NOA SC01 <small>IMPLEMENTED</small>	IHSS SOC	You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed on a separate page of this notice. If you have an IHSS share of cost, that amount will be deducted each month from your provider's paycheck and you will be sent a letter telling you to pay that amount to your provider. If you are Medi-Cal eligible and have a Medi-Cal share of cost, you may provide proof of the amount you paid your provider to your Medi-Cal eligibility worker and that amount will be used toward meeting your Medi-Cal share of cost.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible Previous assessment no Share of Cost Evidence existed Current assessment ShareOfCostEvidence exists MediCalEligInfo ffpInd = N	NA 1256B (IHSS SHARE OF COST)	No

SC02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">CI-116498 - DSD NOA SC02 IMPLEMENTED</div>	IHSS SOC – increase - more countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because you have more countable income. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes
SC03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">CI-116499 - DSD NOA SC03 IMPLEMENTED</div>	IHSS SOC – increase - decreases SSI /SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because a state law decreased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount > current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes
SC04	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">CI-116500 - DSD NOA SC04 IMPLEMENTED</div>	IHSS SOC – increase – COLA	As of MMDDYYYY, your IHSS share of cost is \$__1st__. Your IHSS share of cost was \$__2nd__. It increased because a cost of living adjustment was made to the social security payments available to you which are \$__3rd__, \$3rd__, \$__3rd__. If the social security amount you receive is different than listed here, contact your IHSS worker within 10 calendar days. MPP 30-755.233	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous Monthly Income Amount for Income Source = SOCIncomeSource = SOCIS001 < Current Monthly Income Amount for Income Source = SOCIncomeSource = SOCIS001 Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareOfCostAmt List current Monthly Income Amount(s) for all SOCIncomeSource = SOCIS001 3rd \$ = SOCIncomeSource = SOCIS001	NA 1256B (IHSS SHARE OF COST)	Yes

SC05	CI-116501 - DSD NOA SC05 IMPLEMENTED	IHSS SOC – decreases less countable income	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because you have less countable income. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence countableIncomeAmt > Current ShareOfCostEvidence countableIncomeAmt Previous ShareOfCostEvidence ihssShareOfCostAmt > Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No
SC06	CI-116502 - DSD NOA SC06 IMPLEMENTED	IHSS SOC – decreases – increase SSI /SSP benefit levels	As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because a state law increased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount < current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt > Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No
SC07	CI-116503 - DSD NOA SC07 IMPLEMENTED	IHSS Service of Medi-Cal	You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay. If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets is processed telling you how much you need to pay your provider.	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Cost of Living Adjustment, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = Y	Initial Assessment - NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessment - NA 1254 (CHANGE CONTINUATION)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
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SD01	CI-823197 - DSD NOA SD01 IMPLEMENTED	Sponsor Deeming –Sponsor's Income and Resources Used to Determine IHSS Eligibility	You are subject to sponsor deeming because three years have not passed since the date you became a lawful permanent resident. You do not meet the exception to sponsor deeming, as you did not become blind or disabled after you became a lawful permanent resident. Your sponsor's income and resources have been used to determine your IHSS eligibility. (WIC 12305.6(b)(2); 42 USC Section 1382j)	ManualNOAMessageRequest noaCode = Sponsor Deeming – Sponsor's Income and Resources Used to Determine IHSS Eligibility	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD02	CI-823198 - DSD NOA SD02 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are no longer subject to sponsor deeming because three years have passed since the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42USC Section 1382J]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD03	CI-823199 - DSD NOA SD03 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are not subject to sponsor deeming because it has been determined that you became blind or disabled after the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42USC Section 1382J]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SH01	CI-116504 - DSD NOA SH01 IMPLEMENTED	State Hearing – Outcome Compliance	This NOA reflects the outcome of your state hearing dated.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing Outcome Compliance	NA 1254 (CHANGE CONTINUATION)	No
SH02	CI-116505 - DSD NOA SH02 IMPLEMENTED	State Hearing – Conditional Withdrawal	This NOA reflects the results of the assessment done in agreement with the terms of your conditional withdrawal of your request for a State Hearing.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No

SH03	CI-116506 - DSD NOA SH03 IMPLEMENTED	State Hearing – Payment	To comply with the recent State Hearing order, you will receive a one-time payment.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No
SH04	CI-451618 - DSD NOA SH04 IMPLEMENTED	State Hearing - Aid Paid Pending Decrease	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS hours were scheduled to be decreased. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = SH04 - State Hearing - Aid Paid Pending Decrease	NA 1254 (CHANGE CONTINUATION)	No
SH05	CI-451617 - DSD NOA SH05 IMPLEMENTED	State Hearing – Filed before Termination effective	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS services were scheduled to end. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	Previous CaseStatus = Terminated Current CaseStatus - Eligible or Presumptive Eligible Rescind Reason = State Hearing Filed before Termination effective	NA 1257 (MULTIPURPOSE)	No

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SP01	CI-116507 - DSD NOA SP01 IMPLEMENTED	No Hours Authorized	<p>You do not receive any authorized hours for the services listed below because your spouse is able and available to provide these services to you at no cost. (MPP 30-763.41)</p> <p>List all services which apply:</p> <ul style="list-style-type: none"> • Domestic Services • Meal Preparation • Meal Clean-up • Laundry • Shopping for food • Other shopping and errands • Heavy Cleaning • Yard Hazard Abatement • Teaching and Demonstration Services 	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated</p> <p>HouseholdMemberEvidence parentSpouseCode = Spouse – able and available</p> <p>Where</p> <p>ServiceTypeEvidence indAssessedNeedMin = ServiceTypeEvidence alternateResourcesMin for</p> <p>IHSSServiceType: Domestic Services Meal Preparation Meal Clean-up Laundry Shopping for food Other shopping and errands Heavy Cleaning Year Hazard Abatement Teaching and Demonstration Services</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	<p>Yes — Change only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available</p> <p>When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and available trigger the NOA, but the 10-Day Notice is not required</p>

SP02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116508 - DSD NOA SP02 IMPLEMENTED</div>	Limited Hours Authorized	You receive only a limited number of authorized hours for meal preparation because your spouse is able and available part of the time to provide these services to you at no cost (MPP 30-763.41)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available Where Meal Preparation ServiceTypeEvidence netAdjNeedMin > 0: 00.	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes – Change - only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available trigger the NOA, but the 10-Day Notice is not required
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
TR01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116509 - DSD NOA TR01 IMPLEMENTED</div>	Termination – No longer in own home	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot continue to get IHSS because you no longer reside in your own home. (MPP 30-701 (o)(2), MPP 30-755.1)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = No longer in own home. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116510 - DSD NOA TR02 IMPLEMENTED</div>	Termination – Recipient Request	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You asked to stop all of your service hours. (MPP 30-009.213)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient Request. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR03	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116511 - DSD NOA TR03 IMPLEMENTED</div>	Termination – Did not pay Share of Cost	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not pay your IHSS Share of Cost. The IHSS Share of Cost is the amount you must pay from your own pocket toward your IHSS services. (MPP 30-755.233(c))</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient did not pay IHSS Share of Cost. IHSSAuthorization fundingAidCode =IHSS-R MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR04	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116512 - DSD NOA TR04 IMPLEMENTED</div>	Termination – Out of State more than 60 days	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the State of California for more than 60 days in a row and it appears that you do not plan to come back. (MPP 30-770.44)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of State longer than 60 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR05	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116513 - DSD NOA TR05 IMPLEMENTED</div>	Termination – Out of country	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the country for a full calendar month or for 30 days in a row. (MPP 30-770.46)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of Country longer than 30 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR06	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116514 - DSD NOA TR06 IMPLEMENTED</div>	Termination – Moved out of State	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You told us that you are going to reside outside the State of California. (MPP 30-770.4)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Moved out of State MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes

TR07	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116515 - DSD NOA TR07 IMPLEMENTED</div>	Termination – Failure to cooperate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not cooperate with the County in providing needed information to show that you need services to remain safely in your home. (MPP 30-760.1)</p>	<p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus - Terminated</p> <p>CaseStatus reasonCode = Failure to provide needed information.</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR08	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116516 - DSD NOA TR08 IMPLEMENTED</div>	Termination – IHSS-R SOC exceeds need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>Your application was assessed under the IHSS Residual program and your Share of Cost is more than the cost of your assessed IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services.</p> <p>Your Share of Cost is \$####.##. Your IHSS services cost is \$####.##. See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Funding Source Update, Change, Reassessment, Telehealth, State Hearing or Inter-County Transfer</p> <p>IHSSAuthorization fundingAidCode = IHSSR</p> <p>IHSSAuthorization authCalculatedSOC < ShareOfCostEvidence ihssShareOfCostAmt 1st \$####.## = current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$####.## = IHSSAuthorization compareCost</p>	NA 1255 (TERMINATION)	Yes
TR09	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116517 - DSD NOA TR09 IMPLEMENTED</div>	Termination – No Assessed Need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You do not need any services to safely stay in your own home. (MPP 30-761.25)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer</p> <p>Previous ServiceTypeEvidence assessedNeenMin > zero (0)</p> <p>Current ServiceTypeEvidence assessedNeenMin = zero (0)</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116518 - DSD NOA TR10 IMPLEMENTED</div>	Termination – Need met through Alternate Resources	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer</p> <p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>MMDDYYYY =CaseStatus startDate</p> <p>Where all services types with ServiceTypeEvidence indAssessedNeedMin > 0 (zero)</p> <p>Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero)</p>	NA 1255 (TERMINATION)	Yes
TR11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116519 - DSD NOA TR11 IMPLEMENTED</div>	Termination – Non-Compliance with Medi-Cal Eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information. Please contact your IHSS social worker once your Medi-Cal eligibility has been reinstated and your IHSS services may be restored.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>MMDDYYYY =CaseStatus startDate</p> <p>CaseStatus reasonCode = Non-cooperation with Medi-Cal</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR12	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116520 - DSD NOA TR12 IMPLEMENTED</div>	Termination – Residence - Hospital	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus - Terminated</p> <p>CaseStatus reasonCode = Not returning home Hospital</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes

TR13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116521 - DSD NOA TR13 IMPLEMENTED</div>	Termination – Residence - Intermediate Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from ICF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR14	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116522 - DSD NOA TR14 IMPLEMENTED</div>	Termination – Residence - Skilled Nursing Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from SNF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR15	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116523 - DSD NOA TR15 IMPLEMENTED</div>	Termination – Residence - Community Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a Community care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from CCF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR16	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116524 - DSD NOA TR16 IMPLEMENTED</div>	Termination – Whereabouts unknown	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not tell us where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, 30-760.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Whereabouts unknown MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR17	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116525 - DSD NOA TR17 IMPLEMENTED</div>	Termination – Recipient Death	<p>To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, IHSS services for RECIPIENT FULL NAME have been terminated.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated CaseStatus reasonCode = Recipient Death MMDDYYYY = Person dateOfDeath</p>	NA 1255 (TERMINATION)	No
TR18	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116526 - DSD NOA TR18 IMPLEMENTED</div>	Termination - Erroneous	<p>On MMDDYYYY, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop. That Notice was sent in error. As of MMDDYYYY, you can get IHSS through the following program:</p> <p>system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	<p>Previous CaseStatus = Terminated Current CaseStatus = Eligible or Presumptive Eligible CaseStatus reasonCode = Administrative Error 1st Date = CaseNoaSent sentDate 2nd Date = IHSSAssessmentEvidenceStartDate IHSSAuthorization fundingAidCode</p>	NA 1257 (MULTIPURPOSE)	No
TR19	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116527 - DSD NOA TR19 IMPLEMENTED</div>	Termination – IHSS-R Excess Resource	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated IHSSAuthorization fundingAidCode = IHSS-R ManualNOAMessageRequest ManualNOACode = Termination –IHSS-R Excess Resource</p>	NA 1255 (TERMINATION)	Yes
TR20	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-117734 - DSD NOA TR20 IMPLEMENTED</div>	Terminations – Invalid SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided is not valid.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Suspect SSN MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR21	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-117735 - DSD NOA TR21 IMPLEMENTED</div>	Terminations – Duplicate SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided has been determined to belong to someone else.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Duplicate SSN MMDDYYYY = CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes

TR22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-118147 - DSD NOA TR22 IMPLEMENTED</div>	Termination – Health Care Certification - Not Received	<p>As of [MM/DD/YYYY*], the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)</p> <p>*MM/DD/YYYY – Terminate Case Authorization End Date</p>	<p>Previous CaseStatus is Eligible, Presumptive Eligible or Leave Current CaseStatus is Terminated AND the Health Care Certification Type is blank AND the Health Care Certification Due Date is before the current date OR, if indicated, the Health Care Certification Extension Due Date is before the current date</p>	NA 1255 (TERMINATION)	Yes
TR23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-718152 - DSD NOA TR23 IMPLEMENTED</div>	Termination – Non-compliance UHV	<p>You have failed to comply with IHSS program requirements regarding unannounced home visits in accordance with the California Welfare and Institutions Code (WIC) Section 12305.71(c)(3).</p> <p>You were unavailable and/or denied entry to the county worker when the County attempted three home visits within the past sixty (60) days, on MMDDYYYY at HH:MM, on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM.</p> <p>Additionally, a county worker called your home on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM, and sent you a letter on MMDDYYYY.</p> <p>In spite of these efforts, we have been unable to complete an unannounced home visit, and your eligibility for the In-Home Supportive Services Program will stop as of MMDDYYYY in accordance with WIC Section 12305.82(f).</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus = Terminated</p> <p>CaseStatus reasonCode = 'Non-Compliance - UHV'</p> <p>UHV Status = 'Final UHV Attempt Unsuccessful'</p>	NA 1255 (TERMINATION)	Yes
TR24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-775236 - DSD NOA TR24 IMPLEMENTED</div>	Termination – Health Care Certification – No Need	<p>As of MM/DD/YYYY*, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1)</p> <p>*MM/DD/YYYY will be populated with the Terminate Case End Date</p>	<p>AND the Health Care Certification Type is "No Need"</p>	NA 1255 (TERMINATION)	Yes
TR25	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822524 - DSD NOA TR25 IMPLEMENTED</div>	Termination – No Medi-Cal eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.</p> <p>You may be obligated to pay your IHSS provider's wages if your Medi-Cal eligibility is not restored.</p>	<p>SAWS job S3 terminates an IHSS Case</p>	NA 1255 (TERMINATION)	Yes
TR26	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822593 - DSD NOA TR26 IMPLEMENTED</div>	Termination – Rescission – Medi-Cal Non-Compliance Resolved	<p>On XX/XX/XXXX, we sent you a notice of action telling you that the IHSS Services you had been receiving would stop as a result of information received from Medi-Cal. We have received information that your Medi-Cal eligibility has been restored. Therefore, as of XX/XX/XXXX, you can get IHSS through the following program:</p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Rescission Reason = Medi-Cal Non-Compliance Resolved.</p>	NA 1257 (MULTIPURPOSE)	No
TR27	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822686 - DSD NOA TR27 IMPLEMENTED</div>	Termination – Manual Rescission – Medi-Cal Restored	<p>On XX/XX/XXXX, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop when your Medi-Cal eligibility was stopped. We have received information from Medi-Cal that you are again eligible to receive services. As of XX/XX/XXXX, you can get IHSS through the following program: <program and code></p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Manual Rescind Code = Medi-Cal Restored</p>	NA 1257 (MULTIPURPOSE)	Yes
TR28	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-823843 - DSD NOA TR28 IMPLEMENTED</div>	Termination – Enrolled in PACE program	<p>As of <MMDDYYYY - Start Date of Terminated Case Status>, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR28</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR29	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-824401 - DSD NOA TR29 IMPLEMENTED</div>	Termination – SSI Board & Care Rate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI/SSP). Individuals receiving the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR29</p> <p>MMDDYYYY =CaseStatus startDate</p>	<p>NA 1255 (TERMINATION)</p> <p>OR</p> <p>NA 1255L (TERMINATION Large Font)</p>	Yes

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
UN01	<div style="border: 1px solid #ccc; padding: 5px;"><p>⊕ CI-116528 - DSD NOA UN01 IMPLEMENTED</p></div>	Unmet Need – PCSP (NSI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN02	<div style="border: 1px solid #ccc; padding: 5px;"><p>⊕ CI-116529 - DSD NOA UN02 IMPLEMENTED</p></div>	Unmet Need – PCSP (SI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN03	<div style="border: 1px solid #ccc; padding: 5px;"><p>⊕ CI-116530 - DSD NOA UN03 IMPLEMENTED</p></div>	Unmet Need – IPO (NSI)	<p>You are receiving your IHSS services through the IPO program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	<pre>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin</pre>	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN04	CI-116531 - DSD NOA UN04 IMPLEMENTED	Unmet Need – IPO (SI)	You are receiving your IHSS services through the IPO program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN05	CI-116532 - DSD NOA UN05 IMPLEMENTED	Unmet Need – IHSS-R (NSI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN06	CI-116533 - DSD NOA UN06 IMPLEMENTED	Unmet Need – IHSS-R (SI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN07	CI-463622 - DSD NOA UN07 IMPLEMENTED	Unmet Need CFCO (NSI)	You are receiving your IHSS services through the CFCO program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ### hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN08	CI-463623 - DSD NOA UN08 IMPLEMENTED	Unmet Need CFCO (SI)	You are receiving your IHSS services through the CFCO program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ### hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedIn d = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
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NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
VS01	CI-116534 - DSD NOA VS01 IMPLEMENTED	Auth to Purchase – Voluntary Service increased hours	As of MMDDYYYY, the hours of IHSS you get are increased. Here's why: You told us that some or all of the following services are no longer being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence voluntaryServicesMin < the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	No
VS02	CI-116535 - DSD NOA VS02 IMPLEMENTED	Voluntary Services – First Authorization that Recipient receiving Voluntary Services	The hours of IHSS you get are decreased. Here's why: You told us some or all of each of the following services are being provided to you voluntarily and the individual providing them does not wish to be paid: List all services which apply: If the individual decides they would like to be paid for providing services, contact your social worker. (MPP 30-763.6)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0) If Assessment Type other than InitialPrevious ServiceTypeEvidence voluntaryServicesMin = zero (0) Current ServiceTypeEvidence voluntaryServicesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
VS03	CI-116536 - DSD NOA VS03 IMPLEMENTED	Auth to Purchase – Voluntary Service decreased hours	As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why: You told us that additional amounts of each of the following services are now being provided to you voluntarily: (MPP 30-763.6) List all services which apply:	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence voluntaryServicesMin > the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AA)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AA01	 CI-116411 - DSD NOA AA01 IMPLEMENTED	Provisional - Pending Disability/Blindness/ Medi-Cal Eligibility Determination	<p>As of MMDDYYYY, you can get In-Home Supportive Services temporarily while it is being determined if you are disabled and /or blind (MPP 30-759.3) and/or eligible for Medi-Cal (W&IC 14132.951(d)(1) & (2)).</p> <p>If you are determined to be disabled or blind and that you need ongoing services, you will continue to get IHSS as long as you are otherwise eligible.</p> <p>If it is determined you are not disabled or blind your services will stop and you may have to pay back any money we paid for services you received.</p> <p>If you are determined eligible for Medi-Cal, you will receive a notice from Medi-Cal and you will get IHSS under the PCSP, CFCO or IPO program.</p> <p>If you are not eligible for Medi-Cal, you may be able get IHSS under the IHSS Residual program.</p> <p>You will get another Notice of Action telling you about your final IHSS eligibility.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Inter-County Transfer Current CaseStatus = Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)	No
AA02	 CI-116412 - DSD NOA AA02 IMPLEMENTED	Final Approval of Prior Provisional Approval	<p>You have been getting In-Home Supportive Services (IHSS) on a temporary basis. You have now been determined disabled or blind. If you meet all of the other eligibility criteria, you will continue to get IHSS through the following program:</p> <ul style="list-style-type: none"> system select one of the following Funding Program: IHSS Plus Option (IPO) Program (W&IC 14132.952) Personal Care Services Program (PCSP) (MPP 30-780) In-Home Supportive Services-Residual (IHSS-R) Program (MPP 30-755.1) Community First Choice Option (CFCO) Program (W&IC 14132.956) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth Previous CaseStatus = Presumptive Eligible Current CaseStatus = Eligible IHSSAuthorization fundingAidCode	NA 1254 (CHANGE CONTINUATION)	No
AA03	 CI-116413 - DSD NOA AA03 IMPLEMENTED	Application Previously Denied in Error	<p>On MMDDYYYY, we sent you a Notice of Action telling you that you could not get In-Home Supportive Services (IHSS).</p> <p>That Notice was sent in error.</p> <p>Your application date of MMDDYYYY, will be restored and you will be contacted by a County Social Worker.</p>	1st Previous CaseStatus = Denied with a "Rescind Date" Previous CaseStatus = Pending Current CaseStatus = Denied, Eligible or Presumptive Eligible 1st Date – Date last Denial NOA generated 2nd Date = IHSS Application Date	NA 1257 (MULTIPURPOSE)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AP)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AP01	CI-116414 - DSD NOA AP01 IMPLEMENTED	Advance Payment	<p>As requested you will receive payment in advance for your IHSS Service as of MMDDYYYY. (MPP 30-769.731)</p> <p>After receiving IHSS services for a year, you may request your advance payment be made by direct deposit to your bank account. To request direct deposit contact the IHSS direct deposit help desk at [HP Help Desk Phone Number].</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence advancePayInd = N Current IHSSAssessmentEvidence advancePayInd = Y MMDDYYYY - IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AP02	CI-116415 - DSD NOA AP02 IMPLEMENTED	Advance Payment Qualified	<p>Because you meet the program rules that define severely impaired as a combined total of 20 hours per week of Personal Care, Paramedical and Meal Preparation and Clean-up services, you may request advance payment for your IHSS Services by contacting your social worker. (MPP 30-769.731)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = N Current IHSSAuthorization severelyImpairedInd = Y Current IHSSAssessmentEvidence advancePayInd = N	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AP03	CI-116416 - DSD NOA AP03 IMPLEMENTED	Advance Payment – Termination – No longer qualify	<p>As of MMDDYYYY you can no longer get advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You are no longer severely impaired based on program rules of a combined total of 20 per week of Personal Care, Paramedical and Meal Preparation and Clean-up. (MPP 30-769.731) Your provider will not get paid by the IHSS Program unless they submit timesheets twice per month reporting their time worked. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = N Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes

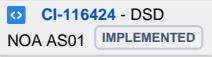
AP04	 CI-116417 - DSD NOA AP04 IMPLEMENTED	Advance Payment Termination – Recipient Request	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You asked to have the payment cancelled. Your provider will need to turn in timesheets approved by you twice a month in order to get paid for the work they do for you. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. <p>(MPP 30-769.731)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment Termination – Recipient Request	NA 1254 (CHANGE CONTINUATION)	No
AP05	 CI-116418 - DSD NOA AP05 IMPLEMENTED	Advance Payment – Termination-Reconciling timesheets not submitted in 90 days	<p>As of MMDDYYYY your advance payment status will be cancelled. Here's why:</p> <ul style="list-style-type: none"> Timesheets totaling the amount of hours used to calculate your advance payment have not been received in the 90 days since the advance payment was issued to you. (MPP 30-767.133(b)) Now your provider will be paid in arrears. They must submit timesheets that have been approved by you, at the end of each pay period in order to get paid. If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Reconciling timesheets not submitted in 90 days	NA 1254 (CHANGE CONTINUATION)	Yes
AP06	 CI-116419 - DSD NOA AP06 IMPLEMENTED	Advance Payment – Termination- Did not pay provider timely	<p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You did not pay your provider on time. When you receive advance payment you must pay your provider(s) in a timely manner. (MPP 30-767.133 (c)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization severelyImpairedInd = Y Current IHSSAuthorization severelyImpairedInd = Y Previous IHSSAssessmentEvidence advancePayInd = Y Current IHSSAssessmentEvidence advancePayInd = N MMDDYYYY - IHSSAssessmentEvidence authStartDate ManualNOAMessageRequest noaCode = Advance Payment – Termination- Did not pay provider timely	NA 1254 (CHANGE CONTINUATION)	Yes

AP07	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116420 - DSD NOA AP07 IMPLEMENTED </div>	<p>Advance Payment – Termination- Incorrect use of payment</p> <p>As of MMDDYYYY you will no longer get an advance payment for the value of your IHSS services. Here's why:</p> <ul style="list-style-type: none"> You used your payment for something other than authorized services. When you receive advance payment, you cannot use your payment for anything other than authorized services. (MPP 30-767.133 (a)) If your advance payment was being deposited directly into your bank account, the direct deposit has been cancelled. 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous</p> <p>IHSSAuthorization severelyImpairedInd = Y</p> <p>Current</p> <p>IHSSAuthorization severelyImpairedInd = Y</p> <p>Previous</p> <p>IHSSAssessmentEvidence advancePayInd = Y</p> <p>Current</p> <p>IHSSAssessmentEvidence advancePayInd = N</p> <p>MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>ManualNOAMessageRequest noaCode = Advance Payment – Termination- Incorrect use of payment</p>	NA 1254 (CHANGE CONTINUATION)	Yes
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AR)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AR01	 CI-116421 - DSD NOA AR01 IMPLEMENTED	Auth to Purchase – Alternative Resource decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here's why:</p> <p>You told us that some or all of the following services are no longer being provided to you through an Alternative Resource (MPP 30-763.6):</p> <p>List all services that apply.</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence alternateResourcesMin < the previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	No
AR02	 CI-116422 - DSD NOA AR02 IMPLEMENTED	Alternative Resource – First Authorization that Recipient receiving services from Alternative Resource	<p>The hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that some or all of each of the following services are being provided to you by an alternative resource at no cost to you: List all services which apply: If you stop receiving these services through this alternative resource please contact your social worker. (MPP 30-763.6) 	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type = Initial Current ServiceTypeEvidence alternateResourcesMin > zero (0) If Assessment Type other than Initial: Previous ServiceTypeEvidence alternateResourcesMin = zero (0) Current ServiceTypeEvidence alternateResourcesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
AR03	 CI-116423 - DSD NOA AR03 IMPLEMENTED	Auth to Purchase – Alternative Resource increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> You told us that additional amounts of each of the following services are now being provided to you through an Alternative Resource: (MPP 30-763.6) List all services which apply: 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence alternateResourcesMin > then previous ServiceTypeEvidence alternateResourcesMin	NA 1254 (CHANGE CONTINUATION)	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (AS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
AS01	 CI-116424 - DSD NOA AS01 IMPLEMENTED	Request for additional assistance	You requested additional assistance. In an assessment done on MMDDYYYY, your social worker found that your current ## hours and ## minutes meet your needs with no substantial risk to your safety. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible ManualNOAMessageRequest noaCode = Request for additional assistance MMDDYYYY - IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made. OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (DN)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
DN01	 CI-116425 - DSD NOA DN01 IMPLEMENTED	Denial – SSI Board & Care Rate	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI / SSP). Individuals who get the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in Home of Relative receiving Board & Care Rate [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN02	 CI-116426 - DSD NOA DN02 IMPLEMENTED	Denial – Citizenship	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are an alien not lawfully admitted for permanent residence in the U.S. (MPP 30-770.4)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial MediCalEligInfo alienStatusCode = U [Application Date] – IHSS Application Date	NA 1252 (DENIAL) Subject to MEDS Interface changes	No
DN03	 CI-116427 - DSD NOA DN03 IMPLEMENTED	Denial – Non-California Residency	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not have State of California residency. (MPP 30-774.4)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus=Denial PersonSnapshot meetsResidencyReq Ind = Living in another state [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN04	 CI-116428 - DSD NOA DN04 IMPLEMENTED	Denial – Not in own home	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not live in your own home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Not living in own home CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN05	 CI-116429 - DSD NOA DN05 IMPLEMENTED	Denial – Whereabouts unknown	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You have not told the county where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, MPP 30-760.1)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial PersonSnapshot meetsResidencyReq Ind = Whereabouts unknown CaseStatus=Denial [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN06	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116430 - DSD NOA DN06 IMPLEMENTED</div>	Denial – Not Returning from Hospital	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from Hospital [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN07	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116431 - DSD NOA DN07 IMPLEMENTED</div>	Denial – Not Returning from ICF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from ICF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN08	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116432 - DSD NOA DN08 IMPLEMENTED</div>	Denial – Not Returning from SNF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from SNF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN09	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116433 - DSD NOA DN09 IMPLEMENTED</div>	Denial – Not Returning from CCF	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are in a community care facility and have no plan for returning home. (MPP 30-701(o), MPP 30-755.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Not returning home from CCF [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116434 - DSD NOA DN10 IMPLEMENTED</div>	Denial – Not 65, Blind or Disabled	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You are not 65 or older, blind, or disabled. (MPP 30-771.25)	IHSSAssessmentEvidence assessmentTypeCode = Initial ihssAidCode = Not Aged, Blind or Disabled [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116435 - DSD NOA DN11 IMPLEMENTED</div>	Refuse to Pay Share of Cost	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: Your application was assessed under the IHSS Residual program and you told us that you would not pay your IHSS Share of Cost. (MPP 30-755.233(d))	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization fundingAidCode = IHSS-R ManualNOACode = Refuse to Pay Share of Cost CaseStatus = Denied [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN12	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116436 - DSD NOA DN12 IMPLEMENTED</div>	Denial – No Assessed Need	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You do not need any services to safely stay in your home. (MPP 30-761)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied Functional Ranks other than blank All Service Types have ServiceTypeEvidenceAssessedNeedMin = zero (0)	NA 1252 (DENIAL)	No
DN13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116437 - DSD NOA DN13 IMPLEMENTED</div>	Denial – Share of Cost Exceeds Need – IHSS-R	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>Your application was assessed under the IHSS Residual program, and Your IHSS Share of Cost is more than the cost of your IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services. Your Share of Cost is #####.##. Your IHSS service cost is #####.## (W&IC 12304.5) See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization authcalculatedSOC > (CR102 IHSS SOC) IHSSAuthorization fundingAidCode = IHSSR 1st [Application Date] – IHSS Application Date 2nd #####.## - Current ShareofCostEvidence ihssShareOfCostAmt 3rd #####.## = IHSSAuthorization compareCost	NA 1252 (DENIAL)	No
DN14	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116438 - DSD NOA DN14 IMPLEMENTED</div>	Denial – Need met through Alternate Resources / Voluntary Services / Refused Services	<p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213)</p> <p>(System display list of services)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial Where all services types with ServiceTypeEvidence indAssessedNeedMin >0 (zero) Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero) [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN15	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116439 - DSD NOA DN15 IMPLEMENTED</div>	Denial – Death	To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the application for IHSS services dated [Application Date] has been denied.	IHSSAssessmentEvidence assessmentTypeCode = Initial RECIPIENT FULL NAME PersonName CaseStatus = Denied ManualNOACode = Denial Death MMDDYYYY = Person dateOfDeath [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN16	 CI-116440 - DSD NOA DN16 IMPLEMENTED	Denial – Did not provide adequate information	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You did not tell us enough information to determine if you can get services. (MPP 30-760.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Did not provide adequate information [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN17	 CI-116441 - DSD NOA DN17 IMPLEMENTED	Denial - Non-Compliance with Medi-Cal Eligibility	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: The IHSS program has been informed that you did not provide Medi-Cal with the required information to complete a Medi-Cal eligibility determination which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.	IHSSAssessmentEvidence assessmentTypeCode = Initial CaseStatus = Denied ManualNOACode = Did not Comply with Medi-Cal Eligibility If there is No Medi-Cal Eligibility record, bypass the Medi-Cal Eligibility error message and let the Denial process [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN18	 CI-116442 - DSD NOA DN18 IMPLEMENTED	Application Withdrawn – Recipient Request	On MMDDYYYY, you asked to withdraw your application dated [Application Date] for In-Home Supportive Services (IHSS). If you change your mind you can submit a new application. (MPP 30-009.213)	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Application Withdrawn CaseStatus reasonCode =Recipient Request MMDDYYYY =CaseStatus startDate [Application Date] – IHSS Application Date	NA 1257 (MULTIPURPOSE)	No
DN19	 CI-116443 - DSD NOA DN19 IMPLEMENTED	Denial– IHSS- R Excess Resource	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)	IHSSAssessmentEvidence assessmentTypeCode = Initial IHSSAuthorization fundingAidCode = IHSS-R ManualNOAMessageRequest ManualNOACode =Denial – IHSS-R Excess Resource [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No

DN20	 CI-117732 - DSD NOA DN20 IMPLEMENTED	Application Denied – Invalid SSN	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided was invalid.	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial ManualNOAMessageRequest noaCode = Suspect SSN [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN21	 CI-117733 - DSD NOA DN21 IMPLEMENTED	Application Denied – Duplicate SSN	The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why: The Social Security Number you provided has been determined to belong to someone else.	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial ManualNOAMessageRequest noaCode = Duplicate SSN [Application Date] – IHSS Application Date	NA 1252 (DENIAL)	No
DN22	 CI-118146 - DSD NOA DN22 IMPLEMENTED	Denial – Health Care Certification – Not Received	The County has denied your application dated [MM/DD/YYYY*] for In-Home Supportive Services (IHSS). Here's why: You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus = Pending Current CaseStatus = Denial AND the Health Care Certification Type is blank AND if indicated, the Health Care Certification Extension Due Date is before the current date ELSE, the Health Care Certification Due Date is before the current date *MM/DD/YYYY – IHSS Application Date	NA 1252 (DENIAL)	No
DN23	 CI-775235 - DSD NOA DN23 IMPLEMENTED	Denial – Health Care Certification – No Need	The County has denied your application dated [MM/DD/YYYY*] for In-Home Supportive Services (IHSS). Here's why: The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1) *MM/DD/YYYY will be populated with the IHSS Application Date	IHSSAssessmentEvidence assessmentTypeCode = Initial Previous CaseStatus is Pending Manual NOA "DN23 – Denial – Health Care Certification – No Need" is selected AND the Health Care Certification Type is "No Need"	NA 1252 (DENIAL)	No

DN24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-823836 - DSD NOA DN24 IMPLEMENTED </div>	<p>Denial – Enrolled in PACE Program</p> <p>The County has denied your application dated [Application Date] for In-Home Supportive Services (IHSS). Here's why:</p> <p>You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial</p> <p>CaseStatus=Denial</p> <p>ManualNOACode=DN24</p> <p>[Application Date] – IHSS Application Date</p>	NA 1252 (DENIAL)	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FF)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FF01	 CI-290355 - DSD NOA FF01 IMPLEMENTED	Free-Form Text NOA	<p>The NOA Text will be printed exactly as keyed by the user.</p> <p>There are no spell-check capabilities and the field is limited to 200 characters as indicated in the DSD</p>	Allowed on any Assessment Type on any Case Status	NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION) NA 1257 (MULTIPURPOSE) NA 1252 (DENIAL) NA 1255 (TERMINATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FR)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FR01		Removed with CR 919				
FR02		Removed With CR 919				

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (FS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
FS01	CI-116446 - DSD NOA FS01 IMPLEMENTED	Funding Source Approval	<p>As of MMDDYYYY, you are approved for In-Home Supportive Services through the following program: system select one of the following Funding Programs:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	IHSSAssessmentEvidence assessmentTypeCode = Initial MMDDYYYY = IHSSAssessmentEvidence authStartDate IHSSAuthorization fundingAidCode	NA 1250 (APPROVAL)	No
FS02	CI-116447 - DSD NOA FS02 IMPLEMENTED	Transfer to new Program	<p>As of MMDDYYYY, you will no longer get In-Home Supportive Services through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) <p>You will now get IHSS through the system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Mandated Change Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode Current IHSSAuthorization fundingAidCode MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS03	CI-116448 - DSD NOA FS03 IMPLEMENTED	Reason for Transfer from PCSP to IPO	<p>You will get services from the IPO Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> • Get advance payments • Get Restaurant meal allowance • Get services from your spouse • You are a child under the age of 18 and get services from your parent. <p>(MPP 30-785)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply)	NA 1254 (CHANGE CONTINUATION)	No
FS04	CI-116449 - DSD NOA FS04 IMPLEMENTED	Reason for Transfer from IPO to PCSP	<p>You will get services from the PCSP Program because you: system select all of the following that apply:</p> <ul style="list-style-type: none"> • No longer get advance payments • No longer get Restaurant meal allowance • No longer get services from your spouse • No longer are a child under the age of 18 and you getting services from your parent. <p>(MPP 30-780, MPP 30-785)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply) Current IHSSAuthorization fundingAidCode = PCSP	NA 1254 (CHANGE CONTINUATION)	No
FS05	CI-116450 - DSD NOA FS05 IMPLEMENTED	Reason for Transfer from PCSP/IPO to IHSS-R	<p>You will get services from the IHSS-R Program because you:</p> <ul style="list-style-type: none"> • No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.951) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 or PCSP Current IHSSAuthorization fundingAidCode = IHSS-R	NA 1254 (CHANGE CONTINUATION)	No

FS06	CI-116451 - DSD NOA FS06 IMPLEMENTED	Reason for Transfer from IHSS-R to PCSP	You will get services from the PCSP Program because you: <ul style="list-style-type: none"> Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.951) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous MediCalEligInfo ffpInd =N Current MediCalEligInfo ffpInd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = PCSP	NA 1254 (CHANGE CONTINUATION)	No
FS07	CI-116452 - DSD NOA FS07 IMPLEMENTED	Reason for Transfer from IHSS-R to IPO	You will get services from the IPO Program because you: Now receive Medi-Cal with federal financial Participation (FFP) and system select all of the following that apply: <ul style="list-style-type: none"> Get advance payments Get Restaurant meal allowance Get services from your spouse You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous MediCalEligInfo ffpInd =N Current MediCalEligInfo ffpInd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and /or IPO4 (List all that apply)	NA 1254 (CHANGE CONTINUATION)	No
FS08	CI-116453 - DSD NOA FS08 IMPLEMENTED	Service Hours increase due to funding source change	Your hours of service are increased. Here's why: <ul style="list-style-type: none"> You now receive your services from the PCSP program. If you go back to IPO or IHSS-R program your services may be decreased.(W&IC 14132.95(g)) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = IHSS-R, IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Previous IHSSAuthorization authToPurchaseMin = 195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1254 (CHANGE CONTINUATION)	No
FS09	CI-116454 - DSD NOA FS09 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R	Your hours of service are decreased. Here's why: <ul style="list-style-type: none"> You are no longer eligible for the PCSP program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2)) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS10	CI-116455 - DSD NOA FS10 IMPLEMENTED	Service Hours decrease due to funding source = IPO	Your hours of service are decreased. Here's why: <ul style="list-style-type: none"> You are no longer eligible for the PCSP program. The IPO program maximum hours for non-severely impaired is 195 hours a month. (W&IC 14132.952) 	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No

FS11	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-116456 - DSD NOA FS11 IMPLEMENTED</div>	Service Hours unchanged funding source = IPO to PCSP	As of MMDDYYYY, your eligibility will change from the IPO program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS12	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-116457 - DSD NOA FS12 IMPLEMENTED</div>	Service Hours unchanged funding source = IHSS-R to PCSP	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the PCSP program. The PCSP maximum hours allowed are 283. (W&IC 14132.95)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS13	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-463612 - DSD NOA FS13 IMPLEMENTED</div>	Reason for Transfer from PCSP to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = PCSP Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS14	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-463613 - DSD NOA FS14 IMPLEMENTED</div>	Reason for Transfer from IPO to CFCO	You will get services from the CFCO Program because your authorized services, due to an assessed change in your condition, meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 (List all that apply) Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS15	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-463614 - DSD NOA FS15 IMPLEMENTED</div>	Reason for Transfer from CFCO to IHSS-R	You will get services from the IHSS-R Program because you: No longer receive Medi-Cal with federal financial Participation (FFP) (W&IC 14132.956)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R	NA 1254 (CHANGE CONTINUATION)	No
FS16	<div style="border: 1px solid #ccc; padding: 2px;">⊕ CI-463615 - DSD NOA FS16 IMPLEMENTED</div>	Reason for Transfer from CFCO to IPO	You will get services from the IPO Program because you no longer meet the skilled nursing level of care requirements and: system select all of the following that apply: <ul style="list-style-type: none">• Get advance payments• Get Restaurant meal allowance• Get services from your spouse• You are a child under the age of 18 and get services from your parent. (MPP 30-785)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No

FS17	CI-463616 - DSD NOA FS17 IMPLEMENTED	Reason for Transfer from CFCO to PCSP	You will get services from the PCSP Program because your authorized services, due to an assessed change in your condition, no longer meet the requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible or Leave Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = PCSP Recipient Declines CFCO Indicator = False	NA 1254 (CHANGE CONTINUATION)	No
FS18	CI-463617 - DSD NOA FS18 IMPLEMENTED	Reason for Transfer from IHSS-R to CFCO	You will get services from the CFCO Program because you: <ul style="list-style-type: none">• Now receive Medi-Cal with Federal Financial Participation (FFP) (W&IC 14132.956) and your authorized services, due to an assessed change in your condition, meet requirements for the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible Previous MediCalEligInfo ffplInd =N Current MediCalEligInfo ffplInd =Y Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO	NA 1254 (CHANGE CONTINUATION)	No
FS19	CI-463618 - DSD NOA FS19 IMPLEMENTED	Service Hours decrease due to funding source = IHSS-R (NSI - CFCO to IHSS-R)	Your hours of service are decreased. Here's why: <ul style="list-style-type: none">• You are no longer eligible for the CFCO program. The IHSS-R program maximum hours for non-severely impaired is 195 hours a month. (MPP 30-765; W&IC 12303.4 (a)(1) & (2), 12303.4(b)(1) &(2))	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severelyImpairedInd = N Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization unmetNeedMin > Previous IHSSAuthorization unmetNeedMin Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin = 195	NA 1254 (CHANGE CONTINUATION)	No
FS20	CI-463619 - DSD NOA FS20 IMPLEMENTED	Service Hours unchanged funding source = IPO to CFCO (SI – IPO – CFCO)	As of MMDDYYYY, your eligibility will change from the IPO program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing, State Mandated Change Previous CaseStatus = Eligible or Leave IHSSAuthorization severelyImpairedInd = S Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3, IPO4 and or IPO5 Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No
FS21	CI-463620 - DSD NOA FS21 IMPLEMENTED	Service Hours unchanged funding source = IHSS-R to CFCO	As of MMDDYYYY, your eligibility will change from the IHSS-R program to the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update, State Hearing Previous CaseStatus = Eligible, Leave or Presumptive Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IHSS-R Current IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	No

FS22	CI-467950 - DSD NOA FS22 IMPLEMENTED	Service Hours increase due to funding source change = IPO to CFCO	Your hours of service are increased. Here's why: <ul style="list-style-type: none">• You now receive your services from the CFCO program, which allows you to receive 195 hours of Protective Supervision plus additional hours for your other IHSS services (W&IC 14132.956).	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Previous IHSSAuthorization fundingAidCode = IPO1, IPO2, IPO3 and or IPO4 Current IHSSAuthorization fundingAidCode = CFCO Impairment Level = NSI ServiceTypeEvidence serviceTypeCode = Protective Supervision Assessed Need > 0:00 Previous IHSSAuthorization authToPurchaseMin =195 Current IHSSAuthorization authToPurchaseMin > 195	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS23	CI-467951 - DSD NOA FS23 IMPLEMENTED	Service Hours decrease due to funding source change = CFCO to IPO	Your hours of service are being decreased. Here's why: <ul style="list-style-type: none">• You are no longer eligible for the CFCO program. The IHSS Plus Option (IPO) program maximum hours for non-severely impaired Recipients is 195 hours a month. (W&IC 12303.4, W&IC 14132.952).	Previous CaseStatus = Leave or Eligible Current CaseStatus = Eligible Impairment Level = NSI Previous IHSSAuthorization fundingAidCode = CFCO Current IHSSAuthorization fundingAidCode = IPO2, IPO3 and or IPO4 Previous IHSSAuthorization authToPurchaseMin > 195 Current IHSSAuthorization authToPurchaseMin < 195 Recipient Declines CFCO Indicator = False	NA 1253 (CHANGE) If necessary, spillover to NA 1254 (CHANGE CONTINUATION)	No
FS24	CI-822482 - DSD NOA FS24 IMPLEMENTED	Recipient Declines CFCO Selected on Program Evidence.	You declined to receive services from the CFCO program.	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Recipient Declines CFCO indicator = True	NA 1254 (CHANGE CONTINUATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (IN)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
IN01	 CI-823061 - DSD NOA IN01 IMPLEMENTED	Information Notice - Legal Services	<p>Free legal assistance for your IHSS case may be available from:</p> <p><variable: <Legal Service Name> <Legal Service Phone Number (1-XXX-XXX-XXXX)>></p> <p>Or</p> <p><variable: <Legal Service Name> <Legal Service Phone Number (1-XXX-XXX-XXXX)>></p>	IN01 is included when the system generates any of the NOA types listed in Form & Comments column in all 4 threshold languages and Large Font	NA 1250 – IHSS Approval NA 1251 – IHSS Approval Continuation NA 1252 – IHSS Denial NA 1253 – IHSS Change NA 1254 – IHSS Change Continuation NA 1255 – IHSS Termination NA 1257 – IHSS Multipurpose	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (HR)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
HR01	 CI-116458 - DSD NOA HR01 IMPLEMENTED	Auth to Purchase No Change	On MMDDYYYY a reassessment of your needs was done. There has been no change to your previous authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin = Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDatehomeVisitDate	NA 1254 (CHANGE CONTINUATION) *May need to inform the Recipient of the authorized services/hours again even if there is no change so as to document that a determination has been made.	No
HR02	 CI-116459 - DSD NOA HR02 IMPLEMENTED	Auth to Purchase No Change – Change to some Service Types	On MMDDYYYY a reassessment of your needs was done. There has been a change to authorized hours for some service types which is detailed in other messages. There has been no change to your previous total monthly authorization of hours. (MPP 30-761.2)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Current IHSSAuthorization authToPurchaseMin = Previous IHSSAuthorization authToPurchaseMin Current IHSSAuthorizedService authToPurchaseMin < (less than) Previous IHSSAuthorizedService authToPurchaseMin MMDDYYYY - IHSSAssessmentEvidence homeVisitDatehomeVisitDate	NA 1254 (CHANGE CONTINUATION)	Yes
HR03	 CI-116460 - DSD NOA HR03 IMPLEMENTED	Assessed Hours increase	As of [date], you will get more hours of IHSS. Here's why: On [date], a reassessment of your needs was done. The reassessment showed that your condition has changed and that you now need more help in these areas: (MPP Section 30-756, MPP Section 30-757, MPP Section 30-761, MPP Section 30-763): [services]	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin < Current ServiceTypeEvidence assessedNeedMin And/or the Previous Protective Supervision authToPurchaseMin < Current Protective Supervision authToPurchaseMin	NA 1254 (CHANGE CONTINUATION)	No

HR04	<p> CI-116461 - DSD NOA HR04 IMPLEMENTED</p>	Assessed Hours decrease	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <ul style="list-style-type: none"> The reassessment of your needs done on MMDDYYYY found that your condition has changed and/or that you now need less assistance in the these areas: (MPP 30-756, MPP 30-757, MPP 30-761, MPP 30-763) List all services which apply: 	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Leave, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all Service Types where Previous ServiceTypeEvidence for all services except Protective Supervision assessedNeedMin > Current ServiceTypeEvidence assessedNeedMin 1st Date = IHSSAssessmentEvidence authStartDate 2nd Date = IHSSAssessmentEvidence homeVisitDate</p>	NA 1254 (CHANGE CONTINUATION)	Yes No – Except when Assessment Type is State Hearing the 10-day notice will be bypassed
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LM)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
LM01	 CI-117173 - DSD NOA LM01 IMPLEMENTED	Legislative Mandate – Ongoing when authorization Start Date is before 7/1/2013	<p>As a result of a new state law your total monthly authorized hours of HHH:MM have been reduced by XX.X% to HHH:MM (W&IC XXXXX.XX)</p> <p>Your total authorized hours will be reduced by XX.X%. Here's why:</p> <p>A new state law, Section XXXXX.XX of the Welfare and Institution Code, requires the California Department of Social Services to reduce every IHSS Recipients total authorized hours by XX.X% effective MM/DD/YYYY. For those Recipients who have a documented unmet need, excluding protective supervision, the XX.X% reduction will be taken first from the documented unmet need.</p> <p>The new law allows you to choose how this reduction to your total authorized hours is applied toward each of your personal care services authorized on the front of the Notice of Action.</p> <p>Your hearing rights are included on the back of your notice of action. However there is no right to state appeal when the only issue is a state law requiring an adjustment in service hours.</p> <p>If you do not understand or have questions regarding this notice please contact your county IHSS office.</p>	IHSSAssessmentEvidence assessmentTypeCode = Any If LMA% is > 0% (greater than zero percent) Current CaseStatus = Eligible, Presumptive Eligible Authorization Start Date is equal to or greater than CURRENT_LMA Effective Date 1st HHH:MM = Total Auth to Purchase Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HHH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage for LMA Begin Date prior to 7/1/2013 XXXXX.XX Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY – LMA Begin Date prior to 7/1/2013	NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)	No
LM02	 CI-445363 - DSD NOA LM02 IMPLEMENTED	Modify Legislative Mandate Percentage	<p>This notice is about a new state law that affects your IHSS hours.</p> <p>Starting MM/DD/YYYY, a new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients total authorized hours by ZZ.Z percent. This means that the current temporary cut of XX.X percent will be increased by an additional YY.Y percent starting MM/DD/YYYY. The ZZ.Z percent cut will remain in effect for MM months. Starting MM/DD/YYYY, your new monthly IHSS hours will be HHH:MM.]</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the ZZ.Z percent cut in service hours will be dismissed.</p> <p>[If you do not understand this new cut or have questions about the new law please contact your county IHSS office.]</p>	IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed	NA 1254 (CHANGE CONTINUATION)	No

LM03	<p> CI-445364 - DSD NOA LM03 IMPLEMENTED</p>	<p>Legislative Mandate – Ongoing when authorization Start Date is on or after 7/1/2013</p> <p>As a result of a new state law your total monthly authorized hours of HH:MM have been cut by XX.X percent to HH:MM (WIC Section XXXXX.XX). Here is why: A new state law (Section XXXXX.XX of the Welfare and Institutions Code) says the California Department of Social Services must cut all IHSS Recipients' total authorized monthly hours by XX.X percent. [The XX.X percent cut will remain in effect for MM months.]</p> <p>You can choose which of your specific authorized IHSS services, shown on the front of your IHSS Notice of Action, will be cut. For example, if you lose three hours of service per month, you can choose to cut three hours from one type of service or choose to split up those hours among different services. You must tell your provider(s) of the cut in total hours and which specific service hours you choose to cut. You do not have to tell the county which hours you choose to cut. This is between you and your provider.</p> <p>The new law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the XX.X percent cut applies to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the new cuts to IHSS will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing. Your hearing rights are included with this message. However, requests for a state hearing only about the new state law requiring the XX.X percent cut in service hours will be dismissed. If you do not understand this new cut or have questions about the new law please contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Any except State Mandated change State when triggered by Modify LMA batch job is processed If LMA% is > 0% (greater than zero percent) Authorization Start Date is equal to or greater than LMA Begin Date 7/1/2013 Current CaseStatus = Eligible, Presumptive Eligible 1st HH:MM = Total Auth to Purchase Before LMA (Authorization Summary Screen: Total Auth to Purchase Before LMA) 2nd HH:MM = Auth to Purchase After LMA (Authorization Summary Screen: Total Auth to Purchase After LMA) XX.X% - LMA percentage XXXXXX.Welfare and Institution associated with LMA Begin Date prior to 7/1/2013 MM/DD/YYYY – LMA Begin Date prior to 7/1/2013 MM = Number of months [bracketed text] – The verbiage in the brackets will be dynamic and modified based upon whether the percentage is an increase or decrease.</p>	<p>NA 1250 (APPROVAL) If necessary, spillover to NA 1251 (APPROVAL CONTINUATION) NA 1254 (CHANGE CONTINUATION)</p>	No
LM04	<p> CI-465089 - DSD NOA LM04 IMPLEMENTED</p>	<p>Modify Legislative Mandate Percentage – 2014 LMA</p> <p>This notice is about a state law that affects your IHSS hours.</p> <p>On MM/DD/YYYY, a state law went into effect which said that your total authorized hours had to be cut by XX.X percent. Starting MM/DD/YYYY, 1 percent of your authorized hours will be restored, which means that from now on your authorized hours will only be cut by ZZ.Z percent. This is because a state law says the California Department of Social Services must reduce all IHSS Recipients total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Starting MM/DD/YYYY, your new monthly IHSS hours will be HH:MM.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to increase by 1 percent. For example, if you get two more hours of service per month, you can choose to add two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = State Mandated Change when Modify LMA batch job is processed WITH 7/1/2014 LMA begin date Where current LMA percentage is less than the previous LMA percentage 1st MM/DD/YYYY – Previous LMA Begin Date XX.X – Previous LMA Percentage 2nd MM/DD/YYYY – Current LMA Begin Date ZZ.Z - Current LMA Percentage 3rd MM/DD/YYYY – Current LMA Begin Date HH:MM – Current Auth to Purchase after Adjusted Hours 4th MM/DD/YYYY – Current LMA Begin Date</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No

LM05	<p> CI-465090 - DSD NOA LM05 IMPLEMENTED</p>	<p>On-going Legislative Mandate Percentage – 2014 LMA</p> <p>Your total authorized hours have been reduced by ZZ.Z percent. This is because a state law says that, starting MM/DD/YYYY, the California Department of Social Services must reduce all IHSS Recipients total authorized hours by ZZ.Z percent (Section 12301.02 of the Welfare and Institutions Code). The ZZ.Z percent cut will stay in effect until further notice. Your monthly IHSS hours will be HHH:HH.</p> <p>You can choose which of your specific authorized IHSS services shown on the front of your IHSS Notice of Action to decrease by ZZ.ZZ percent. For example, if you get two less hours of service per month, you can choose to cut two hours from one type of service or choose to split up the two hours among different services. You must tell your provider(s) about the change in your service hours. You do not have to tell the county which hours you choose to change. This is between you and your provider.</p> <p>The law also applies to all reassessments. Starting MM/DD/YYYY, when a reassessment changes a Recipient's authorized hours, the ZZ.Z percent reduction will be applied to the new total authorized monthly hours. If your condition gets worse or your circumstances change before your annual reassessment you may call the county to ask for a reassessment of your IHSS needs. The county will not ask you to provide a medical certification form or a doctor's note to show the change in your condition. A request for a reassessment only about the ZZ.Z percent reduction to your authorized hours will be denied by the county. If you are denied a reassessment for any other reason, you may request a state hearing.</p> <p>Your hearing rights are included with this message. However, if you ask for a state hearing only to dispute the state law requiring the ZZ.Z percent reduction in service hours, your hearing request will be dismissed.</p> <p>If you do not understand the information in this notice or have questions about the change in your hours contact your county IHSS office.</p>	<p>Any authorization with an Authorization Start Date on or after 7/1/2014 All ZZ.Z – Current LMA Percentage All MM/DD/YYYY – Current LMA Begin Date HHH:MM – Current Auth to Purchase after Adjusted Hours</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (LV)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
LV01	 CI-116462 - DSD NOA LV01 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily Hospitalized	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are hospitalized. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in Hospital MMDDYYYY = CaseStatus startDate	NA 1257 (MULTIPURPOSE)	No
LV02	 CI-116463 - DSD NOA LV02 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in SNF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a skilled nursing facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in SNF MMDDYYYY = CaseStatus startDate	NA 1257 (MULTIPURPOSE)	No
LV03	 CI-116464 - DSD NOA LV03 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in ICF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in an intermediate care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in ICF MMDDYYYY = CaseStatus startDate	NA 1257 (MULTIPURPOSE)	No
LV04	 CI-116465 - DSD NOA LV04 IMPLEMENTED	Not Currently Residing in Own Home – Temporarily in CCF	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a community care facility. (MPP 30-701(o)(2), MPP 30-755.1)</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home.</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave CaseStatus reasonCode = Temporarily in CCF MMDDYYYY = CaseStatus startDate	NA 1257 (MULTIPURPOSE)	No

LV05	CI-116466 - DSD NOA LV05 IMPLEMENTED	Resources Disposed of for Less Than Fair Market Value	<p>As of MMDDYYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You sold, donated, transferred or otherwise disposed of your property and/or other resources for less than it was worth (fair market value). You cannot get IHSS for the period MMDDYYYY through MMDDYYYY. (MPP 30-773)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Leave CaseStatus reasonCode = Undervalue disposal of resources 1st MMDDYYYY =CaseStatus startDate 2nd MMDDYYYY =CaseStatus startDate 3rd MMDDYYYY =CaseStatus XXXX – Resource Suspension End Date</pre>	NA 1257 (MULTIPURPOSE)	Yes
LV06	CI-116467 - DSD NOA LV06 IMPLEMENTED	Out of State for More Than 6 Months	<p>As of MMDDYYYY, your IHSS eligibility will be suspended and you can no longer get In-Home Supportive Services (IHSS) because you will have been out of state for longer than six months. You cannot get IHSS until you return to California and a reassessment of your needs has been completed. (MPP 30-770.45)</p>	<pre>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus Leave CaseStatus reasonCode = Temporarily out of State over 6 months 1st MMDDYYYY =CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	Yes
LV07	CI-822558 - DSD NOA LV07 IMPLEMENTED	Not Currently Residing in Own Home – Other Facility	<p>As of MM/DD/YYYY, you are temporarily ineligible to receive In-Home Supportive Services (IHSS). Here's why:</p> <p>You are staying in a facility type identified as Other Facility.</p> <p>You must be residing in your own home to be eligible for IHSS. You may be eligible to have services restored when you are once again residing in your own home. Please contact your social worker when you are getting ready to return home. (MPP 30-755.1).</p>	<pre>Previous CaseStatus= Eligible or Presumptive Eligible Current CaseStatus= Leave CaseStatus reasonCode = Other Facility MMDDYYYY = CaseStatus startDate</pre>	NA 1257 (MULTIPURPOSE)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (MS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
MS01	 CI-116468 - DSD NOA MS01 IMPLEMENTED	Mode of Service – County Contract	You will be receiving all or some of your IHSS services through the county contract service agency. You will be contacted by the service agency to schedule the days that services will be provided. (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization modeOfServiceCCInd = Yes	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
MS02	 CI-116469 - DSD NOA MS02 IMPLEMENTED	Mode of Service - County Home maker	All or some of your IHSS services will be provided by a county homemaker. You will be contacted by the county homemaker to schedule the days that services will be provided. (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible IHSSAuthorization modeOfServiceHMInd=Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
MS03	 CI-116470 - DSD NOA MS03 IMPLEMENTED	Mode of Service - Individual Provider	All or some of your IHSS services will be provided by a person selected by you. Please contact the county IHSS office when you select a provider(s). (MPP 30-767)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth , Inter-County Transfer Previous CaseStatus = Pending, Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible IHSSAuthorization modeOfServicePInd=Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (OT)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
OT01	 CI-116471 - DSD NOA OT01 IMPLEMENTED	Heavy Cleaning (1 month)	<p>Beginning MMDDYYYY you get ### hours and ## minutes of heavy cleaning services for one month because a recent assessment showed that your home needs thorough cleaning to remove excessive debris or dirt which is a hazard to your safety, or because you are at risk of eviction for failing to prepare your home for necessary pest control treatment. These hours are allowed for one month only. (MPP 30-757.12)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Heavy Cleaning IHSSAuthorization authToPurchaseMin for Heavy Cleaning > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Heavy Cleaning	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

OT02	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116472 - DSD NOA OT02 IMPLEMENTED </div>	<p>Yard Hazard Abatement (1 month)</p> <p>Beginning MMDDYYYY you get ### hours and ## minutes for yard hazard abatement for one month because these substances pose a fire/safety hazard.</p> <p>These hours are allowed for one month only. (MPP 30-757.161)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Yard Hazard Abatement IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ### hours, ##minutes = IHSSAuthorization authToPurchaseMin for Yard Hazard Abatement </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT03	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116473 - DSD NOA OT03 IMPLEMENTED </div>	<p>Ice and Snow Removal</p> <p>As of MMDDYYYY, you can get ### hours, ## minutes for removal of ice and snow from entrances and walkways around your home where they pose a hazard to your safety.</p> <p>Ice and snow removal are available only for a limited time and only during icy and snowy weather. (MPP 30-757.162)</p>	<pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Removal of Snow, Ice IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice > zero (0) MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Removal of Snow, Ice </pre>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
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OT04	<p> CI-116474 - DSD NOA OT04 IMPLEMENTED</p>	<p>Teaching & Demonstration (3 month)</p> <p>The following month, your hours will be decreased to ### hours and ## minutes.</p>	<p>As of MMDDYYYY you get ### hours and ## minutes of teaching and demonstration services for _ months.</p> <pre> IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Teaching and Demonstration IHSSAuthorization authToPurchaseMin for Teaching and Demonstration > zero (0) _months = ServiceTypeEvidence numberofMonths MMDDYYYY - IHSSAssessmentEvidence authStartDate ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for Teaching and Demonstration </pre>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PM)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PM01	 CI-116475 - DSD NOA PM01 IMPLEMENTED	Denial – Paramedical Services	You cannot get paramedical services. (MPP 30-757.19)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Denial – Paramedical Services	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PM02	 CI-116476 - DSD NOA PM02 IMPLEMENTED	Paramedical	We are unable to make a determination on your request for paramedical services at this time because we have not received enough information to complete the assessment of your need to paramedical services. (MPP 30-757.196 & .197)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is blank	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PM03	 CI-116477 - DSD NOA PM03 IMPLEMENTED	Paramedical – Additional Hours	We are unable to make a determination on your request for additional paramedical services at this time because we have not received enough information to complete the assessment of your need for paramedical services. (MPP 30-757.196 & .197)	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ParamedicalEvidence formSentDate is not blank ParamedicalEvidence formReceivedDate is not blank Previous ParamedicalEvidence pendingAdditionalInfoInd = N Current ParamedicalEvidence pendingAdditionalInfoInd = Y ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Paramedical Services	NA 1254 (CHANGE CONTINUATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PR)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PR01	 CI-116478 - DSD NOA PR01 IMPLEMENTED	Service Proration	<p>Because you share living arrangements with another person(s), your authorized hours for the following Services have been prorated by the amount shown in the Adjustment column on the front page of this NOA:</p> <p>System list prorated services:</p> <p>This means that these tasks are being performed for other persons in the household so the time it takes to perform these tasks has been divided among each person, and you receive only your share of this time. If your provider is performing a task for you alone, there has been no proration of time. (MPP 30-763)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ServiceTypeEvidence adjustmentsMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, Funding Source Update Assessments – NA 1254 (CHANGE CONTINUATION)	No
PR02	 CI-116479 - DSD NOA PR02 IMPLEMENTED	Mid-Month Begin date	<p>For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services begin date is after the 1st of the month.</p> <p>Beginning next month you will receive your full authorization of ### hours, ## minutes. The attached form shows the monthly number of hours you have been approved to receive for each service.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible, Presumptive Eligible or Leave IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = Case Decision decisionFromDate is other than the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate 1st ###hours, ##minutes = IHSSAuthorization authToPurchaseMin 2nd ###hours, ##minutes = IHSSAuthorization authToPurchaseMin for subsequent calendar month	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No

PR03	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-116480 - DSD NOA PR03 IMPLEMENTED </div>	Mid-Month End date	For the period MMDDYYYY through MMDDYYYY, your authorized service hours have been prorated. Your total authorized hours for this period are ### hours, ## minutes. Here's why: Your services end date is before the end of the month.	<pre> Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Leave or Termination IHSSAuthorization caseDecisionID = CaseDecision caseDecisionID 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is other than the last day of the CaseDecision decisionFromDate calendar month ###hours, ##minutes = IHSSAuthorization authToPurchaseMin </pre>	NA 1255 (TERMINATION) Or NA 1257 (MULTIPURPOSE)	No
PR04	<div style="border: 1px solid #ccc; padding: 5px;"> ⊕ CI-116481 - DSD NOA PR04 IMPLEMENTED </div>	Death	To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, the authorized service hours for RECIPIENT FULL NAME have been prorated for the period MMDDYYYY through MMDDYYYY. Proration means that the recipient's total monthly authorized hours were divided by total days in the month of MMYYYY and multiplied by the eligible days from MMDDYYYY to MMDDYYYY. The total authorized hours for this period are ### hours, ## minutes.	<pre> Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Recipient Death 1st MMDDYYYY = CaseDecision decisionFromDate is the 1st day of a month 2nd MMDDYYYY = CaseDecision decisionToDate is the date the eligibility ended. ###hours, ##minutes = IHSSAuthorization authToPurchaseMin </pre>	NA 1255 (TERMINATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (PS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
PS01	 CI-116482 - DSD NOA PS01 IMPLEMENTED	Denial - Protective Supervision – 24 Hours Not Required	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>An assessment of your needs done on MMDDYYYY, found that you do not need 24-hour supervision to ensure your safety. (MPP 30-757.17)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = Denial – Protective Supervision – 24 Hours Not Required	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS02	 CI-116483 - DSD NOA PS02 IMPLEMENTED	Denial - Protective Supervision – Other Reason	<p>You cannot get Protective Supervision Service. Here's why:</p> <p>Protective Supervision Service cannot be authorized for friendly visiting or other social activities. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized when the need is caused by a medical condition and the form of the supervision needed is medical. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized in anticipation of a medical emergency. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to prevent or control a Recipient's anti-social or aggressive behavior. MPP 30-757.172</p> <p>Protective Supervision Service cannot be authorized to guard against deliberate self-destructive behavior, such as suicide, or when an individual knowingly intends to harm himself/herself. MPP 30-757.172</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessage Request noaCode = Denial – Protective Supervision – Other Reason MMDDYYYY = IHSSAssessmentEvidence homeVisitDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS03	 CI-116484 - DSD NOA PS03 IMPLEMENTED	Protective Supervision	We are unable to make a determination on your request for protective supervision services at this time because we have not received enough information to complete the assessment of your need to protective supervision. (MPP 30-757.173)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ProtectiveSupervision formSentDate is not blank ProtectiveSupervision formReceivedDate is blank ProtectiveSupervision pendingAdditionalInfoInd = Y	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS04	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116485 - DSD NOA PS04 IMPLEMENTED </div>	Approva l – Protecti ve Supervi sion	<p>As of [date], you can get ### hours, ## minutes per week of protective supervision services. At your last assessment we found that you are mentally impaired or mentally ill and you cannot assess when something is dangerous and take action to avoid getting hurt. You need 24-hour supervision to help you avoid getting hurt. During times outside of IHSS authorized protective supervision, supervision must be provided through another agency or person to make sure you have supervision 24-hours a day. [MPP 30-757.171]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision</p> <p>1. a. i. hours, ## minute s = IHS SA uth oriz atio n aut hTo Pur chase Min</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No
PS05	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116486 - DSD NOA PS05 IMPLEMENTED </div>	Maximu m hours of Protecti ve Supervi sion	<p>The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the PCSP program and are determined to be non-severely impaired by the PCSP program rules. (MPP 30-765; MPP 30-780, W&IC 12303.4(a)(1) & (2), 12303.4(b)(1) &(2))</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = PCSP ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	No

PS06	 CI-463621 - DSD NOA PS06 IMPLEMENTED	Maximum hours of Protective Supervision	The maximum number of Protective Supervision hours you may receive per month is 195 because you receive your IHSS services through the CFCO program. (MPP 30-765; MPP 30-780)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible or Leave Current CaseStatus = Eligible IHSSAuthorization severelyImpairedInd = N IHSSAuthorization fundingAidCode = CFCO ServiceTypeEvidence ihssAssessmentEvidenceID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision IHSSAuthorization authToPurchaseMin >0	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessments – NA 1254 (CHANGE CONTINUATION)	No
PS07	 CI-786089 - DSD NOA PS07 IMPLEMENTED	Protective Supervision: Not Eligible - Changes to Home	You are not eligible for the services of Protective Supervision because you made changes to your home. These changes allow you to remain safely in your home when unsupervised. (MPP Section 30-757.17)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS07 – Not Eligible - Changes to Home	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS08	 CI-786090 - DSD NOA PS08 IMPLEMENTED	Protective Supervision: Not Eligible - No Self Harm	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill and who might hurt themselves. Your case information shows you are not physically able to hurt yourself. [MPP Section 30-757.17, Calderon v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS08 – Not Eligible - No Self Harm	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS09	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786091 - DSD NOA PS09 IMPLEMENTED </div>	Protective Supervision: Not Eligible - No Mental Impairment or Illness	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who are mentally impaired or mentally ill. Your case information shows that you do not have a mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS09 – Not Eligible – No Mental Impairment or Illness	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786092 - DSD NOA PS10 IMPLEMENTED </div>	Protective Supervision: Protective Supervision: Not Eligible - Recipient Self-Directed	You are not eligible for IHSS Protective Supervision because your case information shows you are self-directed. This means that you know when things are dangerous and may cause you to get hurt and you can stop yourself from doing harmful things. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS10 – Not Eligible – Recipient Self-Directed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-786093 - DSD NOA PS11 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Non-Impairment Related Behavior	You are not eligible for IHSS Protective Supervision because your case information shows that your actions that could cause you to get hurt are not related to your mental impairment or mental illness. [MPP Section 30-757.171]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS11 – Not Eligible – Non-Impairment Related Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS12	 CI-786094 - DSD NOA PS12 IMPLEMENTED	Protective Supervision: Not Eligible - Visiting or Social Activities	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for a friendly visit or social activity. Your case information shows that the supervision you asked for is only to have a friendly visit or social activity. [MPP Section 30-757.172(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS12 – Not Eligible – Visiting and Social Activities	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS13	 CI-786095 - DSD NOA PS13 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Condition	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for medical supervision. Your case information shows that the supervision you need is medical or for a medical condition. [MPP Section 30-757.172(b)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS13 – Not Eligible – Medical Condition	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS14	 CI-786096 - DSD NOA PS14 IMPLEMENTED	Protective Supervision: Not Eligible - Fall Risk Not Related	You are not eligible for IHSS Protective Supervision because the case information shows that, although you have fallen recently or have shown a tendency to fall, it is not due to your mental impairment or mental illness. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS14 – Not Eligible – Fall Risk Not Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment , Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS15	 CI-786097 - DSD NOA PS15 IMPLEMENTED	Protective Supervision: Not Eligible - Medical Emergency Monitoring	You are not eligible for IHSS Protective Supervision because your case information shows that you want Protective Supervision because of a possible medical emergency. Protective Supervision cannot be authorized to help monitor for medical emergencies that might happen. [MPP Section 30-757.172(c)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS15 – Not Eligible – Medical Emergency Monitoring	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS16	 CI-786098 - DSD NOA PS16 IMPLEMENTED	Protective Supervision: Not Eligible - Behavior Related	You are not eligible for IHSS Protective Supervision. Your case information shows you only need supervision to protect you from harm caused by your aggressive or antisocial behavior. Protective Supervision is not for people who need protection because of their own antisocial or aggressive behavior. [MPP Section 30-757.172(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS16 – Not Eligible – Behavior Related	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS17	 CI-786099 - DSD NOA PS17 IMPLEMENTED	Protective Supervision: Not Eligible - Self-Destructive Behavior	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for people who hurt themselves on purpose. Your case information shows that your actions that could hurt you are done on purpose to hurt yourself. [MPP Section 30-757.172(e)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS17 – Not Eligible – Self-Destructive Behavior	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS18	 CI-786100 - DSD NOA PS18 IMPLEMENTED	Protective Supervision: Not Eligible - Routine Childcare	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is not for routine childcare. Your case information shows that you asked for supervision similar to routine childcare. [MPP Section 30-763.456(d)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS18 – Not Eligible – Routine Childcare	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS19	 CI-786101 - DSD NOA PS19 IMPLEMENTED	Protective Supervision: Not Eligible - Supervision Not More Than Child of Same Age	You are not eligible for IHSS Protective Supervision. Your case information shows that you do not need more supervision than a child of your same age who does not have a mental impairment or mental illness. [Garrett v. Anderson]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS19 – Not Eligible – Supervision Not More Than Child of Same Age	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS20	 CI-786102 - DSD NOA PS20 IMPLEMENTED	Protective Supervision: Not Eligible - 24-Hour Supervision Not Needed	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day to stay at home safely. Your case information shows you are able to stay at home safely without 24-hour supervision. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS20 – Not Eligible – 24-Hour Supervision Not Needed	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No

PS21	<div style="border: 1px solid #ccc; padding: 5px;"> CI-786103 - DSD NOA PS21 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Infrequent Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision sometimes and for certain activities. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS21 – Not Eligible – Infrequent Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS22	<div style="border: 1px solid #ccc; padding: 5px;"> CI-786138 - DSD NOA PS22 IMPLEMENTED </div>	Protective Supervision: Not Eligible - Predictable Need	You are not eligible for IHSS Protective Supervision because IHSS Protective Supervision is for people who need supervision 24 hours a day. Your case information shows you only need supervision at regular and predictable times. [MPP Section 30-757.173(a)]	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated MMDDYYYY = IHSSAssessmentEvidence homeVisitDate ManualNOAMessage Request noaCode = PS22 – Not Eligible – Predictable Need	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR NA 1252 (DENIAL) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION) OR NA 1255 (TERMINATION)	No
PS23	<div style="border: 1px solid #ccc; padding: 5px;"> CI-823184 - DSD NOA PS23 IMPLEMENTED </div>	Approval – Protective Supervision - Calculation	The amount of hours/minutes per week of protective supervision services you will get is shown on the first page of this notice. This is the amount of service you need or the weekly program limit, whichever is less. The number of protective supervision hours you can get is calculated by subtracting your weekly hours for other IHSS services and subtracting your alternative resource hours from 168 hours, which is one week of the 24-hour supervision you need to help you avoid getting hurt. The weekly program limit on the number of hours you can get depends on if you are severely or non-severely impaired, and the funding program for your services. The county decides if you are severely impaired under regulations at MPP Section 30-701(s)(1)(A)-(D).	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate ServiceTypeEvidence ihssAssessmentEvidence ncelID = IHSSAuthorizedService ihssAuthorizationServiceID ServiceTypeEvidence serviceTypeCode = Protective Supervision hours, ##minutes = IHSSAuthorization authToPurchaseMin	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

PS24	<p> CI-823449 - DSD NOA PS24 IMPLEMENTED</p>	<p>Protective Supervision:</p> <p>Hour Reduction-Alternate Resources</p>	<p>As of [date] you will get fewer hours of IHSS. Here's why: You told us that you are getting some or all of your Protective Supervision (PS) from another resource, such as another agency or program, at no cost to you. This other resource is helping to meet your total need for 24-hour a day supervision. The alternative resource hours have been deducted from your total need for 24-hour supervision. If you stop receiving these services through this alternative resource, please contact your social worker as soon as possible. [MPP Section 30-763.6]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>Where the Current Protective Supervision authToPurchaseMin < the Previous Protective Supervision authToPurchaseMin</p> <p>And the Current Protective Supervision ServiceTypeEvidence alternateResourcesMin > then Previous Protective Supervision ServiceTypeEvidence alternateResourcesMin and Previous PS hours > 0</p>	<p>NA 1254 (CHANGE CONTINUATION)</p>	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RH)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RH01	 CI-123797 - DSD NOA RH01 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH02	 CI-123798 - DSD NOA RH02 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH03	 CI-123799 - DSD NOA RH03 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH04	 CI-123800 - DSD NOA RH04 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH05	 CI-123801 - DSD NOA RH05 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH06	 CI-123802 - DSD NOA RH06 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH07	 CI-123803 - DSD NOA RH07 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH08	 CI-123804 - DSD NOA RH08 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH09	 CI-123805 - DSD NOA RH09 CANCELLED	Cancelled with CIS Sprint 3 ASR.				
RH10	 CI-123806 - DSD NOA RH10 CANCELLED	Cancelled with CIS Sprint 3 ASR.				

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RM)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RM01	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116487 - DSD NOA RM01 IMPLEMENTED</div>	Restaurant Meals Allowance – Approval	<p>Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is approved.</p> <p>As of MMDDYYYY, you will receive a Restaurant Meal Allowance of \$62.00.</p> <p>If you change your mind, you can ask the county to change back to meal preparation, meal clean-up, and shopping for food services. (MPP 30-757.133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = N Current IHSSAssessmentEvidence mealsAllowanceInd = Y MMDDYYYY = IHSSAssessmentEvidence authStartDate	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM02	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> CI-116488 - DSD NOA RM02 IMPLEMENTED</div>	Restaurant Meals Allowance Termination – Recipient Request	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>You asked to have your Restaurant Meal Allowance stopped. You will now get any individual assessed need (hours and minutes) for meal prep, meal clean-up, shopping for food from your previous assessment. If you change your mind, you can ask to have your Restaurant Meal Allowance restored. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes

RM03	 CI-116489 - DSD NOA RM03 IMPLEMENTED	Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	<p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>An assessment showed that you do not have need for meal preparation. You must have a need for meal preparation to be eligible for a Restaurant Meal Allowance. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible Previous IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin > zero (0) Current IHSSServiceType Meal Preparation ServiceTypeEvidence assessedNeedMin = zero (0) Previous IHSSAssessmentEvidence mealsAllowanceInd = Y Current IHSSAssessmentEvidence mealsAllowanceInd = N MMDDYYYY = IHSSAssessmentEvidence authStartDate	NA 1254 (CHANGE CONTINUATION)	Yes
RM04	 CI-116490 - DSD NOA RM04 IMPLEMENTED	Restaurant Meals Allowance Increase Payment Amount	<p>As of MMDDYYYY, your Restaurant Meal Allowance will increase due to an increase to the State Maximum payment. (MPP 30-757.133)</p>	This message will only be generated when the Restaurant Meal Allowance Table Value change from 62.00 through a Change Request	NA 1257 (MULTIPURPOSE)	No 3/18/2011 DSD Review – This BR will be tested when a CR is submitted to change Restaurant Meals Allowance.
RM05	 CI-116491 - DSD NOA RM05 IMPLEMENTED	Restaurant Meals Allowance – Not qualified	<p>Your request for a Restaurant Meal Allowance in place of meal preparation, meal clean-up, and shopping for food services is denied.</p> <p>You are not eligible to receive a Restaurant Meal Allowance because you must have a need for meal preparation. (MPP 30-757.131 & .132 & .133)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Restaurant Meals Allowance – Not Qualified	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No
RM06	 CI-116492 - DSD NOA RM06 IMPLEMENTED	Deny – Restaurant Meal Allowance	<p>Your request for Restaurant Meal Allowance is denied. Here's why:</p> <p>You are not eligible to receive Restaurant Meal Allowance because you do not have adequate cooking facilities at home.</p> <p>Ask your social worker for a referral to Social Security for evaluation of your eligibility for a Restaurant Meal Allowance through Supplemental Security Payment. (MPP 30-757.133 (a)(3))</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = Deny - Restaurant Meals Allowance HouseholdEvidence stoveInd = No	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	No

RM07	<p> CI-116493 - DSD NOA RM07 IMPLEMENTED</p>	<p>Termination – Restaurant Meals Allowance – Receiving SSP payment</p> <p>As of MMDDYYYY, you will no longer receive a Restaurant Meal Allowance. Here's why:</p> <p>You are getting a meal allowance as part of your Supplemental Security Payment. (MPP 30-757.133 (a)(2)</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>Previous IHSSAssessmentEvidence mealsAllowanceInd = Y</p> <p>Current IHSSAssessmentEvidence mealsAllowanceInd = N</p> <p>ManualNOAMessageRequest noaCode = Termination – Restaurant Meals Allowance – Receiving SSP payment</p> <p>MMDDYYYY = IHSSAssessmentEvidence authStartDate</p>	<p>Initial Assessment – NA 1251 (APPROVAL CONTINUATION)</p> <p>OR</p> <p>Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)</p>	Yes
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (RS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
RS01	CI-116494 - DSD NOA RS01 IMPLEMENTED	Auth to Purchase – Refused Service increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here's why:</p> <p>You told us that you no longer refuse some or all of the following services: (MPP 30-009.213)</p> <p>List all services which apply:</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence refusedServicesMin < the previous ServiceTypeEvidence refusedServicesMin</p>	NA 1254 (CHANGE CONTINUATION)	No
RS02	CI-116495 - DSD NOA RS02 IMPLEMENTED	Refused Services – First Authorization that Recipient Refused Services	<p>The hours of IHSS you get are decreased. Here's why:</p> <p>You refused some or all of each of the following services: (MPP 30-009.213)</p> <p>List all services which apply:</p> <p>If you change your mind, contact your social worker.</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Pending, Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0)</p> <p>If Assessment Type other than Initial Previous ServiceTypeEvidence refusedServicesMin = zero (0)</p> <p>Current ServiceTypeEvidence refusedServicesMin > zero (0)</p>	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
RS03	CI-116496 - DSD NOA RS03 IMPLEMENTED	Auth to Purchase – Refused Service decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <p>You told us that you refuse additional amounts of each of the following services: (MPP 30-009.213)</p> <p>List all services which apply:</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer</p> <p>Previous CaseStatus = Eligible or Presumptive Eligible</p> <p>Current CaseStatus = Eligible or Presumptive Eligible</p> <p>MMDDYYYY - IHSSAssessmentEvidence authStartDate</p> <p>Where the Current ServiceTypeEvidence indAssessedNeedMin = Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence refusedServicesMin > the previous ServiceTypeEvidence refusedServicesMin</p>	NA 1254 (CHANGE CONTINUATION)	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SC)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SC01	 CI-116497 - DSD NOA SC01 IMPLEMENTED	IHSS SOC	<p>You get IHSS from the IHSS-Residual program. Your IHSS share of cost is displayed on a separate page of this notice.</p> <p>If you have an IHSS share of cost, that amount will be deducted each month from your provider's paycheck and you will be sent a letter telling you to pay that amount to your provider. If you are Medi-Cal eligible and have a Medi-Cal share of cost, you may provide proof of the amount you paid your provider to your Medi-Cal eligibility worker and that amount will be used toward meeting your Medi-Cal share of cost.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible Previous assessment no Share of Cost Evidence existed Current assessment ShareOfCostEvidence exists MediCalEligInfo ffpInd = N	NA 1256B (IHSS SHARE OF COST)	No
SC02	 CI-116498 - DSD NOA SC02 IMPLEMENTED	IHSS SOC – increase - more countable income	<p>As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because you have more countable income. See the attached "share-of-cost" page for how it was calculated.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes
SC03	 CI-116499 - DSD NOA SC03 IMPLEMENTED	IHSS SOC – increase - decrease SSI /SSP benefit levels	<p>As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It increased because a state law decreased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.</p>	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount > current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt < Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$ = Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	Yes

SC04	 CI-116500 - DSD NOA SC04 IMPLEMENTED	IHSS SOC – increase – COLA	<p>As of MMDDYYYY, your IHSS share of cost is \$__1st__. Your IHSS share of cost was \$__2nd__. It increased because a cost of living adjustment was made to the social security payments available to you which are \$__3rd__, \$3rd__, \$__3rd__. If the social security amount you receive is different than listed here, contact your IHSS worker within 10 calendar days. MPP 30-755.233</p>	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous Monthly Income Amount for Income Source = SOCIncomeSource = SOCIIS001 < Current Monthly Income Amount for Income Source = SOCIncomeSource = SOCIIS001 Previous ShareOfCostEvidence ihssShareoOfCostAmt < Current ShareOfCostEvidence ihssShareoOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareoOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareoOfCostAmt List current Monthly Income Amount(s) for all SOCIncomeSource = SOCIIS001 3rd \$ = SOCIncomeSource = SOCIIS001	NA 1256B (IHSS SHARE OF COST)	Yes
SC05	 CI-116501 - DSD NOA SC05 IMPLEMENTED	IHSS SOC – decrease -less countable income	<p>As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because you have less countable income. See the attached "share-of-cost" page for how it was calculated.</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence countableIncomeAmt > Current ShareOfCostEvidence countableIncomeAmt Previous ShareOfCostEvidence ihssShareoOfCostAmt > Current ShareOfCostEvidence ihssShareoOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareoOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareoOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No

SC06	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116502 - DSD NOA SC06 IMPLEMENTED </div>	IHSS SOC – decreases – increase SSI /SSP benefit levels	<p>As of MMDDYYYY, your IHSS share of cost is \$_____. Your IHSS share of cost was \$_____. It decreased because a state law increased the SSI/SSP benefit levels. See the attached "share-of-cost" page for how it was calculated.</p>	IHSSAssessmentEvidence assessmentTypeCode = Cost of Living Adjustment Previous CaseStatus = Eligible, Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = N Previous ShareOfCostEvidence benefitLevelCode amount < current ShareOfCostEvidence benefitLevelCode amount Previous ShareOfCostEvidence ihssShareOfCostAmt > Current ShareOfCostEvidence ihssShareOfCostAmt MMDDYYYY - IHSSAssessmentEvidence authStartDate 1st \$ = Current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$= Previous ShareOfCostEvidence ihssShareOfCostAmt	NA 1256B (IHSS SHARE OF COST)	No
SC07	<div style="border: 1px solid #ccc; padding: 5px;"> CI-116503 - DSD NOA SC07 IMPLEMENTED </div>	IHSS Service of Medi-Cal	<p>You get IHSS as a service of your Medi-Cal. See your Medi-Cal notice for information about your Medi-Cal eligibility and any Medi-Cal share-of-cost you may have to pay.</p> <p>If you have a share-of-cost, a letter will be sent to you each time one of your providers' timesheets is processed telling you how much you need to pay your provider.</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer, Cost of Living Adjustment, State Hearing Previous CaseStatus = Pending, Eligible, Presumptive Eligible, Leave Current CaseStatus = Eligible, Presumptive Eligible MediCalEligInfo ffpInd = Y	Initial Assessment - NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer, State Hearing Assessment – NA 1254 (CHANGE CONTINUATION)	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SD)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SD01	 CI-823197 - DSD NOA SD01 IMPLEMENTED	Sponsor Deeming – Sponsor's Income and Resources Used to Determine IHSS Eligibility	You are subject to sponsor deeming because three years have not passed since the date you became a lawful permanent resident. You do not meet the exception to sponsor deeming, as you did not become blind or disabled after you became a lawful permanent resident. Your sponsor's income and resources have been used to determine your IHSS eligibility. (WIC 12305.6(b)(2); 42 USC Section 1382j)	ManualNOAMessageRequest noaCode = Sponsor Deeming – Sponsor's Income and Resources Used to Determine IHSS Eligibility	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD02	 CI-823198 - DSD NOA SD02 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are no longer subject to sponsor deeming because three years have passed since the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42 USC Section 1382j]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – 3 Years or More Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No
SD03	 CI-823199 - DSD NOA SD03 IMPLEMENTED	Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	Even though you have a sponsor, you are not subject to sponsor deeming because it has been determined that you became blind or disabled after the date you became a lawful permanent resident in the U.S. Your sponsor's income and resources were not used to determine your IHSS eligibility. [WIC 12305.6(b)(2); 42 USC Section 1382j]	ManualNOAMessageRequest noaCode = Sponsor Deeming – No Longer Subject to Sponsor Deeming – Became Blind or Disabled After Becoming a Lawful Permanent Resident in the U.S.	NA 1251 – IHSS Approval Continuation NA 1254 – IHSS Change Continuation NA 1257 – IHSS Multipurpose	No

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SH)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SH01	 CI-116504 - DSD NOA SH01 IMPLEMENTED	State Hearing – Outcome Compliance	This NOA reflects the outcome of your state hearing dated.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing Outcome Compliance	NA 1254 (CHANGE CONTINUATION)	No
SH02	 CI-116505 - DSD NOA SH02 IMPLEMENTED	State Hearing – Conditional Withdrawal	This NOA reflects the results of the assessment done in agreement with the terms of your conditional withdrawal of your request for a State Hearing.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No
SH03	 CI-116506 - DSD NOA SH03 IMPLEMENTED	State Hearing – Payment	To comply with the recent State Hearing order, you will receive a one-time payment.	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = State Hearing – Conditional Withdrawal	NA 1254 (CHANGE CONTINUATION)	No
SH04	 CI-451618 - DSD NOA SH04 IMPLEMENTED	State Hearing - Aid Paid Pending Decrease	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS hours were scheduled to be decreased. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	IHSSAssessmentEvidence assessmentTypeCode = State Hearing Current CaseStatus = Eligible or Presumptive Eligible ManualNOAMessageRequest noaCode = SH04 - State Hearing - Aid Paid Pending Decrease	NA 1254 (CHANGE CONTINUATION)	No

SH05	<p> CI-451617 - DSD NOA SH05 IMPLEMENTED</p>	State Hearing – Filed before Termination effective	This Notice of Action is to tell you that your authorized hours for IHSS have been temporarily restored because you requested a State Hearing before the date your IHSS services were scheduled to end. After the hearing, a final decision about your IHSS hours will be made. (MPP 22-072.5)	Previous CaseStatus = Terminated Current CaseStatus - Eligible or Presumptive Eligible Rescind Reason = State Hearing Filed before Termination effective	NA 1257 (MULTIPURPOSE)	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (SP)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
SP01	 CI-116507 - DSD NOA SP01 IMPLEMENTED	No Hours Authorized	<p>You do not receive any authorized hours for the services listed below because your spouse is able and available to provide these services to you at no cost. (MPP 30-763.41)</p> <p>List all services which apply:</p> <ul style="list-style-type: none"> • Domestic Services • Meal Preparation • Meal Clean-up • Laundry • Shopping for food • Other shopping and errands • Heavy Cleaning • Yard Hazard Abatement • Teaching and Demonstration Services 	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible, Presumptive Eligible, Denied or Terminated HouseholdMemberEvidence parentSpouseCode = Spouse – able and available Where ServiceTypeEvidence indAssessedNeedMin = ServiceTypeEvidence alternateResourcesMin for IHSSServiceType: Domestic Services Meal Preparation Meal Clean-up Laundry Shopping for food Other shopping and errands Heavy Cleaning Year Hazard Abatement Teaching and Demonstration Services	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes — Change only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and available trigger the NOA, but the 10-Day Notice is not required
SP02	 CI-116508 - DSD NOA SP02 IMPLEMENTED	Limited Hours Authorized	You receive only a limited number of authorized hours for meal preparation because your spouse is able and available part of the time to provide these services to you at no cost (MPP 30-763.41)	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available Where Meal Preparation ServiceTypeEvidence netAdjNeedMin > 00:00.	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes – Change - only when previous Assessment HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available does not equal current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available When the Current HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available equals the Previous HouseholdMemberEvidence parentSpouseCode = Spouse – able and partially available trigger the NOA, but the 10-Day Notice is not required

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (TR)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
TR01	CI-116509 - DSD NOA TR01 IMPLEMENTED	Termination – No longer in own home	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot continue to get IHSS because you no longer reside in your own home. (MPP 30-701 (o)(2), MPP 30-755.1)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = No longer in own home. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR02	CI-116510 - DSD NOA TR02 IMPLEMENTED	Termination – Recipient Request	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You asked to stop all of your service hours. (MPP 30-009.213)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient Request. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR03	CI-116511 - DSD NOA TR03 IMPLEMENTED	Termination – Did not pay Share of Cost	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not pay your IHSS Share of Cost. The IHSS Share of Cost is the amount you must pay from your own pocket toward your IHSS services. (MPP 30-755.233(c))</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Recipient did not pay IHSS Share of Cost. IHSSAuthorization fundingAidCode =IHSS-R MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR04	CI-116512 - DSD NOA TR04 IMPLEMENTED	Termination – Out of State more than 60 days	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the State of California for more than 60 days in a row and it appears that you do not plan to come back. (MPP 30-770.44)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of State longer than 60 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR05	CI-116513 - DSD NOA TR05 IMPLEMENTED	Termination – Out of country	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You have been out of the country for a full calendar month or for 30 days in a row. (MPP 30-770.46)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Out of Country longer than 30 days MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR06	CI-116514 - DSD NOA TR06 IMPLEMENTED	Termination – Moved out of State	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You told us that you are going to reside outside the State of California. (MPP 30-770.4)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Moved out of State MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR07	CI-116515 - DSD NOA TR07 IMPLEMENTED	Termination – Failure to cooperate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not cooperate with the County in providing needed information to show that you need services to remain safely in your home. (MPP 30-760.1)</p>	Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus - Terminated CaseStatus reasonCode = Failure to provide needed information. MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes

TR08	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116516 - DSD NOA TR08 IMPLEMENTED</div>	Termination – IHSS-R SOC exceeds need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>Your application was assessed under the IHSS Residual program and your Share of Cost is more than the cost of your assessed IHSS services. The Share of Cost is the amount you must pay from your own pocket toward your services.</p> <p>Your Share of Cost is \$####.##. Your IHSS services cost is \$####.##. See the attached "share of cost" page for information on how your share of cost was calculated. (W&IC 12304.5)</p>	IHSSAssessmentEvidence assessmentTypeCode = Funding Source Update, Change, Reassessment, Telehealth, State Hearing or Inter-County Transfer IHSSAuthorization fundingAidCode = IHSSR IHSSAuthorization authcalculatedSOC < ShareOfCostEvidence ihssShareOfCostAmt 1st \$####.## = current ShareOfCostEvidence ihssShareOfCostAmt 2nd \$####.## = IHSSAuthorization compareCost	NA 1255 (TERMINATION)	Yes
TR09	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116517 - DSD NOA TR09 IMPLEMENTED</div>	Termination – No Assessed Need	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You do not need any services to safely stay in your own home. (MPP 30-761.25)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer Previous ServiceTypeEvidence assessedNeenMin > zero (0) Current ServiceTypeEvidence assessedNeenMin = zero (0) MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR10	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116518 - DSD NOA TR10 IMPLEMENTED</div>	Termination – Need met through Alternate Resources	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>All of your Individual Assessed Needs are being met through Alternative Resources, Voluntary Services or you have Refused Services. (MPP 30-763.6, MPP 30-009.213) (System display list of services)</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, or Inter-County Transfer Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated MMDDYYYY =CaseStatus startDate Where all services types with ServiceTypeEvidence indAssessedNeedMin >0 (zero) Also have ServiceTypeEvidence netAdjNeedMin = 0 (zero)	NA 1255 (TERMINATION)	Yes
TR11	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116519 - DSD NOA TR11 IMPLEMENTED</div>	Termination – Non-Compliance with Medi-Cal Eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information. Please contact your IHSS social worker once your Medi-Cal eligibility has been reinstated and your IHSS services may be restored.</p>	Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated MMDDYYYY =CaseStatus startDate CaseStatus reasonCode = Non-cooperation with Medi-Cal MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR12	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116520 - DSD NOA TR12 IMPLEMENTED</div>	Termination – Residence - Hospital	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a hospital and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home Hospital MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes
TR13	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-116521 - DSD NOA TR13 IMPLEMENTED</div>	Termination – Residence - Intermediate Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in an intermediate care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from ICF MMDDYYYY =CaseStatus startDate	NA 1255 (TERMINATION)	Yes

TR14	CI-116522 - DSD NOA TR14 IMPLEMENTED	Termination – Residence - Skilled Nursing Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a skilled nursing facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from SNF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR15	CI-116523 - DSD NOA TR15 IMPLEMENTED	Termination – Residence - Community Care Facility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are in a Community care facility and have no plan for returning home. (MPP 30-701(o)(2), MPP 30-755.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus - Terminated CaseStatus reasonCode = Not returning home from CCF MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR16	CI-116524 - DSD NOA TR16 IMPLEMENTED	Termination – Whereabouts unknown	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not tell us where you are currently living. (MPP 30-701(o)(2), MPP 30-755.21, 30-760.1)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated CaseStatus reasonCode = Whereabouts unknown MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR17	CI-116525 - DSD NOA TR17 IMPLEMENTED	Termination – Recipient Death	To the estate of RECIPIENT FULL NAME. The county regrets to inform you that due to the death of RECIPIENT FULL NAME on MMDDYYYY, IHSS services for RECIPIENT FULL NAME have been terminated.	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated CaseStatus reasonCode = Recipient Death MMDDYYYY = Person dateOfDeath</p>	NA 1255 (TERMINATION)	No
TR18	CI-116526 - DSD NOA TR18 IMPLEMENTED	Termination – Erroneous	<p>On MMDDYYYY, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop. That Notice was sent in error. As of MMDDYYYY, you can get IHSS through the following program:</p> <p>system select one of the following:</p> <ul style="list-style-type: none"> • IHSS Plus Option (IPO) Program (W&IC 14132.952) • Personal Care Services Program (PCSP) (MPP 30-780) • In-Home Supportive Services-Residual (IHSS-Residual) Program (MPP 30-755.1) • Community First Choice Option (CFCO) Program (W&IC 14132.956) 	<p>Previous CaseStatus = Terminated Current CaseStatus = Eligible or Presumptive Eligible CaseStatus reasonCode = Administrative Error 1st Date = CaseNoaSent sentDate 2nd Date = IHSSAssessmentEvidence authStartDate IHSSAuthorization fundingAidCode</p>	NA 1257 (MULTIPURPOSE)	No
TR19	CI-116527 - DSD NOA TR19 IMPLEMENTED	Termination – IHSS-R Excess Resource	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You cannot get IHSS because you have more personal/real property than allowed under SSI/SSP rules. (MPP 30-773)</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus – Terminated IHSSAuthorization fundingAidCode = IHSS-R ManualNOAMessageRequest ManualNOACode = Termination –IHSS-R Excess Resource</p>	NA 1255 (TERMINATION)	Yes
TR20	CI-117734 - DSD NOA TR20 IMPLEMENTED	Termination – Invalid SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided is not valid.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Suspect SSN MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR21	CI-117735 - DSD NOA TR21 IMPLEMENTED	Terminations – Duplicate SSN	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The Social Security Number you provided has been determined to belong to someone else.</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave Current CaseStatus = Terminated CaseStatus reasonCode = Duplicate SSN MMDDYYYY = CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes

TR22	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-118147 - DSD NOA TR22 IMPLEMENTED</div>	Termination – Health Care Certification – Not Received	<p>As of [MM/DD/YYYY*], the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You did not provide the county with a health care certification as required to authorize services. (WIC 12309.1)</p> <p>*MM/DD/YYYY – Terminate Case Authorization End Date</p>	<p>Previous CaseStatus is Eligible, Presumptive Eligible or Leave Current CaseStatus is Terminated AND the Health Care Certification Type is blank AND the Health Care Certification Due Date is before the current date OR, if indicated, the Health Care Certification Extension Due Date is before the current date</p>	NA 1255 (TERMINATION)	Yes
TR23	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-718152 - DSD NOA TR23 IMPLEMENTED</div>	Termination – Non-compliance UHV	<p>You have failed to comply with IHSS program requirements regarding unannounced home visits in accordance with the California Welfare and Institutions Code (WIC) Section 12305.71(c)(3).</p> <p>You were unavailable and/or denied entry to the county worker when the County attempted three home visits within the past sixty (60) days, on MMDDYYYY at HH:MM, on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM.</p> <p>Additionally, a county worker called your home on MMDDYYYY at HH:MM, and on MMDDYYYY at HH:MM, and sent you a letter on MMDDYYYY.</p> <p>In spite of these efforts, we have been unable to complete an unannounced home visit, and your eligibility for the In-Home Supportive Services Program will stop as of MMDDYYYY in accordance with WIC Section 12305.82(f).</p>	<p>Previous CaseStatus = Eligible, Presumptive Eligible or Leave</p> <p>Current CaseStatus = Terminated</p> <p>CaseStatus reasonCode = 'Non-Compliance - UHV'</p> <p>UHV Status = 'Final UHV Attempt Unsuccessful'</p>	NA 1255 (TERMINATION)	Yes
TR24	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-775236 - DSD NOA TR24 IMPLEMENTED</div>	Termination – Health Care Certification – No Need	<p>As of MM/DD/YYYY*, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>The county received a health care certification that states you do not need any services to stay safely in your own home. (WIC 12309.1)</p> <p>*MM/DD/YYYY will be populated with the Terminate Case End Date</p>	<p>AND the Health Care Certification Type is "No Need"</p>	NA 1255 (TERMINATION)	Yes
TR25	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822524 - DSD NOA TR25 IMPLEMENTED</div>	Termination – No Medi-Cal eligibility	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You did not provide Medi-Cal with the required information to continue your Medi-Cal eligibility which is a requirement for IHSS eligibility. See your Medi-Cal notice for further information.</p> <p>You may be obligated to pay your IHSS provider's wages if your Medi-Cal eligibility is not restored.</p>	<p>SAWS job S3 terminates an IHSS Case</p>	NA 1255 (TERMINATION)	Yes
TR26	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822593 - DSD NOA TR26 IMPLEMENTED</div>	Termination – Rescission – Medi-Cal Non-Compliance Resolved	<p>On XX/XX/XXXX, we sent you a notice of action telling you that the IHSS Services you had been receiving would stop as a result of information received from Medi-Cal. We have received information that your Medi-Cal eligibility has been restored. Therefore, as of XX/XX/XXXX, you can get IHSS through the following program:</p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Rescission Reason = Medi-Cal Non-Compliance Resolved.</p>	NA 1257 (MULTIPURPOSE)	No
TR27	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-822686 - DSD NOA TR27 IMPLEMENTED</div>	Termination – Manual Rescission – Medi-Cal Restored	<p>On XX/XX/XXXX, we sent you a Notice of Action telling you that the IHSS services you had been getting would stop when your Medi-Cal eligibility was stopped. We have received information from Medi-Cal that you are again eligible to receive services. As of XX/XX/XXXX, you can get IHSS through the following program: <program and code></p>	<p>Previous CaseStatus = Terminated</p> <p>Previous CaseStatus ReasonCode = TR25 - Non-Compliance with Medi-Cal Eligibility</p> <p>Manual Rescind Code = Medi-Cal Restored</p>	NA 1257 (MULTIPURPOSE)	Yes
TR28	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-823843 - DSD NOA TR28 IMPLEMENTED</div>	Termination – Enrolled in PACE program	<p>As of <MMDDYYYY - Start Date of Terminated Case Status>, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why:</p> <p>You are not eligible for IHSS because you are enrolled and receiving services in a Program of All-Inclusive Care for the Elderly (PACE) plan. You cannot be enrolled in both IHSS and a PACE plan at the same time. You do not need any IHSS to safely stay in your home. (MPP 30-761).</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR28</p> <p>MMDDYYYY =CaseStatus startDate</p>	NA 1255 (TERMINATION)	Yes
TR29	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">⊕ CI-824401 - DSD NOA TR29 IMPLEMENTED</div>	Termination – SSI Board & Care Rate	<p>As of MMDDYYYY, the In-Home Supportive Services (IHSS) you have been getting will stop. Here's why: You receive the Nonmedical Out-of-Home Care (NMOHC) rate for your Supplemental Security Income / State Supplementary Payment (SSI/SSP). Individuals receiving the NMOHC payment rate for SSI / SSP are considered not living in their own home and are not eligible for IHSS. [MPP 30-701(o)(2), MPP 30-755.1, MPP 46-140.11(b)]</p>	<p>IHSSAssessmentEvidence assessmentTypeCode = Eligible or Presumptive Eligible</p> <p>CaseStatus=Terminated</p> <p>CaseStatus reasonCode = TR29</p> <p>MMDDYYYY =CaseStatus startDate</p>	<p>NA 1255 (TERMINATION)</p> <p>OR</p> <p>NA 1255L (TERMINATION Large Font)</p>	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (UN)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
UN01	 CI-116528 - DSD NOA UN01 IMPLEMENTED	Unmet Need – PCSP (NSI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN02	 CI-116529 - DSD NOA UN02 IMPLEMENTED	Unmet Need – PCSP (SI)	<p>You are receiving your IHSS services through the PCSP program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = PCSP IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN03	 CI-116530 - DSD NOA UN03 IMPLEMENTED	Unmet Need – IPO (NSI)	<p>You are receiving your IHSS services through the IPO program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ## hours and ## minutes of unmet need.</p>	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN04	 CI-116531 - DSD NOA UN04 IMPLEMENTED	Unmet Need – IPO (SI)	You are receiving your IHSS services through the IPO program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IPO IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN05	 CI-116532 - DSD NOA UN05 IMPLEMENTED	Unmet Need – IHSS-R (NSI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as non-severely impaired. The maximum number of hours you may get is 195 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN06	 CI-116533 - DSD NOA UN06 IMPLEMENTED	Unmet Need – IHSS-R (SI)	You are receiving your IHSS services through the IHSS-R program and under that program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ## hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible or Presumptive Eligible IHSSAuthorization fundingAidCode = IHSS-R IHSSAuthorization severelyImpairedInd = Yes ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No
UN07	 CI-463622 - DSD NOA UN07 IMPLEMENTED	Unmet Need CFCO (NSI)	You are receiving your IHSS services through the CFCO program and under the program rules are determined as non-severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4) You have a total of ### hours and ## minutes of unmet need.	Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedInd = No ##hours and ## minutes = IHSSAuthorization unmetNeedMin	NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)	No

UN08	<p> CI-463623 - DSD NOA UN08 IMPLEMENTED</p>	Unmet Need CFCO (SI)	<p>You are receiving your IHSS services through the CFCO program and under the program rules are determined as severely impaired. The maximum number of hours you may get is 283 per month. Therefore, you have an unmet need of service. (W&IC 12303.4)</p> <p>You have a total of ### hours and ## minutes of unmet need.</p>	<p>Previous CaseStatus = Pending, Eligible, Presumptive Eligible, or Leave Current CaseStatus = Eligible IHSSAuthorization fundingAidCode = CFCO IHSSAuthorization severelyImpairedInd = Yes</p> <p>##hours and ## minutes = IHSSAuthorization unmetNeedMin</p>	<p>NA 1251 (APPROVAL CONTINUATION) OR NA 1254 (CHANGE CONTINUATION)</p>	No
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DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Rules/Notice of Action (NOA) Business Rules (VS)

NOA Code	CI	Title	Message Text	Trigger	Form & Comments	10-Day Notice
VS01	 CI-116534 - DSD NOA VS01 IMPLEMENTED	Auth to Purchase – Voluntary Service increased hours	<p>As of MMDDYYYY, the hours of IHSS you get are increased. Here's why:</p> <p>You told us that some or all of the following services are no longer being provided to you voluntarily: (MPP 30-763.6)</p> <p>List all services which apply:</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Telehealth, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate List all Services where Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin and the current ServiceTypeEvidence voluntaryServicesMin < the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	No
VS02	 CI-116535 - DSD NOA VS02 IMPLEMENTED	Voluntary Services – First Authorization that Recipient receiving Voluntary Services	<p>The hours of IHSS you get are decreased. Here's why:</p> <p>You told us some or all of each of the following services are being provided to you voluntarily and the individual providing them does not wish to be paid: List all services which apply:</p> <p>If the individual decides they would like to be paid for providing services, contact your social worker. (MPP 30-763.6)</p>	IHSSAssessmentEvidence assessmentTypeCode = Initial, Change, Reassessment, Inter-County Transfer Previous CaseStatus = Pending, Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible List all service where If Assessment Type Initial: And Current ServiceTypeEvidence refusedServicesMin > zero (0) If Assessment Type other than InitialPrevious ServiceTypeEvidence voluntaryServicesMin = zero (0) Current ServiceTypeEvidence voluntaryServicesMin > zero (0)	Initial Assessment – NA 1251 (APPROVAL CONTINUATION) OR Change, Reassessment, Telehealth, Inter-County Transfer Assessments – NA 1254 (CHANGE CONTINUATION)	Yes
VS03	 CI-116536 - DSD NOA VS03 IMPLEMENTED	Auth to Purchase – Voluntary Service decreased hours	<p>As of MMDDYYYY, the hours of IHSS you get are decreased. Here's why:</p> <p>You told us that additional amounts of each of the following services are now being provided to you voluntarily: (MPP 30-763.6)</p> <p>List all services which apply:</p>	IHSSAssessmentEvidence assessmentTypeCode = Change, Reassessment, Inter-County Transfer Previous CaseStatus = Eligible or Presumptive Eligible Current CaseStatus = Eligible or Presumptive Eligible MMDDYYYY - IHSSAssessmentEvidence authStartDate Where the Current ServiceTypeEvidence indAssessedNeedMin = the Previous ServiceTypeEvidence indAssessedNeedMin And the current ServiceTypeEvidence voluntaryServicesMin > the previous ServiceTypeEvidence voluntaryServicesMin	NA 1254 (CHANGE CONTINUATION)	Yes

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Tasks/Notifications

See DSD Section 30 for Tasks and Notifications.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Internal Interfaces/Update Recipient Authorization Hours in Payroll (PROO927A)

CI	Document Name
CI-69655 - DSD INTF Update Recipient Authorization Hours in Payroll PROO927A IMPLEMENTED	DSD_INTF_Update_Recipient_Authorization_Hours_in_Payroll_ProO927A.doc

The Case Management system sends new Authorization details to Payroll when there is a change in Authorization records due to re-assessment, change in assessment or change in case status.

Data Elements of Interface

Layout Name/Transaction: Update Auth Hours

This is the data layout for the Update Auth Hours interface transaction from the Case Management system to the Payroll system to update authorization records in the Payroll system.

Data Elements

Schema Element Name	Schema Element Type	Schema Element Length	CM Table	CM Table Column	Comments
caseNumber	String	7	CaseHeader	caseReference	Required. CM Case Number. This is a unique identifier for both systems. Create: This must be provided by CM. Update: This must be provided by CM. Sample: "1234567"
countyCode	String	2	IHSSCase	countyCode	Rule Driven. Recipient's County where the case is being served. Create: This must be provided by CM. Update: Provided by CM if there is a change to the value. Sample:= "01"
employeeID	String	10	CaseParticipantRole	employeeID	Employee Identification number from Payroll system.
employeeStatus	String	1	CaseHeader	statusCode	Status of the case: Active Leave Terminated
advancePayIndicator	String	1	IHSSAssessmentEvidence	advancePayInd	Indicates whether or not an Advance Pay Indicator. Sample : Y/N
grade	String	2	CountyPayLevel	grade	Two-digit Grade code
step	String	2	CountyPayLevel	Step	Two-digit Step code
restaurantMealsAllowIndicator	String	1	IHSSAssessmentEvidence	mealsAllowanceInd	Rule Driven. Restaurant Meal indicators. Y if eligible for Restaurant Meals Allowance Create: This must be provided by CM. Update: Provided by CM if there is a change to the either of the values. Sample: "Y"
impairmentLevelIndicator	String	1	IHSAuthorization	severelyImpairedInd	Rule Driven. S- Severely Impaired N- Non Severely Impaired Create: This must be provided by CM. Update: Provided by CM if there is a change to the value. Sample: "S"
Authorization – Following fields belong to Authorization					
authorizedHours	String	6	IHSAuthorization	authToPurchaseMin	Auth to Purchase After Reduced hours for the segment in HHH:MM

fundingProgramName	String	20	IHSSAuthorization	fundingAidCode	<p>Rule Driven. Qualifying Program name, concatenated if more than one program. The expected values are: IPW1, IPW2, IPW3, IPW4, IPW5, IPW6, IPO1, IPO2, IPO3, IPO4, IPO5, PCSP, IHSSR, WPCS, CFCO Note: IPW1-6 indicates the Sub Categories for IPW only. IPO1-5 indicates Sub Categories for IPO only. Create: This must be provided by CM. Update: Provided by CM if there is a change to which program a Recipient Qualifies for. Sample: "IPW1 WPCS"</p>
startDate	String	8	CaseDecision	decisionFromDate	Authorization Segment start date
endDate	String	8	CaseDecision	decisionToDate	Authorization Segment end date
Designee Address – Following fields belong to Address elements.					
designeeFullName	String	55	ConcernroleContact	name	Full Name of the Mail Designee. Send Designee address only for initial assessment.
streetAddress1	String	75	Address	addressData	<p>Rule Driven. Recipient's Mailing street address line 1. As an employer, this does not need information regarding an Advance Pay Recipients fiduciary guardian – that is covered in the setup of the Recipient as a provider to himself. Create: This must be provided by CM. Update: Provided by CM if there is a change to mailing street name. Sample: "123 Main St"</p>
streetAddress2	String	75	Address	addressData	<p>Rule Driven. Recipient's Mailing street address line 1. As an employer, this does not need information regarding an Advance Pay Recipients fiduciary guardian – that is covered in the setup of the Recipient as a provider to himself. Create: This must be provided by CM. Update: Provided by CM if there is a change to mailing street name. Sample: "123 Main St"</p>
city	String	28	Address	addressData	<p>Rule Driven. Recipient's mailing city. Create: This must be provided by CM. Update: This must be provided by CM if there is a change to the mailing city name. Sample: = "Sacramento"</p>
state	String	2	Address	addressData	<p>Rule Driven. Recipient's mailing state. Create: This must be provided by CM. Update: Provided by CM if there is a change to the mailing state. Sample: "CA"</p>
zip	String	10	Address	addressData	<p>Rule Driven. Recipient's mailing ZIP code. Create: This must be provided by CM. Update: Provided by CM if there is a change to the ZIP code. Sample: "95820-0000"</p>
beginDate	String	8	CaseDecision	decisionFromDate	Current date
endDate	String	8	CaseDecision	decisionToDate	System high end date

Update Recipient Triggering Events

Screen Name	Trigger Point	Payroll Web Service	Comments
Evidence Workspace	Activate Evidence	UpdateRecipientAuthHours	After case eligibility is determined and other related process are completed.
Modify Modes of Service	ModifyModeOfService	UpdateRecipientAuthHours	After Modes Of Service record is successfully updated in the database.

Matching Criteria

CM Element Name	Payroll Element Name	Comments
CaseParticipantRole.employeeID	EMPL.EMPLOYEE_ID	
CaseHeader.caseReference	TAXING_ENTITY.TAXING_ENTITY_CD	

Errors

Condition	Error Message
When Matching Criteria is not met	Display message to user "The Person Information could not be updated in Payroll. Please contact helpdesk."

Edits and Audits

All the Edits are applied as per the screen validations.

When the transaction is send to Payroll, person data is logged in the CM log file.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces

The following Interfaces will apply to Final Determination – Assign Modes of Service. For this specific interfaces, see Batch Processes section.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/MEDS Daily Send Interface – CMDS103C

CI	Document Name
CI-117889 - DSD EINTF MEDS Daily Send Interface CMDS103C IMPLEMENTED	DSD_EINTF_MEDS_Daily_Send_Interface_CMDS103C.doc

Internal Layout/System Mapping

Outbound – IH18 Transaction:

CI	Document Name
CI-116383 - DSD EINTF Outbound IH18 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH18_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds1xxc	N/A	TRANSACTION-CODE	STRING(4)	Value is: IH18	O
	N/A	SOURCE-SYSTEM-ID	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.	O
	N/A	FORMAT-INDICATOR	STRING(1)	* Indicates Production File; @ Indicates Test File	O
	N/A	FILLER	N/A	N/A	N/A
	N/A	CREATION-DATE	DATE (CCYYMMDD-8)	This date (CCYYMMDD) is used by MEDS for sequencing transactions	O
	N/A	CREATION-TIME	DATE (HHMMSS TT-8)	This NUMERIC field is used for sequencing transactions and may be a time stamp in the format HHMMSSTT, a sequence number, or any other NUMERIC value that is unique for the creation date, to enable transactions that are created on the same date to be processed in a particular order.	O
	N/A	BATCH-NUMBER	NUMERIC (3)	This element identifies a record as being from the NNNth (i.e., 001-999) batch update file submitted by a county for the year. All records on a given update file must have the same sequence number. The county increments this number by one each time an update file is created. A gap in numbering alerts the MEDS Control Unit that a file is missing.	O
	N/A	FILLER	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	MEDS ID	STRING(9)	May be blank if client has no SSN	O
	N/A	N/A	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	CIN	STRING(9)		R
	MEDICALELIGINFO /CINCHECKDIGIT	CIN-CHECK-DIGIT	STRING(1)	Required when CIN is present.	O
	N/A	COUNTY ID	STRING (14)		

	IHSSCASE/COUNTYCODE	COUNTY	NUMERIC (2)	Values are: 01-58	R
	N/A	N/A	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	SERIAL	STRING (10)	Value = "9" + CIN	R
	PERSON/DATEOFBIRTH	BIRTHDA TE	DATE (CCYYMM DD-8)		R
	N/A	N/A	N/A	N/A	N/A
	N/A	FILLER	N/A	N/A	N/A
	N/A	Variable- Data- Length	NUMERIC (5)	This field specifies the length of the variable portion: i.e., the total number of characters following this field.	O
	N/A	Variable Portion of Transaction		(Minimum 6 characters; Maximum 1160 characters) Maximum Total Record Length 1284 (1280 + 4 characters for RDW) See Below:	O
	IHSSCASE /APPLICATIONDATE	APPLICAT ION-DATE	DATE (CCYYMM DD-8)		R
	N/A	APPLICAT ION-FLAG	STRING(1)	CMIPS Allowed Values are: A = Pending IHSS Application	R
	ALTERNATENAME /FIRSTFORENAME	RECIPIEN T-NAME: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	R
	ALTERNATENAME /OTHERFORENAME	RECIPIEN T-NAME: INITIAL	STRING(1)	Space must be sent if there is no middle initial.	O
	ALTERNATENAME /SURNAME	RECIPIEN T-NAME: LAST NAME	STRING (20)		R
	PERSON/GENDER	SEX	STRING(1)	Values are: F = Female M = Male	R
	CASESTATUS /STATUSCODE	APPLICAT ION- STATUS	STRING(1)	CMIPS Allowed Values are: A = Incomplete B = No Signature C = Failure to provide information D = Pending Disability Determination E = Misrouted – returned to referring entity F = Fair Hearing G = Diligent Search P = Pending Consent Q = Withheld consent R = Referred to another entity S = Received from another entity	O
	CASESTATUS /STARTDATE	APPLICAT ION- STATUS- DATE	DATE (CCYYMM DD-8)		O
	N/A	AUTHORI ZED- REP: ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ALTERNATENAME /NAMESUFFIX	AUTHORI ZED- REP: APPELLA TION	STRING(3)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: C/O- LINE	STRING (38)		O

	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: CITY	STRING (20)		O
	ALTERNATENAME /FIRSTFORNAME	AUTHORI ZED- REP: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	ALTERNATENAME /OTHERFORENAME	AUTHORI ZED- REP: INITIAL	STRING(1)		O
	ALTERNATENAME /SURNAME	AUTHORI ZED- REP: LAST NAME	STRING (20)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STREET- ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP CODE	STRING(5)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP+4	STRING(4)		O
	ALTERNATENAME /FULLNAME	CASE- NAME	STRING (18)		O
	PERSON/DATEOFDEATH	DEATH- DATE	DATE (CCYYMM DD-8)		O
	CASESTATUS /STARTDATE	DENIAL- DATE	DATE (CCYYMM DD-8)		O
	CASESTATUS /REASONCODE	DENIAL- REASON	STRING(1)	CMIPS Allowed Values are: A = Client Deceased B = Application Withdrawn C = Moved Out of State D = Loss of Contact/Unable to Locate Applicant E = Failure to Cooperate F = Does Not Meet CA Residency Requirements G = Excess Resources H = No Program Linkage K = Living in a Public Non-Medical Institution P = Duplicate Pending Application R = Other S = Applicant can't apply for the person on the application Y = Erroneously reported application	O
	LOCATION /LOCATIONNUMBER	DISTRICT	STRING(3)		O

	PERSON /ETHNICORIGINCODE	ETHNIC	STRING(1)	CMIPS Allowed Values are: 1 = White 2 = Hispanic 3 = Black 4 = Asian or Pacific Islander 5 = Alaskan Native or American Indian 7 = Filipino 8 = No valid data reported (MEDS generated) 9 = No Response, client declined to state A = Amerasian C = Chinese H = Cambodian J = Japanese K = Korean M = Samoan N = Asian Indian P = Hawaiian R = Guamanian T = Laotian V = Vietnamese Z = Other	O
	USERS/WORKERNUMBER	SW-CODE	STRING(4)		O
	CONCERNROLE /PREFERREDLANGUAGE	LANGUAGE, SPOKEN	STRING(1)	CMIPS Allowed Values are: 0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O

	CONCERNROLE /PREFERREDSECONDLANGUAGE	LANGUAGE E, WRITTEN	STRING(1)	CMIPS Allowed Values are: 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O
	N/A	MAILING-ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP CODE	STRING(5)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP+4	STRING(4)		O
	N/A	NOA-DATE	DATE (CCYYMM DD-8)	This value is not populated for IH18.	O
	N/A	NOA-TYPE	STRING(2)	This value is not populated for IH18. CMIPS Allowed Values are: 01 = Excess Income 02 = Persons in Long-Term Care 03 = Extended Medi-Cal Eligibility 04 = Loss of Residence 05 = Deceased 06 = Loss of Contact 07 = Other	O
	CONCERNROLEPHONE NUMBER /PHONEAREACODE AND CONCERNROLEPHONE NUMBER/PHONENUMBER	OTHER-PHONE-NUMBER	NUMERIC (10)		O

	CONCERNROLEPHONEN UMBER /PHONEAREACODE AND CONCERNROLEPHONEN UMBER/PHONENUMBER	PHONE:	NUMERIC (10)		O
	ALTERNATENAME /NAME_SUFFIX	RECIPIEN T-NAME: APPELLA TION	STRING(3)		O
	N/A	RELATIO NSHIP- TO- APPLICA NT	STRING(1)	CMIPS Allowed Values are: 1 = Applicant's child 2 = Adult 2's child 3 = Significant Other 4 = Ex-step parent A = Aunt/Uncle B = Step Child C = Child, common D = Son/Daughter-in-law E = Brother/Sister-in-law F = Foster Child G = Grandparent H = Dependent of a minor dependent I = Mother/Father-in-law J = Brother/Sister K = Grandchild L = Legal Guardianship M = Adoptive Child N = Niece/Nephew O = Other P = Parent Q = Cousin R = Collateral dependent S = Spouse T = Stepfather U = Unborn V = Stepmother W = Ward X = Ex-spouse Y = Yourself (i.e., applicant) Z = Unknown	O
	N/A	RESIDEN CE ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : STREET- ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	RESIDEN CE COUNTY	NUMERIC (2)	Data Element sent only if the address cannot be recognized by Finalist (example: Rural Route, Highway, etc.) Values are: 01-58	O

	CONCERNROLEPHONENUMBER /PHONEAREACODE AND CONCERNROLEPHONENUMBER/PHONENUMBER	WORK-PHONE-NUMBER	NUMERIC (10)		O
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Outbound – IH34 Transaction

CI	Document Name
CI-116385 - DSD EINTF Outbound IH34 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH34_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds1xxc	N/A	TRANSACTION-CODE	STRING(4)	Value is: IH34	O
	N/A	SOURCE-SYSTEM-ID	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.	O
	N/A	FORMAT-INDICATOR	STRING(1)	* Indicates Production File; @ Indicates Test File	O
	N/A	FILLER	N/A	N/A	N/A
	N/A	CREATION-DATE	DATE (CCYYMM DD-8)	This date (CCYYMMDD) is used by MEDS for sequencing transactions	O
	N/A	CREATION-TIME	DATE (HHMMSS TT-8)	This NUMERIC field is used for sequencing transactions and may be a time stamp in the format HHMMSSTT, a sequence number, or any other NUMERIC value that is unique for the creation date, to enable transactions that are created on the same date to be processed in a particular order.	O
	N/A	BATCH-NUMBER	NUMERIC (3)	This element identifies a record as being from the NNNth (i.e., 001-999) batch update file submitted by a county for the year. All records on a given update file must have the same sequence number. The county increments this number by one each time an update file is created. A gap in numbering alerts the MEDS Control Unit that a file is missing.	O
	N/A	FILLER	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	MEDS ID	STRING(9)	May be blank if client has no SSN	R
	N/A	N/A	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	CIN	STRING(9)		R
	MEDICALELGINFO /CINCHECKDIGIT	CIN-CHECK-DIGIT	STRING(1)	Required when CIN is present.	R
	N/A	COUNTY ID	STRING (14)		
	IHSSCASE/COUNTYCODE	COUNTY	NUMERIC (2)	Values are: 01-58	R
	IHSSAUTHORIZATION /FUNDINGAIDCODE	AID-CODE	STRING(2)	May be blank	O
	CONCERNROLEALTERNA TEID/ALTERNATEID	SERIAL	STRING (10)	Value = "9" + CIN	R
	PERSON/DATEOFBIRTH	BIRTHDATE	DATE (CCYYMM DD-8)		R

	N/A	N/A	N/A	N/A	N/A
	N/A	FILLER	N/A	N/A	N/A
	N/A	Variable-Data-Length	NUMERIC (5)	This field specifies the length of the variable portion: i.e., the total number of characters following this field.	O
	N/A	Variable Portion of Transaction		(Minimum 6 characters; Maximum 1160 characters) Maximum Total Record Length 1284 (1280 + 4 characters for RDW) See below.	O
	IHSSCASE /APPLICATIONDATE	APPLICATION-DATE	DATE (CCYYMM DD-8)		R
	N/A	APPLICATION-FLAG	STRING(1)	CMIPS Allowed Values are: A = Pending IHSS Application	R
	CASESTATUS /STARTDATE	DENIAL-DATE	DATE (CCYYMM DD-8)	Required for Denial or Application Withdrawn. Not sent on application changes or rescind.	O
	CASESTATUS /REASONCODE	DENIAL-REASON	STRING(1)	Required for Denial or Application Withdrawn. Not sent on application changes or rescind. CMIPS Allowed Values are: A = Client Deceased B = Application Withdrawn C = Moved Out of State D = Loss of Contact/Unable to Locate Applicant E = Failure to Cooperate F = Does Not Meet CA Residency Requirements G = Excess Resources H = No Program Linkage K = Living in a Public Non-Medical Institution P = Duplicate Pending Application R = Other S = Applicant can't apply for the person on the application Y = Erroneously reported application	O
	CASESTATUS /STATUSCODE	APPLICATION-STATUS	STRING(1)	CMIPS Allowed Values are: A = Incomplete B = No Signature C = Failure to provide information D = Pending Disability Determination E = Misrouted – returned to referring entity F = Fair Hearing G = Diligent Search P = Pending Consent Q = Withheld consent R = Referred to another entity S = Received from another entity	O
	CASESTATUS /STARTDATE	APPLICATION-STATUS-DATE	DATE (CCYYMM DD-8)		O
	N/A	AUTHORIZER-ZED-REP: ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ALTERNATENAME /NAMESUFFIX	AUTHORIZER-ZED-REP: APPELLATION	STRING(3)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER-ZED-REP: C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER-ZED-REP: CITY	STRING (20)		O
	ALTERNATENAME /FIRSTFORNAME	AUTHORIZER-ZED-REP: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#'.	O

	ALTERNATENAME /OTHERFORENAME	AUTHORI ZED- REP: INITIAL	STRING(1)		O
	ALTERNATENAME /SURNAME	AUTHORI ZED- REP: LAST NAME	STRING (20)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STREET- ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP+4	NUMERIC (4)		O
	ALTERNATENAME /FULLNAME	CASE- NAME	STRING (18)		O
	PERSON/DATEOFDEATH	DEATH- DATE	DATE (CCYYMM DD-8)		O
	LOCATION /LOCATIONNUMBER	DISTRICT	STRING(3)		O
	PERSON /ETHNICORIGINCODE	ETHNIC	STRING(1)	CMIPS Allowed Values are: 1 = White 2 = Hispanic 3 = Black 4 = Asian or Pacific Islander 5 = Alaskan Native or American Indian 7 = Filipino 8 = No valid data reported (MEDS generated) 9 = No Response, client declined to state A = Amerasian C = Chinese H = Cambodian J = Japanese K = Korean M = Samoan N = Asian Indian P = Hawaiian R = Guamanian T = Laotian V = Vietnamese Z = Other	O
	USERS/WORKERNUMBER	SW-CODE	STRING(4)		O

	CONCERNROLE /PREFERREDLANGUAGE	LANGUAGE, SPOKEN	STRING(1)	CMIPS Allowed Values are: 0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O
	CONCERNROLE /PREFERREDSECONDLANGUAGE	LANGUAGE, WRITTEN	STRING(1)	CMIPS Allowed Values are: 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O
	N/A	MAILING-ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STATE	STRING(2)		O

	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP+4	NUMERIC (4)		O
	PERSON/DATEOFBIRTH	NEW-BIRTHDATE	DATE (CCYYMM DD-8)		R
	BATCHCOMMUNICATION /PROCESSEDDATE	NOA-DATE	DATE (CCYYMM DD-8)		O
	N/A	NOA-TYPE	NUMERIC (2)	CMIPS always sends 'AA01'	O
	CONCERNROLEPHONENUMBER /PHONEAREACODE AND CONCERNROLEPHONENUMBER/PHONENUMBER	PHONE:	NUMERIC (10)		O
	ALTERNATENAME /NAMESUFFIX	RECIPIENT-NAME: APPELLATION	STRING(3)		O
	N/A	RECIPIENT-NAME: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	N/A	RECIPIENT-NAME: INITIAL	STRING(1)		O
	ALTERNATENAME /SURNAME	RECIPIENT-NAME: LAST NAME	STRING (20)		O
	N/A	RELATIONSHIP-TO-APPLICANT	STRING(1)	CMIPS Allowed Values are: 1 = Applicant's child 2 = Adult 2's child 3 = Significant Other 4 = Ex-step parent A = Aunt/Uncle B = Step Child C = Child, common D = Son/Daughter-in-law E = Brother/Sister-in-law F = Foster Child G = Grandparent H = Dependent of a minor dependent I = Mother/Father-in-law J = Brother/Sister K = Grandchild L = Legal Guardianship M = Adoptive Child N = Niece/Nephew O = Other P = Parent Q = Cousin R = Collateral dependent S = Spouse T = Stepfather U = Unborn V = Stepmother W = Ward X = Ex-spouse Y = Yourself (i.e., applicant) Z = Unknown	O
	N/A	RESIDENCE ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O

	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	RESIDENCE COUNTY	NUMERIC (2)	Data Element sent only if the address cannot be recognized by Finalist (example: Rural Route, Highway, etc.) Values are: 01-58	O
	PERSON/GENDER	SEX	STRING(1)	Values are: F = Female M = Male	O

Outbound – IH05 Transaction:

CI	Document Name
CI-116381 - DSD EINTF Outbound IH05 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH05_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
	N/A	TRANSACTION-CODE	STRING(4)	Value is: IH05	O
	N/A	SOURCE-SYSTEM-ID	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.	O
	N/A	FORMAT-INDICATOR	STRING(1)	* Indicates Production File; @ Indicates Test File	O
	N/A	FILLER	N/A	N/A	N/A
	N/A	CREATION-DATE	DATE (CCYYMMDD)	This date (CCYYMMDD) is used by MEDS for sequencing transactions	O
	N/A	CREATION-TIME	DATE (HHMMSS TT-8)	This NUMERIC field is used for sequencing transactions and may be a time stamp in the format HHMMSSTT, a sequence number or any other NUMERIC value that is unique for the creation date, to enable transactions that are created on the same date to be processed in a particular order.	O

	N/A	BATCH-NUMBER	NUMERIC (3)	This element identifies a record as being from the NNNth (i.e., 001-999) batch update file submitted by a county for the year. All records on a given update file must have the same sequence number. The county increments this number by one each time an update file is created. A gap in numbering alerts the MEDS Control Unit that a file is missing.	O
	N/A	FILLER	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	MEDS ID	STRING(9)	May be blank if client has no SSN	R
	N/A	N/A	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	CIN	STRING(9)		R
	MEDICALELIGINFO /CINCHECKDIGIT	CIN-CHECK-DIGIT	STRING(1)	Required when CIN is present.	R
	N/A	COUNTY ID	STRING (14)		R
	IHSSCASE/COUNTYCODE	COUNTY	NUMERIC (2)	Values are: 01-58	R
	IHSSEAUTHORIZATION /FUNDINGAIDCODE	AID-CODE	STRING(2)		R
	CONCERNROLEALTERNA TEID/ALTERNATEID	SERIAL	STRING (10)	Value = "9" + CIN	R
	PERSON/DATEOFBIRTH	BIRTHDATE	DATE (CCYYMM DD-8)		R
	N/A	N/A	N/A	N/A	N/A
	N/A	FILLER	N/A	N/A	N/A
	N/A	Variable-Data-Length	NUMERIC (5)	This field specifies the length of the variable portion: i.e., the total number of characters following this field.	O
	N/A	Variable Portion of Transaction		(Minimum 6 characters; Maximum 1160 characters) Maximum Total Record Length 1284 (1280 + 4 characters for RDW) See Below:	O
	CURRENT DATE	EFFECTIVE-DATE	DATE (CCYYMM DD-8)		R
	CASESTATUS/ENDDATE	ESAC	STRING(1)	CMIPS Allowed Values are: Continuing Eligibility Periods 1 = New Eligible Closed Eligibility Periods 6 = New Eligible	R
	ALTERNATENAME /FIRSTFORENAME	RECIPIENT-NAME: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	R
	ALTERNATENAME /OTHERFORENAME	RECIPIENT-NAME: INITIAL	STRING(1)	Space must be sent if there is no middle initial.	O
	ALTERNATENAME /SURNAME	RECIPIENT-NAME: LAST NAME	STRING (20)		R
	PERSON/GENDER	SEX	STRING(1)	Values are: F = Female M = Male	R
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : CITY	STRING (20)		R
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : STATE	STRING(2)		R

	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : STREET-ADDRESS	STRING (50)		R
	ADDRESS/ADDRESSDATA	RESIDENCE ADDRESS : ZIP CODE	NUMERIC (5)		R
	N/A	AUTHORIZER:REP: ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ALTERNATENAME /NAMESUFFIX	AUTHORIZER:REP: APPELLATION	STRING(3)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: CITY	STRING (20)		O
	ALTERNATENAME /FIRSTFORENAME	AUTHORIZER:REP: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	ALTERNATENAME /OTHERFORENAME	AUTHORIZER:REP: INITIAL	STRING(1)		O
	ALTERNATENAME //SURNAME	AUTHORIZER:REP: LAST NAME	STRING (20)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	AUTHORIZER:REP: ZIP+4	NUMERIC (4)		O
	ALTERNATENAME /FULLNAME	CASE-NAME	STRING (18)		O
	LOCATION /LOCATIONNUMBER	DISTRICT	STRING(3)		O
	CASEDECISION /DECISIONDATE	ELIG-APPROVAL-DATE	DATE (CCYYMM DD-8)		O

	PERSON /ETHNICORIGINCODE	ETHNIC	STRING(1)	CMIPS Allowed Values are: 1 = White 2 = Hispanic 3 = Black 4 = Asian or Pacific Islander 5 = Alaskan Native or American Indian 7 = Filipino 8 = No valid data reported (MEDS generated) 9 = No Response, client declined to state A = Amerasian C = Chinese H = Cambodian J = Japanese K = Korean M = Samoan N = Asian Indian P = Hawaiian R = Guamanian T = Laotian V = Vietnamese Z = Other	O
	USERS/WORKERNUMBER	SW-CODE	STRING(4)		O
	CONCERNROLE /PREFERREDLANGUAGE	LANGUAGE, SPOKEN	STRING(1)	CMIPS Allowed Values are: 0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O

	CONCERNROLE /PREFERREDSECONDLANGUAGE	LANGUAGE E, WRITTEN	STRING(1)	CMIPS Allowed Values are: 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 8 = No Valid Data Reported (MEDS generated) 9 = No Response, client declined to state B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mien H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O
	N/A	MAILING-ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	NEW-BIRTHDATE	DATE (CCYYMM DD-8)		O
	N/A	NEW-MEDS-ID	STRING(9)		O
	CONCERNROLEPHONE NUMBER /PHONEAREACODE AND CONCERNROLEPHONE NUMBER/PHONENUMBER	PHONE:	NUMERIC (10)		O
	ALTERNATENAME /NAME_SUFFIX	RECIPIENT-NAME: APPELLATION	STRING(3)		O
	CASEDECISION /DECISIONSDATE	REDETERM-DATE	DATE (CCYYMM-6)		O

	IHSSASSESSMENTEVIDE NCE /REASSESSMENTDUEDATE	REDETER M-MONTH	DATE(MM- 2)		O
	N/A	RESIDEN CE ADDRESS : ADDRESS FLAG	STRING(1)	CMIPS will not send this data element.	O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	RESIDEN CE ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	RESIDEN CE COUNTY	NUMERIC (2)	Data Element sent only if the address cannot be recognized by Finalist (example: Rural Route, Highway, etc.) Values are: 01-58	O
	SHAREOFCOSTEVIDENC E /IHSSSHAREOFCOSTAMT	SOC- AMOUNT	NUMERIC (5)	IHSS SOC	O
	CASESTATUS /STARTDATE	TERM- DATE	DATE (CCYYMM DD-8)		O
	CASESTATUS /REASONCODE	TERM- REAS	STRING(2)	MEDS termination codes.	O

Outbound – IH12 Transaction:

CI	Document Name
CI-116382 - DSD EINTF Outbound IH12 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH12_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format- Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds1xxc	TRANSACTION-CODE	N/A	STRING(4)	Value is: IH12	O
	SOURCE-SYSTEM-ID	N/A	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.	O
	FORMAT-INDICATOR	N/A	N/A	N/A	N/A
	FILLER	N/A	N/A	N/A	N/A
	CREATION-DATE	N/A	N/A	N/A	N/A
	CREATION-TIME	N/A	N/A	N/A	N/A
	BATCH-NUMBER	N/A	N/A	N/A	N/A
	FILLER	N/A	N/A	N/A	N/A
	MEDS ID	CONCERNROLEALTERNATEID /ALTERNATEID	STRING(9)	May be blank if client has no SSN	O
	BLANK	N/A	N/A	N/A	N/A
	CIN	CONCERNROLEALTERNATEID /ALTERNATEID	STRING(9)	Client Index Number	R

	CIN-CHECK-DIGIT	MEDICALELGINFO/CINCHECKDIGIT	STRING(1)	Required when CIN is present.	R
	COUNTY	IHSSCASE/COUNTYCODE	NUMERIC(2)	Values are: 01-58	R
	AIDCODE	AID CODE	STRING(2)	IHSS Aid Code	O
	SERIAL	CASEHEADER/CASEREFERENCE	STRING(7)	IHSS case number	R
	BIRTHDATE	PERSON/DATEOFBIRTH	DATE(CCYYMMDD-8)	Date of Birth	R
	BLANK	N/A	N/A	N/A	N/A
	FILLER	N/A	N/A	N/A	N/A
	Variable-Data-Length	N/A	N/A	N/A	N/A
	Variable Portion of Transaction	N/A	N/A	N/A	N/A
	APPLICATION-DATE	IHSSCASE/APPLICATIONDATE	DATE(CCYYMMDD-8)	IHSS application date	O
	APPLICATION-FLAG	N/A	N/A	N/A	N/A
	DEATH-DATE	PERSON/DATEOFDEATH	DATE(CCYYMMDD-8)	Date of death	O
	EFFECTIVE-DATE	MEDICALELGINFO/CREATEDON	DATE(CCYYMMDD-8)	Effective date of IHSS eligibility	O
	ETHNIC	PERSON/ETHNICORIGINCODE	STRING(1)	Values are: 1 = White 2 = Hispanic 3 = Black 4 = Asian or Pacific Islander 5 = Alaskan Native or American Indian 7 = Filipino 8 = No valid data reported (MEDS generated) 9 = No Response, client declined to state A = Amerasian C = Chinese H = Cambodian J = Japanese K = Korean M = Samoan N = Asian Indian P = Hawaiian R = Guamanian T = Laotian V = Vietnamese Z = Other	O
	NEW-BIRTHDATE	PERSON/DATEOFBIRTH	DATE(CCYYMMDD-8)	Updated date of birth	O
	RECIPIENT-NAME: APPELLATION	ALTERNATENAME/NAMESUFFIX	STRING(3)	Suffix to Recipient name (i.e., Jr., Sr., etc.)	O
	RECIPIENT-NAME: FIRST NAME	ALTERNATENAME/FIRSTFORENAME	STRING(15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	RECIPIENT-NAME: INITIAL	ALTERNATENAME/OTHERFORENAME	STRING(1)	Recipient middle initial	O
	RECIPIENT-NAME: LAST NAME	ALTERNATENAME//SURNAME	STRING(20)	Recipient last name	O
	SEX	PERSON/GENDER	STRING(1)	Values are: F = Female M = Male	O
	AUTHORIZED-REP: ADDRESS FLAG	N/A	N/A	N/A	N/A

	AUTHORIZED-REP: APPELLATION	ALTERNATENAME/NAMESUFFIX	STRING(3)	Suffix to authorized representative name (i.e., Jr., Sr., etc.)	O
	AUTHORIZED-REP: C/O-LINE	ADDRESS/ADDRESSDATA	STRING(38)	Address of authorized representative to be entered on the Care Of line	O
	AUTHORIZED-REP: CITY	ADDRESS/ADDRESSDATA	STRING(20)	City of authorized representative	O
	AUTHORIZED-REP: FIRST NAME	ALTERNATENAME/FIRSTFORNAME	STRING(15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	AUTHORIZED-REP: INITIAL	ALTERNATENAME/OTHERFORENAME	STRING(1)	Authorized representative middle initial	O
	AUTHORIZED-REP: LAST NAME	ALTERNATENAME/SURNAME	STRING(20)	Authorized representative last name	O
	AUTHORIZED-REP: STATE	AUTHORIZED-REP: STATE	STRING(2)	Authorized representative state of residence	O
	AUTHORIZED-REP: STREET-ADDRESS	ADDRESS/ADDRESSDATA	STRING(50)	Authorized representative street address	O
	AUTHORIZED-REP: ZIP CODE	ADDRESS/ADDRESSDATA	NUMERIC(5)	Authorized representative zip code	O
	AUTHORIZED-REP: ZIP+4	ADDRESS/ADDRESSDATA	NUMERIC(4)	Authorized representative plus-four zip code	O
	CASE-NAME	ALTERNATENAME/FULLNAME	STRING(18)	Recipient full name	O
	DISTRICT	LOCATION/LOCATIONNUMBER	STRING(3)	District Office number	O
	SW-CODE	USERS/WORKERNUMBER	STRING(4)	Social Worker number	O
	LANGUAGE, SPOKEN	CONCERNROLE/PREFERREDLANGUAGE	STRING(1)	Values are: 0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O

	LANGUAGE, WRITTEN	CONCERNROLE /PREFERREDSECONDLANGUAGE	STRING(1)	Values are: 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O
	MAILING- ADDRESS: ADDRESS FLAG	N/A	N/A	N/A	N/A
	MAILING- ADDRESS: C/O- LINE	ADDRESS/ADDRESSDATA	STRING (38)	Mailing Address Care Of line	O
	MAILING- ADDRESS: CITY	ADDRESS/ADDRESSDATA	STRING (20)	Mailing Address city	O
	MAILING- ADDRESS: STATE	ADDRESS/ADDRESSDATA	STRING (2)	Mailing Address state	O
	MAILING- ADDRESS: STREET- ADDRESS	ADDRESS/ADDRESSDATA	STRING (50)	Mailing Address street address	O
	MAILING- ADDRESS: ZIP CODE	ADDRESS/ADDRESSDATA	NUMERIC (5)	Mailing Address zip code	O
	MAILING- ADDRESS: ZIP+4	ADDRESS/ADDRESSDATA	NUMERIC (4)	Mailing Address plus-four zip code	O
	PHONE:	CONCERNROLEPHONENUMBER /PHONEAREACODE AND CONCERNROLEPHONENUMBER /PHONENUMBER	NUMERIC (10)	Area Code and Phone Number	O
	RESIDENCE ADDRESS: ADDRESS FLAG	N/A	N/A	N/A	N/A
	RESIDENCE ADDRESS: C/O- LINE	ADDRESS/ADDRESSDATA	STRING (38)	Residence Address Care Of line	O
	RESIDENCE ADDRESS: CITY	ADDRESS/ADDRESSDATA	STRING (20)	Residence Address city	O
	RESIDENCE ADDRESS: STATE	ADDRESS/ADDRESSDATA	STRING(2)	Residence Address state	O
	RESIDENCE ADDRESS: STREET- ADDRESS	ADDRESS/ADDRESSDATA	STRING (50)	Residence Address street address	O
	RESIDENCE ADDRESS: ZIP CODE	ADDRESS/ADDRESSDATA	NUMERIC (5)	Residence Address zip code	O

	RESIDENCE ADDRESS: ZIP+4	ADDRESS/ADDRESSDATA	NUMERIC (4)	Residence Address plus-four zip code	O
	RESIDENCE COUNTY	N/A	N/A	N/A	N/A

Outbound – IH20 Transaction:

CI	Document Name
CI-116384 - DSD EINTF Outbound IH20 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH20_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format- Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
	N/A	TRANSACTION-CODE	STRING(4)	Value is: IH20	O
	N/A	SOURCE-SYSTEM-ID	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.	O
	N/A	FORMAT-INDICATOR	STRING(1)	* Indicates Production File; @ Indicates Test File	O
	N/A	FILLER	N/A	N/A	N/A
	N/A	CREATION-DATE	DATE (CCYYMMDD-8)	This date (CCYYMMDD) is used by MEDS for sequencing transactions	O
	N/A	CREATION-TIME	DATE (HHMMSS TT-8)	This NUMERIC field is used for sequencing transactions and may be a time stamp in the format HHMMSSTT, a sequence number, or any other NUMERIC value that is unique for the creation date, to enable transactions that are created on the same date to be processed in a particular order.	O
	N/A	BATCH-NUMBER	NUMERIC (3)	This element identifies a record as being from the NNNth (i.e., 001-999) batch update file submitted by a county for the year. All records on a given update file must have the same sequence number. The county increments this number by one each time an update file is created. A gap in numbering alerts the MEDS Control Unit that a file is missing.	O
	N/A	FILLER	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	MEDS ID	STRING(9)	May be blank if client has no SSN	O
	N/A	N/A	N/A	N/A	N/A
	CONCERNROLEALTERNA TEID/ALTERNATEID	CIN	STRING(9)		R
	MEDICALELGINFO /CINCHECKDIGIT	CIN-CHECK-DIGIT	STRING(1)	Required when CIN is present.	R
	IHSSCASE/COUNTYCODE	COUNTY	NUMERIC (2)	Values are: 01-58	R
	IHSSAUTHORIZATION /FUNDINGAIDCODE	AID-CODE	STRING(2)		R
	CASEHEADER /CASEREference	SERIAL	STRING(7)	IHSS case number	R
	N/A	FBU	STRING(1)	Value = 1	O
	N/A	PERSON NUMBER	NUMERIC (2)	Value = 01	O

	PERSON/DATEOFBIRTH	BIRTHDATE	DATE (CCYYMM DD-8)		R
	N/A	N/A	N/A	N/A	N/A
	N/A	FILLER	N/A	N/A	N/A
	N/A	Variable-Data-Length	NUMERIC (5)	This field specifies the length of the variable portion: i.e., the total number of characters following this field.	O
	N/A	Variable Portion of Transaction		(Minimum 6 characters; Maximum 1160 characters) Maximum Total Record Length 1284 (1280 + 4 Characters for RDW) See below.	O
	CURRENT DATE	EFFECTIVE-DATE	DATE (CCYYMM DD-8)		R
	IHSSASSESSMENTEVIDENCE /ASSESSMENTTYPECODE	ESAC	STRING(1)	Values are: Continuing Eligibility Periods 1 = New Eligible 2 = Active Client Eligible Update 3 = Linked Program Eligible – Declined Medi-Cal 4 = Exception Eligible Closed Eligibility Periods 6 = New Eligible 7 = Active Client Eligible Update 8 = Linked Program Eligible – Declined Medi-Cal 9 = Exception Eligible Other Eligibility Updates 0 = (zero) County-confirmed immediate need SSI/SSP eligible A = Unborn B = Hold, questionable eligibility	R
	N/A	NEW-OHC	STRING(1)	Value = N CMIPS does not capture this information. Transaction must be populated with a value of N to prevent MEDS transaction rejection.	O
	ALTERNATENAME /NAMESUFFIX	RECIPIENT-NAME: APPENDATION	STRING(3)		O
	ALTERNATENAME /FIRSTFORENAME	RECIPIENT-NAME: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#'.	R
	ALTERNATENAME /OTHERFORENAME	RECIPIENT-NAME: INITIAL	STRING(1)		O
	ALTERNATENAME //SURNAME	RECIPIENT-NAME: LAST NAME	STRING (20)		R
	CASEDECISION. DECISIONDATE	REDETERM-DATE	DATE (CCYYMM-6)		O
	IHSSASSESSMENTEVIDENCE /REASSESSMENTDUEDATE	REDETERM-M-MONTH	DATE(MM-2)	Month the next re-assessment is due.	R
	PERSON/GENDER	SEX	STRING(1)	Values are: F = Female M = Male	R
	IHSSCASE /APPLICATIONDATE	APPLICATION-DATE	DATE (CCYYMM DD-8)		O
	N/A	AUTHORIZER-ZED-REP: ADDRESS FLAG		Only used when CASS does not recognize the keyed address, but the keyed address is correct.	O
	ALTERNATENAME /NAMESUFFIX	AUTHORIZER-ZED-REP: APPENDATION	STRING(3)		O

	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: C/O- LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: CITY	STRING (20)		O
	ALTERNATENAME /FIRSTFORNAME	AUTHORI ZED- REP: FIRST NAME	STRING (15)	Individuals with a single name will be populated in the Last Name field. First Name field will need to be populated with a value of '#.'	O
	ALTERNATENAME /OTHERFORENAME	AUTHORI ZED- REP: INITIAL	STRING(1)		O
	ALTERNATENAME /SURNAME	AUTHORI ZED- REP: LAST NAME	STRING (20)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: STREET- ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	AUTHORI ZED- REP: ZIP+4	NUMERIC (4)		O
	ALTERNATENAME /FULLNAME	CASE- NAME	STRING (18)		O
	LOCATION /LOCATIONNUMBER	DISTRICT	STRING(3)	District Office	O
	CASEDECISION /DECISIONDATE	ELIG- APPROVA L-DATE	DATE (CCYYMM DD-8)		O
	PERSON /ETHNICORIGINCODE	ETHNIC	STRING(1)	Values are: 1 = White 2 = Hispanic 3 = Black 4 = Asian or Pacific Islander 5 = Alaskan Native or American Indian 7 = Filipino 8 = No valid data reported (MEDS generated) 9 = No response, client declined to state A = Amerasian C = Chinese H = Cambodian J = Japanese K = Korean M = Samoan N = Asian Indian P = Hawaiian R = Guamanian T = Laotian V = Vietnamese Z = Other	O
	USERS/WORKERNUMBER	EW-CODE	STRING(4)	IHSS SW Code	O

	CONCERNROLE /PREFERREDLANGUAGE	LANGUAGE, SPOKEN	STRING(1)	<p>Values are:</p> <p>0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state</p> <p>A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian</p>	O
	CONCERNROLE /PREFERREDSECONDLANGUAGE	LANGUAGE, WRITTEN	STRING(1)	<p>Values are:</p> <p>1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state</p> <p>B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian</p>	O
	N/A	MAILING-ADDRESS : ADDRESS FLAG	STRING(1)	Only used when CASS does not recognize the keyed address, but the keyed address is correct.	O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : C/O-LINE	STRING(38)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : CITY	STRING(20)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STATE	STRING(2)		O

	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	MAILING-ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	ORIG-AID	STRING(2)	MEDS Aid Code current when update/change being sent.	O
	CONCERNROLEPHONENUMBER /PHONEAREACODE AND CONCERNROLEPHONENUMBER/PHONENUMBER	PHONE:	NUMERIC (10)		O
	N/A	RESIDENTIAL ADDRESS : ADDRESS FLAG	STRING(1)	Only used when CASS does not recognize the keyed address, but the keyed address is correct.	O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : C/O-LINE	STRING (38)		O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : CITY	STRING (20)		O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : STATE	STRING(2)		O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : STREET-ADDRESS	STRING (50)		O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : ZIP CODE	NUMERIC (5)		O
	ADDRESS/ADDRESSDATA	RESIDENTIAL ADDRESS : ZIP+4	NUMERIC (4)		O
	N/A	RESIDENTIAL COUNTY	NUMERIC (2)	Value = 01-58	O
	SHAREOFCOSTEVIDENCE /IHSSSHAREOFCOSTAMT	SOC-AMOUNT	NUMERIC (5)	IHSS SOC Amount	O
	N/A	TERM-DATE	DATE (CCYYMM DD-8)	If the 2L, 2M, 2N changes from one month to another, then send the TERM DATE for the month	O
	N/A	TERM-REAS	STRING(2)		O

Outbound – IH40 Transaction:

CI	Document Name
CI-116386 - DSD EINTF Outbound IH40 Transaction IMPLEMENTED	DSD_EINTF_Outbound_IH40_Transaction.doc

Source: Case Management		Target: Interface File				
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)		R/O (Required or Optional)
Cmnds1xxc	N/A	TRANS ACTION -CODE	STRING(4)	Value is: IH40		O
	N/A	SOURCE SYSTEM-ID	STRING(4)	Each county/consortia is assigned a unique source-system-ID for identification purposes.		O
	N/A	FORMAT-INDICATOR	STRING(1)	* Indicates Production File; @ Indicates Test File		O
	N/A	FILLER	N/A	N/A		N/A
	N/A	CREATION-DATE	DATE (CCYYMM DD-8)	This date (CCYYMMDD) is used by MEDS for sequencing transactions		O
	N/A	CREATION-TIME	DATE (HHMMSS TT-8)	This NUMERIC field is used for sequencing transactions and may be a time stamp in the format HHMMSSTT, a sequence number, or any other NUMERIC value that is unique for the creation date, to enable transactions that are created on the same date to be processed in a particular order.		O
	N/A	BATCH-NUMBER	NUMERIC (3)	This element identifies a record as being from the NNNth (i.e., 001-999) batch update file submitted by a county for the year. All records on a given update file must have the same sequence number. The county increments this number by one each time an update file is created. A gap in numbering alerts the MEDS Control Unit that a file is missing.		O
	N/A	FILLER	N/A	N/A		N/A
	CONCERNR OLEALTERN ATEID /ALTERNAT EID	MEDS ID	STRING(9)	May be blank if client has no SSN		O
	N/A	N/A	N/A	N/A		N/A
	CONCERNR OLEALTERN ATEID /ALTERNAT EID	CIN	STRING(9)			R
	MEDICALELI GINFO /CINCHECK DIGIT	CIN-CHECK-DIGIT	STRING(1)	Required when CIN is present.		R
	IHSSCASE /COUNTYCODE	COUNTY	NUMERIC (2)	Values are: 01-58		R
	IHSSAUTHO RIZATION /FUNDINGAI DCODE	AID-CODE	STRING(2)			R
	CASEHEAD ER /CASEREFE RENCE	SERIAL	STRING(7)	IHSS case number		R
	N/A	FBU	STRING(1)	Value = 1		O
	N/A	PERSO N NUMBER	NUMERIC (2)	Value = 01		O
	PERSON /DATEOFBIRTH	BIRTHDAY	DATE (CCYYMM DD-8)			R
	N/A	N/A	N/A	N/A		N/A

	N/A	FILLER	N/A	N/A		N/A
	N/A	Variable-Data-Length	NUMERIC(5)	This field specifies the length of the variable portion: i.e., the total number of characters following this field.	O	
	N/A	Variable Portion of Transaction		(Minimum 6 characters; Maximum 1160 characters) Maximum Total Record Length 1284 (1280 + 4 characters for RDW) See Below:	O	
	ALTERNATE NAME /FULLNAME	CASE-NAME	STRING(18)		O	
	LOCATION /LOCATION NUMBER	DISTRICT	STRING(3)		O	
	USERS /WORKERNUMBER	SW-CODE	STRING(4)		O	
	CASESTATUS /STARTDATE	ELIG-INFO-EFF-DATE	DATE(CCYYMM DD-8)		O	
	CASESTATUS /STARTDATE	TERM-DATE	DATE(CCYYMM DD-8)	The date Recipient is being discontinued	O	
	CASESTATUS /REASONCODE	TERM-REASON	STRING(2)	Discontinuance reason – MEDS Termination Code	O	

Transaction Trigger Events

- For IH05 transactions, refer to section 22.1.5 No 3.

Refer to section 25.2.5 No 27.

- For IH12 transactions, refer to section 20.2.5 No 11.
- For IH18 transactions, refer to section 20.2.5 No 10.

Refer to section 20.2.5 No 13.

Refer to section 25.2.5 No. 14.

- For IH20 transactions, refer to section 22.1.5 No 21.

Refer to section 25.2.5 No 25.

Refer to section 25.2.5 No. 54.

Refer to section 25.2.5 No. 55.

Refer to section 25.2.5 No 56.

Refer to section 25.2.5 No 57.

Refer to section 25.2.5 No 58.

Refer to section 25.2.5 No 59.

Refer to section 25.2.5 No 60.

Refer to section 25.2.5 No 61.

Refer to section 25.2.5 No 63.

Refer to section 25.2.5 No 64.

Refer to section 25.2.5 No 65.

Refer to section 25.2.5 No 66.

Refer to section 25.2.5 No 69.

Refer to section 25.2.5 No 70.

- For IH34 transactions, refer to section 20.2.5 No 12.

Refer to section 22.1.5 No 1.

Refer to section 25.2.5 No 38.

Refer to section 25.2.5 No 71.

Refer to section 25.2.5 No 72.

- For IH40 transactions, refer to section 22.1.5 No 2.

Refer to section 25.2.5 No 11.

Processing Criteria

Sends IH05, IH12, IH18, IH20, IH34 and IH40 transactions based on the trigger and also when all the required fields are present in CMIPS.

Error Processing

For all MEDS transactions, when all the required fields are not present in CMIPS, writes the information to log file.

Related Components

Business Process Functions

N/A

Business Flows

N/A

Business Rules

All associated Business Rules are documented in the Transaction Trigger Events section above.

Tasks/Notifications

N/A

Screens

N/A

Reports

N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/SAWS Send Interface – CMDS4XXB

CI	Document Name
CI-117888 - DSD EINTF SAWS Send Interface CMDS4XXB IMPLEMENTED	DSD_EINTF_SAWS_Send_Interface_CMDS4XXB.doc

Internal Layout/System Mapping

Outbound S1 Transaction

CI	Document Name
CI-116387 - DSD EINTF Outbound S1 Transaction IMPLEMENTED	DSD_EINTF_Outbound_S1_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds4xxb	TRANSACTION TYPE	TRANSACTION TYPE	STRING(2)	Value = S1	R
	CONCERNROLE ALTERNATEID /ALTERNATEID	CIN	STRING(9)	Type Code = ATI002	O
	IHSSCASE /COUNTYCODE	IHSS COUNTY CODE	NUMERIC (2)		R
	CASEHEADER/ CASEREFERENCE	IHSS CASE NUMBER	STRING(7)		R
	ALTERNATENAME/ SURNAME	APPLICANT LAST NAME	STRING (20)		R
	ALTERNATENAME/ FIRSTFORENAME	APPLICANT FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	ALTERNATENAME/ OTHERFORENAME	APPLICANT MIDDLE INITIAL	STRING(1)		O
	ALTERNATENAME/ NAMESUFFIX	APPLICANT SUFFIX	STRING(3)		O
	CONCERNROLE ALTERNATEID /ALTERNATEID	APPLICANT SSN	NUMERIC (9)	*If MEDS PSUEDO is used in CMIPS populate with '000000000.' Type Code = CA1	R
	PERSON/ DATEOFBIRTH	APPLICANT DOB	DATE (MMDDCC YY-8)		R
	MEDICALELIGIN FO/ MEDSCOUNTYCODE	MEDS COUNTY CODE	NUMERIC (2)		O
	MEDICALELIGIN FO/ SERIAL	MEDS SERIAL	STRING(7)	County Serial Number	O

	USERS/ WORKERNUMBER	IHSS SW CODE	STRING(4)		R
	USERS/ SURNAME	IHSS SW LAST NAME	STRING (20)		R
	USERS/ FIRSTNAME	IHSS SW FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	USERS/ EMAILADDRESS	IHSS SW EMAIL	STRING (50)		O
	PHONE NUMBER/ PHONE AREA CODE PHONE NUMBER/ PHONENUMBER	IHSS SW PHONE	NUMERIC (10)	Concatenate PHONE NUMBER/ PHONE AREA CODE and PHONE NUMBER/ PHONENUMBER	O
	LOCATION/ LOCATIONNUMBER	IHSS SW DISTRICT OFFICE NUMBER	STRING(3)		O
	LOCATION/ NAME	IHSS DISTRICT OFFICE NAME	STRING (20)		O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: STREET PRE DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET PRE DIR	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: STREET POST DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET POST DIR	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: STREET NUMBER	STRING (20)	If Residence Address in CMIPS is a Highway Address or Rural Route Address This field will contain the same entry as RESIDENCE ADDRESS: STREET NAME truncated as necessary. Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: STREET NAME	STRING (50)	If Residence Address in CMIPS is a Rural Route Address This field will contain the same entry as RESIDENCE ADDRESS: RURAL ROUTE NUMBER. Parse ADDRESSDATA for STREET NAME	R
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O

	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	R
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	R
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	R
	ADDRESS/ ADDRESSDATA	APPLICANT RESIDENCE ADDRESS: ZIP + 4	NUMERIC (4)	This will be '0000' if the +4 is not known or entered in CMIPS. Parse ADDRESSDATA for ZIP CODE + 4	R
	PHONENUMER/ PHONEAREACO DE PHONENUMER/ PHONENUMBER	APPLICANT PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	IHSSCASE/ APPLICATIONDA TE	IHSS APPLICATION DATE	DATE (MMDDCC YY-8)		R
	PERSON/ GENDER	APPLICANT GENDER	STRING(1)	M/F	R
	CONCERNROLE/ PREFERREDLAN GUAGE	WRITTEN LANGUAGE	STRING(1)	**Populated if different than SPOKEN LANGUAGE MEDS Language Codes 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian	O

	CONCERNROLE/ PREFERREDSEC ONDLANGUAGE	SPOKEN LANGUAGE	STRING(1)	<p>MEDS Language Codes</p> <p>0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state</p> <p>A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian</p>	O
	ALTERNATENAME/ SURNAME	AUTHORIZED REP LAST NAME	STRING(20)		O
	ALTERNATENAME/ FIRSTFORENAME	AUTHORIZED REP FIRST NAME	STRING(15)	Populated with * if individual has single name as done for MEDS.	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET PRE DIR	STRING(2)	<p>Values are:</p> <p>E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West</p> <p>Parse ADDRESSDATA for STREET PRE DIR</p>	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET POST DIR	STRING(2)	<p>Values are:</p> <p>E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West</p> <p>Parse ADDRESSDATA for STREET POST DIR</p>	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET NUMBER	STRING(20)	Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET NAME	STRING(50)	Parse ADDRESSDATA for STREET NAME	R

	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: ZIP + 4	NUMERIC (4)	Parse ADDRESSDATA for ZIP CODE + 4	O
	PHONENUMER/ PHONEAREACO DE PHONENUMER/ PHONENUMBER	AUTHORIZED REP PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	MEDICALELGIN FO/ IHSSCOUNTYID	MEDS FBU	STRING(1)	Parse IHSSCOUNTYID For FBU	O
	MEDICALELGIN FO/ IHSSCOUNTYID	MEDS PERSON NUMBER	STRING(2)	Parse IHSSCOUNTYID For PERSON NUMBER	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: STREET PRE DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for For PRE DIR	O

	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: STREET POST DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for For POST DIR	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: STREET NUMBER	STRING (20)	Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: STREET NAME	STRING (50)	Parse ADDRESSDATA for STREET NAME	R
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	O
	ADDRESS/ ADDRESSDATA	APPLICANT MAILING ADDRESS: ZIP + 4	NUMERIC (4)	Parse ADDRESSDATA for ZIP CODE + 4	O

Outbound S5 Transaction

CI	Document Name
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Source: Case Management		Target: Interface File			
Table Name/ File Name/WSDL Name	Field Name	Field Name	Data Type (Format-length)	Description (Data Transformation rules)	R/O (Required or optional)
cmds4xxb	TRANSACTION TYPE	TRANSACTION TYPE	STRING(2)	Value = \$5	R
	CONCERNROLEALTERNA TEID/ALTERNATEID	CIN	STRING(9)	Type Code = ATI002	R
	IHSSCASE/COUNTYCODE	IHSS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASEHEADER/ CASEREference	IHSS CASE NUMBER	STRING(7)		R
	ALTERNATENAME/ SURNAME	RECIPIENT LAST NAME	STRING(20)		R
	ALTERNATENAME/ FIRSTFORENAME	RECIPIENT FIRST NAME	STRING(15)	Populated with * if individual has single name as done for MEDS.	O
	ALTERNATENAME/ OTHERFORENAME	RECIPIENT MIDDLE INITIAL	STRING(1)		O
	ALTERNATENAME/ NAMESUFFIX	RECIPIENT SUFFIX	STRING(3)		O
	CONCERNROLEALTERNA TEID/ALTERNATEID	RECIPIENT SSN	NUMERIC (9)	*If MEDS PSUEDO is used in CMIPS populate with '000000000' Type Code = CA1	R
	PERSON/ DATEOFBIRTH	RECIPIENT DOB	DATE (MMDDCCYY-8)		R
	CASESAWSINFORMATION / SAWSCOUNTYCODE	SAWS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASESAWSINFORMATION / SAWSSERIAL	SAWS SERIAL	STRING(7)	County Serial Number – 7 bytes	R
	USERS/ WORKERNUMBER	IHSS SW CODE	STRING(4)		R
	USERS/ SURNAME	IHSS SW LAST NAME	STRING(20)		R
	USERS/ FIRSTNAME	IHSS SW FIRST NAME	STRING(15)	Populated with * if individual has single name as done for MEDS.	O
	USERS/ EMAILADDRESS	IHSS SW EMAIL	STRING(50)		O
	PHONENUMER/ PHONEAREACODE PHONENUMER/ PHONENUMBER	IHSS SW PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	LOCATION/ LOCATIONNUMBER	IHSS SW DISTRICT OFFICE NUMBER	STRING(3)		O
	LOCATION/ NAME	IHSS DISTRICT OFFICE NAME	STRING(20)		O
	SAWSNOTIFICATION/ NOTIFICATIONTYPE	NOTIFICATION TYPE	STRING(1)	Values are: I = Potential Income Change R = Potential Resource Change H = Household Composition Change A = All Changed or Combination	R
	SAWSNOTIFICATION/ COMMENT	COMMENT	STRING (100)	Free form text or if no text entered then "No comment entered by user" will be populated	R

Outbound S8 Transaction

CI		Document Name
CI-116389 - DSD EINTF Outbound S8 Transaction IMPLEMENTED		DSD_EINTF_Outbound_S8_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds4xxb	TRANSACTION TYPE	TRANSACTION TYPE	STRING(2)	Value = S8	R
	CONCERNROLE ALTERNATEID /ALTERNATEID	CIN	STRING(9)	Type Code = ATI002	R
	IHSSCASE /COUNTYCODE	IHSS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASEHEADER/ CASEREFERENCE	IHSS CASE NUMBER	STRING(7)		R
	ALTERNATENAME/SURNAME	RECIPIENT LAST NAME	STRING (20)		R
	ALTERNATENAME/ FIRSTFORENAME	RECIPIENT FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	ALTERNATENAME/ OTHERFORENAME	RECIPIENT MIDDLE INITIAL	STRING(1)		O
	ALTERNATENAME/ NAMESUFFIX	RECIPIENT SUFFIX	STRING(3)		O
	CONCERNROLE ALTERNATEID /ALTERNATEID	RECIPIENT SSN	NUMERIC (9)	If MEDS PSUEDO is used in CMIPS populate with '000000000' Type Code = CA1	R
	PERSON/ DATEOFBIRTH	RECIPIENT DOB	DATE (MMDDCC YY-8)		R
	CASESAWSINFO RMATION/ SAWSCOUNTYCODE	SAWS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASESAWSINFO RMATION/ SAWSSERIAL	SAWS SERIAL	STRING(7)	County Serial Number – 7 bytes	R
	USERS/ WORKERNUMBER	IHSS SW CODE	STRING(4)		R
	USERS/ SURNAME	IHSS SW LAST NAME	STRING (20)		R
	USERS/ FIRSTNAME	IHSS SW FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	USERS/ EMAILADDRESS	IHSS SW EMAIL	STRING (50)		O
	PHONEENUMER/ PHONEAREACODE PHONEENUMER/ PHONENUMBER	IHSS SW PHONE	NUMERIC (10)	Concatenate PHONEENUMER/ PHONEAREACODE and PHONEENUMER/ PHONENUMBER	O
	LOCATION/ LOCATIONNUMBER	IHSS SW DISTRICT OFFICE NUMBER	STRING(3)		O

	LOCATION/ NAME	IHSS DISTRICT OFFICE NAME	STRING (20)		O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: STREET PRE DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET PRE DIR	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: STREET POST DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET POST DIR	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: STREET NUMBER	STRING (20)	If Residence Address in CMIPS is a Highway Address or Rural Route Address This field will contain the same entry as RESIDENCE ADDRESS: STREET NAME truncated as necessary. Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: STREET NAME	STRING (50)	If Residence Address in CMIPS is a Rural Route Address This field will contain the same entry as RESIDENCE ADDRESS: RURAL ROUTE NUMBER. Parse ADDRESSDATA for STREET NAME	R
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	R
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	R
	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	R

	ADDRESS/ ADDRESSDATA	RECIPIENT RESIDENCE ADDRESS: ZIP + 4	NUMERIC (4)	This will be '0000' if the +4 is not known or entered in CMIPS. Parse ADDRESSDATA for ZIP CODE + 4	R
	PHONENUMER/ PHONEAREACO DE PHONENUMER/ PHONENUMBER	RECIPIENT PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	IHSSCASE/ APPLICATIONONDA TE	IHSS APPLICATION DATE	DATE (MMDDCC YY-8)		R
	PERSON/ GENDER	RECIPIENT GENDER	STRING(1)	M/F	R
	CONCERNROLE/ PREFERREDLAN GUAGE	WRITTEN LANGUAGE	STRING(1)	<p>**Populated if different than SPOKEN LANGUAGE</p> <p>MEDS Language Codes 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state</p> <p>B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian</p>	O

	CONCERNROLE/ PREFERREDSEC ONDLANGUAGE	SPOKEN LANGUAGE	STRING(1)	<p>MEDS Language Codes</p> <p>0 = American Sign Language 1 = Spanish 2 = Cantonese 3 = Japanese 4 = Korean 5 = Tagalog 6 = Other Non-English 7 = English 9 = No Response, client declined to state</p> <p>A = Other Sign Language B = Mandarin C = Other Chinese Languages D = Cambodian E = Armenian F = Ilocano G = Mein H = Hmong I = Lao J = Turkish K = Hebrew L = French M = Polish N = Russian P = Portuguese Q = Italian R = Arabic S = Samoan T = Thai U = Farsi V = Vietnamese W = Hindi X = Punjabi Y = Ukrainian</p>	R
	ALTERNATENAME/ SURNAME	AUTHORIZED REP LAST NAME	STRING(20)		O
	ALTERNATENAME/ FIRSTFORENAME	AUTHORIZED REP FIRST NAME	STRING(15)	Populated with * if individual has single name as done for MEDS.	O
	ADDRESS/ ADDRESSDATA ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET PRE DIR	STRING(2)	<p>Values are:</p> <p>E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West</p> <p>Parse ADDRESSDATA for STREET PRE DIR</p> <p>Parse ADDRESSDATA for STREET PRE DIR</p>	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET POST DIR	STRING(2)	<p>Values are:</p> <p>E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West</p> <p>Parse ADDRESSDATA for STREET POST DIR</p>	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET NUMBER	STRING(20)	Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STREET NAME	STRING(50)	Parse ADDRESSDATA for STREET NAME	R

	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	O
	ADDRESS/ ADDRESSDATA	AUTHORIZED REP MAILING ADDRESS: ZIP + 4	NUMERIC (4)	Parse ADDRESSDATA for ZIP CODE + 4	O
	PHONENUMER/ PHONEAREACO DE PHONENUMER/ PHONENUMBER	AUTHORIZED REP PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	MEDICALELGIN FO/ IHSSCOUNTYID	SAWS FBU	STRING(1)	Parse IHSSCOUNTYID For FBU	O
	MEDICALELGIN FO/ IHSSCOUNTYID	SAWS PERSON NUMBER	STRING(2)	Parse IHSSCOUNTYID For PERSON NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: STREET PRE DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for For PRE DIR	O

	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: STREET POST DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for For POST DIR	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: STREET NUMBER	STRING (20)	Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: STREET NAME	STRING (50)	Parse ADDRESSDATA for STREET NAME	R
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT MAILING ADDRESS: ZIP + 4		Parse ADDRESSDATA for ZIP CODE + 4	O
	IHSSCASE/ APPICATIONDATE	IHSS AUTHORIZATION DATE	DATE (MMDDCC YY-8)	This is the IHSS Begin Date Of Aid (BDOA)	O

	CASESTATUS/ STATUSCODE	IHSS STATUS	STRING (25)	Values are: <ul style="list-style-type: none">PendingEligiblePresumptive EligibleLeaveTerminatedDeniedApplication Withdrawn	R
	CASESTATUS/ REASONCODE	IHSS STATUS REASON	STRING (50)	Detail provided for Leave, Terminated or Denied.	O
	CASESTATUS/ STARTDATE	IHSS STATUS EFFECTIVE DATE	DATE (MMDDCC YY-8)	Date the IHSS status applies to the individual.	R
	CASESTATUS/ ENDDATE	IHSS ELIGIBILITY END DATE	DATE (MMDDCC YY-8)		O
	IHSSAUTHORIZATION/ FUNDINGAIDCODE	IHSS AID CODE	STRING(2)	Values are: <ul style="list-style-type: none">2M2N2L2K	O
	IHSSAUTHORIZATION/ CALCULATEDSOC	IHSS SOC	NUMERIC (9)	Whole dollar amount only	O

Outbound S9 Transaction

CI	Document Name
CI-116390 - DSD EINTF Outbound S9 Transaction IMPLEMENTED	DSD_EINTF_Outbound_S9_Transaction.doc

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmds4xxb	TRANSACTION TYPE	TRANSACTION TYPE	STRING(2)	Value = S9	R
	CONCERNROLE ALTERNATEID /ALTERNATEID	CIN	STRING(9)	Type Code = ATI002	R
	IHSSCASE /COUNTYCODE	IHSS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASEHEADER/ CASEREFERENCE	IHSS CASE NUMBER	STRING(7)		R
	ALTERNATENAME/SURNAME	RECIPIENT LAST NAME	STRING (20)		R
	ALTERNATENAME/ FIRSTFORENAME	RECIPIENT FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	ALTERNATENAME/ OTHERFORENAME	RECIPIENT MIDDLE INITIAL	STRING(1)		O
	ALTERNATENAME/ NAMESUFFIX	RECIPIENT SUFFIX	STRING(3)		O

	CONCERNROLE ALTERNATEID /ALTERNATEID	RECIPIENT SSN	NUMERIC (9)	*If MEDS PSUEDO is used in CMIPS populate with '000000000' Type Code = CA1	R
	PERSON/ DATEOFBIRTH	RECIPIENT DOB	DATE (MMDDCC YY-8)		R
	CASESAWSINFO RMATION/ SAWSCOUNTYC ODE	SAWS COUNTY CODE	NUMERIC (2)	State identified county number	R
	CASESAWSINFO RMATION/ SAWS SERIAL	SAWS SERIAL	STRING(7)	County Serial Number – 7 bytes	R
	USERS/ WORKERNUMBER	IHSS SW CODE	STRING(4)		R
	USERS/ SURNAME	IHSS SW LAST NAME	STRING (20)		R
	USERS/ FIRSTNAME	IHSS SW FIRST NAME	STRING (15)	Populated with * if individual has single name as done for MEDS.	O
	USERS/ EMAILADDRESS	IHSS SW EMAIL	STRING (50)		O
	PHONE NUMBER/ PHONE AREA CO DE PHONE NUMBER/ PHONE NUMBER	IHSS SW PHONE	NUMERIC (10)	Concatenate PHONE NUMBER/ PHONE AREA CODE and PHONE NUMBER/ PHONE NUMBER	O
	LOCATION/ LOCATIONNUMB ER	IHSS SW DISTRICT OFFICE NUMBER	STRING(3)		O
	LOCATION/ NAME	IHSS DISTRICT OFFICE NAME	STRING (20)		O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: STREET PRE DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET PRE DIR	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: STREET POST DIR	STRING(2)	Values are: E = East N = North S = South W = West NE = North-East NW = North-West SE = South-East SW = South-West Parse ADDRESSDATA for STREET POST DIR	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: STREET NUMBER	STRING (20)	If Residence Address in CMIPS is a Highway Address or Rural Route Address this field will contain the same entry as RESIDENCE ADDRESS: STREET NAME truncated as necessary. Parse ADDRESSDATA for STREET NUMBER	R
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: STREET NAME	STRING (50)	If Residence Address in CMIPS is a Rural Route Address this field will contain the same entry as RESIDENCE ADDRESS: RURAL ROUTE NUMBER. Parse ADDRESSDATA for STREET NAME	R

	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: SUFFIX	STRING(4)	Values are: ALY = Alley ANX = Annex AVE = Avenue BLVD = Boulevard CTR = Center CIR = Circle LN = Lane RD = Road ST = Street OTHR = Other Values Parse ADDRESSDATA for SUFFIX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: RURAL ROUTE NUMBER	STRING (20)	Parse ADDRESSDATA for RURAL ROUTE NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: UNIT TYPE	STRING(4)	Values are: SPC = Space APT = Apartment UNIT = Unit STE = Suite OTHR = Other Values Parse ADDRESSDATA for UNIT TYPE	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: UNIT NUMBER	STRING (20)	Parse ADDRESSDATA for UNIT NUMBER	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: PO BOX	STRING (20)	Parse ADDRESSDATA for PO BOX	O
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: CITY	STRING (30)	Parse ADDRESSDATA for CITY	R
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: STATE	STRING(2)	State Abbreviation Parse ADDRESSDATA for STATE	R
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: ZIP CODE	NUMERIC (5)	Parse ADDRESSDATA for ZIP CODE	R
	ADDRESS/ ADDRESSDATA	RECIPIENT NEW RESIDENCE ADDRESS: ZIP + 4	NUMERIC (4)	This will be '0000' if the +4 is not known or entered in CMIPS. Parse ADDRESSDATA for ZIP CODE + 4	R
	PHONENUMER/ PHONEAREACO DE PHONENUMER/ PHONENUMBER	RECIPIENT NEW PHONE	NUMERIC (10)	Concatenate PHONENUMER/ PHONEAREACODE and PHONENUMER/ PHONENUMBER	O
	INTERCOUNTYT RANSFER /ICTSTATUSCODE	INTER-COUNTY TRANSFER STATUS	STRING(2)	Values are: IP = Inter-County Transfer in Progress TC = Inter-County Transfer Completed CX = Inter-County Transfer Cancelled	R
	INTERCOUNTYT RANSFER /MOVEDATE	DATE OF MOVE	DATE (MMDDCC YY-8)		R
	INTERCOUNTYT RANSFER/ RECEIVINGCOU NTYCODE	RECIPIENT NEW COUNTY CODE	NUMERIC (2)	State identified county number	R

Transaction Trigger Events

- For S1 transactions, refer to section 20.2.5 No 9.
- For S5 transactions, refer to section 21.2.5 No 11
- For S8 transactions, refer to section 20.2.5 No 16.

Refer to section 22.1.5 No. 1.
 Refer to section 22.1.5 No 2.
 Refer to section 22.1.5 No. 3.
 Refer to section 22.1.5 No 21.
 Refer to section 25.2.5 No 11.
 Refer to section 25.2.5 No 12.
 Refer to section 25.2.5 No. 14.
 Refer to section 25.2.5 No 25.
 Refer to section 25.2.5 No 38.
 Refer to section 25.2.5 No 55.
 Refer to section 25.2.5 No 57.
 Refer to section 25.2.5 No 59.
 Refer to section 25.2.5 No 61.
 Refer to section 25.2.5 No 64.
 Refer to section 25.2.5 No 66.
 Refer to section 25.2.5 No 70.
 Refer to section 25.2.5 No 72.

- For S9 transactions,

Refer to section 25.2.5 No. 1.
 Refer to section 25.2.5 No. 2.
 Refer to section 25.2.5 No 3.
 Refer to section 25.2.5 No 26.
 Refer to section 25.2.5 No 27.
 Refer to section 25.2.5 No 28.

Processing Criteria

Sends S1, S5, S8 and S9 transaction based on the SAWSINTERFACETRIGGER triggers and also when all the required fields are present in CMIPS.

Sends S2 AND S3 exception transactions based on the BATCHPROCESSRECORD exception records.

Error Processing

The following error codes will be utilized by SAWS for notification to CMIPS of a failed transaction:

Element	Error Description	Error Code
S1		
Invalid Transaction Type	Record type a value not expected (Expected Values without error code = S1, S5, S8, S9)	06
CIN	Value is not alphanumeric	07
IHSS Case Number	Value is blank or not numeric	08
SSN	Value not Alphanumeric	14
DOB	Value is blank or invalid Date format	15
Gender	Value not a valid value	16
Unexpected Record Length	Record length not expected for transaction type. Assume that records are fixed length	17
Duplicate Referral	Already have a referral from this source system for this client	18
IHSS APPLICATION DATE	Value is blank or invalid Date format	19
APPLICANT LAST NAME	Value is blank or not alphanumeric	20
Any Other Error	Error not meeting other criteria	99
S5		
Invalid Transaction Type	Record type a value not expected (Expected Values without error code = S1, S5, S8, S9)	06
CIN	Value is blank or not alphanumeric	07
IHSS Case Number	Value is blank or not numeric	08

CIN not matching	CIN sent does not match anyone in SAWS	10
IHSS not matching	CIN matches, however the IHSS Case Number does not match to client	11
Match but not linked to IHSS	Key fields match, however the SAWS client does not have an IHSS Case Number (has not been linked)	12
Invalid Notification Type	Value is blank or an unexpected value	24
Any Other Error	Error not meeting other criteria	99
S8		
Invalid Transaction Type	Record type a value not expected (Expected Values without error code = S1, S5, S8, S9)	06
CIN	Value is blank or not alphanumeric	07
IHSS Case Number	Value is blank or not numeric	08
CIN not matching	CIN sent does not match anyone in SAWS	10
IHSS not matching	CIN matches, however the IHSS Case Number does not match to client	11
Match but not linked to IHSS	Key fields match, however the SAWS client does not have an IHSS Case Number (has not been linked)	12
No match to Key fields	Occurs during an initial link where none of the key fields match to an existing SAWS Client	13
IHSS Authorization Date	Invalid Date format	25
IHSS STATUS CODE	Value is blank or not alphanumeric	26
IHSS STATUS EFFECTIVEDATE	Value is blank or invalid Date format	27
IHSS SOC	Value is not Numeric	29
Any other Date error	Invalid Date format	98
Any Other Error	Error not meeting other criteria	99
S9		
Invalid Transaction Type	Record type a value not expected (Expected Values without error code = S1, S5, S8, S9)	06
CIN	Value is blank or not alphanumeric	07
IHSS Case Number	Value is blank or not numeric	08
CIN not matching	CIN sent does not match anyone in SAWS	10
IHSS not matching	CIN matches, however the IHSS Case Number does not match to client	11
Match but not linked to IHSS	Key fields match, however the SAWS client does not have an IHSS Case Number (has not been linked)	12
INTER-COUNTY TRANSFERSTATUS	Value is blank or not a valid value	31
Any other Date error	Invalid Date format	98
Any Other Error	Error not meeting other criteria	99

For all SAWS transactions, when all the required fields are not present in CMIPS, writes the information to log file.

Related Components

Business Process Functions

N/A

Business Flows

- For S1 transactions, refer to section 20.2.1.14
- For S9 transactions, refer to section 25.2.1.1.2

Individual with Active Medi-Cal Eligibility Process Flow

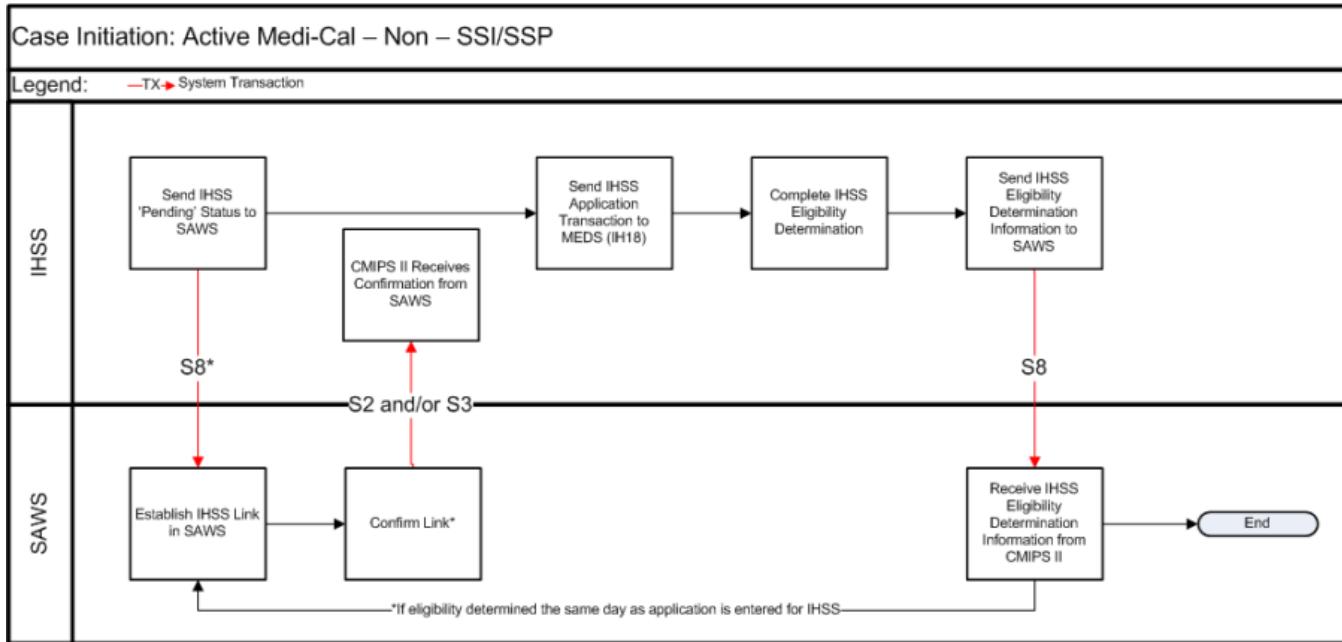


Figure – Active Medi-Cal Eligibility Process Flow

1. CMIPS will send notification to SAWS of a pending IHSS Application when there is an active Medi-Cal case that is non-SSI/SSP (CMIPS II TRIGGER: S8 transaction).
2. SAWS will receive notification from CMIPS of the pending IHSS Application for cases with active Medi-Cal. **NOTE: If IHSS eligibility is approved on the same day, the current IHSS Status will be sent.
3. SAWS will confirm that link was established (SAWS TRIGGER: S2 and/or S3 transaction).
4. CMIPS will send notification to SAWS of the IHSS Service Eligibility Determination (CMIPS II TRIGGER: S8 transaction).

Individual with no Active Medi-Cal Eligibility Process Flow

Case Initiation: No Active Medi-Cal

Legend: TX → System Transaction

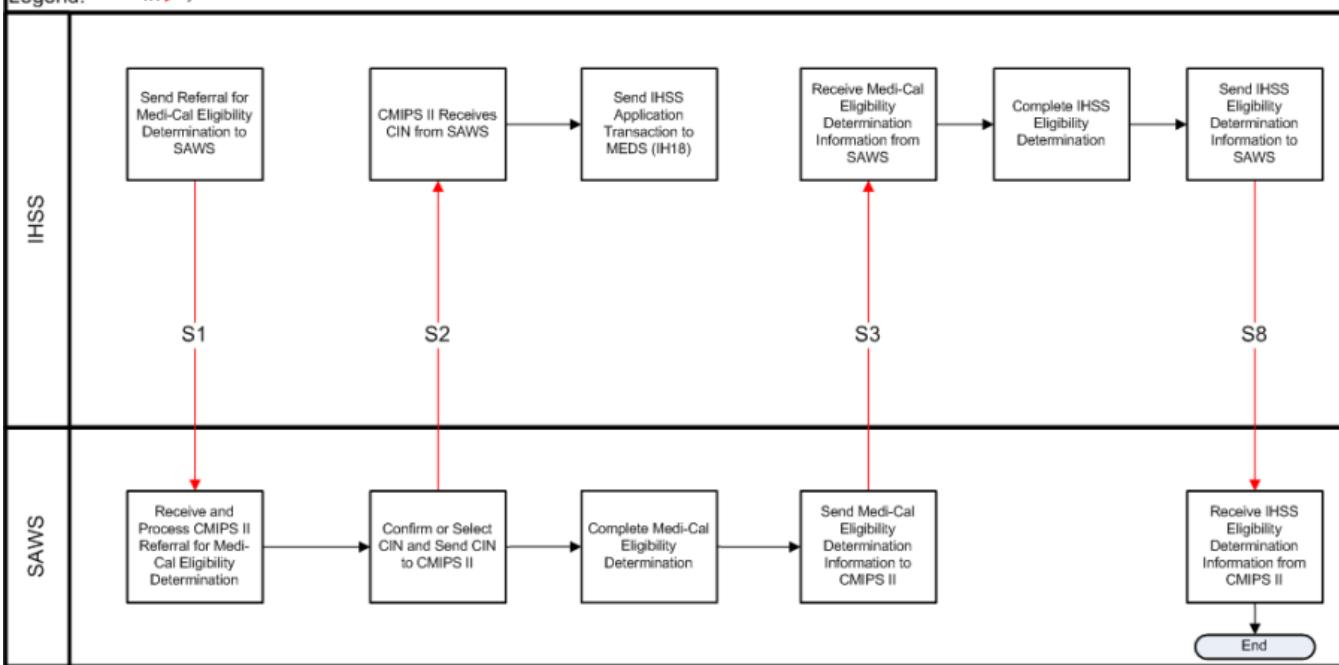


Figure – No Active Medi-Cal Eligibility Process Flow

1. CMIPS will send a referral to SAWS requesting a Medi-Cal eligibility determination (CMIPS II TRIGGER: S1 transaction).
2. CMIPS will capture the date the request is sent to SAWS for the Medi-Cal referral.
3. SAWS will receive the Medi-Cal referral from CMIPS.
4. SAWS will process the Medi-Cal referral and link to a CIN for the individual. SAWS will send the applicant's SAWS/CIN information to CMIPS (SAWS TRIGGER: S2 transaction).
5. CMIPS will receive notification of the Medi-Cal application and CIN information from SAWS.
6. SAWS will send Medi-Cal eligibility determination information to CMIPS (SAWS TRIGGER: S3 transaction).
7. CMIPS will receive Medi-Cal eligibility determination information from SAWS.
8. CMIPS will notify SAWS of the IHSS Service Eligibility determination (CMIPS II TRIGGER: S8 transaction) for individuals who were previously referred to SAWS (prior S1 transaction).

IHSS Eligibility Status Change Process Flow

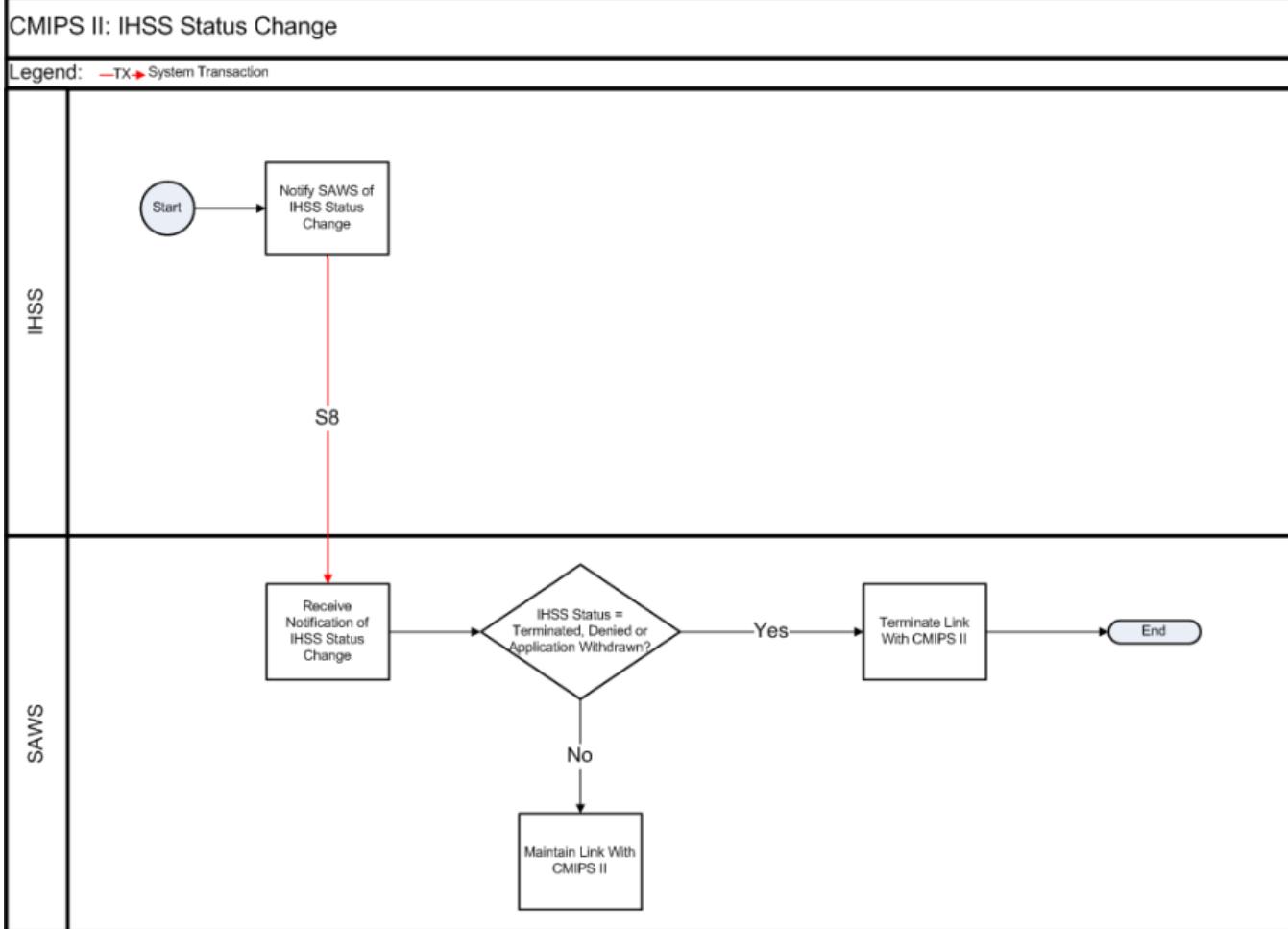


Figure – IHSS Eligibility Status Change Process Flow

1. CMIPS will notify SAWS when IHSS status change is authorized for a SAWS identified IHSS Recipient (CMIPS II TRIGGER: S8 transaction).
2. SAWS will receive notification of IHSS status change from CMIPS.
3. If IHSS Status equals "Terminated," "Denied" or "Application Withdrawn," the IHSS notification link should be terminated in SAWS.
4. If IHSS Status does not equal "Terminated," "Denied" or "Application Withdrawn," the IHSS notification link should be maintained in SAWS and in CMIPS.

IHSS Notification to SAWS of Potential Situation Change Process Flow

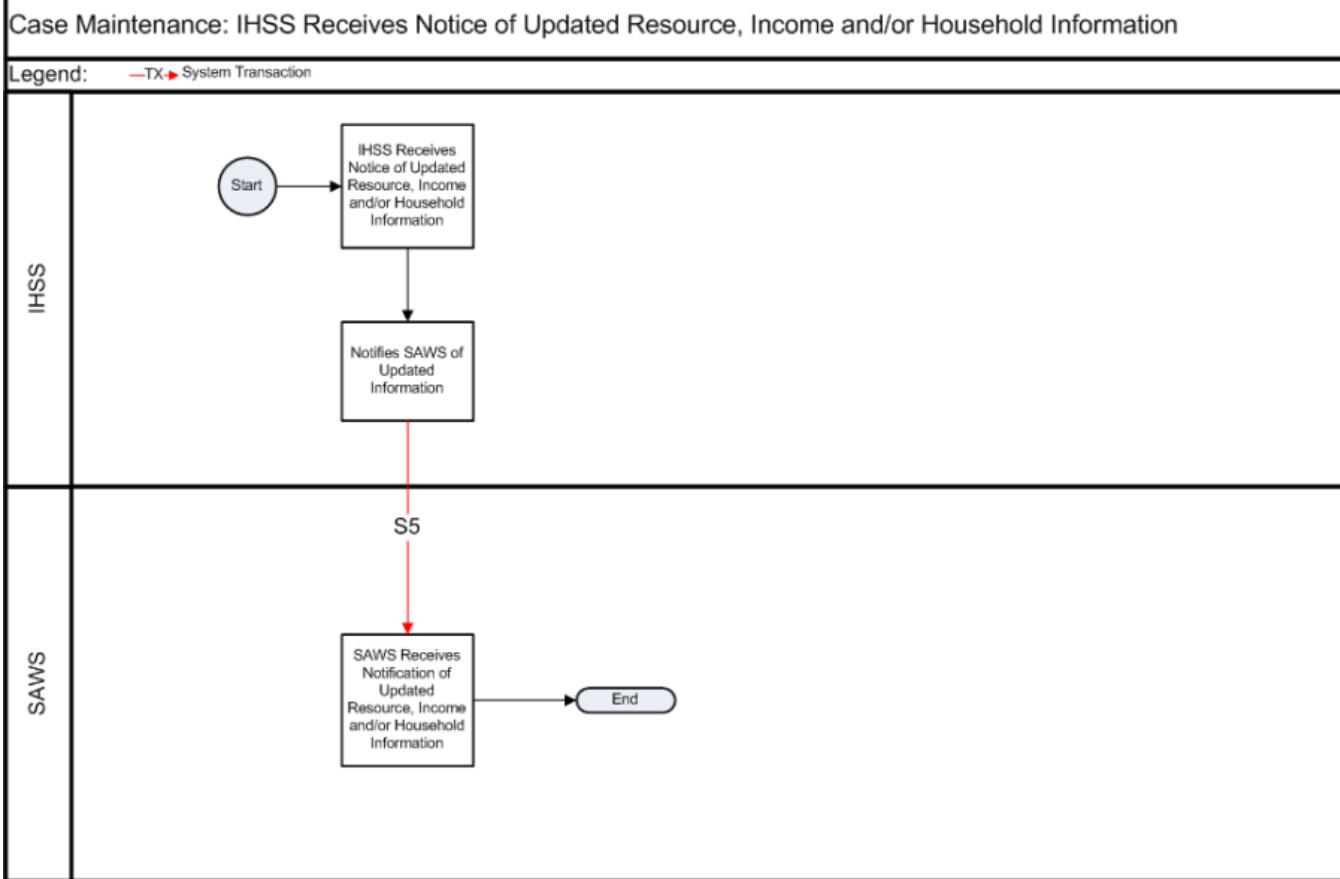


Figure – IHSS Notification to SAWS of Potential Situation Change Process Flow

1. CMIPS will notify SAWS if an IHSS Recipient is known to have updated resource, income and/or household information (CMIPS II TRIGGER: S5 transaction).
2. SAWS will receive notification sent by CMIPS.

IHSS Inter-County Transfer Process Flow

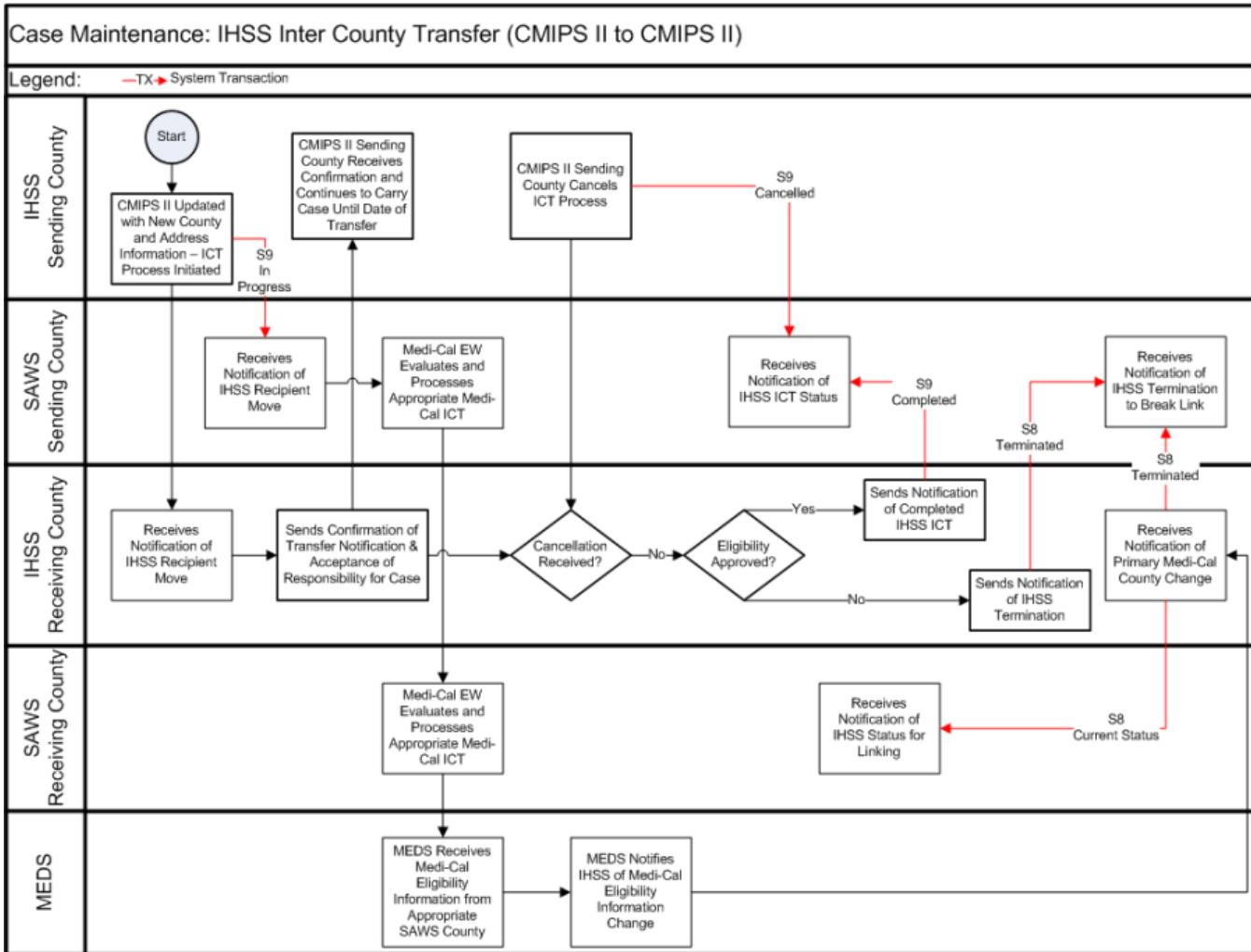


Figure – IHSS Inter-County Transfer Process Flow

For this process the following definitions should be understood:

- IHSS Sending County = The County where the IHSS case is managed at the time a move/potential move is reported.
- SAWS Sending County = The County where the linked Recipient's Primary Medi-Cal case is managed at the time a move/potential move is reported.
- IHSS Receiving County = The County where the IHSS Recipient has moved. This County will assume management responsibility for the IHSS case after assessment.
- SAWS Receiving County = The County to which the Primary Medi-Cal case may be transferred if this action is determined to be appropriate by SAWS eligibility staff.

The ICT process flow steps are as follows:

1. CMIPS Sending County will notify the SAWS Sending County when an IHSS Recipient is transferring to another county (CMIPS II TRIGGER: S9 transaction).
2. The SAWS Sending County will receive notification from the CMIPS Sending County that an inter-county transfer is "In Progress" for a linked IHSS Recipient.
3. The CMIPS Sending County will notify the SAWS Sending County when the inter-county transfer has been "Cancelled" for an IHSS Recipient (CMIPS II TRIGGER: S9 transaction).
4. The CMIPS Receiving County will notify the SAWS Sending County when the inter-county transfer has been "Completed" for an IHSS Recipient (CMIPS II TRIGGER: S9 transaction).
5. The SAWS Sending County will receive notification from the CMIPS Receiving County that an inter-county transfer has been "Completed" or will receive notification from the CMIPS Sending County that an inter-county transfer has been "Cancelled" for an IHSS Recipient.
6. The CMIPS Receiving County will notify the SAWS Sending County of IHSS status change if eligibility is terminated in the CMIPS Receiving County (CMIPS II TRIGGER: S8 transaction).
7. The SAWS Sending County will receive notification from the CMIPS Receiving County that IHSS Status has changed for a Recipient.
8. When CMIPS receives notification from MEDS (MEDS Daily Update or MEDS Monthly Renewal transaction) that the primary Medi-Cal County of record has changed, the CMIPS Receiving County will create a notification to the SAWS Sending County of IHSS Status Change indicating "Terminated" (CMIPS II TRIGGER: S8 transaction) to terminate the link with the SAWS Sending County. At the same time, the CMIPS Receiving County will notify the SAWS Receiving County of the current IHSS Status (CMIPS II TRIGGER: S8 transaction) in order to establish a link with the SAWS Receiving County (See Section 6.2.1.1 for initial linking).

Business Rules

All associated Business Rules are documented in the Transaction Trigger Events section above.

Tasks/Notifications

N/A

Screens

- For S1 transactions, refer to 20.2.2.14.
- For S5 transactions, refer to section 21.2.2.41.
- For S9 transactions, refer to section 25.2.2.35

Refer to section 25.2.2.36

Reports

N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/External Interfaces/CCI SI/NSI Indicator and Record Count – CMMS108B

CI	Document Name
CI-717577 - DSD EINTF CCI SI NSI Indicator CMMS108B IMPLEMENTED	DSD_EINTF_CCI_SI_NSI_Indicator_CMMS108B.docx

Internal Layout/System Mapping – SI/NSI Data File

Source: Case Management		Target: Interface File			
Table Name/ File Name /WSDL Name	Field Name	Field Name	Data Type (Format-Length)	Description (Data Transformation Rules)	R/O (Required or Optional)
cmms108b	N/A	N/A	N/A	File generated in .txt format with ',' (comma) delimiter (CSV)	N/A
Concernrolealternateid	alternateID typeCode = CA1	RECIPIENT SSN	STRING(9)	Recipient Social Security Number	R
Concernrolealternateid	alternateID typeCode = ATI002	RECIPIENT CIN + CHECK DIGIT	STRING(10)	Recipient 9 character CIN plus 1 character CHECK DIGIT	R
IHSSAuthorization	severelyImpairedInd	IMPAIRMENT LEVEL	STRING(1)	Values are: S = Severely Impaired N = Not Severely Impaired	R
cmms108b – Trailer	N/A	RECORD COUNT	NUMERIC(7)	Numeric record count with leading zeros and without commas. Example: "0000001"	R

Transaction Trigger Events

AutoSys CRM Interface Batch Job

Processing Criteria

WHERE

Records for recipient case details that meet the following criteria:

1. Case Status Equals
 - a. Eligible
 - b. Presumptive Eligible
 - c. Leave

AND

1. Alternate ID Type "SSN" is not blank

AND

1. Alternate ID Type "CIN" is not blank

AND

1. IHSS Authorization with:
 - a. End Date of latest segment is prior to the batch job run date

OR – locate segment with:

1. Begin Date equal to or prior to the batch job run date
2. End Date equal to or later than the batch job run date.

AND

1. Severely Impaired indicator is not blank.

THEN

Select SSN, CIN + CHECK DIGIT and SI/NSI Indicator to create records for cmms108b (data file) and provide a trailer record with a count of transactions in the file (count **INCLUDES** trailer record).

Error Processing

CMIPS operational AutoSys error logging.

Related Components

None

Business Process Functions

None

Business Flows

None

Business Rules

None

Tasks/Notifications

None

Screens

None

Reports

None

CMAR112A – County Direct Mailing Receive

CI	Document Name
 CI-718153 - DSD EINTF County Direct Mailing Receive CMAR112A IMPLEMENTED	DSD_EINTF_County_Direct_Mailing_Receive_CMAR112A.docx

Internal Layout/System Mapping

Transaction Data Elements

Source: [Interface or System Component]	Target: [Interface or System Component]				
Table Name/ File Name/WSDL Name	Field Name	Field Name	Data Type (Format-length)	Description (Data Transformation rules)	R/O (Required or optional)
cmar112a-ts.csv	County Name	County Name	String (15)		O

cmar112a-ts.csv	Recipient Case Number	Recipient Case Number	String (7)		R
cmar112a-ts.csv	Provider Number	Provider Number	String (9)		R
cmar112a-ts.csv	Reason	Reason	String (160)		R
cmar112a-ts.csv	Mailing Date	Mailing Date	String (8)	YYYYMMDD	R

Transaction Trigger Events

N/A

Processing Criteria

If no file found on ProcServer in "/ProcServer/cmips2/interface/<env>/<date>/cmar112a" THEN job status = Failed
 If no transactions exist for this interface on a processing day job status = Successful

Error Processing

All erroneous records will be processed by send external process CMAS112B

Related Components

Business Process Functions

DSD_BF_County_Direct_Mailing.docx

Business Flows

N/A

Business Rules

N/A

Tasks/Notifications

N/A

Screens

View Targeted Mailing

Reports

N/A

CMAS112B – County Direct Mailing Send

CI	Document Name
 CI-718154 - DSD EINTF County Direct Mailing Send CMAS112B IMPLEMENTED	DSD_EINTF_County_Direct_Mailing_Send_CMAS112B.docx

Internal Layout/System Mapping

Transaction Data Elements

Source: [Interface or System Component]	Target: [Interface or System Component]
---	---

Table Name/ File Name/WSDL Name	Field Name	Field Name	Data Type (Format-length)	Description (Data Transformation rules)	R/O (Required or optional)
cmas112b-ts.csv	County Name	County Name	String (15)		O
cmas112b-ts.csv	Recipient Case Number	Recipient Case Number	String (7)		O
cmas112b-ts.csv	Provider Number	Provider Number	String (9)		O
cmas112b-ts.csv	Reason	Reason	String (160)		O
cmas112b-ts.csv	Mailing Date	Mailing Date	String (8)	YYYYMMDD	O

Transaction Trigger Events

NA

Processing Criteria

If no records in error are found an empty file will be produced and job status = Successful

Error Processing

N/A

Related Components

Business Process Functions

DSD_BF_County_Direct_Mailing.docx

Business Flows

N/A

Business Rules

Tasks/Notifications

N/A

Screens

View Targeted Mailing

Reports

N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Batch Processing

#	Batch Process Name	CI	Batch Process Description	Estimated Size (Records)	Frequency	Send /Receive Maintenance
1	MEDS Daily Send (CMDS103C)	CI-69360 - DSD BTCH PRO CRM cmds103c IMPLEMENTED	This batch program sends all the MEDS daily transactions.	Unknown	Daily	Send
2	SAWS Send (CMDS4XXB)	CI-69353 - DSD BTCH PRO CRM cmds4xxb box IMPLEMENTED	This batch program sends all the SAWS daily transactions.	Unknown	Daily	Send
3	Forms Job for NOAs to print Queue (500WINRN)	CI-507535 - DSD BTCH PRO CRM 500winrn IMPLEMENTED	This batch job fetches the generated pdf documents [Generated through Forms Job 500mindn] and prints them at the county printers, for the given batch date	Unknown	Daily	Maintenance
4		CI-510889 - DSD BTCH PRO CRM 502RINRN CANCELLED	<i>Cancelled with ASR CIS Sprint 4.</i>			
5	Generate Recipient NOA forms (510MINDN)	CI-510890 - DSD BTCH PRO CRM 510MINDN IMPLEMENTED	This batch program will generate the Recipient Notification 2271A (SOC2271A) forms and save it in the Cúram database.	Variable	One-Time then ongoing	Maintenance
6	CMMS108B	CI-717582 - DSD BTCH PRO CRM cmms108b IMPLEMENTED	SI/NSI Indicator data file with record count for DHCS – CCI		Monthly	Send
7	County direct mailing (receive) interface (CMAR112A)	CI-718155 - DSD BTCH PRO CRM CMAR112A IMPLEMENTED	This batch program will process a CSV provided by CDSS which contains IHSS Providers and Recipients that were sent a direct mailing (outside of Case Management) from a county or counties	Unknown	Annually or On Demand	Receive
8	County direct mailing (send) interface (CMAS112B)	CI-718156 - DSD BTCH PRO CRM CMAS112B IMPLEMENTED	This batch program will produce a CSV file in response to the processing of the County direct mailing receive interface file. The file will contain records that did not process because of errors. When there are no errors the file will be empty.	Unknown	Annually or On Demand	Send
9	Send SOC PDFs to Admail West (510XINRNRN)	CI-510378 - DSD BTCH PRO CRM p 510xinn IMPLEMENTED	This batch job sends generated SOC form PDF documents to printing partner Admail West.	Unknown	Daily	Maintenance
10	Process SAWS S5 Outbound Transaction (501DINDS)	CI-291187 - DSD BTCH PRO CRM p 501dinds IMPLEMENTED	This batch job processes the SAWS S5 outbound transactions.	N/A	Daily	Maintenance
11	SAWS S3 Exception Outbound Batch Job (501CINDS)	CI-291189 - DSD BTCH PRO CRM p 501cinds IMPLEMENTED	This batch job returns SAWS S3 transactions processed with error codes.	N/A	Daily	Maintenance
12	Process MEDS IH18 Outbound Transactions (500IINDS)	CI-291191 - DSD BTCH PRO CRM p 500iinds IMPLEMENTED	This batch job processes MEDS IH18 outbound transactions.	N/A	Daily	Send

13	Process SAWS S1 Outbound Transactions (501AI NDS)	 CI-291194 - DSD BTCH PRO CRM p 501ainds IMPLEMENTED	This batch job processes SAWS S1 outbound transactions.	N/A	Daily	Send
14	Process MEDS IH34 Outbound Transactions (500KI NDS)	 CI-291201 - DSD BTCH PRO CRM p 500kinds IMPLEMENTED	This batch job processes MEDS IH34 outbound transactions.	N/A	Daily	Send
15	Process SAWS S8 Outbound Transactions (501EI NDS)	 CI-291209 - DSD BTCH PRO CRM p 501einds IMPLEMENTED	This batch job processes SAWS S8 outbound transactions.	N/A	Daily	Send
16	Process SAWS S9 Outbound Transactions (501FI NDS)	 CI-291219 - DSD BTCH PRO CRM p 501finds IMPLEMENTED	This batch job processes SAWS S9 outbound transactions.	N/A	Daily	Send
17	Processes MEDS IH12 Outbound Transactions (500HI NDS)	 CI-291222 - DSD BTCH PRO CRM p 500hinds IMPLEMENTED	This batch job processes MEDS IH12 outbound transactions.	N/A	Daily	Send
18	Process MEDS IH02 Outbound Transactions (500JINDS)	 CI-291226 - DSD BTCH PRO CRM p 500jinds IMPLEMENTED	This batch job processes MEDS IH02 outbound transactions.	N/A	Daily	Send
19	Process Returned SAWS S9 Inbound Transactions with Error Codes (501FIN DR)	 CI-291234 - DSD BTCH PRO CRM p 501findr IMPLEMENTED	This batch job processes returned SAWS S9 transactions with error codes.	N/A	Daily	Receive
20	Process MEDS IH05 Outbound Transactions (500GI NDS)	 CI-291238 - DSD BTCH PRO CRM p 500ginds IMPLEMENTED	This batch job processes MEDS IH05 outbound transactions.	N/A	Daily	Send
21	Process MEDS IH40 Outbound Transactions (500LI NDS)	 CI-291245 - DSD BTCH PRO CRM p 500linds IMPLEMENTED	This batch job processes MEDS IH40 outbound transactions.	N/A	Daily	Send
22	Process Returned SAWS S2 inbound transactions from SAWS (501BINDR)	 CI-291247 - DSD BTCH PEO CRM p 501bindr IMPLEMENTED	This batch job processes returned SAWS S2 inbound transactions from SAWS.	N/A	Daily	Receive
23	Process SAWS S2 Outbound Transactions (501BI NDS)	 CI-291248 - DSD BTCH PRO CRM p 501binds IMPLEMENTED	This batch job processes SAWS S2 outbound transactions.	N/A	Daily	Send
24	Box Print NOA forms	 CI-818652 - DSD BTCH PRO CRM noa forms print box IMPLEMENTED	This batch job box prints NOA forms.	N/A	Daily	Maintenance
25	Reconciles CaseServiceMonth and CaseParticipantServiceMonth Tables (800eindn)	 CI-818736 - DSD BTCH PRO CRM p 800eindn IMPLEMENTED	This batch job reconciles CaseServiceMonth and CaseParticipantServiceMonth tables.	N/A	Daily	Maintenance
26	Generate trigger records for Case Service Month Triggers table (500cinrn)	 CI-818801 - DSD BTCH PRO CRM p 500cinrn IMPLEMENTED	This batch job generates the trigger records for Case Service Month Triggers table	N/A	Daily	Maintenance

27	Insert case service month records for next month (50xcinrn)	 CI-818802 - DSD BTCH PRO CRM p 50xcinrn IMPLEMENTED	This batch job processes the trigger records in Case Service Month Triggers table to insert case service month records for next month.	N/A	Daily	Maintenance
28	Arrears Recipients SOC Spend Down Process (802DPRDS)	 CI-823179 - DSD BTCH PRO CRM 802DPRDS IMPLEMENTED	This batch program runs the spend-down process with MEDS to get a final calculation of the number of share of cost hours on eligible Recipient cases with uncertified MediCal share of cost.	N/A	Hourly	Maintenance
29	Monthly Spend Down Batch for Advance Pay Recipients (803DPRDS)	 CI-823117 - DSD BTCH PRO CRM 803DPRDS IMPLEMENTED	This batch job runs the spend-down process with MEDS to get a final calculation of the number of share of cost hours on eligible Recipient cases with uncertified MediCal share of cost. Once the batch has completed the share of cost hours calculation, it will NOT trigger a web service to Managed Advantage. This is to process spend down for Recipients who switched to advance pay mid-month.	Variable	Monthly - First day of the month	Maintenance
30	IHSS-R Arrears Recipient SOC Spend Down Process (804DPRDS)	 CI-823216 - DSD BTCH PRO CRM 804DPRDS IMPLEMENTED	This batch program runs the spend-down process with MEDS to get a final calculation of the number of share of cost hours on eligible Advance Pay Recipient cases with uncertified MediCal share of cost. Once the batch has completed the share of cost hours calculation, it will trigger a web service to Managed Advantage to transmit the adjusted hours to Payroll.	N/A	Hourly	Maintenance
31	IHSS Advance pay Recipient SOC Spend Down Process (804DPRDS_AP)	 CI-823218 - DSD BTCH PRO CRM 804DPRDS_AP IMPLEMENTED	This batch program runs the spend-down process within CMIPS to get a final calculation of the number of share of cost hours on Advance Pay Recipient cases with an IHSS Share of Cost dollar amount in the most recent evidence. Once the batch has completed the share of cost hours calculation, it will NOT trigger a web service to Managed Advantage. This is to process spend down for Recipients who switched to advance pay mid-month.	N/A	Hourly	Maintenance
32	IHSR Advance Pay Recipients SOC Spend Down Process (804DPRDS_MONTHLY)	 CI-823219 - DSD BTCH PRO CRM 804DPRDS_MONTHLY IMPLEMENTED	This batch program will Run the spend-down process within CMIPS to get a final calculation of the number of share of cost hours on Advance Pay Recipient cases with an IHSS Share of Cost dollar amount in the most recent evidence. Once the batch has completed the share of cost hours calculation, it will trigger a web service to Managed Advantage to transmit the adjusted hours to Payroll.	Variable	Monthly	Maintenance
33	Resend Advance Pay Recipients SOC Spend Down Failed Webservice to MA (CRM_805DPRDS)	 CI-823235 - DSD BTCH PRO CRM CRM_805DPRDS IMPLEMENTED	When the web services from CM to Payroll with Recipients' SOC details for the service month fails, the system sets the corresponding triggers to an error status. This Batch re-attempts the webservice request to MA before the nightly cycle starts so that MA could process it in the second attempt. Any further failures after this batch would set the corresponding triggers to an error status and initiate an email to the CM and MA M&O Team to further analyze and fix the Recipient data if required.	N/A	Monthly	Maintenance

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Reporting

See DSD Section 28A, 28B, 28C or 28D for all CMIPS Reports.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Forms

See DSD Section 31A, 31B or 31C for all CMIPS Forms.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions

This section will document each code tables and its values and descriptions that will be utilized by CMIPS for Recip CM & OS – Final Determination topic area.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Funding Source Aid Code

CI	Document Name
 CI-68070 - DSD CT Funding Source Aid Code IMPLEMENTED	DSD_CT_Funding_Source_Aid_Code.doc

Table – Code Table: Funding Source Aid Code

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
IHSSR	IHSS-R	N	1	N	Yes	Display value is 2N – IHSS-R
IPO1	IPO1 – Advance Pay	N	2	N	Yes	Display value is 2L – IPO1
IPO2	IPO2 – Restaurant Meal Allowance	N	3	N	Yes	Display value is 2L – IPO2
IPO3	IPO3 – Parent Provider of Minor Child	N	4	N	Yes	Display value is 2L – IPO3
IPO4	IPO4 – Spouse Provider	N	5	N	Yes	Display value is 2L – IPO4
IPO5	IPO5 – Multiple	N	6	N	Yes	Display value is 2L – IPO5
IPW1	IPW1	N	7	N	Yes	Display value is 2L – IPW
IPW2	IPW2	N	8	N	Yes	Display value is 2L – IPW
IPW3	IPW3	N	9	N	Yes	Display value is 2L – IPW
IPW4	IPW4	N	10	N	Yes	Display value is 2L – IPW
IPW5	IPW5	N	11	N	Yes	Display value is 2L – IPW
IPW6	IPW6	N	12	N	Yes	Display value is 2L – IPW
PCSP	PCSP	N	13	N	Yes	Display value is 2M – PCSP
CFCO	CFCO	N	14	N	Yes	Display value is 2K - CFCO

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Manual NOA Code

CI	
 CI-68072 - DSD CT ManualNOACode	IMPLEMENTED

Table – Code Table: ManualNOACode

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
AP04	Advance Payment - Termination - Recipient Request	No	1	No	Yes	Selection generates NOA
AP05	Advance Payment - Termination - Reconciling timesheets not submitted in 90 days	No	2	No	Yes	Selection generates NOA
AP06	Advance Payment - Termination - Did not pay provider timely	No	3	No	Yes	Selection generates NOA
AP07	Advance Payment - Termination - Incorrect use of payment	No	4	No	Yes	Selection generates NOA
AS01	Denial - Recipient request for additional assistance	No	5	No	Yes	Selection generates NOA
DN02	Denial - Citizenship is undocumented	No	6	No	Yes	Selection generates NOA
DN06	Denial - Residing in a hospital	No	7	No	Yes	Selection generates NOA
DN07	Denial - Residing in an intermediate care facility	No	8	No	Yes	Selection generates NOA
DN08	Denial - Residing in a SNF	No	9	No	Yes	Selection generates NOA
DN09	Denial - Residing in a CCF	No	10	No	Yes	Selection generates NOA
DN11	Refuse to Pay Share of Cost	No	11	No	Yes	Selection generates NOA
DN15	Denial - Death	No	12	No	Yes	Selection generates NOA
DN16	Denial - Did not provide adequate information	No	13	No	Yes	Selection generates NOA
DN17	Denial - Non-Compliance with Medi-Cal Eligibility	No	14	No	Yes	Selection generates NOA
DN19	Denial - IHSS- R Excess Resource	No	15	No	Yes	Selection generates NOA
DN20	Denial - Suspect SSN	No	16	No	Yes	Selection generates NOA
DN21	Denial - Duplicate SSN	No	17	No	Yes	Selection generates NOA

DN22	Denial - Health Care Certification - Not Received	No	18	No	Yes	Selection generates NOA
FF01	Free Form Text	No	19	No	Yes	Selection generates NOA
DN23	Denial - Health Care Certification - No Need	No	19	No	Yes	Selection generates NOA
PM01	Denial - Paramedical Services	No	20	No	Yes	Selection generates NOA
PS01	Denial - Protective Supervision - No Assessed Need	No	21	No	Yes	Selection generates NOA
PS02	Denial - Protective Supervision - Does not meet regulatory criteria MPP 30-757.172	No	22	No	Yes	Selection generates NOA
RM05	Restaurant Meals Allowance - No Need for Meal Prep	No	23	No	Yes	Selection generates NOA
RM06	Deny - Restaurant Meal Allowance - SSP recipient without adequate cooking facilities	No	24	No	Yes	Selection generates NOA
PS07	Not Eligible - Changes to Home	No	24	No	Yes	Selection generates NOA
RM07	Termination - Restaurant Meals Allowance - Receiving SSP payment	No	25	No	Yes	Selection generates NOA
PS08	Not Eligible - No Self Harm	No	25	No	Yes	Selection generates NOA
RH03	IHSS Care Supplement received timely		26	No	No	Selection generates NOA
PS09	Not Eligible - No Mental Impairment or Illness	No	26	No	Yes	Selection generates NOA
RH04	IHSS Care Supplement received untimely		27	No	No	Selection generates NOA
PS10	Not Eligible - Recipient Self-Directed	No	27	No	Yes	Selection generates NOA
RH05	Timely Care Supplement Approved No Hours Reduced		28	No	No	Selection generates NOA
PS11	Not Eligible - Non-Impairment Related Behavior	No	28	No	Yes	Selection generates NOA
RH06	Timely Care Supplement Approved Partial Hours Reduced		29	No	No	Selection generates NOA
PS12	Not Eligible - Visiting or Social Activities	No	29	No	Yes	Selection generates NOA
RH07	Timely Care Supplement Denied		30	No	No	Selection generates NOA
PS13	Not Eligible - Medical Condition	No	30	No	Yes	Selection generates NOA
RH08	Untimely Care Supplement Request Approved Hours Fully Restored		31	No	No	Selection generates NOA

PS14	Not Eligible - Fall Risk Not Related	No	31	No	Yes	Selection generates NOA
RH09	Untimely Care Supplement Request Approved Hours Partially Restored		32	No	No	Selection generates NOA
PS15	Not Eligible - Medical Emergency Monitoring	No	32	No	Yes	Selection generates NOA
RH10	Untimely Care Supplement Request Denied		33	No	No	Selection generates NOA
PS16	Not Eligible - Behavior Related	No	33	No	Yes	Selection generates NOA
SH01	State Hearing - Outcome Compliance	No	34	No	Yes	Selection generates NOA
PS17	Not Eligible - Self-Destructive Behavior	No	34	No	Yes	Selection generates NOA
SH02	State Hearing - Conditional Withdrawal	No	35	No	Yes	Selection generates NOA
PS18	Not Eligible - Routine Childcare	No	35	No	Yes	Selection generates NOA
SH03	State Hearing - Payment	No	36	No	Yes	Selection generates NOA
PS19	Not Eligible - Supervision Not More Than Child of Same Age	No	36	No	Yes	Selection generates NOA
SH04	State Hearing - Aid Paid Pending Decrease	No	37	No	Yes	Selection generates NOA
PS20	Not Eligible - 24-Hour Supervision Not Needed	No	37	No	Yes	Selection generates NOA
TR19	Termination - IHSS-R Excess Resource	No	38	No	Yes	Selection generates NOA
PS21	Not Eligible - Infrequent Need	No	38	No	Yes	Selection generates NOA
PS22	Not Eligible - Predictable Need	No	39	No	Yes	Selection generates NOA
SD01	Sponsor Deeming - Sponsor's income and resources used to determine IHSS eligibility.	No	51	No	Yes	Selection generates NOA
SD02	Sponsor Deeming - No longer subject to sponsor deeming – 3 years or more lawful permanent resident in the U.S.	No	52	No	Yes	Selection generates NOA
SD03	Sponsor Deeming - No longer subject to sponsor deeming – Became blind or disabled after becoming a lawful permanent resident in the U.S.	No	53	No	Yes	Selection generates NOA
DN24	Denial - Enrolled in PACE program	No	59	No	Yes	Selection generates NOA

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Code Table Definitions/Automated NOA Code

CI	Document Name
CI-68071 - DSD CT AutomatedNOACode IMPLEMENTED	DSD_CT_AutomatedNOACode.doc

Table – Code Table: AutomatedNOACode

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
AA01	Provisional - Pending Disability/ Blindness/Medi-Cal Eligibility Determination	N	N/A	N	No	
AA02	Final Approval of Prior Provisional Approval	N	N/A	N	No	
AA03	Application Previously Denied in Error	N	N/A	N	No	
AP01	Advance Payment	N	N/A	N	No	
AP02	Advance Payment Qualified	N	N/A	N	No	
AP03	Advance Payment – Termination –No longer qualify	N	N/A	N	No	
AR01	Auth to Purchase – Alternative Resource decreased hours	N	N/A	N	No	
AR02	Alternative Resource – First Authorization that Recipient receiving services from Alternative Resource	N	N/A	N	No	
AR03	Auth to Purchase – Alternative Resource increased hours	N	N/A	N	No	
DN01	Denial – SSI Board & Care Rate	N	N/A	N	No	
DN03	Denial – Non-California Residency	N	N/A	N	No	
DN04	Denial – Not in own home	N	N/A	N	No	
DN05	Denial – Whereabouts unknown	N	N/A	N	No	
DN10	Denial – Not 65, Blind or Disabled	N	N/A	N	No	
DN12	Denial – No Assessed Need	N	N/A	N	No	
DN13	Denial – Share of Cost Exceeds Need – IHSS-R	N	N/A	N	No	
DN14	Denial – Need met through Alternate Resources/ Voluntary Services / Refused Services	N	N/A	N	No	
DN18	Application Withdrawn – Recipient Request	N	N/A	N	No	
FR01	Fingerprint Exemption "Refused" on Initial Assessment	N	N/A	N	No	Inactivated
FR02	Fingerprint Exemption "Refused" on Assessment other than Initial	N	N/A	N	No	Inactivated
FS01	Funding Source Approval	N	N/A	N	No	
FS02	Transfer to new Program	N	N/A	N	No	
FS03	Reason for Transfer from PCSP to IPO	N	N/A	N	No	
FS04	Reason for Transfer from IPO to PCSP	N	N/A	N	No	
FS05	Reason for Transfer from PCSP/IPO to IHSS-R	N	N/A	N	No	
FS06	Reason for Transfer from IHSS-R to PCSP	N	N/A	N	No	
FS07	Reason for Transfer from IHSS-R to IPO	N	N/A	N	No	
FS08	Service Hours increase due to funding source change	N	N/A	N	No	
FS09	Service Hours decrease due to funding source = IHSS-R	N	N/A	N	No	
FS10	Service Hours decrease due to funding source = IPO	N	N/A	N	No	
FS11	Service Hours unchanged funding source = IPO to PCSP	N	N/A	N	No	
FS12	Service Hours unchanged funding source = IHSS-R to PCSP	N	N/A	N	No	

FS13	Reason for Transfer from PCSP to CFCO	N	N/A	N	No	
FS14	Reason for Transfer from IPO to CFCO	N	N/A	N	No	
FS15	Reason for Transfer from CFCO to IHSS-R	N	N/A	N	No	
FS16	Reason for Transfer from CFCO to IPO	N	N/A	N	No	
FS17	Reason for Transfer from CFCO to PCSP	N	N/A	N	No	
FS18	Reason for Transfer from IHSS-R to CFCO	N	N/A	N	No	
FS19	Service Hours decrease due to funding source = IHSS-R (NSI - CFCO to IHSS-R)	N	N/A	N	No	
FS20	Service Hours unchanged funding source = IPO to CFCO (SI – IPO – CFCO)	N	N/A	N	No	
FS21	Service Hours unchanged funding source = IHSS-R to CFCO	N	N/A	N	No	
HR01	Auth to Purchase No Change	N	N/A	N	No	
HR02	Auth to Purchase No Change – Change to some Service Types	N	N/A	N	No	
HR03	Assessed Hours increase	N	N/A	N	No	
HR04	Assessed Hours decrease	N	N/A	N	No	
IN01	Information Notice - Legal Services	N	N/A	N	No	
LM01	Legislative Mandate	N	N/A	N	No	
LV01	Not Currently Residing in Own Home – Temporarily Hospitalized	N	N/A	N	No	
LV02	Not Currently Residing in Own Home – Temporarily in SNF	N	N/A	N	No	
LV03	Not Currently Residing in Own Home – Temporarily in ICF	N	N/A	N	No	
LV04	Not Currently Residing in Own Home – Temporarily in CCF	N	N/A	N	No	
LV05	Resources Disposed of for Less Than Fair Market Value	N	N/A	N	No	
LV06	Out of State for More Than 6 Months	N	N/A	N	No	
MS01	Mode of Service –County Contract	N	N/A	N	No	
MS02	Mode of Service- County Homemaker	N	N/A	N	No	
MS03	Mode of Service- Individual Provider	N	N/A	N	No	
OT01	Heavy Cleaning (1 month)	N	N/A	N	No	
OT02	Yard Hazard Abatement (1 month)	N	N/A	N	No	
OT03	Ice and Snow Removal	N	N/A	N	No	
OT04	Teaching & Demonstration (3 month)	N	N/A	N	No	
PM02	Paramedical	N	N/A	N	No	
PM03	Paramedical – Additional Hours	N	N/A	N	No	
PR01	Services Proration	N	N/A	N	No	
PR02	Mid-Month Begin date	N	N/A	N	No	
PR03	Mid-Month End date	N	N/A	N	No	
PR04	Death	N	N/A	N	No	
PS03	Protective Supervision	N	N/A	N	No	
PS04	Approval – Protective Supervision	N	N/A	N	No	
PS05	Maximum hours of Protective Supervision	N	N/A	N	No	
PS06	Maximum hours of Protective Supervision	N	N/A	N	No	
PS23	Approval – Protective Supervision - Calculation	N	N/A	N	No	
RH01	Reduction – No Unmet Needs (On-going)	N	N/A	N	No	
RH02	Reduction – Unmet Need (On-going)	N	N/A	N	No	
RM01	Approval	N	N/A	N	No	
RM02	Restaurant Meals Allowance Termination – Recipient Request	N	N/A	N	No	
RM03	Restaurant Meals Allowance Termination – No Assessed Need Meal Prep	N	N/A	N	No	
RM04	Restaurant Meals Allowance Increase Payment Amount	N	N/A	N	No	
RS01	Auth to Purchase – Refused Service decreased hours	N	N/A	N	No	

RS02	Refused Services – First Authorization that Recipient Refused Services	N	N/A	N	No	
RS03	Auth to Purchase – Refused Service increased hours	N	N/A	N	No	
SC01	IHSS SOC	N	N/A	N	No	
SC02	IHSS SOC – increase - more countable income	N	N/A	N	No	
SC03	IHSS SOC – increase- decrease SSI/SSP benefit levels	N	N/A	N	No	
SC04	IHSS SOC – increase – COLA	N	N/A	N	No	
SC05	IHSS SOC – decrease -less countable income	N	N/A	N	No	
SC06	IHSS SOC –decrease –increase SSI/SSP benefit levels	N	N/A	N	No	
SC07	IHSS Service of Medi-Cal	N	N/A	N	No	
SH05	State Hearing – Filed before Termination effective	N	N/A	N	No	
SP01	No Hours Authorized	N	N/A	N	No	
SP02	Limited Hours Authorized	N	N/A	N	No	
TR01	Termination – No longer in own home	N	N/A	N	No	
TR02	Termination – Recipient Request	N	N/A	N	No	
TR03	Termination – Did not pay Share of Cost	N	N/A	N	No	
TR04	Termination – Out of State more than 60 days	N	N/A	N	No	
TR05	Termination – Out of country	N	N/A	N	No	
TR06	Termination – Moved out of State	N	N/A	N	No	
TR07	Termination – Failure to cooperate	N	N/A	N	No	
TR08	Termination – IHSS-R SOC exceeds need	N	N/A	N	No	
TR09	Termination – No Assessed Need	N	N/A	N	No	
TR10	Termination – Need met through Alternate Resources	N	N/A	N	No	
TR11	Termination -Non-Compliance with Medi-Cal Eligibility	N	N/A	N	No	
TR12	Termination – Residence- Hospital	N	N/A	N	No	
TR13	Termination – Residence-Intermediate Care Facility	N	N/A	N	No	
TR14	Termination – Residence- Skilled Nursing Facility	N	N/A	N	No	
TR15	Termination – Residence -Community Care Facility	N	N/A	N	No	
TR16	Termination – Whereabouts unknown	N	N/A	N	No	
TR17	Termination – Recipient Death	N	N/A	N	No	
TR18	Termination – Erroneous	N	N/A	N	No	
TR20	Termination – Invalid SSN	N	N/A	N	No	
TR21	Termination – Duplicate SSN	N	N/A	N	No	
TR22	Termination – Health Care Certification – Not Received	N	N/A	N	No	
TR23	Termination – Non-Compliance – UHV	N	N/A	N	No	
TR24	Termination – Health Care Certification – No Need	N	N/A	No	No	
TR29	Termination - SSI Board & Care Rate	N	N/A	No	No	
UN01	Unmet Need – PCSP (NSI)	N	N/A	N	No	
UN02	Unmet Need – PCSP (SI)	N	N/A	N	No	
UN03	Unmet Need –IPO (NSI)	N	N/A	N	No	
UN04	Unmet Need –IPO (SI)	N	N/A	N	No	
UN05	Unmet Need –IHSS-R (NSI)	N	N/A	N	No	
UN06	Unmet Need –IHSS-R (SI)	N	N/A	N	No	
UN07	Unmet Need – CFCO (NSI)	N	N/A	N	No	
UN08	Unmet Need – CFCO (SI)	N	N/A	N	No	
VS01	Auth to Purchase – Voluntary Service decreased hours	N	N/A	N	No	
VS02	Voluntary Services – First Authorization that Recipient receiving Voluntary Services	N	N/A	N	No	
VS03	Auth to Purchase – Voluntary Service increased hours	N	N/A	N	No	

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities

This section will describe the database entities that will be required to support the screen designs. These database entities were be extracted from the COTS database models.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Legal Services Contacts

Table – LEGALSERVICESCONTACTS

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
legalservicescontactid	BIGINT	8	No	N/A	Primary key
countycode	String	10	No	N/A	County code
primarylegalaidorg	String	70	No	N/A	Full name of the primary Legal Aid Organization
primaryphononenumber	String	20	No	N/A	The phone number of the primary Legal Aid Organization
secondaryphononenumber	String	20	No	N/A	The phone number of the secondary Legal Aid Organization
secondarylegalaidorg	String	70	No	N/A	Full name of the secondary Legal Aid Organization

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorization

Table – IHSSAuthorization

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
ihssAuthorizationID	BIGINT	8	No		Primary key for IHSSAuthorization
ihssAssessmentEvidenceID	BIGINT	8	No		Foreign key to IHSSAssessmentEvidence
caseDecisionID	BIGINT	8	No		Foreign key to the CaseDecision table where the rules decision is stored
functionalIndexScore	DECIMAL	6	Yes	Authorization Summary-Functional Index	The calculated functional index score associated with this authorization
unmetNeedMin	INTEGER	4	Yes	Authorization Summary-Unmet Need After LMA (HH:MM)	The total unmet need across all services, excluding Protective Supervision
authToPurchaseMin	INTEGER	4	Yes	Authorization Summary-Total Auth To Purchase After Adjusted Hours	The total number of monthly authorized hours.
ccProtectSuperAdjMin	INTEGER	4	Yes		Companion case protective supervision amount
carePlanNeed24Min	INTEGER	4	Yes	Authorization Summary-24 Hour Protective Supervision Need	24-hour care plan need
severelyImpairedInd	CHARACTER	1	Yes	Authorization Summary-Impairment level	Indicate that the Recipient meets the criteria to be considered severely impaired
calculatedSOC	DECIMAL	31	Yes	Authorization Summary-IHSS SOC	The calculated IHSS SOC
fundingAidCode	CHARACTER	10	Yes	Authorization Summary-Funding Source Aid Code	The funding source determined for the Recipient (WPCS, CFCO, IHSS-R, PCSP, IPW1-6, IPO1-5)
compareCost	DECIMAL	31	Yes	Authorization Summary-SOC Compare Cost	Total estimated cost of the case, to compare with the SOC
advancePayInd	CHARACTER	1	No		Indicates that IPW/IPO subcategory of Advance Pay is determined for the Recipient
restaurantMealsInd	CHARACTER	1	No		Indicates that IPW/IPO subcategory of Restaurant Meals Allowance is determined during Eligibility processing
parentOfMinorChildInd	CHARACTER	1	No		Indicates that IPW/IPO subcategory of Parent of Minor child is determined during Eligibility processing
spouseProviderInd	CHARACTER	1	No		Indicates that IPW/IPO subcategory of Spouse Provider relationship is determined during Eligibility processing
legMandateAdj	INTEGER	4	Yes	Authorization Summary:LMA Hours (HH:MM)	The hours (increase or decrease) based upon the Legislative Mandate Adjustment (+/-)
authToPurchaseMinBeforeLMA	INTEGER	4	Yes	Authorization Summary: Auth to Purchase Before LMA	The Total Auth to Purchase before the LMA is applied
unmetNeedBeforeLMA	INTEGER	4	Yes	Authorization Summary: Unmet Need Before LMA	Unmet Need before LMA is applied
reducedHrs	INTEGER	4	Yes	Modified Reduced Hours: Reduced Hours	The hours (reduced) based upon the percent reduction indicated (will always be a negative number)
unmetNeedAfterLMA	INTEGER	4	Yes	Authorization Summary: Unmet Need After LMA	Unmet Need After LMA is applied
authToPurchaseMinAfterLMA	INTEGER	4	Yes	Authorization Summary: Total Auth to Purchase After LMA	The Total Auth to Purchase after LMA
reducedHrsReinstatedHrs	INTEGER	4	Yes	Modified Reduced Hours: Reduced Hours Reinstated Hours	The hours (reduced) based upon the percent reduction indicated (will always be a negative number)
reducedHrsSocWkrCert	CHARACTER	10	Yes	Modify Reduced Hours: Reinstated Hours Reason	The indication of whether or not the Recipient meets CDSS criteria that allows the Social Worker Certification for to reinstate all Reduced Hours
verifiedByCaseOwnerOrSupervisor	CHARACTER	1	No	View Reduced Hours – Verified by Case Owner or Supervisor	Indicates Case Owner or Supervisor verification of Reduced Hours information.
activeAuthorizationInd	CHARACTER	1	Yes	N/A	Identifies the most recent case authorization segment

WeeklyAuth28Day Mon	INTEGR	4	Yes	Authorization	Weekly Max Auth hours for a month with 28 days
WeeklyAuth29Day Mon	INTEGR	4	Yes	Authorization	Weekly Max Auth hours for a month with 29 days
WeeklyAuth30Day Mon	INTEGR	4	Yes	Authorization	Weekly Max Auth hours for a month with 30 days
WeeklyAuth31Day Mon	INTEGR	4	Yes	Authorization	Weekly Max Auth hours for a month with 31 days
caseMonthlyOTMax	INTEGR	4	No	Authorization	Case Monthly Overtime Maximum

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/IHSS Authorized Service

Table – IHSSAuthorizedService

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
ihssAuthorizationServiceID	BIGINT	8	No		Primary key for IHSSAuthorizedService
ihssAuthorizationID	BIGINT	8	No		Foreign key for IHSSAuthorization
unmetNeedMin	INTEGER	4	Yes	Authorization Summary-Unmet Need	The calculated unmet need amount for the individual service, excluding Protective Supervision
authToPurchaseMin	INTEGER	4	Yes	Authorization Summary-Auth To Purchase	The calculated authorized to purchase amount for the individual service
serviceTypeEvidenceID	BIGINT	8	No		Foreign key for ServiceTypeEvidence

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service

Table – ModeOfService

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
modeOfServiceID	BIGINT	8	No		Primary key for ModeOfService
ihssAuthorizationID	BIGINT	8	No		Foreign key to IHSSAuthorization
ipHoursMin	INTEGER	4	Yes	Modes Of Services- IP Hours View Modes of Service- Individual Provider Hours (HHH:MM) Modify Modes of Service- Individual Provider Hours (HHH:MM)	Individual provider hours in minutes
ccHoursMin	INTEGER	4	Yes	Modes Of Services- CC Hours View Modes of Service- County Contractor Hours (HHH:MM) Modify Modes of Service- County Contractor Hours (HHH:MM)	County Contractor hours in minutes
hmHoursMin	INTEGER	4	Yes	Modes Of Services- HM Hours View Modes of Service- Homemaker Hours (HHH: MM) Modify Modes of Service- Homemaker Hours (HHH: MM)	Homemaker hours in minutes.
modeOfServiceStar tDate	DATE	4	No	Modes Of Services- Start Date View Modes of Service- Start Date Modify Modes of Service- Start Date	The date that the modes of service allocation is valid from
modeOfServiceEnd ToDate	DATE	4	No	Modes Of Services- End Date	The date that the modes of service allocation is valid to
statusCode	CHARAC TER	10	No		The status of the record
Case Cost	Decimal	31,2	Yes	Mode of Service list	Field will display the calculation: Case Cost = (IP Hours X County Default IP Rate)+(CC Hours X County CC Rate) + (HM Hours X County HM Rate)

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Mode of Service Snapshot

Table – ModeOfServiceSnapshot

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
modeOfServiceSnapshotID	BIGINT	8	No		Primary key for ModeOfServiceSnapshot
modeOfServiceID	BIGINT	8	No		Foreign key to the ModeOfService table
ipHoursMin	INTEGER	4	Yes	Modes Of Services History- IP Hours	Individual provider hours in minutes
ccHoursMin	INTEGER	4	Yes	Modes Of Services History- CC Hours	County Contractor hours in minutes
hmHoursMin	INTEGER	4	Yes	Modes Of Services History- HM Hours	Homemaker hours in minutes
modeOfServiceFromDate	DATE	4	No	Modes Of Services History- Start Date	The date that the modes of service allocation is valid from
modeOfServiceToDate	DATE	4	No		The date that the modes of service allocation is valid to
Case Cost	Decimal	31,2	Yes	Mode of Service list	Field will display the calculation: Case Cost = (IP Hours X County Default IP Rate)+(CC Hours X County CC Rate) + (HM Hours X County HM Rate)

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month

Table – CaseServiceMonth

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseServiceMonthID	BIGINT	8	No		The primary key
caseID	BIGINT	8	No		Foreign key for CaseHeader
serviceMonth	DATE	4	Yes		The date of the first day in the month that services are provided
authToPurchaseMin	INTEGER	4	Yes		The total amount of authorized services
ipRemainingMin	INTEGER	4	Yes		The total remaining IP of authorized services
ccRemainingMin	INTEGER	4	Yes		The total remaining CC of authorized services
hmRemainingMin	INTEGER	4	Yes		The total remaining HM of authorized services
authToPurchaseRemainMin	INTEGER	4	Yes		The total remaining authorized services
ihssSocCollectedAmt	DECIMAL	31	Yes		The collected IHSS share of cost amount
wpcsAuthMin	INTEGER	4	Yes		Authorized WPCS hours on the case for the month
wpcsRemainingMin	INTEGER	4	Yes		Remaining WPCS hours on the case for the month
statusCode	CHARACTER	10	Yes		The status of the record
WeeklyCapMin	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for Provider
OTMaxMin	INTEGER	4	Yes	N/A	Monthly Max OT hours for Provider
activeProviders	BIGINT		Yes		No. Of Providers active on a particular Case.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month Snapshot

Table – CaseServiceMonthSnapshot

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseServiceMonthSnapshotID	BIGINT	8	No		Primary key
caseServiceMonthID	BIGINT	8	No		The Foreign key for caseservicemonth table
caseID	BIGINT	8	Yes		Foreign key for CaseHeader
serviceMonth	DATE	4	Yes		The date of the first day in the month that services are provided
authToPurchaseMin	INTEGER	4	Yes		The total amount of authorized services
ipRemainingMin	INTEGER	4	Yes		The total remaining IP of authorized services
ccRemainingMin	INTEGER	4	Yes		The total remaining CC of authorized services
hmRemainingMin	INTEGER	4	Yes		The total remaining HM of authorized services
authToPurchaseRemainMin	INTEGER	4	Yes		The total remaining authorized services
ihssSocCollectedAmt	DECIMAL	31	Yes		The collected IHSS share of cost amount
wpcsAuthMin	INTEGER	4	Yes		Authorized WPCS hours on the case for the month
wpcsRemainingMin	INTEGER	4	Yes		Remaining WPCS hours on the case for the month
statusCode	CHARACTER	10	Yes		The status of the record
WeeklyCapMin	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for Provider
OTMaxMin	INTEGER	4	Yes	N/A	Monthly Max OT hours for Provider

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Service Month SOC Reverse

Table – CaseServiceMonthSocReverse

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseServiceMonthSocReverseID	BIGINT	8	No		The primary key
caseServiceMonthID	BIGINT	8	No		Foreign key to the CaseServiceMonth table
warrantID	BIGINT	8	No		Foreign key to the Warrant table
reusedSpendDownAmt	DECIMAL	31	Yes		The amount of the reversed SOC spend down that has been re-consumed
reverseSocSpendDownAmt	DECIMAL	31	Yes		The amount of the reversed SOC spend down for the service period

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case Participant Service Month

Table – CaseParticipantServiceMonth

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseParticipantServiceMonthID	BIGINT	8	No		The Primary Key
caseServiceMonthID	BIGINT	8	No		Foreign key to the CaseServiceMonth table
caseParticipantRoleID	BIGINT	8	No		Foreign key to the CaseParticipantRole table
employeeID	BIGINT	8	No		Payroll assigned ID that is used when interfacing with payroll
remainingMin	INTEGER	4	Yes		The remaining hours in minutes that are available for the participant
statusCode	CHARACTER	10	Yes		The status of the record
wpcsRemainingMin	INTEGER	4	Yes		The remaining WPCS hours in minutes that is available for the participant
WeeklyCapMin	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for Provider
OTMaxMin	INTEGER	4	Yes	N/A	Monthly Max OT hours for a Provider
CaseWeeklyCap	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for a Case
CaseOTMax	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for a Case
unPaidAdvPayOT	INTEGER		No	N/A	Total Unpaid Advance Pay overtime hours. (The column is filled when a Warrant pay type as Advance Pay – Overtime is voided)
activeCases	BIGINT		Yes		No. of Active Cases on which provider is active.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/CPSMSnapshot

Table – CPSMSnapshot

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
cpsmSnapshotID	BIGINT	8	No		The Primary Key
caseParticipantServiceMonthID	BIGINT	8	No		Foreign key to the CaseParticipantServiceMonth table
caseServiceMonthID	BIGINT	8	No		Foreign key to the CaseServiceMonth table
caseParticipantRoleID	BIGINT	8	No		Foreign key to the CaseParticipantRole table
employeeID	BIGINT	8	No		Payroll assigned ID that is used when interfacing with payroll
remainingMin	INTEGER	4	Yes		The remaining hours in minutes that are available for the participant
statusCode	CHARACTER	10	Yes		The status of the record
wpcsRemainingMin	INTEGER	4	Yes		The remaining WPCS hours in minutes that is available for the participant
WeeklyCapMin	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for Provider
OTMaxMin	INTEGER	4	Yes	N/A	Monthly Max OT hours for a Provider
CaseWeeklyCap	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for a Case
CaseOTMax	INTEGER	4	Yes	N/A	Weekly Max Auth hours for a week for a Case
unPaidAdvPayOT	INTEGER		No	N/A	Total Unpaid Advance Pay overtime hours. (The column is filled when a Warrant pay type as Advance Pay – Overtime is voided)
activeCases	BIGINT		Yes		No. of Active Cases on which provider is active.

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Sent

Table – CaseNoaSent

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseNoaSentID	BIGINT	8	No		The Primary Key
relatedID	BIGINT	8	Yes		Optional foreign key to the entity that cause the NOA to be sent
relatedTypeCode	CHARACTER	10	Yes		They type of entity that cause the NOA to be sent (IHSSAuthorization, Overpayment, SpecialTransaction)
caseID	BIGINT	8	No		Foreign key for CaseHeader

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case NOA Code

Table – CaseNoaCode

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
caseNoaCodeID	BIGINT	8	No		The primary key
caseNoaSentID	BIGINT	8	No		The primary Key
noaCode	CHARACTER	10	Yes		The NOA message code
noaCodeArgData	CHARACTER	300	Yes		Stores comma-separated string with values to be inserted dynamically in to message text during NOA printing
noaCodeType	CHARACTER	10	No		Type of the NOA code SYSTEM or MANUAL

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Direct Mailing Record

Table – Table Name – DirectMailingRecord

Field Name	Field Data type	Size	Null	Screen Name – Field Name	Comments
directMailingID	BIGINT	8	No	NA	A system-generated unique record identifier.
county	CHARACTER	20	Yes	NA	County information from interface file
recipientNumber	CHARACTER	20	Yes	NA	The case number from interface file
providerNumber	CHARACTER	20	Yes	NA	The provider number form interface file
directMailingCriteria	CHARACTER	200	Yes	NA	Mailing reason from interface number
strMailingDate	CHARACTER	20	Yes	NA	Mailing date as YYYYMMDD from interface file
recordStatus	CHARACTER	20	Yes	NA	Process status of the record
processDate	Date	4	Yes	NA	Process date of the record

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours

Table – CaseSOCHours

Field Name	Field Type	Size	Null	Screen Name – Field Name	Comments
caseSOCHoursID	BIGINT	8	No	System Generated	The primary key for CaseSOCHours.
caseID	BIGINT	8	No	System Generated	The Primary key from CaseHeader table.
serviceMonth	DATE	4	No	N/A	Service Month.
ihssAuthHours	INTEGER	4	No	N/A	Recipient Authorized Hours for a given Month.
calculatedSpendDown Amt	DECIMAL	31	No	N/A	System Calculated Spend Down Amount (ihssAuthHours * Default County Pay Rate)
socAuthAmt	DECIMAL	31	No	N/A	SOC amount received from MEDS through spend down process.
socHours	INTEGER	4	No	N/A	SOC Auth Amount converted to Minutes.
authToPay	INTEGER	4	No	N/A	Total Number of IP Authorized Hours in minutes after SOC that are allow to be paid for IP Mode.
aplnd	CHARACTER	1	No	N/A	Indicates if the recipient is Advance Pay for a given Month.
paidMins	INTEGER	4	No	N/A	Total Number of IP Hours in minutes paid to the provider.
recipientPaidMins	INTEGER	4	No	N/A	Total Number of hours in minutes paid to the Advance Pay Recipient
ccMins	INTEGER	4	No	N/A	Total Number of CC Authorized Hours in minutes that are allowed to be paid for CC Mode.
hmMins	INTEGER	4	No	N/A	Total Number of HM Authorized Hours in minutes that are allowed to be paid for HM Mode.
availableHours	INTEGER	4	No	N/A	Total Number of Hours in minutes after SOC that are allowed to be paid
createdOn	DATETIME	8	No	N/A	Audit Field – The record creation time stamp
createdBy	CHARACTER	30	No	N/A	Audit Field – The record created by
lastUpdatedOn	DATETIME	8	No	N/A	Audit Field – The record modified on
lastUpdatedBy	CHARACTER	30	No	N/A	Audit Field - The record modified by.
versionNo	INTEGER	4	No	N/A	System Generated – How many times the record modified

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/Case SOC Hours Snapshot

Table – CaseSOCHoursSnapShot

Field Name	Field Type	Size	Null	Screen Name – Field Name	Comments
CaseSOCHoursSnapShotID	BIGINT	8	No	System Generated	The primary key for CaseSOCHoursSnapShot
caseSOCHoursID	BIGINT	8	No	System Generated	The Foreign key for CaseSOCHours.
caseID	BIGINT	8	No	System Generated	The Primary key from CaseHeader table.
serviceMonth	DATE	4	No	N/A	Service Month.
ihssAuthHours	INTEGER	4	No	N/A	Recipient Authorized Hours for a given Month.
calculatedSpendDownAmount	DECIMAL	31	No	N/A	System Calculated Spend Down Amount (ihssAuthHours * Default County Pay Rate)
socAuthAmt	DECIMAL	31	No	N/A	SOC amount received from MEDS through spend down process.
socHours	INTEGER	4	No	N/A	SOC Auth Amount converted to Minutes.
authToPay	INTEGER	4	No	N/A	Total Number of IP Authorized Hours in minutes after SOC that are allow to be paid for IP Mode.
apInd	CHARACTER 1	No	N/A		Indicates if the recipient is Advance Pay for a given Month.
paidMins	INTEGER	4	No	N/A	Total Number of IP Hours in minutes paid to the provider.
recipientPaidMins	INTEGER	4	No	N/A	Total Number of hours in minutes paid to the Advance Pay Recipient
ccMins	INTEGER	4	No	N/A	Total Number of CC Authorized Hours in minutes that are allowed to be paid for CC Mode.
hmMins	INTEGER	4	No	N/A	Total Number of HM Authorized Hours in minutes that are allowed to be paid for HM Mode.
availableHours	INTEGER	4	No	N/A	Total Number of Hours in minutes after SOC that are allowed to be paid
createdOn	DATETIME	8	No	N/A	Audit Field – The record creation time stamp
createdBy	CHARACTER 30	No	N/A		Audit Field – The record created by
lastUpdatedOn	DATETIME	8	No	N/A	Audit Field – The record modified on
lastUpdatedBy	CHARACTER 30	No	N/A		Audit Field - The record modified by.
versionNo	INTEGER	4	No	N/A	System Generated – How many times the record modified

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down Trigger

Table – SOCSpendDownTrigger

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
socSpendDownTriggerID	BIGINT	8	No	System Generated	
caseID	BIGINT	8	No	N/A	
serviceMonth	DATE	4	No	N/A	
ihssAuthorizationID	BIGINT	8	Yes	N/A	
medicalEligInfoID	BIGINT	8	Yes	N/A	
apInd	CHARACTER	1	No	N/A	
ihssAuthHours	INTEGER	4	No	N/A	
ihssSpendDownAmt	DECIMAL	31	No	N/A	
socAmt	DECIMAL	31	No	N/A	
socHours	INTEGER	4	No	N/A	
availableHours	INTEGER	4	No	N/A	
ihssOTHours	INTEGER	4	No	N/A	
ihssOTSpendDownAmt	DECIMAL	31	No	N/A	
socOTAmt	DECIMAL	31	No	N/A	
socOTHours	INTEGER	4	No	N/A	
availableOTHours	INTEGER	4	No	N/A	
triggerDate	DATE	4	Yes	N/A	
triggerType	CHARACTER	25	Yes	N/A	
statusCode	CHARACTER	10	Yes	N/A	
batchDate	DATE	4	Yes	N/A	
recordStatus	CHARACTER	10	Yes	N/A	
ipMins	INTEGER	4	No	N/A	
hmMins	INTEGER	4	No	N/A	
ccMins	INTEGER	4	No	N/A	
error	VARCHAR	2000	Yes	N/A	
isIHSSR	CHARACTER	1	No	N/A	
createdOn	DATETIME	8	No	N/A	Audit Field – The record creation time stamp
createdBy	CHARACTER	30	No	N/A	Audit Field – The record created by
lastUpdatedOn	DATETIME	8	No	N/A	Audit Field – The record modified on
lastUpdatedBy	CHARACTER	30	No	N/A	Audit Field - The record modified by.
versionNo	INTEGER	4	No	N/A	System Generated – How many times the record modified

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Database Entities/SOC Spend Down WW Details

Table – SOC Spend Down WW Details

Field	Type	Length	Nulls	Screen Name – Field Name	Comments
socSpendDownWWDetailsID	BIGINT	8	No	System Generated	
socSpendDownTriggerID	BIGINT	8	No	System Generated	
workWeekStartDate	DATE	4	Yes	N/A	
ipHours	INTEGER	4	No	N/A	
ihssSpendDownAmt	DECIMAL	31	No	N/A	
socAmt	DECIMAL	31	No	N/A	
socHours	INTEGER	4	No	N/A	
availableHours	INTEGER	4	No	N/A	
ihssOTHours	INTEGER	4	No	N/A	
ihssOTSpendDownAmt	DECIMAL	31	No	N/A	
socOTAmt	DECIMAL	31	No	N/A	
socOTHours	INTEGER	4	No	N/A	
availableOTHours	INTEGER	4	No	N/A	
socMedsSpendDownDetailsID	BIGINT	8	Yes	System Generated	
createdOn	DATETIME	8	No	N/A	Audit Field – The record creation time stamp
createdBy	CHARACTER	30	No	N/A	Audit Field – The record created by
lastUpdatedOn	DATETIME	8	No	N/A	Audit Field – The record modified on
lastUpdatedBy	CHARACTER	30	No	N/A	Audit Field - The record modified by.
versionNo	INTEGER	4	No	N/A	System Generated – How many times the record modified

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions

This section will document the high-level business classes that will be developed to support the CMIPS business processes. Examples of these are the IHSS SOC calculation or the class definitions for the SAVE business process.

Another definition of a business class is the core application classes that will be developed for the CMIPS solution. The definition of a business class is based on the Unified Modeling Language (UML) definition. This section of the DSD will contain both UML class diagrams and UML object interaction diagrams.

At a high-level each business class definition will include:

- Class attributes – name, type, visibility, multiplicity, initial value
- Class Operations – name, return type, return value, scope
- Class Parameters – name, type, default values

At a high-level each class operation definition will include:

- Specification
- Methods
- Parameters
- Exceptions
- Constraints
- Visibility

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Authorizations

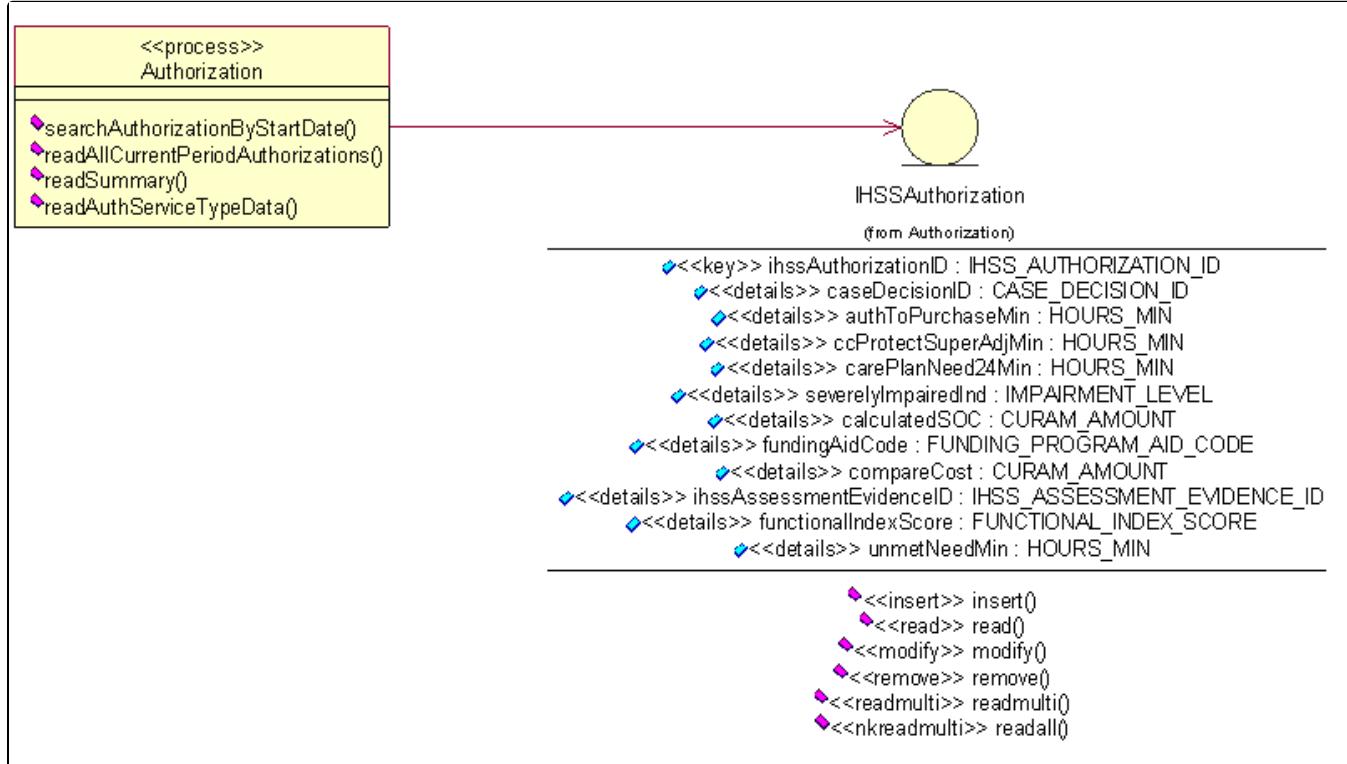


Figure – Authorizations

Operations

Class	Operation	Description	Exceptions
Authorization	searchAuthorizationByStartDate	Read all the authorizations records for a given service start date.	N/A
Authorization	readAllCurrentPeriodAuthorizations	Read all the authorization records for the current eligibility service period.	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions /Authorizations Summary

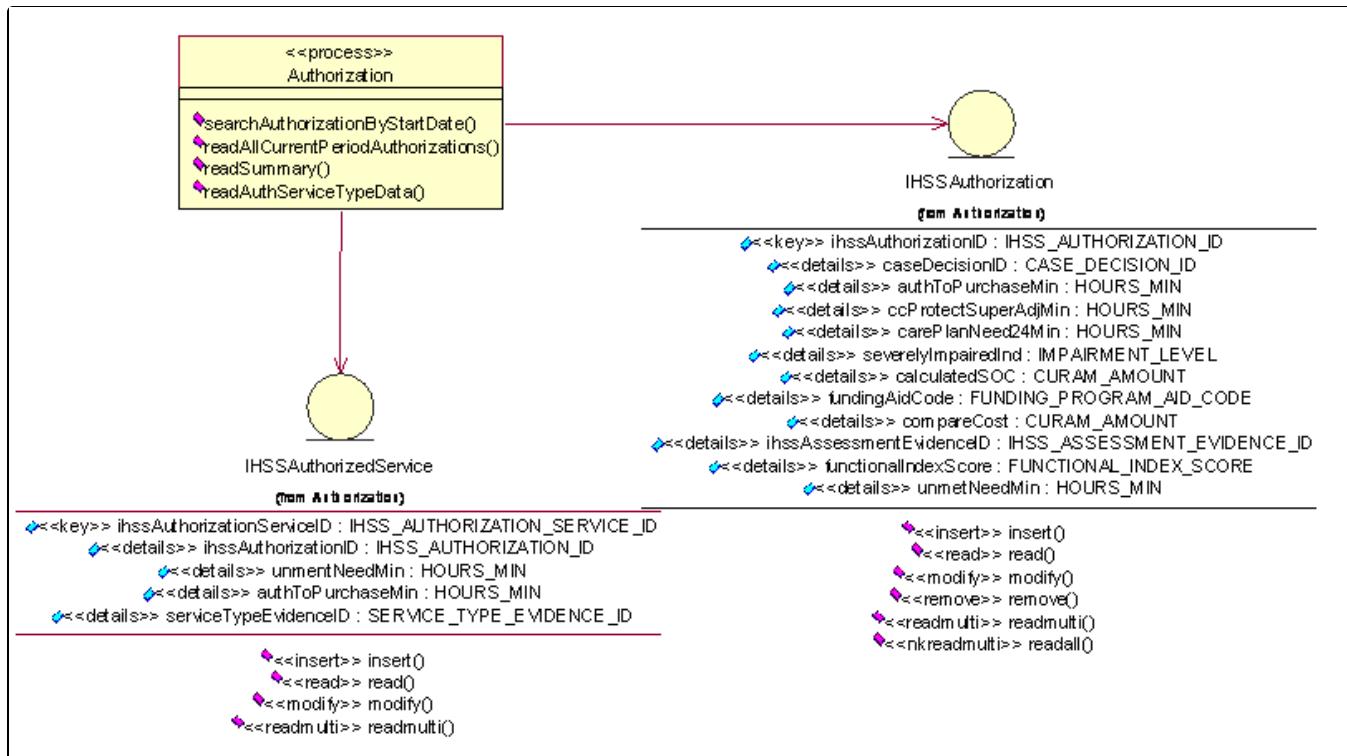


Figure – Authorizations Summary

Operations

Class	Operation	Description	Exceptions
Authorization	readSummary	Read the summary record for the given Authorization record.	N/A
Authorization	readAuthServiceTypeData	This method is used to provide the data for the fields in the Service Type Details List on the Authorization Summary page.	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service

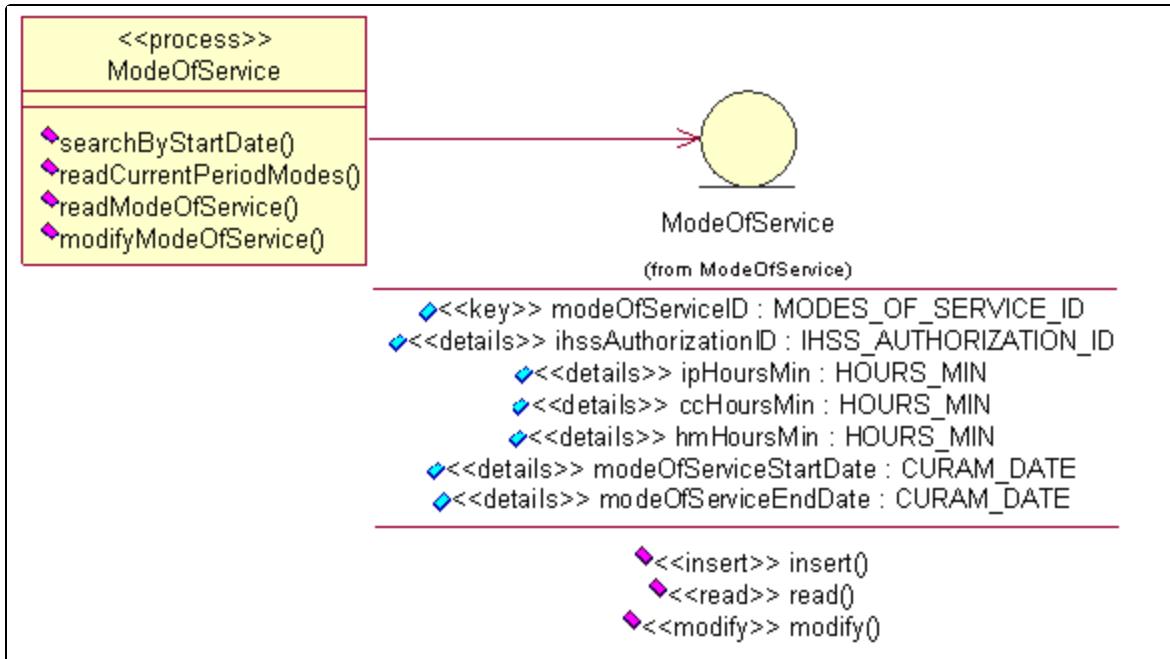


Figure – Modes of Service

Operations

Class	Operation	Description	Exceptions
ModeOfService	searchByStartDate	Read all modes of service delivery records for a given start date	N/A
ModeOfService	readCurrentPeriodModes	Read all the modes of service delivery records for current service period	N/A
ModeOfService	readModeOfService	Read modes of service delivery record	N/A
ModeOfService	modifyModeOfService	Update modes of service record	N/A

DSD 22/Recip CM & OS – Final Determination, Assign Modes of Service/Business Class Definitions/Modes of Service History

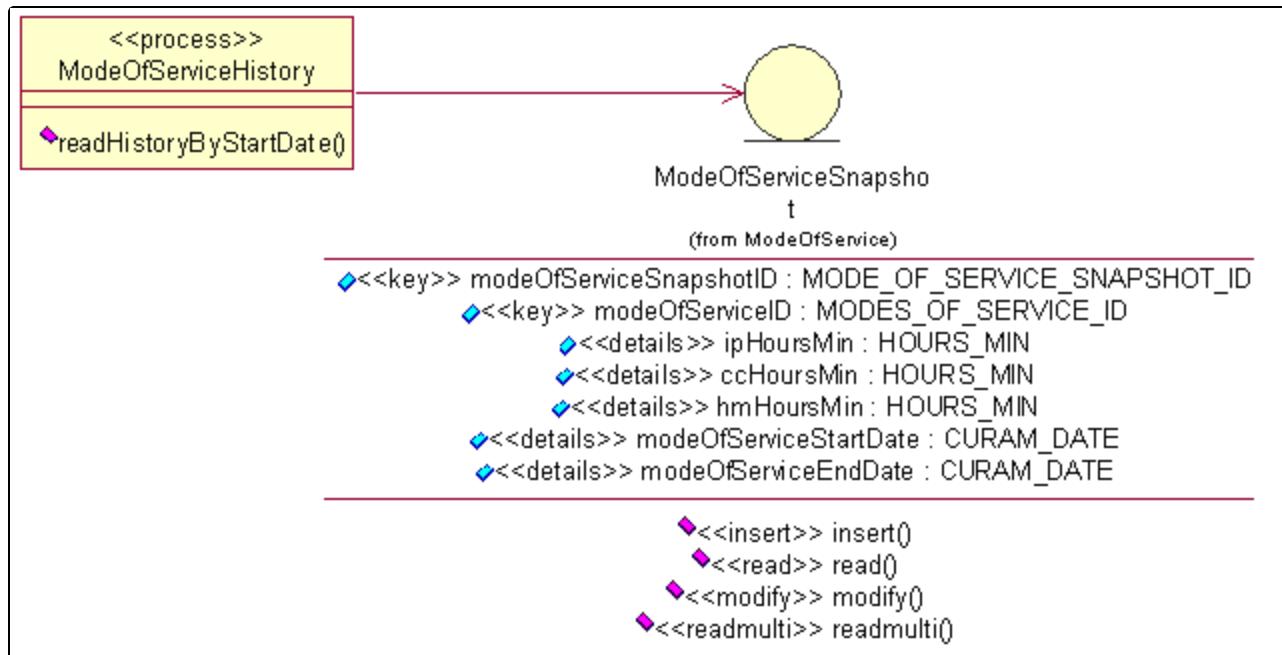


Figure – Modes of Service History

Operations

Class	Operation	Description	Exceptions
ModeOfServiceHistory	readHistoryByStartDate	Retrieves all the modes of service delivery history records for a given start date.	N/A