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# DSD - Section 21



# CMIPS

## D-4.2-03 – IHSS CMIPS Detailed System Design (DSD) (R2025.03.01) Section 21

Version 1.0

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  - DSD 21/Recip CM & OS – Service Eligibility/Error Messages (81-100)
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  - DSD 21/Recip CM & OS – Service Eligibility/Error Messages (221-240)
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  - DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Manual NOA Message Request
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  - DSD 21/Recip CM & OS – Service Eligibility/Database Entities/CFCO Opt-Out Snapshot
- DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Household Evidence
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Service Evidence
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Program Evidence
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Share of Cost Evidence
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Medi-Cal Eligibility
  - DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Disaster Preparedness

## **DSD 21/Recip CM & OS – Service Eligibility**

# **DSD 21/Recip CM & OS – Service Eligibility/Service Eligibility Topic Area**

The Service Eligibility topic area deals with the user's ability to either add or update evidence to a case which allows the authorization of a case. The authorization of a case may result in the approval, denial or termination of IHSS services.

# **DSD 21/Recip CM & OS – Service Eligibility/Business Process**

## **DSD 21/Recip CM & OS – Service Eligibility/Business Process/Business Process Functions**

# DSD 21/Recip CM & OS – Service Eligibility/Business Process/Business Process Functions/Service Eligibility

CI	Document Name
 CI-68791 - DSD BF Service Eligibility <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_BF_Service_Eligibility.doc

The addition or modification to Service Eligibility associated with a case is a process by which information specific to an applicant/recipient, which affects their eligibility for the IHSS program and the associated services, is entered in the CMIPS II Application. The entry of these data or evidence is processed against a set of defined business which will determine if the applicant/recipient is eligible for IHSS, and, if so, the service hours for which the individual is eligible.

Screens associated with the following evidence are used to evaluate the applicant/recipient eligibility for IHSS.

**Household Evidence** – Includes information associated with the applicant/recipient's home environment and household members

**Service Evidence** – Includes information specific to the applicant/recipient's functional ability within their home and their service needs

**Program Evidence** – Includes information for an applicant/recipient specific to the IHSS Service Assessment period

**Share of Cost (SOC) Evidence** – Includes information about the net income of the applicant/recipient to determine whether or not the individual has an associated SOC

**Disaster Preparedness** – Allows the designation of a contact associated with the applicant/recipient

# DSD 21/Recip CM & OS – Service Eligibility/Business Process/Business Process Functions/Health Care Certification

CI	Document Name
 CI-775185 - DSD BP Health Care Certification <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_BP_Health_Care_Certification.docx

Senate Bill (SB) 72, implemented in 2011, added Welfare, and Institutions Code (WIC) Section 12309.1 which requires IHSS applicants to submit a completed State of California (SOC) 873 – "Health Care Certification" or alternative documentation before In-Home Supportive Services (IHSS) are authorized.

There are two exceptions which permit the authorization of IHSS prior to the receipt of the SOC 873 or alternative documentation. Those exceptions are: IHSS services may be authorized when services have been requested on behalf of an individual being discharged from a hospital or other health care facility and IHSS services are needed to enable the individual to return safely to their own home or into the community.

Services may be authorized temporarily pending receipt of the certification when the county determines that there is a risk of out-of-home placement.

The Health Care Certification Exception is temporary and the SOC 873 or alternative documentation must be received by the county, from the Licensed Health Care Professional (LHCP), within 45 calendar days from the date the certification is requested by the county. Ten (10) calendar days prior to the 45-day Due Date a Task will be triggered to the Case Owner as a reminder that the due date is approaching.

The initial 45-day due date can be extended, with county approval, for an additional 45 calendar days for good cause, giving the recipient a total of 90 calendar days to return the SOC 873 form. This extension must be requested before the initial 45-day due date has passed. After the initial 45-day due date has passed the extension may no longer be granted.

There are two tasks associated with the health care certification process. The first is triggered ten (10) business days before either the Due Date or the Good Cause Extension Due Date. This task will notify the case owner of the upcoming due date and allows the case owner the chance to follow-up with the applicant/recipient.

The second task is generated one business day before the Due Date or the Good Cause Extension Due Date. The case owner should, at this point, either deny or terminate the case because the appropriate documentation has not been received. This task may only be closed when the case is either terminated or denied or if the Health Care Certification Type and Documentation Received Date are entered.

CDSS has requested, due to some areas of California have extended mailing times (USPS), that CMIPS II allow an additional ten (10) business days after a Due Date for entry of all Health Care Certification data. However, any communication to applicant or recipients should communicate the 45 calendar day timeframes indicated in IHSS Policy.

## Health Care Certification – User Entered

There are two different methods by which the Health Care Certification screen can be generated in CMIPSII.

When an organization, other than the county, provides the applicant with the SOC 873 – IHSS Health Care Certification and this form accompanies the IHSS application, the user will access the Health Care Certification screen which will display as completed blank. By selecting the "New" action the Create Health Care Certification screen displays. This screen has only four data entry fields, "SOC 873 Given to Applicant by Other Organization" checkbox, "Health Care Certification Type" and "Health Care Certification Received Date", all of which are required to save the screen. The Comments field is not required, but it is recommended that users indicate the organization which provided the SOC 873 to the applicant, if known. This information is editable until the end of the business day.

The screen will become non-editable through a nightly batch job. If, erroneous information is found to have been entered, the record may be inactivated, but only before the case is authorized. Once an authorization has been processed against the Health Care Certification the inactivate action is no longer allowed.

## Health Care Certification – Form Generated

When the county provides the Health Care Certification documents to the applicant, the Health Care Certification is automatically created when the user selects either the "SOC 873 & 874 – IHSS Health Care Certification and Requirements" or the "SOC 873 – IHSS Health Care Certification – English Only" item from the Create Form screen and the screen is saved. When "SOC 873 & 874 – IHSS Health Care Certification and Requirements" is selected, if the recipient's written language is one of the threshold languages, (Armenian, Chinese, English or Spanish) both the SOC 873 & 874 will print in the indicated language for the applicant. Otherwise, the applicants Written Language is not Armenian, Chinese, English, or Spanish, the forms print in English.

If the user selects the "SOC 873 – IHSS Health Care Certification – English Only" one copy of the SOC 873 will be printed in English. If the county does not want the form to literally be printed, then the "Print" indication on the "Create Form" screen should be set to "Generate" to create the pdf, but not print the forms.

If the user wants to send the forms to the Recipient's ESP Message Center Inbox, then the "Send Electronic Copy to ESP" print option will be selected instead. Once the forms have been sent to the Recipient's ESP Message Center Inbox, a link in the ESP message will display both PDF copies of SOC 873 & 874.

When the Health Care Certification screen is accessed the screen displays the populated data and the "Edit Health Care Certification" action. SOC 873 & 8736 Printed Date and the Due Date are both populated.

When unforeseen incidents occur and the forms cannot be mailed or given to the application immediately, the "SOC 873 & 874 Mailed/Given To Recipient" filed may have a date entered and this will recalculate the Due Date when the screen is saved. This field is editable up to 10 business days from the "SOC 873 & 874 Print Date".

**Health Care Certification Inactivation**

A Health Care Certification record may be inactivated and a new record generate any time prior to the authorization of a case which may result in either an approval or a denial of the case.

**Health Care Certification NOA Messages**

There are two Manual Notices of Action (NOAs) (DN22, DN23) and two Automated NOA (TR22, TR24) associated with the Health Care Certification process. Please see DSD Section 22 for all NOA messages and triggers.

## **DSD 21/Recip CM & OS – Service Eligibility/Business Process Flow**

# DSD 21/Recip CM & OS – Service Eligibility/Business Process Flow/Service Eligibility

CI	Document Name
CI-69950 - DSD BP Service Eligibility <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_BP_Service_Eligibility.doc

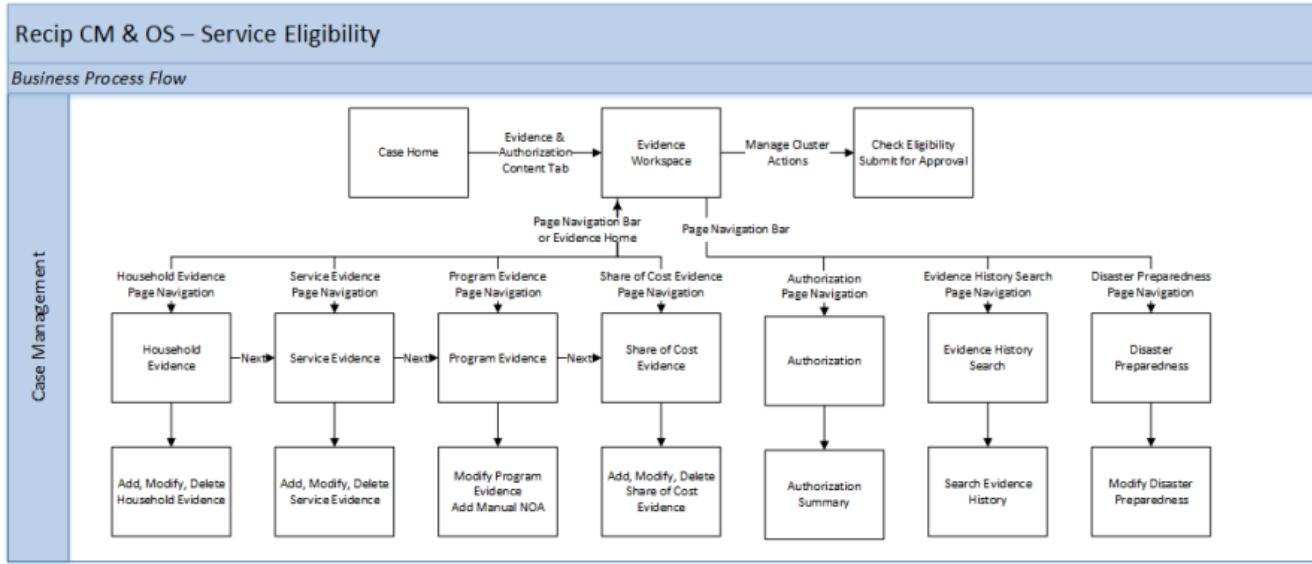


Figure – Service Eligibility

# DSD 21/Recip CM & OS – Service Eligibility/Business Process Flow/Health Care Certification

CI	Document Name
CI-775186 - DSD BF Health Care Certification <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_BF_Health_Care_Certification.docx

The following business flow displays an overview of the Health Care Certification process.

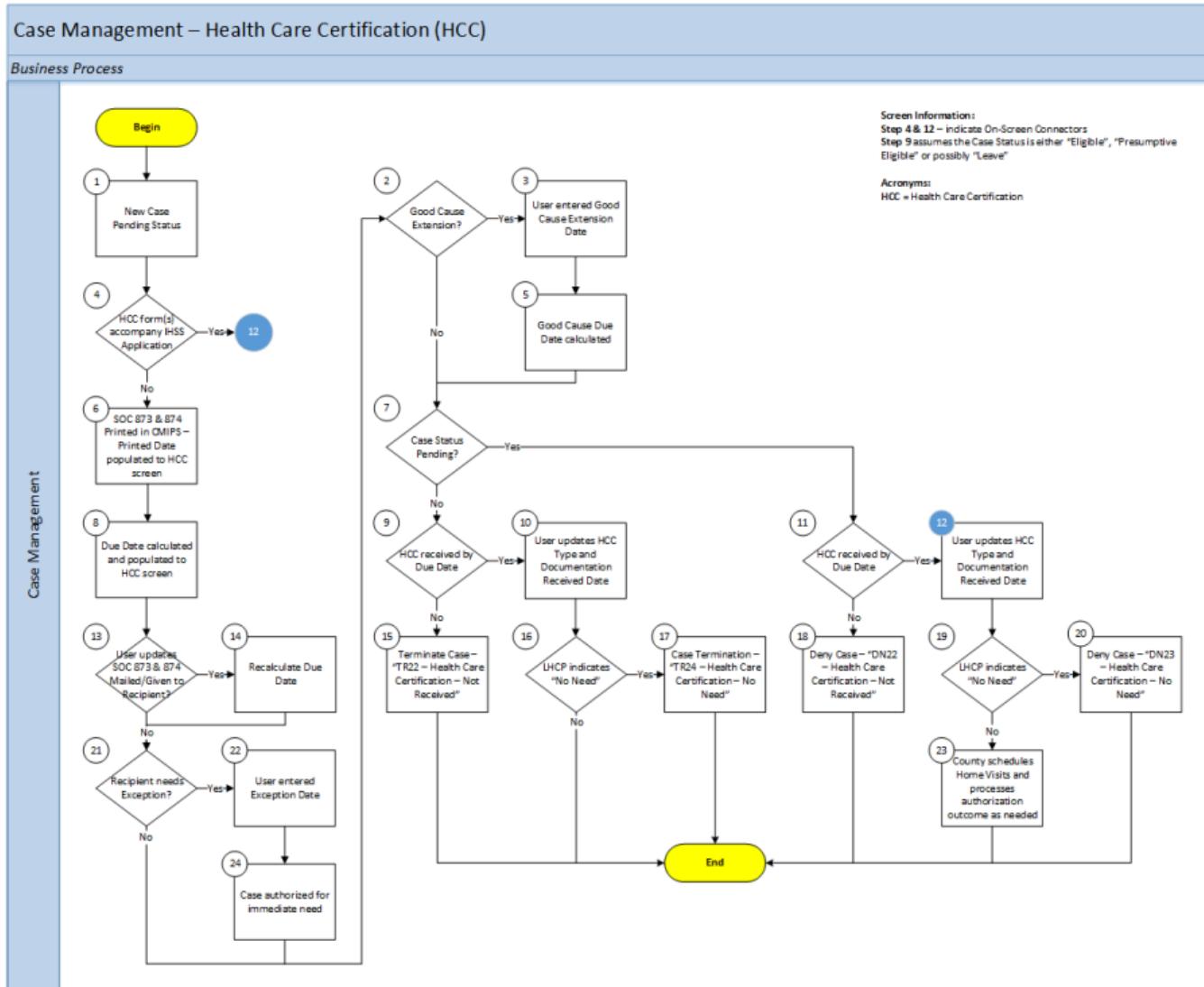


Figure – Health Care Certification – Business Flow

# DSD 21/Recip CM & OS – Service Eligibility/Business Process Flow/Initiation/Triggers, Pre-Conditions and Post Conditions

The table below provides a summary view of business processes:

ID	Business Function	Initiation/Triggers	Pre-Conditions	Post Conditions
01	Service Eligibility	Add New Evidence	Recipient case must exist	Allows the entry of information associated with the following Pending Evidence Types: Household Evidence Service Evidence Program Evidence Share of Cost Evidence
02	Service Evidence	Edit Pending Evidence	Pending Evidence must exist	Allows the modification of data associated with the following Pending Evidence Types: Household Evidence Service Evidence Program Evidence Share of Cost Evidence
03	Service Evidence	Delete Pending Evidence	Pending Evidence must exist	Allows the deletion of Pending Evidence which includes the following: Household Evidence Service Evidence Program Evidence Share of Cost Evidence
04	Service Evidence	View Pending or Active Evidence	Pending and/or Active Evidence must exist	Allows a user to view or modify Pending or view only Active Evidence.

## **DSD 21/Recip CM & OS – Service Eligibility/Screen Flows**

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Household Evidence

CI	Document Name
CI-67597 - DSD SF Household Evidence <span style="background-color: #e0f2f1; border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Household_Evidence.doc

From the Evidence Workspace, users access Household Evidence, which provides detailed information regarding the applicant/recipient's household and those living therein, which may affect eligibility.

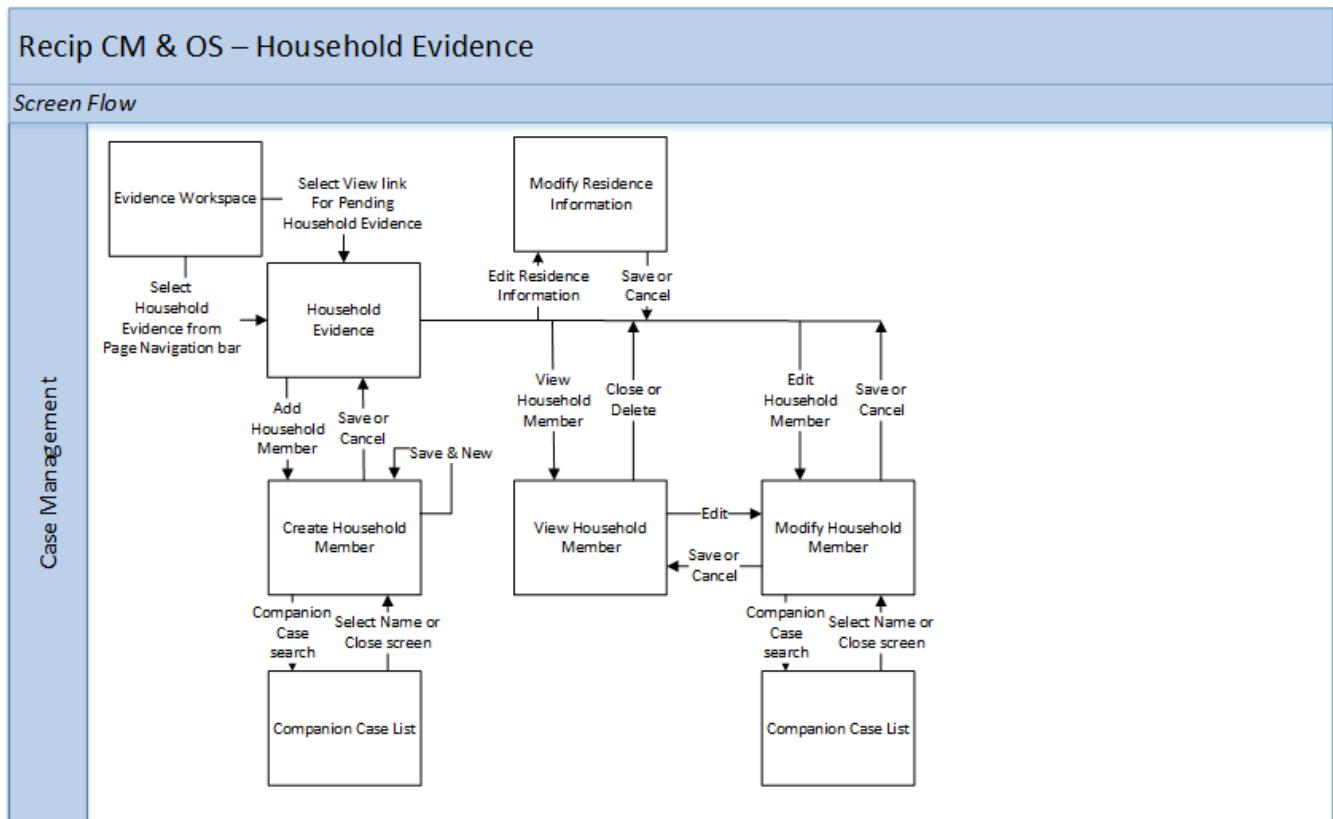


Figure – Household Evidence Screen Flow

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Service Evidence

CI	Document Name
 CI-67603 - DSD SF Service Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Service_Evidence.doc

From the Evidence Workspace, users access Service Evidence, which is information directly relating to the applicant/recipient's functional ability and his/her service needs based upon the 25 IHSS services.

## Recip CM & OS – Service Evidence

### Screen Flow

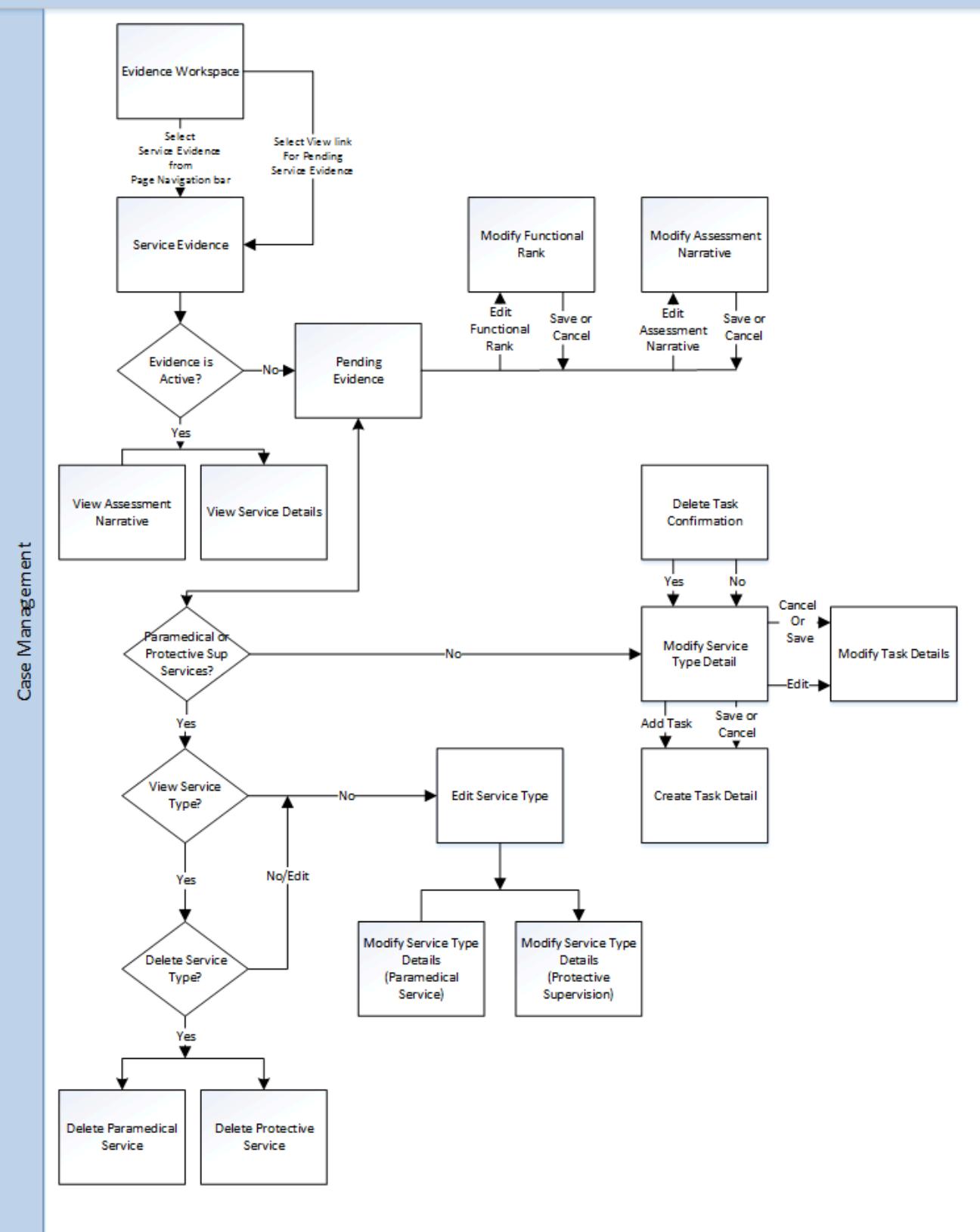


Figure – Service Evidence Screen Flow

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Program Evidence

CI	Document Name
 CI-67600 - DSD SF Program Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Program_Evidence.doc

From the Evidence Workspace, users access Program Evidence by selecting either, the View link for Pending Program Evidence or selecting Program Evidence from the Page Navigation. Program Evidence allows a user to specify the authorization period and other aspects of the case authorization. Users may also add Manual NOA messages, when applicable.

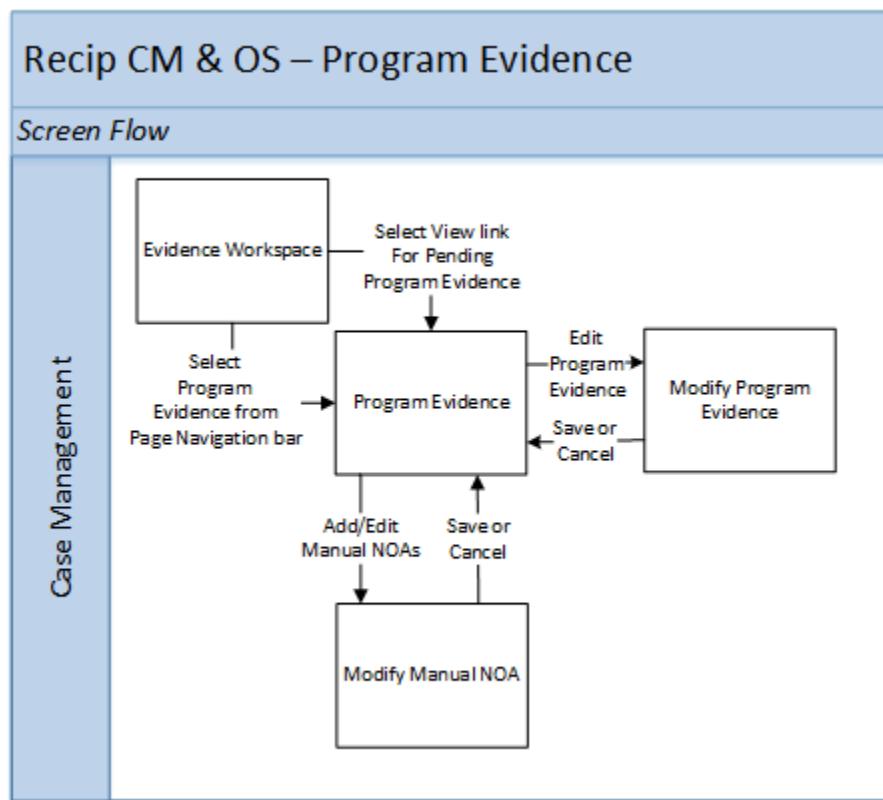


Figure – Program Evidence Screen Flow

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Share of Cost Evidence

CI	Document Name
CI-67599 - DSD SF Share of Cost Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Share_of_Cost_Evidence.doc

From the Evidence Workspace, users access Share of Cost Evidence, by selecting the Share of Cost Page Navigation. These screens allow users to add or updated IHSS Share of Cost (SOC) information.

## Recip CM & OS – Share of Cost (SOC) Evidence

### Screen Flow

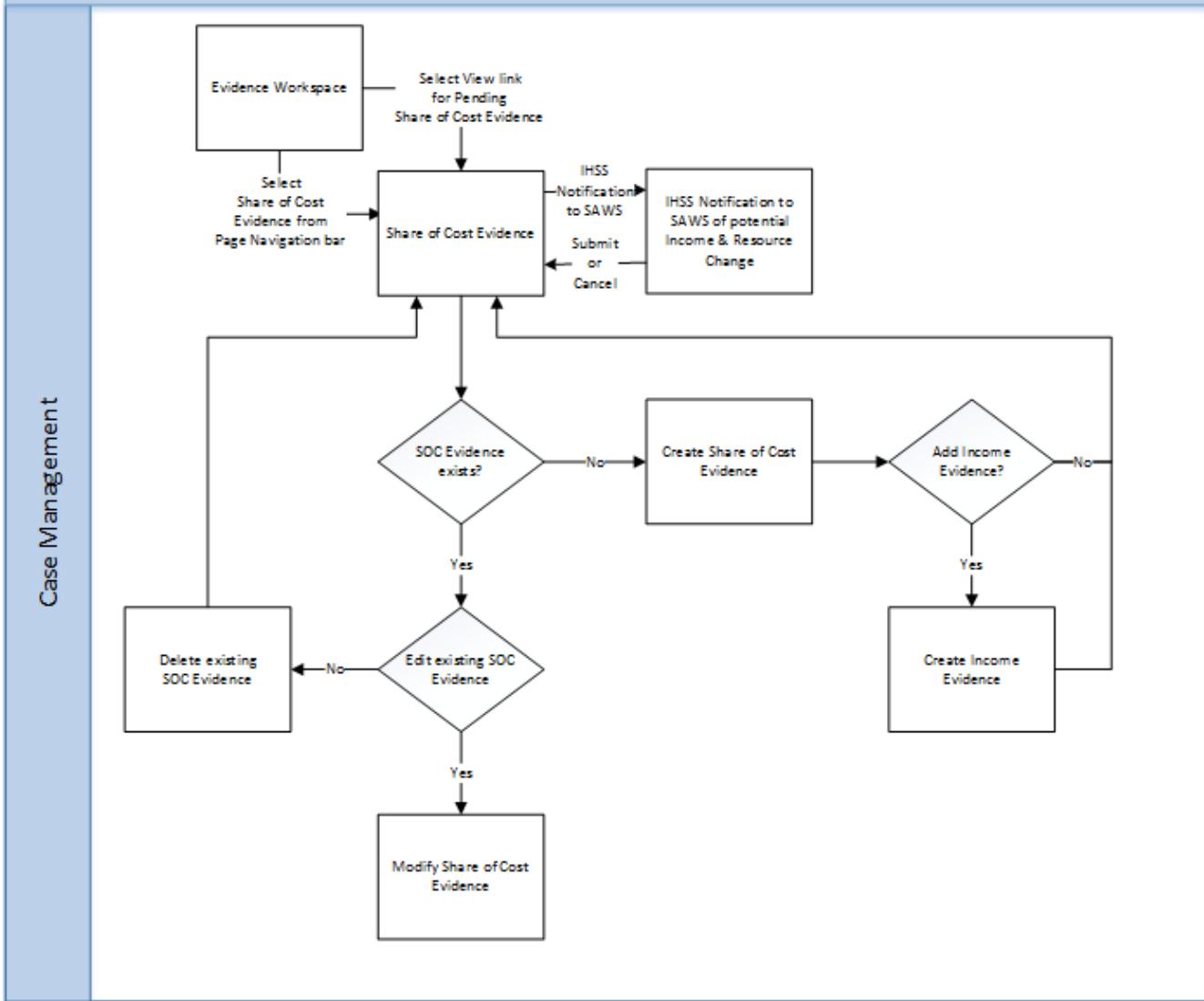


Figure – Share of Cost Evidence Screen Flow

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Contacts

CI	Document Name
CI-67602 - DSD SF Contact [IMPLEMENTED]	DSD_SF_Contact.doc

Users can access Contacts from the Case Home Content tab by selecting the Contacts Page Navigation tab.

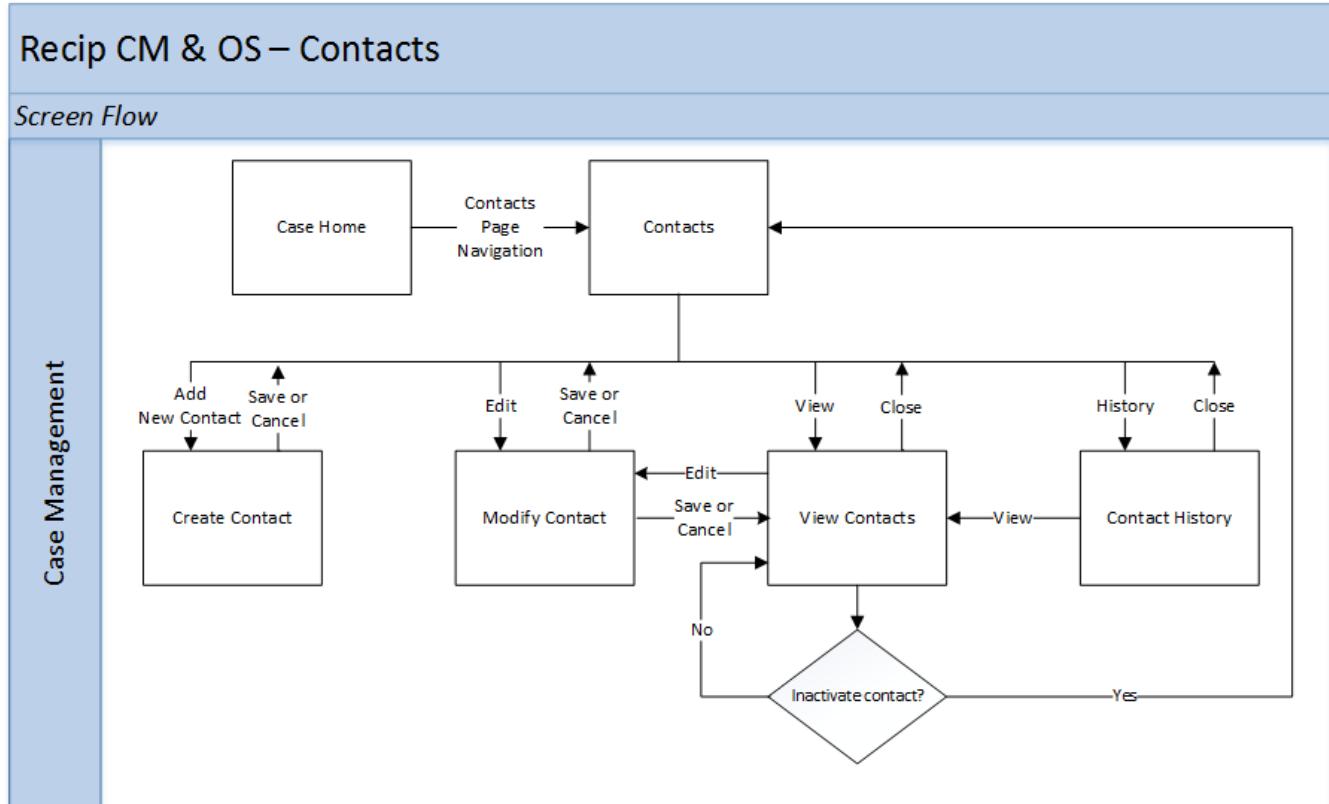


Figure – Contacts Screen Flow

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Health Care Certification

CI	Document Name
CI-775187 - DSD SF Health Care Certification <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Health_Care_Certification.docx

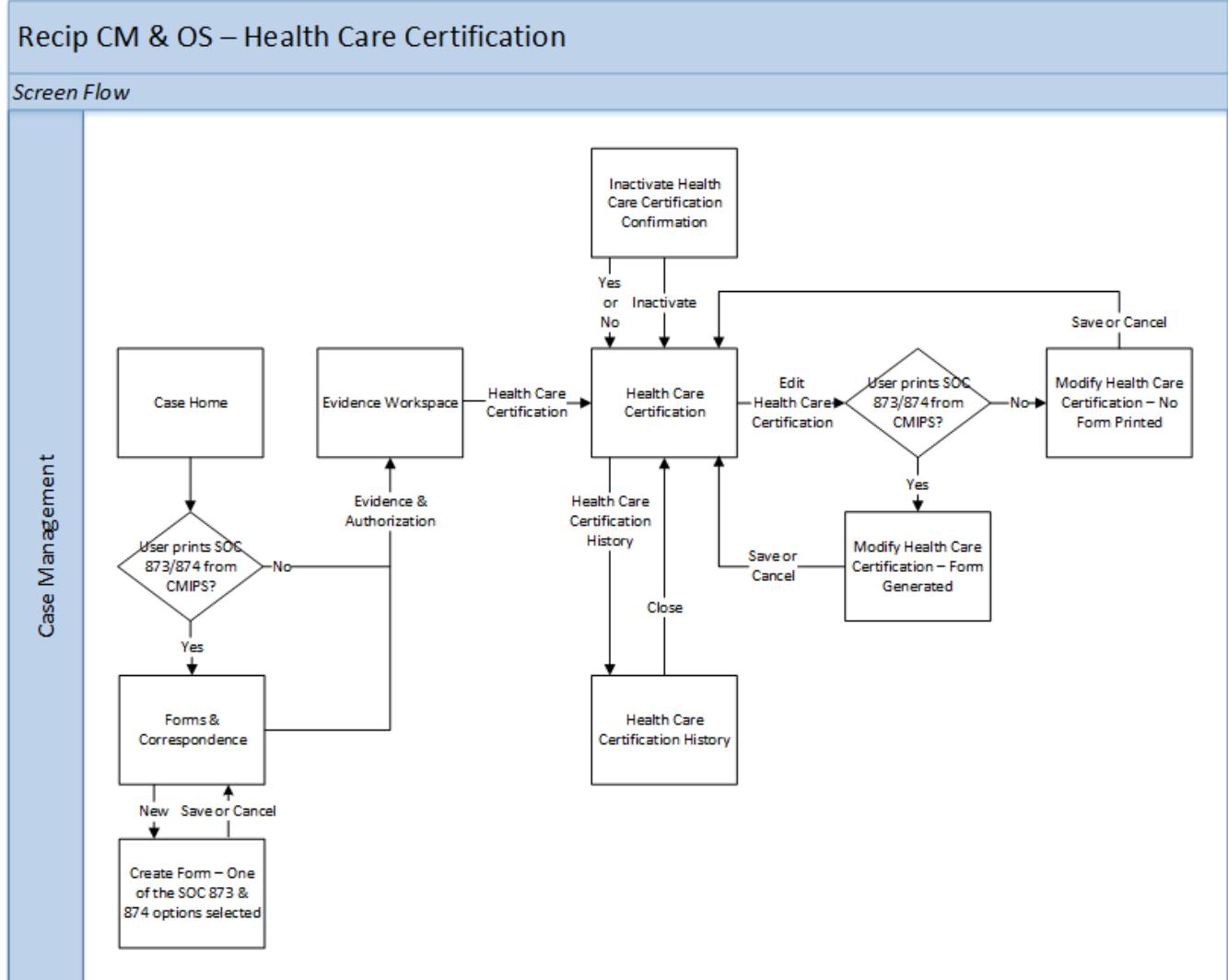


Figure – Health Care Certification

# DSD 21/Recip CM & OS – Service Eligibility/Screen Flows /Disaster Preparedness

CI	Document Name
<a href="#">CI-67598 - DSD SF Disaster Preparedness</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SF_Disaster_Preparedness.doc

Users can access the Disaster Preparedness screen from the Evidence Workspace, by selecting the Disaster Preparedness Page Navigation. The screen may also be accessed in Pending Evidence by selecting 'Next' on the Household Evidence screen. User's may add or update the applicant/recipients need for attention in a time of disaster.

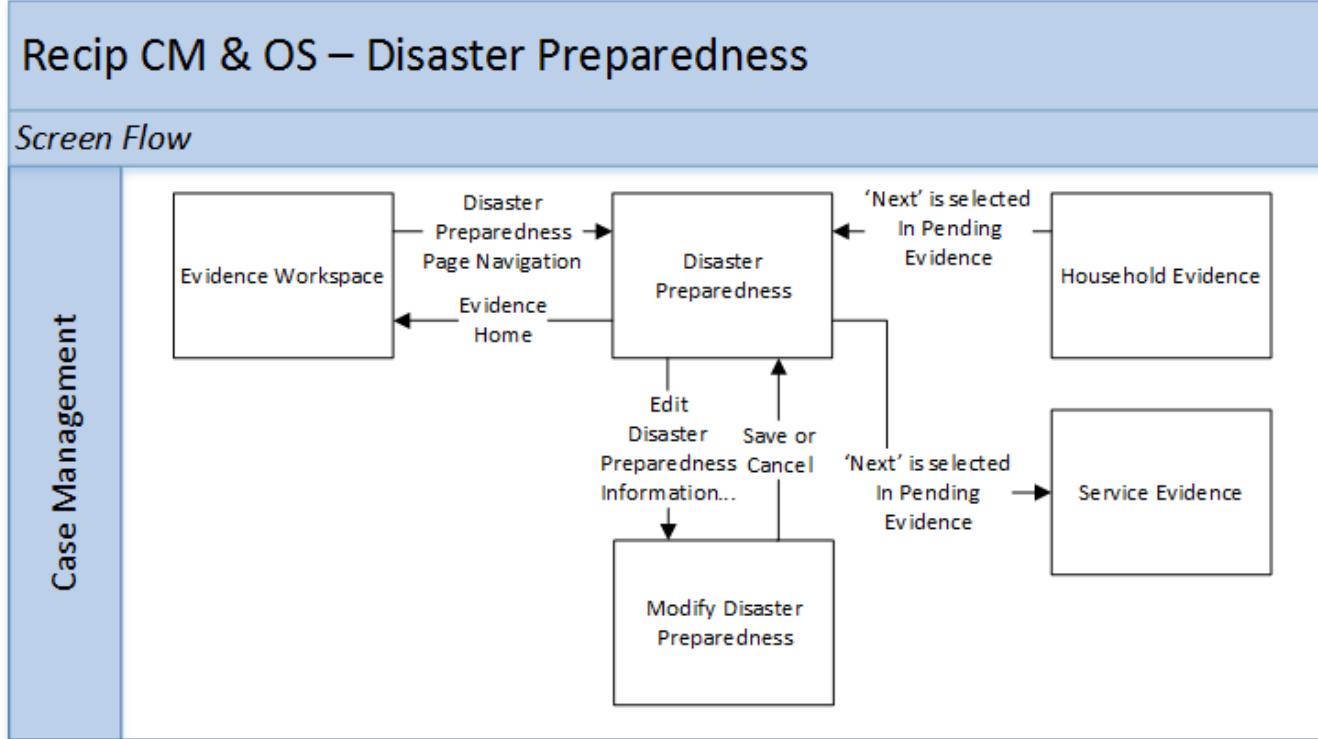


Figure – Disaster Preparedness Screen Flow

## **DSD 21/Recip CM & OS – Service Eligibility/Screen Designs**

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Evidence Workspace

CI	Document Name
CI-67563 - DSD SC Evidence Workspace <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Evidence_Workspace.doc

From the Case, when the Evidence & Authorization Content Tab is selected from the Case the Evidence Workspace screen displays. Pending Evidence, when it exists displays the four associated Evidence Types: Household Evidence, Service Evidence, Program Evidence and Share of Cost Evidence. The Active Evidence Details section displays up to the last 24 evidence records or last six assessments.

The screenshot shows a web-based application interface for the Evidence Workspace. At the top, there is a header bar with the text "CMIPS II Case Management Information Payroll System" and a search icon. Below the header is a search form with fields for "To Date" and a "Search" button. Underneath the search form is a table displaying five rows of evidence records. Each row contains three columns: "Auth Start Date", "Auth End Date", and "Last Update Date". The data in the table is as follows:

Auth Start Date	Auth End Date	Last Update Date
10/28/2020	09/30/2021	11/03/2020
10/28/2020	09/30/2021	11/03/2020
10/28/2020	09/30/2021	11/03/2020
10/28/2020	09/30/2021	11/03/2020

Figure – Evidence Workspace Screen

## Actions/Functions

The following actions are associated with the Evidence Workspace screen:

Action	Function
Add New Evidence	Displays the Assessment Type screen allowing the selection of an Assessment Type specific to the Assessment period. Displays only when Pending Evidence does not exist.
Check Eligibility	Displays the Check Eligibility screen to check eligibility of the specified evidence. Displays only when Pending Evidence exists.
Submit for Approval	Displays the Submit for Approval confirmation screen from which the user confirms the submission. Displays only when Pending Evidence exists and case has not been Submitted for Approval
Cancel Submission	Displays the Cancel Submission screen where User can either confirm (Yes) or cancel (No). This link is available only after the pending evidence is submitted for approval by a Case Worker requiring Supervisory Approval.
Approve	This link displays only for Case Supervisor when Pending Evidence has been submitted for approval by a user requiring Supervisory Approval. When selected the Submit for Approval confirmation screen displays.  <b>Note:</b> For Inter-county Transfer evidence, this link only displays for the direct Supervisor in the receiving county.
Reject	This link displays only for Case Supervisor when Pending Evidence has been submitted for approval by a user requiring Supervisory Approval. When selected the Reject Case screen displays requiring the user to select Rejection Reason and enter Rejection Comments which is sent to the Case Owner to correct the errors in evidence.  <b>Note:</b> For Inter-county Transfer evidence, this link only displays for the direct Supervisor in the receiving county.
Search	Allows the user to search for Evidence based upon Assessment Type and/or Date range

Pending Evidence Details	
Delete Pending Evidence	Displays only when Pending Evidence exists. When selected the delete confirmation screen displays.
View	Displays the selected View Pending Evidence screen.
Active Evidence Details	
<<Previous	Displays the previous 24 Active Evidence records matching the criteria. This hyperlink is only displayed when there are previous records to be displayed.
Next>>	Displays the next group of Active Evidence records (up to 24) matching the criteria. This hyperlink is only displayed when there are additional records to be displayed.
View	Displays the selected View Active Evidence screen.

## Search Capability

The Evidence Type search capability in the Manage cluster of the screen allows a user to search for Pending and/or Active Evidence using one or more of the available data search fields. If the Evidence Type is left blank, the search will return both Pending and Active Evidence for the indicated period. Searches are limited to a one-year period.

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Evidence Type	The type of evidence (Household Evidence, Service Evidence, Program Evidence, Share of Cost Evidence)	Drop-down list	No	No	Yes
From Date	The Auth Start Date from which the Search is searched	Date	No	No	Yes
To Date	The Auth End Date to which the Search is searched	Date	No	No	Yes

## Data Elements

The following data elements are associated to the Pending and Active Evidence clusters on the Evidence Workspace screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Evidence Type	The type of evidence (Household Evidence, Service Evidence, Program Evidence, Share of Cost Evidence)	String	No	No	No
Assessment Type	The assessment type indicated for the assessment period	String	No	No	No
Auth Start Date	The date the authorization period begins	Date	No	No	No
Auth End Date	The date the authorization period ends	Date	No	No	No
Last Update Date	The date the evidence was last updated	Date	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Assessment Type

CI	Document Name
<a href="#">CI-67582 - DSD SC Assessment Type</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Assessment_Type.doc

When the Add New Evidence link is selected from the Evidence Workspace screen, the Select Assessment Type pop-up displays allowing the user to select the appropriate type of assessment: Initial, Change, Reassessment, Inter-County Transfer or State Hearing.

There are also five system-generated Assessment Types: Conversion, Funding Source Update, Cost of Living Adjustment, Wage Rate Update and State Mandated Change.

The screenshot shows a modal dialog titled "Select Assessment Type: JOHN DOE 1939331". Inside the dialog, there is a single input field labeled "Assessment Type: \*". Below the input field is a red asterisk indicating it is a required field. At the bottom of the dialog are three buttons: "Save", "Save & Next", and "Cancel".

Figure – Assessment Type

## Actions/Functions

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

Action	Function
Save	Saves the selected Assessment Type, creates one of each Evidence Types and returns the user to the Evidence Workspace screen.
Save & Next	Saves the pop-up, creates one of each Evidence Type and displays the Household Evidence screen.
Cancel	Cancels the requested action display the Evidence Workspace.

## Data Elements

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

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Assessment Type	The type of assessment being performed	Drop-down list	Yes	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Household Evidence

CI	Document Name
CI-67552 - DSD SC Household Evidence Home <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Household_Evidence_Home.doc

When a View link is selected for Household Evidence from the Evidence Workspace screen or the Household Evidence Page Navigation tab is selected from Evidence & Authorization Content Tab, or when the Save & Next link is selected from the Assessment Type screen, the Household Evidence screen displays.

The screenshot shows the Household Evidence screen in the CMIPS system. At the top, there's a header bar with 'CMIPS II Case Management Information Payroll System II', 'Case Number' (with a search icon), 'Welcome' (with a user dropdown), and other navigation links. Below the header, there's a large form area divided into sections. The first section contains fields for 'Living Arrangement' (Shared), 'Residence Type' (House), 'Number of Recipient only Rooms' (1), 'Number of Shared Rooms' (5), and 'Number of Rooms not Used' (0). The second section lists household members with columns for 'Relationship', 'Age', 'Case Owner', 'Companion Case Number', and 'Protective Supervision Status'. Three rows are shown: 'Child' (age 44), 'Other' (age 65), and 'Other' (age 75). At the bottom of the form are 'Evidence Home' and 'Next' buttons.

Figure – Household Evidence

## Actions/Functions

The following actions are associated with the Household Evidence screen:

Action	Function
Evidence Home	Displays the Evidence Workspace screen
Next	Displays the Service Evidence screen
Edit Residence Information	Displays the Modify Residence Information pop-up
Add Household Members	Displays the Create Household Member pop-up
View	Displays the View Household Member screen
Edit	Displays the Modify Household Member pop-up

## Data Elements

The following data elements are associated with the Household Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Residence Information</b>					
Stove	Indicate whether the Recipient's residence has a Stove	String	No	No	No
Living Arrangement	Recipient's living arrangement	String	No	No	No

Refrigerator	Indicate whether the Recipient's residence has a Refrigerator	String	No	No	No
Residence Type	Recipient's type of residence	String	No	No	No
Washer	Indicate whether the Recipient's residence has a Washer	String	No	No	No
Number of Recipient only Rooms	Indicate the number of rooms used by Recipient only	Integer	No	No	No
Dryer	Indicate whether the Recipient's residence has a Dryer	String	No	No	No
Number of Shared Rooms	Indicate the number of rooms Recipient shares with others	Integer	No	No	No
Yard	Indicate whether the Recipient's residence has a Yard	String	No	No	No
Number of Rooms Not Used	Indicate the number of rooms not used by the Recipient	Integer	No	No	No

#### Household Members

Last Name	Last Name of the Household Member	String	No	No	No
First Name	First Name of the Household Member	String	No	No	No
Date of Birth	Date of Birth of the Household Member	Date	No	No	No
Relationship	Relationship of the Household member with the Recipient	String	No	No	No
Age	Calculated age based upon current date and Date of Birth	Number	No	No	No
Case Owner	The name of the Social Worker assigned to the Companion Case	String	No	No	No
Companion Case Number	Case Number of Companion Case	Number	No	No	No
Protective Supervision Status	Protective Supervision Status of this Companion Case	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Residence Information

CI	Document Name
CI-67591 - DSD SC Modify Residence Information <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Residence_Information.doc

When the Edit Residence Information action is selected from the Household Evidence Information screen the Modify Residence Information pop-up displays. This pop-up allows the user to designate details regarding the applicant/Recipient's living situation.

Figure – Modify Residence Information

## Actions/Functions

The following actions are associated with the Modify Residence Information home pop-up:

Action	Function
Save	Saves the Residence Information, returning the user to the Household Evidence screen.
Cancel	Cancels the action, closes the pop-up returning the user to the Household Evidence screen.

## Data Elements – Modify Residence Information

The following data elements are associated with the Modify Residence Information pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Stove	Indicate whether the Recipient's residence has a stove	Check Box	No	Unselected	Yes
Living Arrangement	Recipient's living arrangement	Drop-down list	Yes	No	Yes
Refrigerator	Indicate whether the Recipient's residence has a refrigerator	Check Box	No	Unselected	Yes

Residence Type	Recipient's type of residence	Drop-down list	Yes	No	Yes
Washer	Indicate whether the Recipient's residence has a washer	Check Box	No	Unselected	Yes
Number of Recipient only Rooms	Indicate the number of rooms used by Recipient only	Integer	Yes	No	Yes
Dryer	Indicate whether the Recipient's residence has a dryer	Check Box	No	Unselected	Yes
Number of Shared Rooms	Indicate the number of rooms Recipient shares with others	Integer	Yes	No	Yes
Yard	Indicate whether the Recipient's residence has a yard	Check Box	No	Unselected	Yes
Number of Rooms Not Used	Indicate the number of rooms not used by the Recipient	Integer	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Household Member

CI	Document Name
CI-67554 - DSD SC Create Household Members <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Create_Household_Members.doc

When the Add Household Member link is selected from the Household Evidence screen the Create Household Member pop-up displays. This pop-up allows the user to associate other individuals in the household to the applicant/Recipient.

Individuals living in the household also receiving IHSS are considered Companion Cases and may be searched for by selecting the search link (magnifying glass) in the Companion Case Details cluster of the Create Household Members pop-up.

Figure – Create Household Members

## Actions/Functions

The following actions are associated with the Create Household Member pop-up:

Action	Function
Save	Saves the pop-up and displays the Household Evidence home screen
Save & New	Saves the pop-up and displays a new Create Household Members screen
Cancel	Cancels the action returning the user to the Household Evidence home Screen
Companion Case Number	Displays the Companion Case list pop-up.

## Data Elements - Create Household Members

The following data elements are associated with the Create Household Member pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Companion Case Details</b>					
Companion Case Number	Case Number of Companion Case	Number	No	No	Yes
Protective Supervision Status	Protective Supervision Status of this Companion Case	String	No	No	No
<b>Household Members Details</b>					
Relationship	Relationship of the Household member with the Recipient	Drop-down list	Yes	No	Yes
Date of Birth	Date of Birth of the Household Member	Date	No. Required when Relationship is Child regardless of age.	No	Yes
Last Name	Last Name of the Household Member	String	Yes	No	Yes
First Name	First Name of the Household Member	String	Yes	No	Yes
Spouse /Parent	Allows the designation of Spouse, Parent or other relationship and availability to provide of services	Drop-down list	Yes	No	Yes
Protective Supervision Proration	Indicates whether or not the Household Members should be included in the Protective Supervision Proration. Yes indication is only allowed if individual is associated as a Companion Case.	Drop-down list	Yes	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Household Members

CI	Document Name
<a href="#">CI-67587 - DSD SC Modify Household Members</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Household_Members.doc

When the Edit link, associated with a specific individual, is selected from the Household Members cluster on the Household Evidence screen or the View Household Member screen, the Modify Household Members pop-up displays. This pop-up allows the user to modify information on previous associated individuals in the household to the applicant/Recipient.

Figure – Modify Household Members

## Actions/Functions

The following actions are associated with the Modify Household Member pop-up:

Action	Function
Save	Saves the pop-up and displays the Household Evidence home screen
Cancel	Cancels the action returning the user to the Household Evidence home Screen
Companion Case Number	Displays the Companion Case list pop-up

## Data Elements - Modify Household Members

The following data elements are associated with the Modify Household Members pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Companion Case Details</b>					
Companion Case Number	Case Number of Companion Case	ID	No	No	Yes
Protective Supervision Status	Protective Supervision Status of this Companion Case	String	No	No	No
<b>Household Member Details</b>					
Relationship	Relationship of the Household member with the Recipient	Drop-down list	Yes	No	Yes
Date of Birth	Date of Birth of the Household Member	Date	No. Required with Relationship is Child regardless of age.	No	Yes
Last Name	Last Name of the Household Member	String	Yes	No	Yes
First Name	First Name of the Household Member	String	Yes	No	Yes
Spouse/Parent	Allows the designation of Spouse, Parent or other relationship and availability to provide of services	Drop-down list	Yes	No	Yes
Protective Supervision Proration	Indicates whether or not the Household Members should be included in the Protective Supervision Proration. <b>*Note:</b> The only option for a user to select on the drop-down is 'No'.	Drop-down list	Yes	No	Yes*

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Companion Case

CI	Document Name
<a href="#">CI-67595 - DSD SC Companion Case</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Companion_Case.doc

When the Companion Case search link is selected from the Create or Modify Household Member pop-up the Companion Case list pop-up displays. CMIPS II cases with a "residence address" which is an exact match to the case will display by Status. When the "Select" action associated with a listed individual occurs, the Case Number, Name and Date of Birth are populated to the Create or Modify Household Member pop-up.

Action	First Name	Last Name	Case Owner	Case Number	Start Date	End Date	Status	Protective Supervision Status
<a href="#">Select</a>	ROBERT	RACHEL	KIM BRITT	1939334			Pending	Yes
<a href="#">Select</a>	FIRST NAME	LAST NAME	DONN JAMES	1939336	10/01/2020 00:00	12/31/2020 00:00	Eligible	No
<a href="#">Select</a>	ANDREW	HUSSEL	DONN JAMES	1939330	09/30/2020 00:00	09/30/2021 00:00	Eligible	No
<a href="#">Select</a>	rita	ALLEN	DONN JAMES	1939329			Eligible	No
<a href="#">Select</a>	DENIAL	CASE	DONN JAMES	1939333	09/22/2020 00:00	09/30/2021 00:00	Denied	No

Figure – Companion Case

## Actions/Functions

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

Action	Function
<<Previous	Displays the previous 50 cases matching the criteria. This hyperlink is only displayed when there are previous records to be displayed.
Next>>	Displays the next group of cases (up to 50) matching the criteria. This hyperlink is only displayed when there are additional records to be displayed.
Select	Selects the associated case populating the selected case information to the Modify Household members pop-up

## Data Elements - Companion Case List

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

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
First Name	First name of the Companion case Recipient	String	No	No	No
Last Name	Last name of the Companion case Recipient	String	No	No	No
Case Owner	The name (First Last) of the Case Owner	String	No	No	No
Case Number	Case Number of the Companion case	String	No	No	No
Start Date	Current Authorization Start Date of the companion case	Date	No	No	No
End Date	Current Authorization End Date of the companion case	Date	No	No	No
Status Status - Case Status – Cases shall be sorted in the following order: Pending Eligible, Presumptively Eligible, Leave, Terminated, Denied, Withdrawn	Companion Case Status	String	No	No	No
Protective Supervision Status	Protective Supervision Status of this Companion Case	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Household Member

CI	Document Name
CI-67567 - DSD SC View Household Members <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_View_Household_Members.doc

When the View link, associated to a specific Household Member, is selected from the Household Members cluster on the Household Evidence screen, the View Household Member screen displays.

The screenshot shows a web-based application interface for viewing a household member. At the top, there's a header bar with the text "Case Management Information Payroll System II" and a search icon. Below the header is a large input field with a placeholder. Underneath the input field are several dropdown menus and text input fields. One dropdown menu is open, showing "Protective Supervision Status: No". Below it, another dropdown menu is partially visible. A text input field contains "Date of Birth: 03/15/1955". Below that is a text input field with "First Name: FIRST NAME". At the bottom of the form area, there's a text input field with "Protective Supervision Proration: No". At the very bottom of the screen, there are three buttons: "Edit...", "Delete...", and "Close".

Figure – View Household Member

## Actions/Functions

The following actions are associated with the View Household Member screen:

Action	Function
Edit	Displays the Modify Household Members pop-up
Delete	Executes the Delete action, displays the Delete confirmation screen
Close	Closes the pop-up and returns to the Household Evidence home screen

## Data Elements

The following data elements are associated with the View Household Member screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Companion Case Details</b>					
Companion Case Number	Case Number of Companion Case	String	No	No	No
Protective Supervision Status	Protective Supervision Status of this Companion Case	String	No	No	No
<b>Household Member Details</b>					
Relationship	Relationship of the Household member with the Recipient	String	No	No	No
Date of Birth	Date of Birth of the Household Member	Date	No	No	No
Last Name	Last Name of the Household Member	String	No	No	No
First Name	First Name of the Household Member	String	No	No	No
Spouse/Parent	Able & Available Spouse/Parent	String	No	No	No
Protective Supervision Proration	Indicates whether or not the Household Members should be included in the Protective Supervision Proration	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Service Evidence Home

CI	Document Name
<a href="#">CI-67556 - DSD SC Service Evidence Home</a> <span style="border: 1px solid #ccc; padding: 2px 5px;">IMPLEMENTED</span>	DSD_SC_Service_Evidence_Home.doc

When the Next link is selected from the Household Evidence screen, the Service Evidence link is selected from the Cases left navigation menu or the View link associated with Service Evidence on the Evidence Workspace, the Service Evidence screen displays. Users may edit the following data associated with Pending Evidence, Functional Ranks, Assessment Narrative or the Service Type Details.

The screenshot shows the Service Evidence Home screen. At the top, there is a summary table for pending evidence:

	Laundry:	5
Meal Prep & Clean-up:	5	
Bathing & Grooming:	1	
Bowel, Bladder & Menstrual Care:	1	
Feeding:	1	
Memory:	1	
Judgment:	1	

Below this is a table for service type details:

HTG	Total Assessed Need	Adj	Ind Assessed Need	Alt+Ref+Vol	Net Adj Need
■	22:44	00:00	22:44	00:00	22:44
■	04:40	00:00	04:40	00:00	04:40
	00:00	00:00	00:00	00:00	00:00
	01:15	00:00	01:15	00:00	01:15
■	01:15	00:00	01:15	00:00	01:15
	00:00	00:00	00:00	00:00	00:00
	00:45	00:00	00:45	00:00	00:45
	00:00	00:00	00:00	00:00	00:00

Figure – Service Evidence Home

## Actions/Functions

The following actions are associated with the Service Evidence screen:

Action	Function
Evidence Home	Displays the Evidence Workspace screen
Next	Displays the Program Evidence screen
Edit Functional Ranks	Displays the Modify Functional Ranks pop-up
Edit Assessment Narrative	Displays the Assessment Narrative pop-up
<b>Service Type Details</b>	
View	Displays the selected service View Service Type Details pop-up
Edit	Displays the selected service Modify Service Type Details pop-up

## Data Elements

The following data elements are associated with the Service Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Functional Ranks</b>					
Housework	Domestic Services (Housekeeping, Cleaning, changing bed linens, etc.)	Integer	No	No	No

Laundry	Laundry	Integer	No	No	No
Shopping & Errands	Shopping for food and other needs	Integer	No	No	No
Meal Prep & Clean-up	Preparation of and clean-up associated with meals	Integer	No	No	No
Ambulation	Assistance with walking or moving from place to place	Integer	No	No	No
Bathing & Grooming	Bathing, showers, grooming, oral hygiene, etc.	Integer	No	No	No
Dressing	Dressing, changing soiled clothing, etc.	Integer	No	No	No
Bowel, Bladder & Menstrual Care	Assistance with using, emptying and cleaning bed pans, bedside commodes, urinals, etc.	Integer	No	No	No
Transfer	Assisting from standing, sitting, prone positions, etc.	Integer	No	No	No
Feeding	Assistance with consumption of food and assurance with adequate intake	Integer	No	No	No
Respiration	Non-paramedical services such as self-administration of oxygen and cleaning IPPB machines	Integer	No	No	No
Memory	This scale is used to determine the need for protective supervision.	Integer	No	No	No
Orientation	This scale is used to determine the need for protective supervision.	Integer	No	No	No
Judgment	This scale is used to determine the need for protective supervision.	Integer	No	No	No
Functional Index	Individual Functional Limitation score weighted to provide the functional index ranking for each Recipient. The value does not reset with a change to the Rank, but only when one of the following actions occurs: Check Eligibility or Submit for Approval	Decimal	No	No	No

#### Service Type Details – Column Headings

Service Type	The list of 25 IHSS Program Services	String	No	No	No
W/M	Indication of whether the service assessed on a Weekly or Monthly basis	String	No	No	No
HTG	Hourly Task Guidelines – indication will display whether the Individual Assessed Need exceeds (+) or is below (-) the associated Hourly Task Guideline based on the applicable Functional Rank	String	No	No	No
Total Assessed Need	Total Assessed time needed to perform a necessary service. Displays in HH:MM format.	Integer	No	No	No
Adj	Adjustment – proration of Total Assessed Need not attributable to the applicant/Recipient because the service is common to multiple individuals in the household. Displays in HH:MM format.	Integer	No	No	No
Ind Assessed Need	Total Assessed Need minus Adjustment is the Individual Assessed Need. Displays in HH:MM format.	Integer	No	No	No
Alt+Ref+Vol	Combined hours for Alternative Resources, Refused Services, and Voluntary Services. Displays in HH:MM format.	Integer	No	No	No
Net Adj Need	Ind Assessed Need minus (Alt+Ref+Vol). Displays in HH:MM format.	Integer	No	No	No

#### Service Type Details – Row Headings

Domestic Service	Domestic Services (Housekeeping, Cleaning, changing bed linens, etc.)	N/A	N/A	N/A	N/A
Preparation of Meals	Preparation of Meals	N/A	N/A	N/A	N/A
Meal Clean-up	Meal Clean-up	N/A	N/A	N/A	N/A
Laundry	Laundry	N/A	N/A	N/A	N/A
Shopping for Food	Shopping for Food	N/A	N/A	N/A	N/A
Other Shopping & Errands	Other Shopping & Errands	N/A	N/A	N/A	N/A
Respiration	Respiration	N/A	N/A	N/A	N/A
Bowel & Bladder Care	Bowel & Bladder Care	N/A	N/A	N/A	N/A
Feeding	Feeding	N/A	N/A	N/A	N/A
Routine Bed Bath	Routine Bed Bath	N/A	N/A	N/A	N/A
Dressing	Dressing	N/A	N/A	N/A	N/A
Menstrual Care	Menstrual Care	N/A	N/A	N/A	N/A

Ambulation	Ambulation	N/A	N/A	N/A	N/A
Transfer	Transfer	N/A	N/A	N/A	N/A
Bathing, Oral Hygiene, Grooming	Bathing, Oral Hygiene, Grooming	N/A	N/A	N/A	N/A
Rubbing Skin, Repositioning	Rubbing Skin, Repositioning	N/A	N/A	N/A	N/A
Care and Assistance with Prosthesis	Care and Assistance with Prosthesis	N/A	N/A	N/A	N/A
Accompaniment to Medical Appointment	Accompaniment to Medical Appointment	N/A	N/A	N/A	N/A
Accompaniment to Alternative Resources	Accompaniment to Alternative Resources	N/A	N/A	N/A	N/A
Protective Supervision	Protective Supervision	N/A	N/A	N/A	N/A
Paramedical Services	Paramedical Services	N/A	N/A	N/A	N/A
Heavy Cleaning	Heavy Cleaning	N/A	N/A	N/A	N/A
Yard Hazard Abatement	Yard Hazard Abatement	N/A	N/A	N/A	N/A
Removal of Snow, Ice	Removal of Snow, Ice	N/A	N/A	N/A	N/A
Teaching and Demonstration	Teaching and Demonstration	N/A	N/A	N/A	N/A

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Functional Ranks

CI	Document Name
CI-67593 - DSD SC Modify Functional Ranks <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Functional_Ranks.doc

When the Edit Functional Ranks link is selected from the Service Evidence screen the Modify Functional Ranks pop-up displays allowing the user to select or update the Functional Rank associated with any of the 14 Functional Areas. Functional Ranks are (1-6) with a "6" indicating a Paramedical Need. Some functions areas have all six others have a few number of ranks.

Housework : *		Laundry: *	
5	5	5	5
Shopping & Errands: *		Meal Prep & Clean-up: *	
5	5	5	5
Ambulation: *		Bathing & Grooming: *	
1	1	1	1
Dressing: *		Bowel, Bladder & Menstrual Care: *	
1	1	1	1
Transfer: *		Feeding: *	
1	1	1	1
Respiration: *		Memory: *	
5	5	1	1
Orientation: *		Judgment: *	
1	1	1	1

Save Cancel

Figure – Functional Ranks

## Actions/Functions

The following actions are associated with the Modify Functional Ranks pop-up:

Action	Function
Save	Save the Functional Rank selection and displays the Service Evidence screen.
Cancel	Cancels the action and displays the Service Evidence screen.

## Data Elements

The following data elements are associated with the Modify Functional Ranks pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Housework	Domestic Services (Housekeeping, Cleaning, changing bed linens, etc.)	Drop-down list	Yes	No	Yes

Laundry	Laundry	Drop-down list	Yes	No	Yes
Shopping & Errands	Shopping for food and other needs	Drop-down list	Yes	No	Yes
Meal Prep & Clean-up	Preparation of and clean-up associated with meals	Drop-down list	Yes	No	Yes
Ambulation	Assistance with walking or moving from place to place	Drop-down list	Yes	No	Yes
Bathing & Grooming	Bathing, showers, grooming, oral hygiene, etc.	Drop-down list	Yes	No	Yes
Dressing	Dressing, changing soiled clothing, etc.	Drop-down list	Yes	No	Yes
Bowel, Bladder & Menstrual Care	Assistance with using, emptying and cleaning bed pans, bedside commodes, urinals, etc.	Drop-down list	Yes	No	Yes
Transfer	Assisting from standing, sitting, prone positions, etc.	Drop-down list	Yes	No	Yes
Feeding	Assistance with consumption of food and assurance with adequate intake	Drop-down list	Yes	No	Yes
Respiration	Non-paramedical services such as self-administration of oxygen and cleaning IPPB machines	Drop-down list	Yes	No	Yes
Memory	This scale is used to determine the need for protective supervision.	Drop-down list	Yes	No	Yes
Orientation	This scale is used to determine the need for protective supervision.	Drop-down list	Yes	No	Yes
Judgment	This scale is used to determine the need for protective supervision.	Drop-down list	Yes	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Assessment Narrative

CI	Document Name
CI-67586 - DSD SC Modify Assessment Narrative <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Assessment_Narrative.doc

When the Edit Assessment Narrative link is selected from the Service Evidence screen, the Modify Assessment Narrative pop-up displays, allowing the user to add or update the notes associated with the Pending Service Evidence. Assessment Narrative may be edited or added to until the case evidence has been activated. The Assessment Narrative is limited to 22,000 characters. The use of special characters (i.e. \*, #, |, etc.) in the narrative is not allowed as there may not be a character-for-character translation available if the narrative is copied from a Microsoft Word document and this can cause issues when printing.

Special character that are not allowed in the narrative are:

- Bullet Point (•)
- Bullet Circle (○)
- Bullet Square (□)
- Bullet Diamond (◊)
- Bullet Arrow (→)
- Check Mark (✓)
- Elipsis (...)
- em-dash (–)

The screenshot shows a modal dialog titled "Modify Assessment Narrative: JOHN DOE 1939331". At the top right are a help icon (?) and a close button (X). Below the title, a note states "\* required field". The main area contains a text input field labeled "Notes:" which contains a long block of text about evidence types and details. At the bottom right of the modal are "Save" and "Cancel" buttons.

Figure – Assessment Narrative

## Actions/Functions

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

Action	Function
Save	Saves the Assessment Narrative and returns the user to the Service Evidence screen.
Cancel	Cancels the action, closes the pop-up and returns the user to the Service Evidence screen.

## Data Elements

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

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Notes	<p>Free-form text notes (22,000 characters) which may be edited and updated until case is submitted for approval</p> <p><b>Note:</b> This field cannot contain special characters or the user will not be able to save. For a list of special characters please refer to the list at the top of the page.</p>	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Service Type Details – Single Task, No Proration

CI	Document Name
<a href="#">CI-67572 - DSD SC Modify Service Type Dtls Single Task No Proration</a> IMPLEMENTED	DSD_SC_Modify_Service_Type_Dtls_Single_Task_No_Proration.doc

When the Edit link is selected from the Service Evidence screen for a specific Service Type having a single task which cannot be prorated, the Modify Service Type Details pop-up displays. The addition of multiple Tasks for each Service Type is controlled by the screen validations.

The following Service Types are associated with Single Task, No Proration: Respiration, Routine Bed Baths, Menstrual Care, Ambulation and Transfer.

Modify Service Type Details: JOHN DOE 1939331

\* required field

Total Assessed Need (HH:MM):	05:15	Refused Services (HH:MM):	00 : 00
Alternative Resources (HH:MM):	00 : 00	Voluntary Services (HH:MM):	00 : 00

Comments:

Save Save & Next Cancel

Figure – Modify Service Type Details – Single Task, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Service Type Details – Single Task with Proration

CI	Document Name
CI-67561 - DSD SC Modify Service Type Dtls Single Task with Proration IMPLEMENTED	DSD_SC_Modify_Service_Type_Dtls_Single_Task_with_Proration.doc

When the Edit link of a Service Type link is selected from the Service Evidence screen, for a Service Type which has a single task which can be prorated, the following Modify Service Type Details pop-up displays.

The following Service Types are associated with Single Task with Proration: Domestic Services, Laundry, Shopping for Food, Other Shopping and Errands, Heavy Cleaning, Yard Hazard Abatement, Remove Ice, Snow and Teaching & Demonstration.

Modify Service Type Details: BILLY THE KID 1939343 (?) (X)

---

\* required field

**Service Type:** Shopping for Food

[Add Tasks](#)

**Task Details**

Action	Service Task	Frequency	Quantity	Duration	Proration
<a href="#">Edit   Delete...</a>	Shopping for Food	Weekly	1	01:15	1

Total Assessed Need (HH:MM): 01:15      Refused Services (HH:MM):  :   
 Adjustments (HH:MM): 00:00      Voluntary Services (HH:MM):  :   
 Alternative Resources (HH:MM):  :

**Comments:** test

[Save](#) [Save & Next](#) [Cancel](#)

Figure – Modify Service Type Details – Single Task with Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Service Type Details – Multiple Tasks, No Proration

CI	Document Name
<a href="#">CI-67589 - DSD SC Modify Service Type Dtls Multiple Tasks No Proration</a> IMPLEMENTED	DSD_SC_Modify_Service_Type_Dtls_Multiple_Tasks_No_Proration.doc

When the Edit link for a Service Type is selected from the Service Evidence screen, for a Service Type which allows multiple associated Tasks which cannot be prorated, the following Modify Service Type Details pop-up displays. Some Tasks have Predefined Tasks (PD) and others have Free-form Tasks (F) which allows the entry of up to 50 characters to describe the Task.

The following Service Types are associated with Multiple Tasks, No Proration: Bowel and Bladder Care (F), Feeding (F), Dressing (F), Bathing, Oral Hygiene & Grooming (F), Rubbing Skin, Repositioning, etc. (PD), Care and Assistance with Prosthesis (PD), Accompaniment to Medical Appointments (F) and Accompaniment to Alternative Resources (F).

Modify Service Type Details: BILLY THE KID 1939343

(?) (X)

\* required field

Service Type: Bowel & Bladder Care

Add Tasks

Task Details

Action	Service Task	Frequency	Quantity	Duration

Save Save & Next Cancel

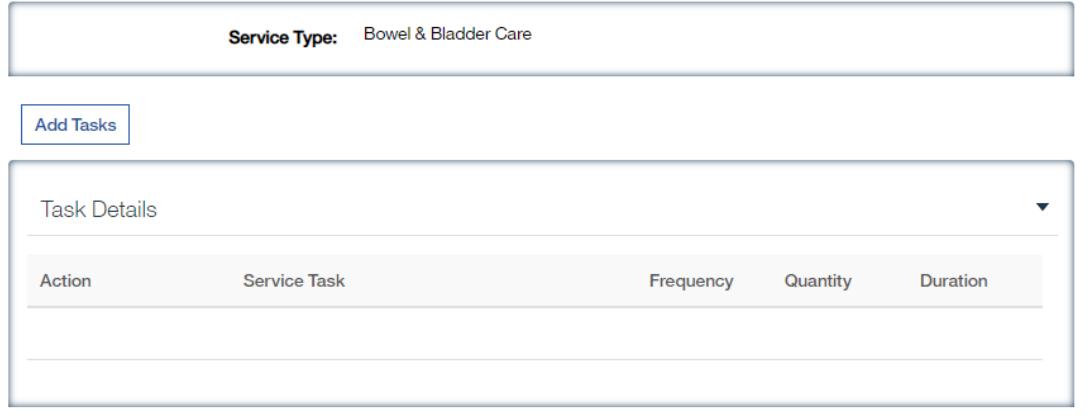


Figure – Modify Service Type Details – Multiple Tasks, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Service Type Details – Multiple Tasks with Proration

CI	Document Name
CI-67581 - DSD SC Modify Service Type Dtls Multiple Tasks with Proration IMPLEMENTED	DSD_SC_Modify_Service_Type_Dtls_Multiple_Tasks_with_Proration.doc

When the Edit link for a Service Type link is selected from the Service Evidence screen for a Service Type which allows the association of multiple pre-defined tasks and proration, the following Modify Service Type Details pop-up displays. All Task Details pop-up require Proration indication. If it is Recipient only, enter a "1" for Proration.

The following Service Types are associated with Multiple Tasks with Proration: Meal Preparation (PD), Meal Clean-up (PD).

Modify Task Details: JOHN DOE 1939331

\* required field

Service Task: Breakfast			
Frequency: *	Daily	Duration (HH:MM): *	00 : 20
Quantity: *	1	Proration: *	1

Save      Cancel

Figure - Modify Service Type Details – Multiple Tasks with Proration

## Actions/Functions

The following actions are associated with the Modify Service Type Details pop-up:

Action	Function
<b>Modify Service Type Details</b>	
Add Tasks	Displays a blank Create Task Details pop-up for the specific service.
Edit	Displays the Modify Task Details pop-up
Delete	Displays the Delete Service Task pop-up allowing the user to delete the Service Task Detail.
Save	Saves the pop-up and returns to the Service Evidence screen
Save & Next	Saves the screen and displays the Modify Service Type screen for the next Service Type listed on the Service Evidence screen.
Cancel	Cancels the action and returns the user to the Service Evidence screen.

## Data Elements – Modify Service Type Details – Multiple Tasks, No Proration

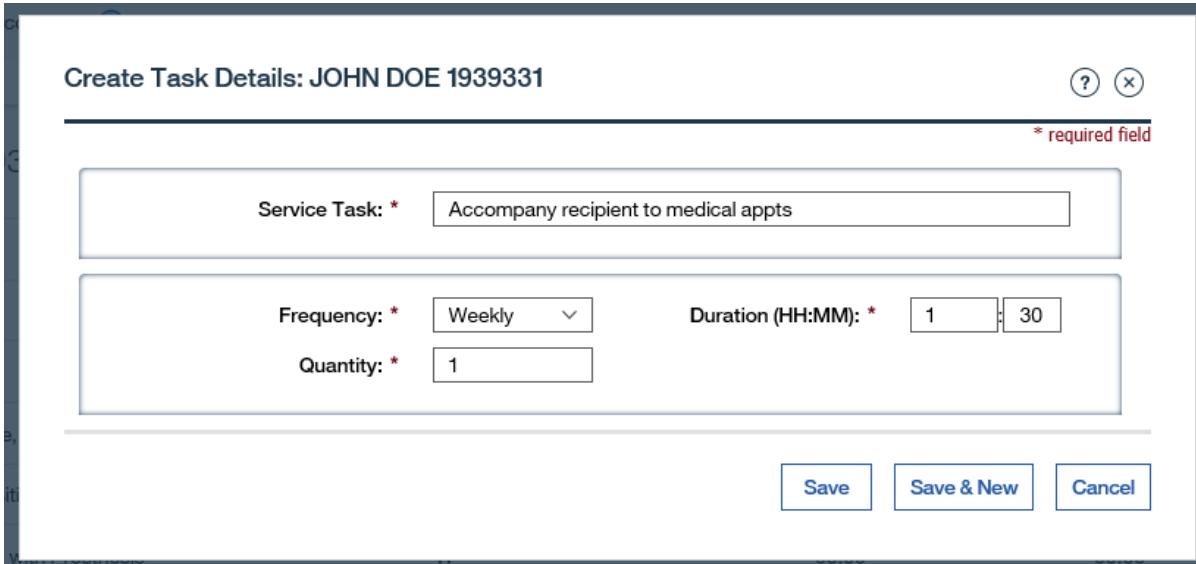
The following data elements are associated with the Modify Service Type Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Displays the name of the Service Type being modified	String	No	No	No
<b>Task Details</b>					
Service Task	Displays the Task associated with the Service Type. Freeform task will allow up to 50 characters.	String	No	No	No
Frequency	The frequency at which the service is provided	String	No	No	No
Quantity	The number of times this task occurs for the indicated Frequency	Integer	No	No	No
Duration	The time it takes to perform the task at the indicated Frequency and Quantity. Displays in HH:MM format.	Integer	No	No	No
Proration	The number of household residence by which the service should be prorated. This field only displays for a service which allows proration	Integer	No	No	No
<b>Service Type</b>					
Total Assessed Need	The system calculated total assessed need based upon the user indicated Frequency, Quantity and Duration for the Service Task. Displays in HH:MM format.	Integer	No	No	No
Refused Services	The hours of individual assessed need the applicant /Recipient refuses. Displays in HH:MM format.	Integer	No	No	Yes
Adjustments	The system calculated total adjustments based on proration. Adjustments will only show on tasks with proration. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	The hours of individual assessed need provided to the applicant/Recipient by a voluntary Provider. Displays in HH:MM format.	Integer	No	No	Yes
Alternative Resources	The hours of individual assessed need provided to the applicant/ Recipient by an Alternative Resource. Displays in HH:MM format.	Integer	No	No	Yes
Comments	Comments associated with the Service Type (1,000 characters)	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Task Details – Multiple Tasks, No Proration

CI	Document Name
 CI-67551 - DSD SC Create Task Dtls Multiple Tasks No Proration IMPLEMENTED	DSD_SC_Create_Task_Dtls_Multiple_Tasks_No_Proration.doc

When the Add Tasks link is selected from a Service Type Details pop-up, the Create Task Details pop-up displays.



The screenshot shows a modal dialog titled "Create Task Details: JOHN DOE 1939331". The dialog has a required field indicator (\* required field) at the top right. It contains the following input fields:

- Service Task: \* Accompany recipient to medical appts
- Frequency: \* Weekly
- Duration (HH:MM): \* 1 : 30
- Quantity: \* 1

At the bottom of the dialog are three buttons: Save, Save & New, and Cancel.

Figure – Create Task Details – Multiple Tasks, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Task Details – Multiple Tasks with Proration

CI	Document Name
 CI-67544 - DSD SC Create Task Dtls Multiple Tasks with Proration <b>IMPLEMENTED</b>	DSD_SC_Create_Task_Dtls_Multiple_Tasks_with_Proration.doc

When the Add Tasks link is selected from the Modify Service Type Details pop-up, the following Create Task Details pop-up displays.

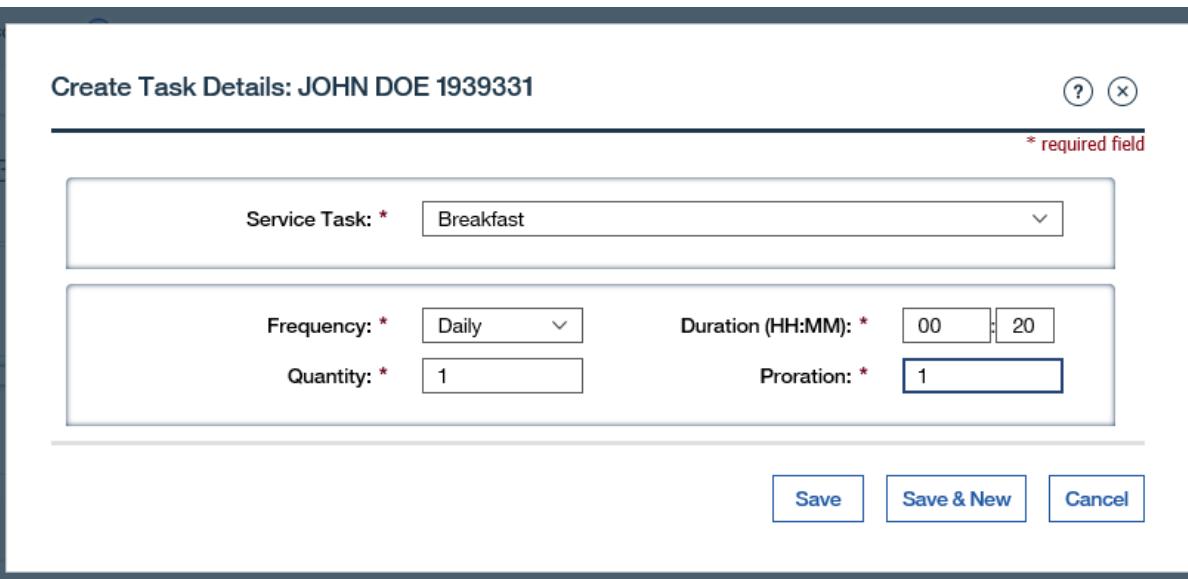


Figure – Create Tasks – Multiple Tasks with Proration

## Actions/Functions

The following actions are associated with the Create Service Type Details pop-up:

Action	Function
Save	Saves the pop-up and returns to the Service Type Details pop-up
Save & New	Saves the pop-up and displays another Create Task Details pop-up. Only displays on a pop-up which allows multiple tasks.
Cancel	Cancels the action, closes the pop-up and returns the user to the Modify Service Type Details pop-up.

## Data Elements

The following data elements are associated with the Create Task Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Task	Displays the Task associated with the Service Type. A drop-down will be available for certain tasks. Freeform task allows up to 50 characters.	String /Drop-down	Yes	No	Yes
Frequency	The frequency at which the service is provided	Drop-down list	Yes	No	Yes
Duration	The time it takes to perform the task at the indicated Frequency and Quantity	Integer	Yes	No	Yes

Quantity	The number of times this tasks occurs for the indicated Frequency. Displays in HH:MM format.	Integer	Yes	No	Yes
Proration	The number of people by which the service should be prorated. This field will only displays on a task which allows proration	Integer	Yes	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Task Details – Single Task, No Proration

CI	Document Name
<a href="#">CI-67550</a> - DSD SC Modify Task Dtls Single Task No Proration <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Task_Dtls_Single_Task_No_Proration.doc

When the Edit action is selected from the Task Details cluster on the Service Type Details pop-up, for a Single Task without proration, the Modify Task Details pop-up displays.

Modify Task Details: JOHN DOE 1939331

\* required field

Service Task: Routine Bed Baths

Frequency: \* daily Duration (HH:MM): \* 00 : 35

Quantity: \* 1

Save Cancel

Figure – Modify Task Details – Single Task, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Task Details – Single Task with Proration

CI	Document Name
<a href="#">CI-67580</a> - DSD SC Modify Task Dtls Single Task with Proration <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Task_Dtls_Single_Task_with_Proration.doc

When the Edit action is selected from the Task Details cluster on the Service Type Details pop-up, the Modify Task Details pop-up displays. A Task Details pop-up with a "Proration" field requires an indication. If the specific service is for the Recipient only, enter a "1" for Proration. Otherwise, the service may be prorated by up to the number of members in the household.

Modify Task Details: JOHN DOE 1939331

\* required field

Service Task: Routine Bed Baths

Frequency: \* Daily Duration (HH:MM): \* 00:35

Quantity: \* 1

Save Cancel

Figure – Modify Task Details – Single Task with Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Task Details – Multiple Tasks, No Proration

CI	Document Name
<b>CI-67577</b> - DSD SC Modify Task Dtls Multiple Tasks No Proration IMPLEMENTED	DSD_SC_Modify_Task_Dtls_Multiple_Tasks_No_Proration.doc

When the Edit action is selected from the Task Details cluster on the Service Type Details pop-up, for a Service Type which allows free form Tasks, the Modify Task Details pop-up displays.

The screenshot shows a modal dialog titled "Modify Task Details: JOHN DOE 1939331". At the top right are help and close buttons. Below the title, a red asterisk indicates a required field. The main form area contains the following fields:

- Service Task:** Other stuff
- Frequency:** \* Weekly dropdown menu
- Duration (HH:MM):** \* 00 : 45 (Time picker)
- Quantity:** \* 1 (Text input)

At the bottom right are "Save" and "Cancel" buttons.

Figure – Modify Task Details – Multiple Tasks, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Task Details – Multiple Tasks with Proration

CI	Document Name
 CI-67545 - DSD SC Modify Task Dtls Multiple Tasks with Proration <b>IMPLEMENTED</b>	DSD_SC_Modify_Task_Dtls_Multiple_Tasks_with_Proration.doc

When the Edit link is selected from the Task Details cluster on the Service Type Details pop-up, the Modify Task Details pop-up displays.

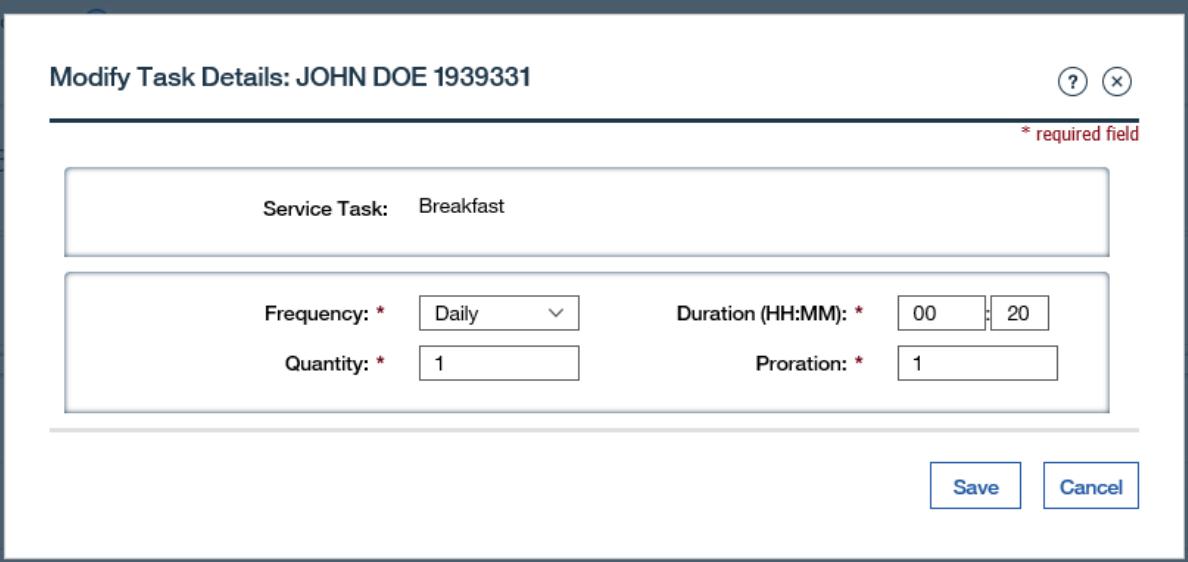


Figure – Modify Task Details – Multiple Tasks with Proration

## Actions/Functions

The following actions are associated with the Modify Task Details pop-up:

Action	Function
<b>Modify Task Details</b>	
Save	Saves the screen and returns to the Service Type Details screen
Cancel	Cancels the action, closes the screen and returns the user to the Service Type Details screen

## Data Elements

The following data elements are associated with the Modify Task Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Task	Displays the Task associated with the Service Type. Freeform task will allow up to 50 characters.	String	No	No	No
Frequency	The frequency at which the service is provided.	Drop-down list	Yes	No	Yes
Duration	The time it takes to perform the task at the indicated Frequency and Quantity.	Integer	Yes	No	Yes
Quantity	The number of times this tasks occurs for the indicated Frequency. Displays in HH:MM format.	Integer	Yes	No	Yes

Proration	The number of household members by which the service should be prorated. Displays only on screens which allow proration of services.	Integer	Yes, if service can be prorated	No	Yes
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# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Service Type Details – No Proration

CI	Document Name
 CI-67585 - DSD SC View Service Type Dtls Single Task No Proration <b>IMPLEMENTED</b>	DSD_SC_View_Service_Type_Dtls_Single_Task_No_Proration.doc

When the View link is selected from the Service Evidence screen, for a Service Type with a Single Task without Proration, the following View Service Types Details pop-up displays.

**View Service Type Details: BILLY THE KID 1939343** (?) (X)

---

**Service Type:** Routine Bed Baths

**Task Details:**

Service Task	Frequency	Quantity	Duration

Total Assessed Need (HH:MM): 00:00      Refused Services (HH:MM): 00:00  
Alternative Resources (HH:MM): 00:00      Voluntary Services (HH:MM): 00:00

**Comments:**

Edit...
Close

Figure – View Service Type Details – Single Task, No Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Service Type Details – With Proration

CI	Document Name
<a href="#">CI-67573 - DSD SC View Service Type Dtls Single Task with Proration</a> IMPLEMENTED	DSD_SC_View_Service_Type_Dtls_Single_Task_with_Proration.doc

When the View link is selected from the Service Evidence screen, for a Service Type which has a Single Task which can be prorated, the following View Service Type Details pop-up displays.

**View Service Type Details: BILLY THE KID 1939343** (?) (X)

---

**Service Type:** Laundry

---

**Task Details:**

Service Task	Frequency	Quantity	Duration	Proration
Laundry	Weekly	1	01:15	1

---

**Total Assessed Need (HH:MM):** 01:15      **Refused Services (HH:MM):** 00:00  
**Adjustments (HH:MM):** 00:00      **Voluntary Services (HH:MM):** 00:00  
**Alternative Resources (HH:MM):** 00:00

---

**Comments:**

---

[Edit...](#) [Close](#)

Figure –View Service Type Details – Single Task with Proration

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Service Type Details – Multiple Tasks, No Proration

CI	Document Name
<a href="#">CI-67576 - DSD SC View Service Type Dtls Multiple Tasks No Proration</a> IMPLEMENTED	DSD_SC_View_Service_Type_Dtls_Multiple_Tasks_No_Proration.doc

When the View link is selected from the Service Evidence screen for a Service Type which allows free form Tasks the following View Service Type Details pop-up displays.

View Service Type Details: BILLY THE KID 1939343 (?) (X)

---

Service Type: Respiration

Task Details:

Service Task	Frequency	Quantity	Duration
Respiration	Weekly	1	00:45

Total Assessed Need (HH:MM): 00:45      Refused Services (HH:MM): 00:00  
Alternative Resources (HH:MM): 00:00      Voluntary Services (HH:MM): 00:00

Comments:

---

Edit... Close

Figure – View Service Type Details – Multiple Tasks, No Proration Screen

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Service Type Details – Multiple Tasks with Proration

CI	Document Name
CI-67596 - DSD SC View Service Type Dtls Multiple Tasks with Proration IMPLEMENTED	DSD_SC_View_Service_Type_Dtls_Multiple_Tasks_with_Pration.doc

When the View link is selected from the Service Evidence screen for a Service Type, which has multiple pre-defined Tasks that may be prorated the following View Service Type Details pop-up displays.

View Service Type Details: BILLY THE KID 1939343

Service Type: Preparation of Meals

Service Task	Frequency	Quantity	Duration	Proration
Breakfast	Daily	1	00:20	1
Lunch	Daily	1	00:20	1

Total Assessed Need (HH:MM): 04:40      Refused Services (HH:MM): 00:00  
 Adjustments (HH:MM): 00:00      Voluntary Services (HH:MM): 00:00  
 Alternative Resources (HH:MM): 00:00

Comments: Enter data here. Enter data here. Enter data here.

Edit... Close

Figure – View Service Type Details – Multiple Tasks with Proration Screen

## Actions/Functions

The following actions are associated with the View Service Type Details pop-up – for both Single Task with Proration and Single Task, No Proration pop-ups:

Action	Function
Edit	Displays the Modify Service Type Details screen. Only display when Pending Evidence exists
Close	Returns to the Service Evidence screen

## Data Elements

The following data elements are associated with the View Service Type Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Depending upon the Service Type this field will allow the selection or free form text entry of the Service Type	String	No	No	No
<b>Task Details</b>					
Service Task	Task associated with the Service Type	String	No	No	No
Frequency	The frequency at which the service is provided (i.e. Daily, Weekly or Monthly) may display.	String	No	No	No
Quantity	The number of times this task occurs for the indicated Frequency	Integer	No	No	No
Duration	The time it takes to perform the task at the indicated Frequency and Quantity. Displays in HH:MM format.	Integer	No	No	No
Proration	The number of individuals for which the task is performed. This field will only display when the Service Type is a service which can be prorated amongst the household members.	Integer	No	No	No
<b>Service Type</b>					
Total Assessed Need	The system calculated total assessed need based upon the user indicated Frequency, Quantity and Duration for the Service Task. Displays in HH:MM format.	Integer	No	No	No
Adjustments	The system calculated total adjustments based on proration. Adjustments will only show on tasks with proration. Displays in HH:MM format.	Integer	No	No	No
Refused Services	The hours of individual assessed need the applicant /Recipient refuses. Displays in HH:MM format.	Integer	No	No	No
Alternative Resources	The hours of individual assessed need provided to the applicant/ Recipient by an Alternative Resource. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	The hours of individual assessed need provided to the applicant/Recipient by a voluntary Provider. Displays in HH:MM format.	Integer	No	No	No
Comments	Comments associated with the Service Type (1,000 characters)	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Protective Supervision

CI	Document Name
<a href="#">CI-67553 - DSD SC Modify Protective Supervision</a> <span style="border: 1px solid #ccc; padding: 2px 5px;">IMPLEMENTED</span>	DSD_SC_Modify_Protective_Supervision.doc

When the Edit link associated with Protective Supervision Service Type is selected from the Service Evidence screen, the Modify Service Type Details – Protective Supervision pop-up displays.

**Modify Service Type Details: BILLY THE KID 1939343**

\* required field

Service Type: Protective Supervision	
<b>Protective Supervision Form Sent Date:</b> * <input type="text" value="10/28/2020"/> <input type="button" value="Calendar"/>	<b>Protective Supervision Form Received Date:</b> <input type="text"/> <input type="button" value="Calendar"/>
<b>Total Assessed Need (HH:MM):</b> 168:00	<b>Alternative Resources (HH:MM):</b> <input type="text"/> : <input type="text"/>
<b>Adjustments (HH:MM):</b> 14:25	<b>Voluntary Services (HH:MM):</b> <input type="text"/> : <input type="text"/>
<b>Pending Receipt of Additional Information:</b> <input type="checkbox"/>	
<b>Comments:</b> Enter data here. Enter data here. Enter data here.	
<input type="button" value="Save"/> <input type="button" value="Save &amp; Next"/> <input type="button" value="Cancel"/>	

Figure – Modify Service Type Details – Protective Supervision

## Actions/Functions

The following actions are associated with the Modify and View Protective Supervision pop-up:

Action	Function
<b>Modify Service Type Details</b>	
Save	Save information, closes the screen and displays the Service Evidence screen.

Save & Next	Saves the screen and displays the Modify Service Type screen for the next Service Type listed on the Service Evidence screen
Cancel	Cancels the action, closes the screen and displays the Service Evidence screen

## Data Elements – Modify Service Type Details

The following data elements are associated with the Modify Protective Supervision screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Protective Supervision	String	No	No	No
Protective Supervision Form Sent Date	The date when the Protective Supervision Form (SOC 821) was sent to the physician	Date	Yes	No	Yes
Protective Supervision Form Received Date	The date when the Protective Supervision Form (SOC 821) was received from the physician	Date	No	No	Yes
Total Assessed Need	Displays the system generated total assessed need for Protective Supervision (168 hours). Displays in HH:MM format.	Integer	No	168:00	No
Alternative Resource	User entered Alternative Resources for Protective Supervision. Displays in HH:MM format.	Integer	No	No	Yes
Adjustments	System generated hours of service prorated between the Recipient and other members of the household. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	User entered voluntary service for Protective Supervision. Displays in HH:MM format.	Integer	No	No	Yes
Pending Receipt of Additional Information	User may indicate a request is outstanding for information to allow the authorization of Protective Supervision Services	Check Box	No	No	Yes
Comments	Comments associated with the Service Type (1,000 characters)	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Protective Supervision

CI	Document Name
<a href="#">CI-67547 - DSD SC View Protective Supervision</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_View_Protective_Supervision.doc

When the View link associated to a Protective supervision Service on the Service Evidence screen is selected the View Service Type Details pop-up displays.

307px

**View Service Type Details: BILLY THE KID 1939343** (?) (X)

<b>Service Type:</b> Protective Supervision											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Protective Supervision Form Sent Date:</b> 10/28/2020</td> <td style="width: 50%; padding: 5px;"><b>Protective Supervision Form Received Date:</b></td> </tr> <tr> <td style="padding: 5px;"><b>Total Assessed Need (HH:MM):</b> 168:00</td> <td style="padding: 5px;"><b>Alternative Resources (HH:MM):</b> 00:00</td> </tr> <tr> <td style="padding: 5px;"><b>Adjustments (HH:MM):</b> 14:25</td> <td style="padding: 5px;"><b>Voluntary Services (HH:MM):</b> 00:00</td> </tr> <tr> <td style="padding: 5px;"><b>Companion Case Protective Supervision Adjustment (HH:MM):</b> 00:00</td> <td style="padding: 5px;"><b>24 Hour Care Plan Need (HH:MM):</b> 00:00</td> </tr> <tr> <td style="padding: 5px;"><b>Pending Receipt of Additional Information:</b> No</td> <td></td> </tr> </table>		<b>Protective Supervision Form Sent Date:</b> 10/28/2020	<b>Protective Supervision Form Received Date:</b>	<b>Total Assessed Need (HH:MM):</b> 168:00	<b>Alternative Resources (HH:MM):</b> 00:00	<b>Adjustments (HH:MM):</b> 14:25	<b>Voluntary Services (HH:MM):</b> 00:00	<b>Companion Case Protective Supervision Adjustment (HH:MM):</b> 00:00	<b>24 Hour Care Plan Need (HH:MM):</b> 00:00	<b>Pending Receipt of Additional Information:</b> No	
<b>Protective Supervision Form Sent Date:</b> 10/28/2020	<b>Protective Supervision Form Received Date:</b>										
<b>Total Assessed Need (HH:MM):</b> 168:00	<b>Alternative Resources (HH:MM):</b> 00:00										
<b>Adjustments (HH:MM):</b> 14:25	<b>Voluntary Services (HH:MM):</b> 00:00										
<b>Companion Case Protective Supervision Adjustment (HH:MM):</b> 00:00	<b>24 Hour Care Plan Need (HH:MM):</b> 00:00										
<b>Pending Receipt of Additional Information:</b> No											
<b>Comments:</b> Enter data here. Enter data here. Enter data here.											
<span style="border: 1px solid #ccc; padding: 2px;">Edit...</span> <span style="border: 1px solid #ccc; padding: 2px;">Delete...</span> <span style="border: 1px solid #ccc; padding: 2px;">Close</span>											

Figure – View Service Type Details – Protective Supervision

## Actions/Functions

The following actions are associated with the Modify and View Protective Supervision pop-up:

	Action	Function
<b>View Service Type Details screen</b>		
Edit	Displays the Modify Service Type Details screen	
Delete	Displays the Delete Protective Supervision confirmation screen allowing the user to delete the services.	
Close	Closes the screen and displays the Service Evidence screen	

## Data Elements – View Service Type Details

The following data elements are associated with the View Protective Supervision pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Displays the name of the Service Type being viewed	String	No	No	No
Protective Supervision Form Sent Date	The date when the Protective Supervision Form (SOC 821) was sent to the physician	Date	No	No	No
Protective Supervision Form Received Date	The date when the Protective Supervision Form (SOC 821) was received from the physician	Date	No	No	No
Total Assessed Need	Displays the system generated total assessed need for Protective Supervision (168 hours). Displays in HH:MM format.	Integer	No	No	No
Alternative Resource	User entered Alternative Resources for Protective Supervision. Displays in HH:MM format.	Integer	No	No	No
Adjustments	System generated hours of service prorated between the Recipient and other members of the household. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	User entered voluntary service for Protective Supervision. Displays in HH:MM format.	Integer	No	No	No
Companion Case Protective Supervision Adjustment	Calculated during Final Determination. Displays in HH:MM format.	Integer	No	No	No
24 Hour Care Plan Need	Calculated during Final Determination. Displays in HH:MM format.	Integer	No	No	No
Pending Receipt of Additional Information	User may indicate a request is outstanding for information to allow the authorization of Protective Supervision Services	String	No	No	No
Comments	Comments associated with the Service Type (1,000 characters)	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Paramedical Service

CI	Document Name
<a href="#">CI-67546</a> - DSD SC Modify Paramedical Service <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Paramedical_Service.doc

When the Edit link associated with Paramedical Service is selected from the Service Evidence screen, the Modify Paramedical Service pop-up displays.

Modify Service Type Details: BILLY THE KID 1939343 ? ×

\* required field

Service Type: Paramedical Services

Paramedical Services Form Sent Date: \*   

Total Assessed Need (HH:MM):  :

Alternative Resources (HH:MM):  :

Refused Services (HH:MM):  :

Voluntary Services (HH:MM):  :

Pending Receipt of Additional Information:

Comments: Enter data here. Enter data here. Enter data here.

Save Save & Next Cancel

Figure – Modify Service Type Details – Paramedical Service

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Paramedical Services

CI	Document Name
<a href="#">CI-67571 - DSD SC View Paramedical Services</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_View_Paramedical_Services.doc

When the View link associated to a Paramedical Service on the Service Evidence screen is selected, the View Service Type Details pop-up displays.

**View Service Type Details: BILLY THE KID 1939343** (?) (X)

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<b>Service Type:</b> Paramedical Services			
<b>Paramedical Services</b>	10/28/2020	<b>Paramedical Services</b>	
<b>Form Sent Date:</b>		<b>Form Received Date:</b>	
<b>Total Assessed Need</b>	00:00	<b>Refused Services</b>	00:00
(HH:MM):		(HH:MM):	
<b>Alternative Resources</b>	00:00	<b>Voluntary Services</b>	00:00
(HH:MM):		(HH:MM):	
<b>Pending Receipt of Additional Information:</b>	No		

---

Expiration Dates			
<b>Expiration Date 1:</b>	<b>Expiration Date 2:</b>	<b>Expiration Date 3:</b>	<b>Expiration Date 4:</b>

---

<b>Comments:</b> Enter data here. Enter data here. Enter data here.	
---	--

Edit... Delete... Close

Figure – View Service Type Details – Paramedical Services

## Actions/Functions

The following actions are associated with the Modify and View Paramedical Service pop-up:

Action	Function
<b>Modify Service Type Details</b>	
Save	Saves the information, closes the screen and displays the Service Evidence screen.
Save & Next	Saves the screen and displays the Modify Service Type pop-up for the next Service Type listed on the Service Evidence screen
Cancel	Closes the screen and displays the Service Evidence screen
<b>View Service Type Details</b>	
Close	Closes the pop-up and displays the Service Evidence screen

Edit	Displays the Modify Service Type Details pop-up
Delete	Displays the Delete Paramedical Services confirmation pop-up allowing the user to delete the Paramedical service.

## Data Elements – Modify Service Type Details

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

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Paramedical Service	String	No	No	No
Paramedical Service Form Sent Date	User entered date when the Paramedical Service Form (SOC 321) was sent to the Licensed Professional	Date	Yes	No	Yes
Paramedical Service Form Received Date	User entered date when the Paramedical Service Form (SOC 321) was received from the Licensed Professional	Date	No	No	Yes
Total Assessed Need	User entered total assessed need for Paramedical Service. Displays in HH:MM format.	Integer	No	No	Yes
Refused Services	User entered Refused Services for Paramedical Service. Displays in HH:MM format.	Integer	No	No	Yes
Alternative Resources	User entered Alternative Resources for Paramedical Service. Displays in HH:MM format.	Integer	No	No	Yes
Voluntary Services	User entered Voluntary Services for Paramedical Service. Displays in HH:MM format.	Integer	No	No	Yes
Pending Receipt of Additional Information	User may indicate a request is outstanding for information to allow the authorization of additional Paramedical Service	Check Box	No	No	Yes
<b>Expiration Dates</b>					
Expiration Date 1 Paramedical "Expiration Date" may exceed Assessment Authorization End Date	Allows the indication of the expiration date of a Paramedical Service	Date	No	No	Yes
Expiration Date 2	Allows the indication of the expiration date of a Paramedical Service	Date	No	No	Yes
Expiration Date 3	Allows the indication of the expiration date of a Paramedical Service	Date	No	No	Yes
Expiration Date 4	Allows the indication of the expiration date of a Paramedical Service	Date	No	No	Yes
<b>Comments</b>					
Comments	Not required, but may be added if necessary (200 characters).	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Service Type Details – Teaching & Demonstration

CI	Document Name
<b>CI-67569</b> - DSD SC Modify Service Type Dtls Single Task with Proration Teaching Demonstration <b>IMPLEMENTED</b>	DSD_SC_Modify_Service_Type_Dtls_Single_Task_with_Proration _Teaching_Demonstration.doc

When the Edit action is selected for the Service Type – Teaching & Demonstration from the Service Evidence screen, the Modify Service Type Details pop-up displays. The Service Type – Teaching & Demonstration is a one-time service and can be authorized for up to a maximum of three (3) months.

**Modify Service Type Details: BILLY THE KID 1939343**

(?) (X)

\* required field

**Service Type:** Teaching and Demonstration

[Add Tasks](#)

Task Details					
Action	Service Task	Frequency	Quantity	Duration	Proration
<a href="#">Edit</a>   <a href="#">Delete...</a>	Teaching and Demonstration	Monthly	1	02:00	1

**Number Of Months:**

<b>Total Assessed Need (HH:MM):</b> 02:00	<b>Refused Services (HH:MM):</b> 00 : 00
<b>Adjustments (HH:MM):</b> 00:00	<b>Voluntary Services (HH:MM):</b> 00 : 00
<b>Alternative Resources (HH:MM):</b> 00 : 00	

**Comments:** Enter data here. Enter data here.

[Save](#) [Cancel](#)

Figure – Modify Service Type Details –Teaching and Demonstration Screen

## Actions/Functions

The following actions are associated with the Modify Teaching & Demonstration Service Type Details pop-up:

Action	Function

Modify Service Type Details	
Save	Saves the screen and returns to the Service Evidence screen
Cancel	Cancels the action, closes the screen and returns the user to the Service Evidence screen
Add Tasks	Displays the Create Task Details pop-up for Teaching and Demonstration service type
Edit	Displays the Modify Task Details pop-up for Teaching and Demonstration service type
Delete	Allows the user to Delete the selected Service Type Task. Displays the Delete Confirmation screen for the selected Task Detail.

## Data Elements– Modify Teaching & Demonstration

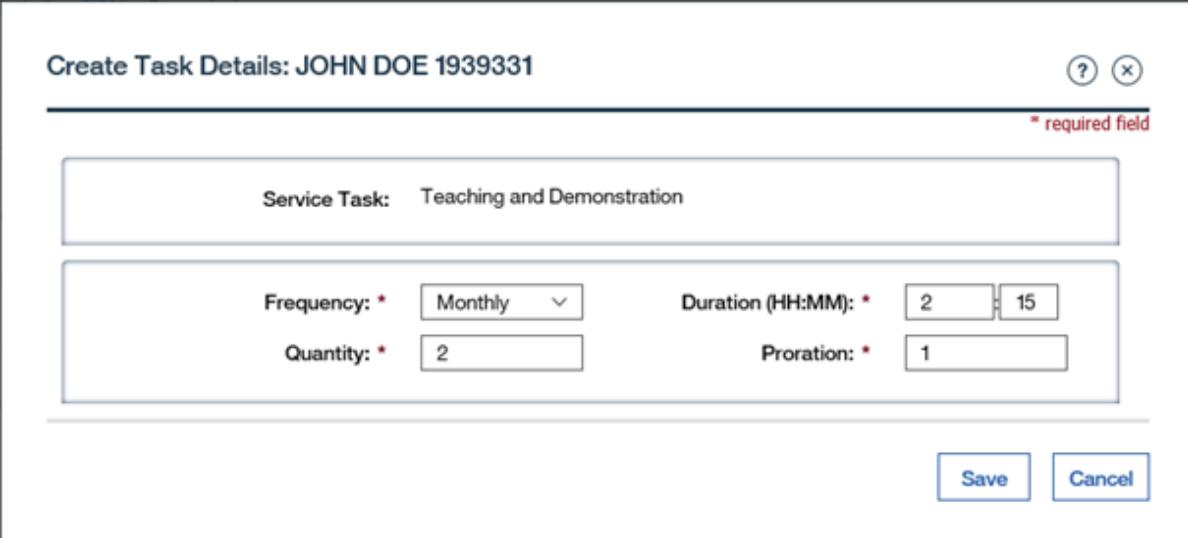
The following data elements are associated with the Modify Teaching & Demonstration Service Type Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	Always displays Teaching and Demonstration	String	No	No	No
<b>Task Details – Displays for existing Tasks</b>					
Service Task	Displays the Task associated with the Service Type	String	No	No	No
Frequency	The frequency at which the service is provided	String	No	No	No
Quantity	The number of times this tasks occurs for the indicated Frequency	Integer	No	No	No
Duration	The time it takes to perform the task at the indicated Frequency and Quantity. Displays in HH:MM format.	Integer	No	No	No
Proration	Displays the number of people by which the service should be prorated	Integer	No	No	No
<b>Service Type – Teaching and Demonstration</b>					
Number of Months	The Service Type - Teaching & Demonstration is a one-time service and can be authorized for maximum of 3 months.	Drop-down	Yes, when Total Assessed Need hours are indicated	No	Yes
Total Assessed Need	The system calculated total assessed need based upon the user indicated Frequency, Quantity and Duration for the Service Task. Displays in HH:MM format.	Integer	No	No	No
Refused Services	The hours of individual assessed need the applicant /Recipient refuses. Displays in HH:MM format.	Integer	No	No	Yes
Adjustments	The system calculated adjustment based upon the total assessed need and the indicated proration. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	The hours of individual assessed need provided to the applicant/Recipient by a voluntary Provider. Displays in HH:MM format.	Integer	No	No	Yes
Alternative Resources	The hours of individual assessed need provided to the applicant/ Recipient by an Alternative Resource. Displays in HH:MM format.	Integer	No	No	Yes
Comments	Comments associated with the Service Type (1,000 characters)	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Task Details – Teaching & Demonstration

CI	Document Name
 CI-744690 - DSD SC Create Task Details Teaching Demonstration <b>IMPLEMENTED</b>	DSD_SC_Create_Task_Details_Teaching_Demonstration.docx

When the Add Tasks action is selected from the Modify Service Type Details screen for the Service Type Teaching and Demonstration the Create Task Details for Service Type Teaching and Demonstration pop-up displays.



The screenshot shows a modal dialog titled "Create Task Details: JOHN DOE 1939331". At the top right are help and close buttons. A red asterisk indicates a required field. The form has two main sections. The first section contains a "Service Task" field set to "Teaching and Demonstration". The second section contains "Frequency" (set to "Monthly"), "Duration (HH:MM)" (set to "2 : 15"), "Quantity" (set to "2"), and "Proration" (set to "1"). At the bottom are "Save" and "Cancel" buttons.

Figure – Create Task Details – Teaching & Demonstration

## Actions/Functions

The following actions are associated with the Create Task Details – Teaching & Demonstration pop-up:

Action	Function
<b>Modify Service Type Details</b>	
Save	Saves the screen and displays the Modify Service Type Details – Teaching & Demonstration.
Cancel	Cancels the action and displays the Modify Service Type Details – Teaching & Demonstration.

## Data Elements

The following data elements are associated with the Create Task Details – Teaching and Demonstration pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Task	Teaching and Demonstration	String	No	No	No
Frequency	The frequency at which the service is provided	Drop-down list	Yes	No	Yes
Quantity	The number of times this tasks occurs for the indicated Frequency	Integer	Yes	No	Yes
Duration	The time it takes to perform the task at the indicated Frequency and Quantity. Displays	Integer HH:MM	Yes	No	Yes

Proration	Displays the number of people by which the service should be prorated. Displays only on services which allow proration.	Integer	Yes	No	Yes
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# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Service Type Details – Teaching & Demonstration

CI	Document Name
<span style="color: blue;">CI-67579</span> - DSD SC View Service Type Dtls Single Task with Proration Teaching Demonstration <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_View_Service_Type_Dtls_Single_Task_with_Proration_Teaching_Demonstration.doc

When the View link is selected from the Service Evidence screen for the Service Type – Teaching & Demonstration the View Service Type Details for Service Type – Teaching and Demonstration pop-up displays.

**View Service Type Details: BILLY THE KID 1939343**

(?) (X)

Service Type: Teaching and Demonstration														
<b>Task Details:</b> <table border="1"> <tr> <th>Service Task</th> <th>Frequency</th> <th>Quantity</th> <th>Duration</th> <th>Proration</th> </tr> <tr> <td>Teaching and Demonstration</td> <td>Monthly</td> <td>1</td> <td>02:00</td> <td>1</td> </tr> </table>					Service Task	Frequency	Quantity	Duration	Proration	Teaching and Demonstration	Monthly	1	02:00	1
Service Task	Frequency	Quantity	Duration	Proration										
Teaching and Demonstration	Monthly	1	02:00	1										
Number Of Months: 2														
Total Assessed Need (HH:MM): 02:00	Refused Services (HH:MM): 00:00													
Adjustments (HH:MM): 00:00	Voluntary Services (HH:MM): 00:00													
Alternative Resources (HH:MM): 00:00														
<b>Comments:</b> Enter data here. Enter data here.														
<a href="#">Edit...</a> <a href="#">Close</a>														

Figure – View Service Type Details – Teaching and Demonstration

## Actions/Functions

The following actions are associated with the Teaching and Demonstration pop-up:

Action	Function
Edit	Displays the Modify Service Type Details screen
Close	Returns to the Service Evidence screen

## Data Elements

The following data elements are associated with the Teaching & Demonstration pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Service Type	The Service Type being assessed	String	No	No	No
<b>Task Details</b>					
Service Task	Displays the Task associated with the Service Type	String	No	No	No
Frequency	The frequency at which the service is provided	String	No	No	No
Quantity	The number of times this tasks occurs for the indicated Frequency	Integer	No	No	No
Duration	The time it takes to perform the task at the indicated Frequency and Quantity. Displays in HH:MM format.	Integer	No	No	No
Proration	Displays the number of people by which the service should be prorated	Integer	No	No	No
<b>Service Type – Teaching &amp; Demonstration</b>					
Number of Months	The Service Type - Teaching & Demonstration is a one-time service and can be authorized for maximum of 3 months.	Integer	No – Required if Total Assessed Need hours are indicated	No	Yes
Total Assessed Need	The system calculated total assessed need based upon the user indicated Frequency, Quantity and Duration for the Service Task. Displays in HH:MM format.	Integer	No	No	No
Refused Services	The hours of individual assessed need the applicant /Recipient refuses. Displays in HH:MM format.	Integer	No	No	Yes
Adjustments	The system calculated adjustment based upon the total assessed need and the indicated proration. Displays in HH:MM format.	Integer	No	No	No
Voluntary Services	The hours of individual assessed need provided to the applicant/Recipient by a voluntary Provider. Displays in HH:MM format.	Integer	No	No	Yes
Alternative Resources	The hours of individual assessed need provided to the applicant/ Recipient by an Alternative Resource. Displays in HH:MM format.	Integer	No	No	Yes
Comments	Comments associated with the Service Type (200 characters)	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Program Evidence

CI	Document Name
<a href="#">CI-67557 - DSD SC Program Evidence</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Program_Evidence.doc

The Program Evidence screen displays when the Program Evidence link is selected from Evidence & Authorization Page Navigation.

The screenshot shows the OMIPS II Case Management Information Payroll System II interface. The top navigation bar includes 'OMIPS II Case Management Information Payroll System II', 'Case Number' (0001234), 'Welcome CASE WORKER57002', and a search icon. Below the navigation is a header with 'Sean AAWMontereytreez' and a close button. A menu bar below the header includes '& Hours', 'Timesheets & Payroll', 'Overtime & Travel', and 'Quality Assurance'. The main content area is titled 'Program Evidence: Sean AAWMontereytreez 0001234'. It contains several sections: 'Authorization Start Date' (07/01/2017) and 'Authorization End Date' (06/30/2018); 'Home Visit Date' (07/01/2017) and 'Re-Assessment Due Date' (06/30/2018); 'Presumptive Eligibility' (No) and 'Waiver Program'; 'IHSS AID Code' (60 Disabled, SSI/SSP) and 'Advance Pay' (No); 'Restaurant Meals Allowance' (No) and 'Advance Pay Rate' (\$0.00); 'Recipient Declines CFCO' (No); 'Individual Provider' (Yes), 'Homemaker/PA Contract' (No), and 'County Contractor' (No); 'NOAs...' (with a 'NOA Text' input field); and a 'Freeform Text' input field. At the bottom are 'Evidence Home' and 'Next' buttons.

Figure – Program Evidence Screen

## Actions/Functions

The following actions are associated with the Program Evidence screen:

Action	Function

Evidence Home	Returns the user to the Evidence home Screen.
Edit Program Evidence	Displays the Modify Program Evidence Screen.
Add/Edit NOAs	Displays the Modify Manual NOAs Screen.
Next	Displays the Share of Cost Screen.

## Data Elements - View Program Evidence

The following are the elements associated with Program Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Authorization Start Date	The date the current authorization period begins.	Date	No	No	No
Authorization End Date	The date the current authorization period ends.	Date	No	No	No
Home Visit Date	The date the last In-Home Visit occurred.	Date	No	No	No
Re-Assessment Due Date	The date the next re-assessment is due. (If this date is left blank when the screen is saved, the date defaults to 12 months from the Home Visit Date.)	Date	No	No	No
Presumptive Eligibility	Allows indication of Presumptive Eligibility (may be indicated on Assessment Types Initial or Change).	String	No	No	No
Waiver Program	User selected. Yes or No indicates the Recipient's participation in a Waiver Program.	String	No	No	No
<b>IHSS Program</b>					
IHSS Aid Code	IHSS Aid Code applicable to the Applicant/Recipient.	String	No	No	No
Advance Pay	Allows indication of Advance Pay for a Recipient.	String	No	No	No
Restaurant Meals Allowance	Allows indication of Restaurant Meals Allowance for a Recipient.	String	No	No	No
Advance Pay Rate	Allows the selection of an Advance Pay Rate.	Decimal	No	No	No
Recipient Declines CFCO	Indicates whether the Recipient has declined the CFCO funding source.	String	No	No	No
<b>Modes of Service</b>					
Individual Provider	Individual Provider	String	No	No	No
Homemaker/PA Contract	Homemaker/PA Contract	String	No	No	No
County Contractor	County Contractor	String	No	No	No
<b>Manual NOAs</b>					
NOA Code	Notice Of Action Code associated with the message.	String	No	No	No
NOA Text	Notice Of Action Message.	String	No	No	No
Freeform Text	Freeform text in addition to the NOA Message (200 characters).	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Program Evidence

CI	Document Name
CI-67562 - DSD SC Modify Program Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Program_Evidence.doc

When the Edit Program Evidence link is selected from the Program Evidence screen, the Modify Program Evidence pop-up displays.

## Modify Program Evidence: JOHN DOE 1939344



\* required field

**Program Information**

<b>Authorization Start Date:</b> * <input type="text" value="10/29/2020"/> <span style="font-size: small;">(calender icon)</span>	<b>Authorization End Date:</b> * <input type="text" value="10/31/2021"/> <span style="font-size: small;">(calender icon)</span>
<b>Home Visit Date:</b> * <input type="text" value="10/28/2020"/> <span style="font-size: small;">(calender icon)</span>	<b>Re-Assessment Due Date:</b> <input type="text" value="10/28/2021"/> <span style="font-size: small;">(calender icon)</span>
<b>Presumptive Eligibility:</b> <input type="checkbox"/>	<b>Waiver Program:</b> * <input type="text" value="No"/> <span style="font-size: small;">(dropdown arrow)</span>

**IHSS Program**

<b>IHSS Aid Code:</b> * <input type="text" value="68 Disabled, IHSS"/> <span style="font-size: small;">(dropdown arrow)</span>	<b>Advance Pay:</b> <input type="checkbox"/>
<b>Restaurant Meals Allowance:</b> <input type="checkbox"/>	<b>Advance Pay Rate:</b> <input type="text" value="\$0.00"/> <span style="font-size: small;">(calender icon) (magnifying glass icon)</span>
<b>Recipient Declines CFCO:</b> <input type="checkbox"/>	

**Modes Of Service**

<b>Individual Provider:</b> <input checked="" type="checkbox"/>	<b>Homemaker/PA Contract:</b> <input type="checkbox"/>	<b>County Contractor:</b> <input type="checkbox"/>
---	--	--

Save Cancel

Figure – Modify Program Evidence

## Actions/Functions

The following actions are associated with the Modify Program Evidence pop-up screen:

Action	Function
Save	Saves the Evidence and returns to the Program Evidence screen.
Cancel	Cancels the action and returns the user to the Program Evidence screen.
Advance Pay Rate Search	Displays the County Pay Rate List screen.

## Data Elements - Modify Program Evidence

The following data elements are associated with the Modify Program Evidence pop-up screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Authorization Start Date	The date the current authorization period begins.	Date	Yes	No	Yes
Authorization End Date	The date the current authorization period ends.	Date	Yes	No	Yes
Home Visit Date	The date the last In-Home Visit occurred.	Date	Yes	No	Yes
Re-Assessment Due Date	The date the next re-assessment is due. (If this date is left blank when the screen is saved, the date defaults to 12 months from the Home Visit Date.)	Date	No	No	Yes
Presumptive Eligibility	Allows indication of Presumptive Eligibility.	Check Box	No	Unselected	Yes
Waiver Program	User selects Yes or No to indicate Recipient's participation in a Waiver Program.	Drop down	Yes	No	Yes
<b>IHSS Program</b>					
IHSS Aid Code	IHSS Aid Code applicable to the Applicant/Recipient.	Drop down	Yes	No	Yes
Advance Pay	Allows indication of Advance Pay for a Recipient.	Check Box	No	Unselected	Yes
Restaurant Meals Allowance	Allows indication of Restaurant Meals Allowance for a Recipient.	Check Box	No	Unselected	Yes
Advance Pay Rate	Allows the selection of an Advance Pay Rate. If Advance Pay is selected and no rate is indicated, the County Default Rate is assigned.	String	No	No	Yes
Recipient Declines CFCO	Allows indication of Recipient opt out of the CFCO funding source.	String	No	No	Yes
<b>Modes of Service</b>					
Individual Provider	Individual Provider	Check Box	No	Unselected	Yes
Homemaker/PA Contract	Homemaker/PA Contract	Check Box	No	Unselected	Yes
County Contractor	County Contractor	Check Box	No	Unselected	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /County Pay Rate List

CI	Document Name
<a href="#">CI-67575 - DSD SC County Pay Rate List</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_County_Pay_Rate_List.doc

When the Search link is selected from the Modify Program Evidence screen the County Pay Rate List pop-up displays. This screen allows a user to view all pay rates after the Authorization Start Date (specified in the Modify Program Evidence screen) and select a pay rate.

The screenshot shows a modal dialog box titled "County Pay Rate: Yolo". At the top right are a help icon and a close button. Below the title is a search bar with the placeholder "Search" and a dropdown arrow. Underneath the search bar is a date input field labeled "From Date: 10/01/2020" with a calendar icon. At the bottom of this section are three buttons: "Search", "Reset", and "Close". The main content area is titled "Pay Rate (Number of Items: 2)". It contains a table with six columns: Action, Grade, Step, Amount, Begin Date, and End Date. Two rows are listed, both with "Select" under Action, "01" under Grade, and "01" under Step. The first row has an "Amount" of "\$13.00", a "Begin Date" of "01/01/2020", and an "End Date" of "12/31/9999". The second row has an "Amount" of "\$15.00", a "Begin Date" of "04/01/2020", and an "End Date" of "12/31/9999".

Action	Grade	Step	Amount	Begin Date	End Date
Select	01	01	\$13.00	01/01/2020	12/31/9999
Select	01	02	\$15.00	04/01/2020	12/31/9999

Figure – County Pay Rate List

## Actions/Functions

The following actions are associated with the County Pay Rate List pop-up:

Action	Function
Select	Selects the county pay rate returning the amount to the Modify Program Evidence screen
Search	Displays records that match the search criteria
Reset	Resets the screen fields to blank
Close	Returns the user to the Modify Program Evidence screen

## Data Elements - County Pay Rate List

The following data elements are associated with the County Pay Rate pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Grade	County pay rate grade.	Number	No	System Populated	No
Step	County pay rate step.	Number	No	System Populated	No
Amount	County pay rate in dollar amount.	Decimal	No	System Populated	No
Begin Date	Begin date for the current county pay rate.	Date	No	System Populated	No
End Date	End date for the current pay rate.	Date	No	System Populated	No
<b>Search Criteria</b>					
From Date	The Begin Date of the pay rate.	Date	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Manual Notice of Action (NOAs)

CI
<a href="#">CI-67583 - DSD SC Modify Manual Notice of Action</a> <span style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 5px; display: inline-block;">IMPLEMENTED</span>

When the Add/Edit NOAs link is selected from the Program Evidence screen, the Modify Manual NOAs screen displays.

**Modify Manual NOAs: TEST TESTERONE 2213775** (?) (X)

\* required field

	NOA Code	NOA Text
<input type="checkbox"/>	AP04	Advance Payment - Termination - Recipient Request
<input type="checkbox"/>	AP05	Advance Payment - Termination - Reconciling timesheets not submitted in 90 days
<input type="checkbox"/>	AP06	Advance Payment - Termination - Did not pay provider timely
<input type="checkbox"/>	AP07	Advance Payment - Termination - Incorrect use of payment
<input type="checkbox"/>	AS01	Denial - Recipient request for additional assistance
<input type="checkbox"/>	DN02	Denial - Citizenship is undocumented
<input type="checkbox"/>	DN06	Denial - Residing in a hospital
<input type="checkbox"/>	DN07	Denial - Residing in an intermediate care facility
<input type="checkbox"/>	DN08	Denial - Residing in a SNF
<input type="checkbox"/>	DN09	Denial - Residing in a CCF
<input type="checkbox"/>	DN11	Refuse to Pay Share of Cost
<input type="checkbox"/>	DN15	Denial - Death
<input type="checkbox"/>	DN16	Denial - Did not provide adequate information

<input type="checkbox"/>	DN17	Denial - Non-Compliance with Medi-Cal Eligibility
<input type="checkbox"/>	DN19	Denial - IHSS- R Excess Resource
<input type="checkbox"/>	DN20	Denial - Suspect SSN
<input type="checkbox"/>	DN21	Denial - Duplicate SSN
<input type="checkbox"/>	DN22	Denial - Health Care Certification - Not Received
<input type="checkbox"/>	DN23	Denial - Health Care Certification - No Need
<input type="checkbox"/>	DN24	Denial - Enrolled in PACE program
<input type="checkbox"/>	FF01	Free Form Text
<input type="checkbox"/>	PM01	Denial - Paramedical Services
<input type="checkbox"/>	PS01	Denial - Protective Supervision - No Assessed Need
<input type="checkbox"/>	PS02	Denial - Protective Supervision - Does not meet regulatory criteria MPP 30-757.172
<input type="checkbox"/>	PS07	Not Eligible - Changes to Home
<input type="checkbox"/>	PS08	Not Eligible - No Self Harm
<input type="checkbox"/>	PS09	Not Eligible - No Mental Impairment or Illness
<input type="checkbox"/>	PS10	Not Eligible - Recipient Self-Directed
<input type="checkbox"/>	PS11	Not Eligible - Non-Impairment Related Behavior

<input type="checkbox"/>	PS12	Not Eligible - Visiting or Social Activities
<input type="checkbox"/>	PS13	Not Eligible - Medical Condition
<input type="checkbox"/>	PS14	Not Eligible - Fall Risk Not Related
<input type="checkbox"/>	PS15	Not Eligible - Medical Emergency Monitoring
<input type="checkbox"/>	PS16	Not Eligible - Behavior Related
<input type="checkbox"/>	PS17	Not Eligible - Self-Destructive Behavior
<input type="checkbox"/>	PS18	Not Eligible - Routine Childcare
<input type="checkbox"/>	PS19	Not Eligible - Supervision Not More Than Child of Same Age
<input type="checkbox"/>	PS20	Not Eligible - 24-Hour Supervision Not Needed
<input type="checkbox"/>	PS21	Not Eligible - Infrequent Need
<input type="checkbox"/>	PS22	Not Eligible - Predictable Need
<input type="checkbox"/>	RM05	Restaurant Meals Allowance - No Need for Meal Prep
<input type="checkbox"/>	RM06	Deny - Restaurant Meal Allowance - SSP recipient without adequate cooking facilities
<input type="checkbox"/>	RM07	Termination - Restaurant Meals Allowance - Receiving SSP payment
<input type="checkbox"/>	SD01	Sponsor Deeming - Sponsor's income and resources used to determine IHSS eligibility.

<input type="checkbox"/>	SD02	Sponsor Deeming - No longer subject to sponsor deeming - 3 years or more lawful permanent resident in the U.S.
<input type="checkbox"/>	SD03	Sponsor Deeming - No longer subject to sponsor deeming - Became blind or disabled after becoming a lawful permanent resident in the U.S.
<input type="checkbox"/>	SH01	State Hearing - Outcome Compliance
<input type="checkbox"/>	SH02	State Hearing - Conditional Withdrawal
<input type="checkbox"/>	SH03	State Hearing - Payment
<input type="checkbox"/>	SH04	State Hearing - Aid Paid Pending Decrease
<input type="checkbox"/>	TR19	Termination - IHSS-R Excess Resource

Freeform Text:

Figure – Modify Manual Notice of Action Screen

## Actions/Functions

The following actions are associated with the Modify Manual Notice of Action pop-up:

Action	Function
Save	Saves the selected Manual NOAs and displays the Program Evidence screen
Cancel	Cancels the action and returns the user to the Program Evidence screen

## Data Elements

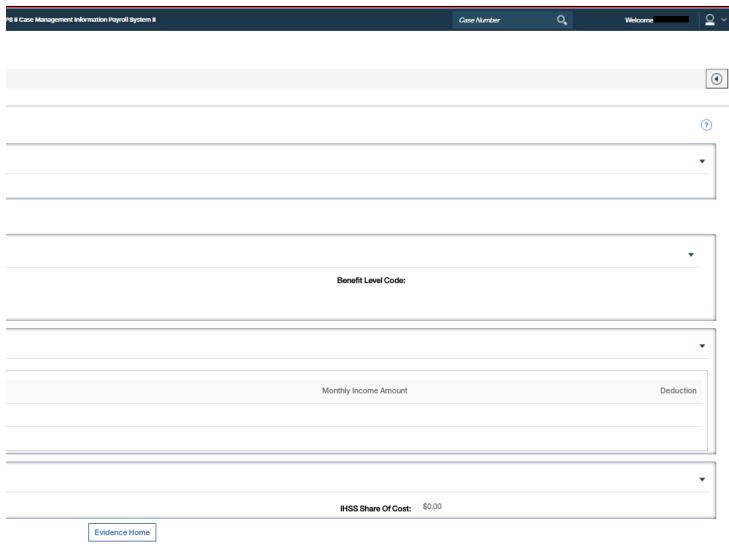
The following data elements are associated with the Modify Manual Notice of Action pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Select	User selection of Manual NOA	Checkbox	No	Unchecked	Yes
NOA Code	Notice Of Action Code associated with the message	String	No	No	Yes
NOA Text	Notice Of Action Message	String	No	No	Yes
Freeform Text	Freeform text in addition to the NOA Message (200 characters).	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Share of Cost Evidence for case without Share of Cost Evidence

CI	Document Name
 CI-116591 - DSD SC SOC Evidence for case without SOC Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SOC_Evidence_for_case_without_SOC_Evidence.doc

When the Share of Cost Evidence link is selected from the Cases Left Navigation and the case does not currently have Share of Cost Evidence, the Share of Cost Evidence screen displays.



The screenshot shows a software interface for managing cases. At the top, there's a header with 'Case Management Information System', 'Case Number', and a search bar. Below the header, there's a navigation menu on the left. The main area contains several input fields: 'Benefit Level Code', 'Monthly Income Amount' (with a dropdown arrow), 'Deduction' (with a dropdown arrow), and a summary field 'IHSS Share Of Cost: \$0.00'. At the bottom left of the main area, there's a blue rectangular button labeled 'Evidence Home'.

Figure – Share of Cost Evidence Screen for Case without Share of Cost Evidence

## Actions/Functions

The following actions are associated with the Share of Cost Evidence screen:

Action	Function
Evidence Home	Displays the Evidence Workspace screen
IHSS Notification to SAWS...	Displays the pop-up screen 'IHSS Notification to SAWS of potential Income & Resource Change'. This link displays only when Pending Evidence exists.
Add	Displays the Create Income Evidence screen

## Data Elements

The following data elements are associated with the Share of Cost Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Share of Cost Evidence</b>					
Share of Cost Linkage	Code indicating the Recipient income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) Aged, Blind or Disabled.	String	No	No	No
Benefit Level Code	The SSI/SSP benefit code and level used to determine the Recipient's share of cost.	String	No	No	No

Dependents	The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult Recipient with a non-linked spouse, or a child Recipient whose parent(s) income must be considered.	Integer	No	No	No
<b>Income Evidence</b>					
Source	The source of the Recipient's, spouse or parent(s) gross income.	String	No	No	No
Monthly Income Amount	The amount of gross income available to the Recipient, spouse or parent.	Integer	No	No	No
Deduction	The dollar amount of total income deductions other than the income exclusions. <ul style="list-style-type: none"> <li>• Standard Exclusion</li> <li>• Earned income exclusion</li> <li>• Needs of children/non-link spouse</li> <li>• Allowance for parents</li> </ul>	Integer	No	No	No
<b>Share of Cost Calculation</b>					
Countable Income	The sum of all net income available to the Recipient.	Integer	No	No	No
IHSS Share of Cost	System calculated monthly amount of money to be paid by the Recipient before IHSS-R services are paid.	Integer	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Share of Cost Evidence with Share of Cost Evidence

CI	Document Name
<a href="#">CI-67590</a> - DSD SC SOC Evidence for case with SOC Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SOC_Evidence_for_case_with_SOC_Evidence.doc

When the Share of Cost Evidence link is selected from the Cases Left Navigation and the case currently has Share of Cost Evidence, the Share of Cost Evidence screen displays.

The screenshot shows a web-based application interface for managing case evidence. At the top, there's a header bar with the system name, a search bar, and a welcome message. Below this, the main content area contains several input fields and dropdown menus. One section is labeled 'Benefit Level Code:' with a dropdown menu. Another section shows 'Monthly Income Amount' and 'Deduction' fields. At the bottom of the screen, a summary line reads 'IHSS Share Of Cost: \$0.00'. A blue rectangular button at the bottom left is labeled 'Evidence Home'.

Figure – Share of Cost Evidence Screen for case with Share of Cost Evidence

## Actions/Functions

The following actions are associated with the Share of Cost Evidence screen:

Action	Function
Evidence Home	Displays the Evidence Workspace screen
<b>Manage</b>	
IHSS Notification to SAWS...	Displays the pop-up screen 'IHSS Notification to SAWS of potential Income & Resource Change'. This link displays only when Pending Evidence exists.
Calculate IHSS Share of Cost	Calculates the IHSS SOC based upon the existing Share of Cost and Income Evidence. Link displays only when Pending Evidence exists.
<b>Share of Cost Evidence</b>	
Edit	Displays the Modify Share of Cost Evidence screen
Delete	Displays the Delete Share of Cost Evidence confirmation screen. This action will remove all Share of Cost and Income Evidence.
<b>Income Evidence</b>	
Add	Displays the Create Income Evidence screen
Edit	Displays the Modify Income Evidence screen
Delete	Displays the Delete Income Evidence confirmation screen

# Data Elements

The following data elements are associated with the Share of Cost Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Share of Cost Evidence</b>					
Share of Cost Linkage	Code indicating the Recipient income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) Aged, Blind or Disabled.	String	No	No	No
Benefit Level Code	The SSI/SSP benefit code and level used to determine the Recipient's share of cost.	String	No	No	No
Dependents	The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult Recipient with a non-linked spouse, or a child Recipient whose parent(s) income must be considered.	Integer	No	No	No
<b>Income Evidence</b>					
Source	The source of the Recipient's, spouse or parent(s) gross income.	String	No	No	No
Monthly Income Amount	The amount of gross income available to the Recipient, spouse or parent.	Integer	No	No	No
Deduction	The dollar amount of total income deductions other than the income exclusions. <ul style="list-style-type: none"> <li>• Standard Exclusion</li> <li>• Earned income exclusion</li> <li>• Needs of children/non-link spouse</li> <li>• Allowance for parents</li> </ul>	Integer	No	No	No
<b>Share of Cost Calculation</b>					
Countable Income	The sum of all net income available to the Recipient.	Integer	No	No	No
IHSS Share of Cost	The monthly amount of money to be paid by the Recipient before IHSS-R services are paid.	Integer	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Share of Cost Evidence

CI	Document Name
CI-116576 - DSD SC Create Share of Cost Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Create_Share_of_Cost_Evidence.doc

When the Add link is selected from the Share of Cost Evidence Home - Without Share of Cost Evidence screen the Create Share of Cost Evidence screen displays.

Create Share of Cost Evidence JOHN DOE 1939344 (?) (X)

\* required field

Share of Cost Evidence		
Share of Cost Linkage: <input type="text"/> Dependents: <input type="text" value="0"/>		
Benefit Level Code: * <input type="text"/>		
Share of Cost Calculation <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Countable Income: <input type="text" value="\$0.00"/></td> <td style="width: 50%;">IHSS Share of Cost: <input type="text" value="0.00"/></td> </tr> </table>	Countable Income: <input type="text" value="\$0.00"/>	IHSS Share of Cost: <input type="text" value="0.00"/>
Countable Income: <input type="text" value="\$0.00"/>	IHSS Share of Cost: <input type="text" value="0.00"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

Figure – Create Share of Cost Screen

## Actions/Functions

The following actions are associated with the Create Share of Cost Evidence screen:

Action	Function
Save	Saves the entered data and displays the Share of Cost Evidence screen
Cancel	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

The following data elements are associated with the Create Share of Cost Evidence screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Share of Cost Evidence</b>					
Share of Cost Linkage	Code indicating the Recipient income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) Aged, Blind or Disabled.	Drop-down list	No, Required for system generate Share of Cost Calculation	No	Yes

Dependents	The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult Recipient with a non-linked spouse, or a child Recipient whose parent(s) income must be considered.	Integer	No	No	Yes
Benefit Level Code	The SSI/SSP benefit code and level used to determine the Recipient's share of cost.	Drop-down list	Yes	No	Yes
<b>Share of Cost Calculation</b>					
Countable Income	System generated or user entered amount. The sum of all net income available to the Recipient. System generate for Share of Cost Calculation. For automated SOC Calculation this field must be left blank.	Integer	No	No	Yes
IHSS Share of Cost	System generate monthly amount of money to be paid by the Recipient before IHSS services are paid. Calculation will occur when the "Calculate IHSS Share of Cost link is selected on the Share of Cost Evidence Home screen.	Integer	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Share of Cost Evidence

CI	Document Name
CI-67588 - DSD SC Modify Share of Cost Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Share_of_Cost_Evidence.doc

When the Edit link is selected from the Share of Cost Evidence screen the Modify Share of Cost Evidence pop-up displays.

Figure – Modify Share of Cost Evidence

## Actions/Functions

The following actions are associated with the Modify Share of Cost Evidence pop-up:

Action	Function
Save	Saves the entered data and displays the Share of Cost Evidence screen
Cancel	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

The following data elements are associated with the Modify Share of Cost Evidence pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Share of Cost Evidence</b>					
Share of Cost Linkage	Code indicating the Recipient income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) Aged, Blind or Disabled.	Drop-down list	No, Required for system generate Share of Cost Calculation	No	Yes

Dependents	The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult Recipient with a non-linked spouse, or a child Recipient whose parent(s) income must be considered.	Integer	No	No	Yes
Benefit Level Code	The SSI/SSP benefit code and level used to determine the Recipient's share of cost.	Drop-down list	Yes	No	Yes
<b>Share of Cost Calculation</b>					
Countable Income	System generated or user entered amount. The sum of all net income available to the Recipient. System generate for Share of Cost Calculation. For automated SOC Calculation this field must be left blank.	Integer	No	No	Yes
IHSS Share of Cost	System generate for Share of Cost Calculation. The monthly amount of money to be paid by the Recipient before IHSS services are paid.	Integer	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Delete Share of Cost Evidence

CI	Document Name
<a href="#">CI-116577 - DSD SC Delete Share of Cost Evidence</a> IMPLEMENTED	DSD_SC_Delete_Share_of_Cost_Evidence.doc

When the Delete link is selected from the Share of Cost Evidence screen the Delete Share of Cost Evidence confirmation pop-up displays.

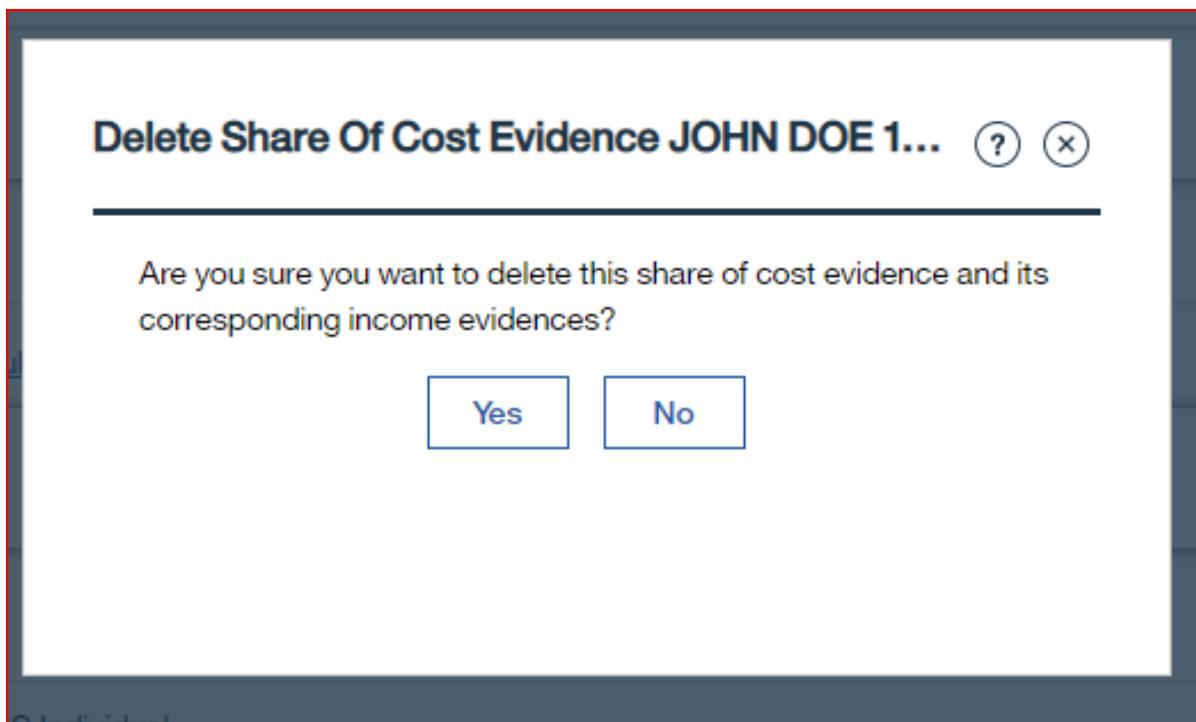


Figure – Delete Share of Cost Evidence

## Actions/Functions

The following actions are associated with the Delete Share of Cost Evidence pop-up:

Action	Function
Yes	Deletes all Share of Cost Evidence from the case
No	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

There are no data elements associated with the Delete Share of Cost Evidence Pop-up.

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /IHSS Notification to SAWS

CI	Document Name
<a href="#">CI-67565 - DSD SC IHSS Notification to SAWS</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_IHSS_Notification_to_SAWS.doc

When the IHSS Notification to SAWS link is selected from the Share of Cost Evidence screen the IHSS Notification to SAWS pop-up displays. This pop-up is to be used by IHSS Social Workers when they become aware of a circumstance which may affect the Recipient's financial eligibility for IHSS.

Figure – IHSS Notification to SAWS

## Actions/Functions

The following actions are associated with the IHSS Notification to SAWS pop-up:

Action	Function
Submit	Saves the indications and returns the user to the Share of Cost Evidence screen. A nightly batch job will send the S5 "Notification to SAWS of Potential Change to Income and/or Resource Information from CMIPS II Social Worker" to the appropriate SAWS County.
Cancel	Cancels the action returning the user to the Share of Cost Evidence screen.

## Data Elements

The following data elements are associated with the IHSS Notification to SAWS pop-up:

Field Name	Description	Data Type	Required Indicator	Default Value	Editable Field
Notification Type	Allows selection of a notification type	Drop-down list	Yes	No	Yes
Comment	Free form 100 character comment field	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Income Evidence

CI	Document Name
CI-67549 - DSD SC Create Income Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Create_Income_Evidence.doc

When the Add link is selected from the Income Evidence cluster of the Share of Cost Evidence screen the Create Income Evidence pop-up displays.

Figure - Create Income Evidence

## Actions/Functions

The following actions are associated with the Create Income Evidence pop-up:

Action	Function
Save	Saves the entered data and displays the Share of Cost Evidence screen
Save & New	Saves the entered data and displays another Create Income Evidence pop-up
Cancel	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

The following data elements are associated with the Create Income Evidence pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Recipient Income</b>					
Source	The source of the recipients, spouse's or parent's gross income.	Drop-down list	Yes	No	Yes

Monthly Income Amount	The amount of gross income available to the Recipient, spouse or parent.	Integer	Yes	No	Yes
Deduction	<p>The dollar amount of total income deductions other than the following income exclusions.</p> <ul style="list-style-type: none"> <li>• Standard Exclusion</li> <li>• Earned income exclusion</li> <li>• Needs of children/non-link spouse</li> <li>• Allowance for parents</li> </ul>	Integer	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Income Evidence

CI	Document Name
CI-67578 - DSD SC Modify Income Evidence <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Income_Evidence.doc

When the Edit link associated with an Income Evidence record is selected the Modify Income Evidence pop-up displays.

The screenshot shows a modal dialog titled "Modify Income Evidence JOHN DOE 1939344". At the top right are a help icon and a close button. A note at the top right indicates "\* required field". The main area has a header "Recipient Income" with a dropdown arrow. Below it, a "Source:" label is followed by "Veteran's Administration - Recipient". Underneath is a form with two input fields: "Monthly Income" set to "\$500.00" and "Amount: \*", and "Deduction" set to "\$0.00". At the bottom right are "Save" and "Cancel" buttons.

Figure – Modify Income Evidence

## Actions/Functions

The following actions are associated with the Modify Income Evidence pop-up:

Action	Function
Save	Saves the entered data and displays the Share of Cost Evidence screen
Cancel	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

The following data elements are associated with the Modify Income Evidence pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Recipient Income</b>					
Source	The source of the Recipient, spouse's or parent's gross income.	String	No	No	No
Monthly Income Amount	The amount of gross income available to the Recipient, spouse or parent.	Integer	Yes	No	Yes

Deduction	<p>The dollar amount of total income deductions other than the following income exclusions:</p> <ul style="list-style-type: none"> <li>• Standard Exclusion</li> <li>• Earned income exclusion</li> <li>• Needs of children/non-link spouse</li> <li>• Allowance for parents</li> </ul>	Integer	No	No	Yes
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# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Delete Income Evidence

CI	Document Name
<a href="#">CI-67568 - DSD SC Delete Income Evidence</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Delete_Income_Evidence.doc

When the Delete link, associated with an Income Evidence record is selected, the Delete Income Evidence confirmation pop-up displays. Income Evidence may be deleted only for Pending Evidence.

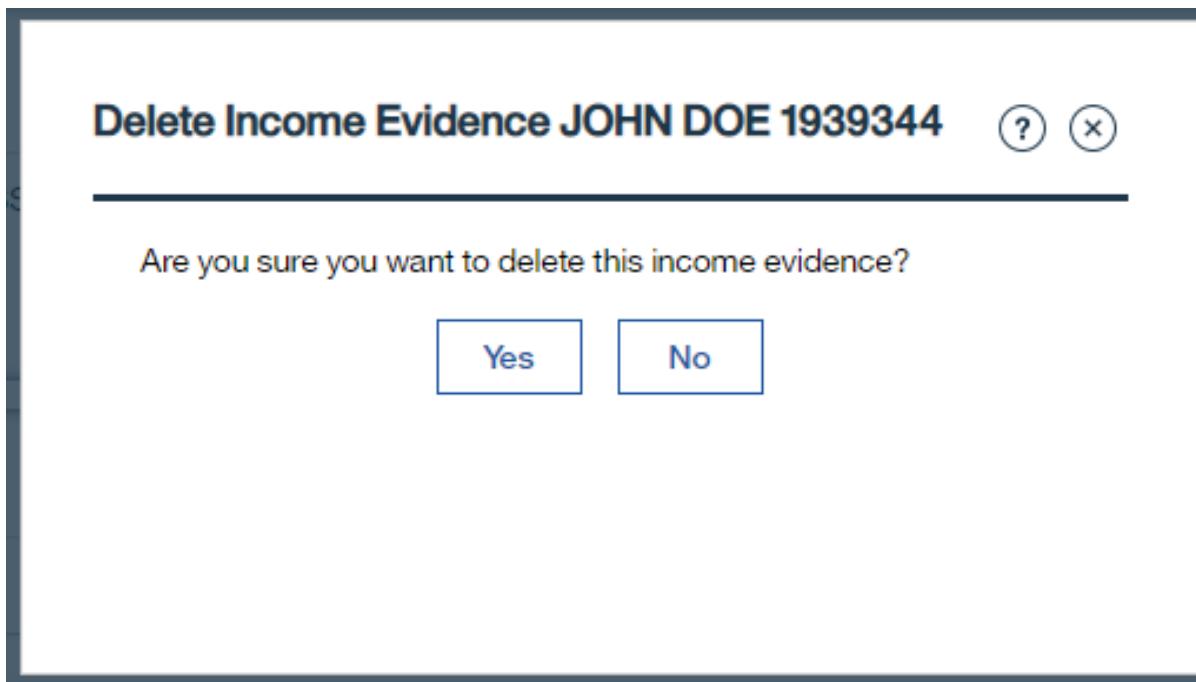


Figure - Delete Income Evidence

## Actions/Functions

The following actions are associated with the Delete Income Evidence confirmation pop-up:

Action	Function
Yes	Completes the record deletion and displays the Share of Cost Evidence screen
No	Cancels the action and displays the Share of Cost Evidence screen

## Data Elements

There are no data elements associated with the Delete Income Evidence confirmation pop-up.

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Contacts

CI	Document Name
CI-67564 - DSD SC Contact List <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Contact_List.doc

When the Contacts Page Navigation is selected from the Case Home Content Tab, the Contacts screen displays.

Figure – Contact List

## Actions/Functions

The following actions are associated with the Contact list screen:

Action	Function
<b>Contacts</b>	
Add New Contact	Displays the Create Contact screen.
View	Displays the View Contact screen.
Edit	Displays the Modify Contact screen.
History	Displays the Contact History screen.
<b>Other Contact</b>	
Add/Edit	Displays the Create Other Contact pop-up. <b>Note:</b> After the save button is selected on the Create Other Contact pop-up, the Add button becomes Edit.

## Data Elements

The following are the elements associated with the Contact list screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Contacts</b>					
Name	Name of Contact	String (First Name Last Name)	No	No	No

Type	Type of Contact	String	No	No	No
Spoken Language	Spoken Language of Contact	String	No	No	No
Phone #1	Phone number of Contact	Number (XXX-XXX-XXXX)	No	No	No
Start Date	Start Date of Contact	Date (MM/DD/YYYY)	No	No	No
End Date	End Date of Contact	Date (MM/DD/YYYY)	No	No	No
Status	Status of the Contact	String (Active or Inactive)	No	No	No
<b>Other Contact</b>					
Contacts	Comments Entered in Create Other Contact Comments Pop-Up	String (500)	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Contact History



When the History link in front of the contact is selected from the Contacts screen, the Contact History screen displays.

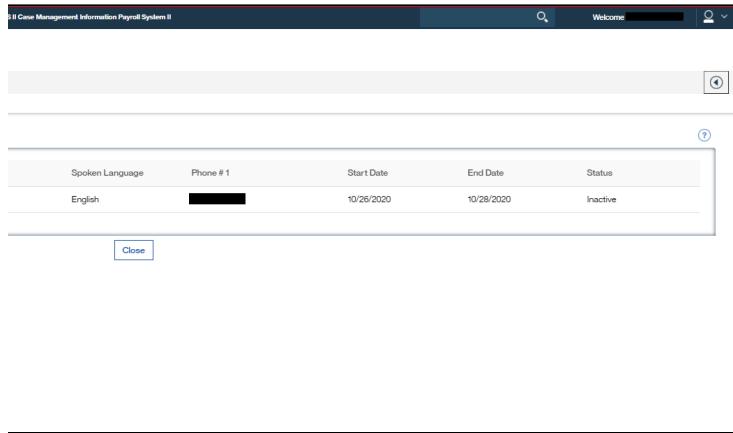


Figure – Contact History

## Actions/Functions

The following actions are associated with the Contact list screen:

Action	Function
View	Displays the View Contact screen for the selected history record.
Close	Closes the Contact History screen and returns the user to the Contacts screen.

## Data Elements

The following are the elements associated with the Contact list screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Name	Name of the Contact	String (First Name Last Name)	No	No	No
Type	Type of Contact	String	No	No	No
Spoken Language	Spoken Language of Contact	String	No	No	No
Phone #1	Phone Number of Contact	Number (XXX-XXX-XXXX)	No	No	No
Start Date	Start Date of Contact	Date (MM/DD/YYYY)	No	No	No
End Date	End Date of Contact	Date (MM/DD/YYYY)	No	No	No
Status	Status of Contact	String (Active or Inactive)	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Contact

CI	Document Name
CI-67594 - DSD SC Create Contact <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Create_Contact.doc

When the Add New Contact link is selected from the Contacts screen the Create Contact pop-up displays.

Figure – Create Contact

## Actions/Functions

The following actions are associated with the Create Contact pop-up:

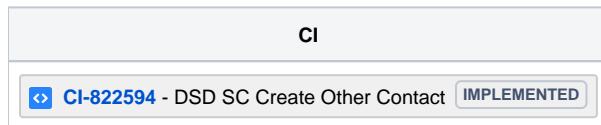
Action	Function
Save	Saves the screen and displays the Contacts list screen.
Save & New	Saves the screen and displays another Create Contact screen.
Cancel	Cancels the action, closes the screen and displays the Contacts list screen.
<b>Mailing Address</b>	
Mailing Address Look-up	Displays the Maintain Address screen for the indicated Mailing Address Type. Once the type is selected and the user selects the search icon a corresponding Maintain Address screen will display allowing the user to enter the Contact address and the address validation and standardization service will verify that address. The Maintain Addresses screens are maintained in DSD Section 20.

## Data Elements

The following are the elements associated with the Create Contact pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Name	Name of Contact	String	Yes	No	Yes
Type	Type of Contact	Drop Down	Yes	No	Yes
Spoken Language	Spoken Language of Contact	Drop Down	Yes	No	Yes
Relationship	Relationship of Contact to Recipient	String (25)	No	No	Yes
Email Address	Email Address of Contact (standard email edits apply)	String	No	No	Yes
<b>Mailing Address</b>					
Mailing Address Type	Type of mailing address	Drop Down	No, only on Conservator or Guardian	No	Yes
	Mailing address	String	No, only on Conservator or Guardian	No	Yes
<b>Phone Numbers</b>					
Type	Type of Phone Number	Drop Down	Yes	No	Yes
Phone #1	Phone Number of Contact	Number (XXX-XXX-XXXX)	Yes	No	Yes
Extension	Phone Extension if applicable	Number	No	No	Yes
Type	Type of Phone Number	Drop Down	No	No	Yes
Phone #2	Phone number of Contact	Number (XXX-XXX-XXXX)	No	No	Yes
Extension	Phone Extension if applicable	Number	No	No	Yes
<b>Comments</b>					
Comments	User comments on the record	String (200)	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Create Other Contact



When the Add/Edit button is selected from the Contacts screen under the Other Contact section, the Create Other Contact (comments) pop-up displays.

A screenshot of a 'Create Other Contact' pop-up window. The title bar says 'Create Other Contact: JOHN DOE 1939331'. There are help and close buttons in the top right. A note at the top right indicates that the 'Comments' field is a required field. The main area contains a 'Comments:' label and a text input field containing the text 'Peter Parker: 676-333-3333 (friend)'. At the bottom are 'Save' and 'Cancel' buttons.

Figure – Create Other Contact

## Actions/Functions

The following actions are associated with the Create Contact pop-up:

Action	Function
Save	Saves the information entered in the Comments field and displays the saved information on the Contacts screen in the Other Contact section.
Cancel	Cancels the action, closes the screen and displays the Contacts screen.

## Data Elements

The following are the elements associated with the Create Other Contact pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Comments	User comments entered on the pop up	String (500)	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /View Contact

CI	Document Name
<a href="#">CI-67570 - DSD SC View Contact</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_View_Contact.doc

When the View link is selected for a specific listed contact from the Contacts screen the View Contact screen displays.

The screenshot shows a software interface titled 'Case Management Information Payroll System II'. The main area displays a contact record. At the top left, it says 'Type: Message' and 'Relationship:'. Below this is a large text area with several horizontal lines for notes. At the bottom of the text area, there are two sets of input fields: 'Phone #1' with value '██████████' and 'Extension: 123', and 'Phone #2' with value '██████████' and 'Extension:'. At the very bottom of the screen are three buttons: 'Edit...', 'Inactivate...', and 'Close'.

Figure – View Contact

## Actions/Functions

The following actions are associated with the View Contact screen:

Action	Function
Edit	Displays the Modify Contact Screen <b>Note:</b> This button is only accessible on active contacts
Inactivate	Inactivates the contact. An Inactive Contact will show in the Contacts list screen if there is not an Active contact of the same type. <b>Note:</b> This button is only accessible on active contacts
Close	Closes the screen and returns to the Contacts screen

## Data Elements

The following are the elements associated with the View Contacts screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Name	Name of the Contact	String	No	No	No
Type	Type of Contact	String	No	No	No
Spoken Language	Spoken Language of Contact	String	No	No	No
Email Address	Email Address of Contact	String	No	No	No
<b>Mailing Address</b>					
Mailing Address	Mailing Address of Contact	String	No	No	No
<b>Phone Numbers</b>					
Type	Type of Phone Number	String	No	No	No
Phone #1	Phone number of Contact	Number (XXX-XXX-XXXX)	No	No	No

Extension	Extension for Phone Number of Contact if applicable	Number	No	No	No
Type	Type of Phone Number	String	No	No	No
Phone #2	Phone number of Contact	Number (XXX-XXX-XXXX)	No	No	No
Extension	Extension for Phone Number of Contact of applicable	Number	No	No	No
<b>Comments</b>					
Comments	User comments on the record	String (200)	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Contact

CI	Document Name
<a href="#">CI-67592 - DSD SC Modify Contact</a> <span style="border: 1px solid #ccc; padding: 2px 5px;">IMPLEMENTED</span>	DSD_SC_Modify_Contact.doc

When the Edit link is selected from the Contact screen the Modify Contact pop-up displays.

Figure – Modify Contact

## Actions/Functions

The following actions are associated with the Modify Contact pop-up:

Action	Function
Save	Saves the screen and displays the Contacts list screen.
Cancel	Cancels the action, closes the screen and displays the Contacts list screen.
<b>Mailing Address</b>	
Mailing Address Look-up	Displays the Maintain Address screen for the indicated Mailing Address Type. Once the type is selected and the user selects the search icon a corresponding Maintain Address screen will display allowing the user to enter the Contact address then select the address verified from the address validation and standardization service. The Maintain Addresses screens are maintained in DSD Section 20.

## Data Elements

The following are the elements associated with the Modify Contact pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field

Name	Name of Contact	String (First Name, Last Name)	No	No	No
Type	Type of Contact	String	Yes	No	Yes
Spoken Language	Spoken Language of Contact	Drop Down	Yes	No	Yes
Relationship	Relationship of Contact to Recipient	String (25)	No	No	Yes
Email Address	Email Address of Contact (standard email edits apply)	String	No	No	Yes
<b>Mailing Address</b>					
Mailing Address Type	Type of mailing address	Drop Down	No, only on Conservator or Guardian	No	Yes
	Mailing address	String	No, only on Conservator or Guardian	No	Yes
<b>Phone Numbers</b>					
Type	Type of Phone Number	Drop Down	Yes	No	Yes
Phone #1	Phone number of Contact	Number (XXX-XXX-XXXX)	Yes	No	Yes
Extension	Phone Extension	Number	No	No	Yes
Type	Type of Phone Number	Drop Down	No	No	Yes
Phone #2	Phone number of Contact	Number (XXX-XXX-XXXX)	No	No	Yes
Extension	Phone Extension if applicable	Number	No	No	Yes
<b>Comments</b>					
Comments	User comments on the record	String (200)	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Disaster Preparedness

CI	Document Name
CI-67584 - DSD SC Disaster Preparedness <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Disaster_Preparedness.doc

When the Disaster Preparedness Page Navigation is selected on the Evidence and Authorization Content Tab the Disaster Preparedness screen displays.

The screenshot shows the CMIPS II Case Management Information Payroll System II interface. At the top, there is a header bar with the system name, user ID (0001234), a search icon, and a welcome message for CASE WORKER57002. Below the header, a navigation bar includes links for Sean AAWMontereytreez, & Hours, Timesheets & Payroll, Overtime & Travel, Quality Assurance, and a help icon. The main content area is titled "Disaster Preparedness: Sean AAWMontereytreez 0001234". It contains several sections with dropdown menus and input fields:

- General Information:** Includes fields for "Degree of Contact" (set to "Critical") and "Comments" (set to "Sample Comments").
- Environmental Factors:** Includes fields for "Contact Required" (No), "Extreme Cold" (Yes), "Extreme Heat" (No), "Power Outage" (No), "Disaster" (No), and "Wind" (No).
- Medical Needs:** Includes fields for "Acute Dependence" (Yes), "No Supplies Needed" (No), "Oxygen" (No), "Life Support Medications" (No), "Dialysis" (No), "Insulin" (No), and "Ventilator" (Yes).
- Physical Impairments:** Includes fields for "Visual Impairments" (No), "Bed-bound" (Yes), "Heavy Medication" (No), "Blind" (No), "Deaf" (No), "Non-ambulatory/Transfer Dependent" (No), "Mental/Cognitive Ability" (No), and "Use of Mobility Equipment" (No).
- Emergency Services Considerations:** Includes fields for "None" (Yes), "Lacks Transportation" (No), "Lives in Isolated Area" (No), and "Difficult to Access" (No).

At the bottom of the form, there are buttons for "Evidence Home" and "Next".

Figure – Disaster Preparedness

## Actions/Functions

The following actions are associated with the Disaster Preparedness screen:

Action	Function
Edit Disaster Preparedness Information	Displays Modify Disaster Preparedness screen

## Data Elements

The following data elements are associated with the Disaster Preparedness screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Degree of Contact	Allows the indication of the degree of contact needed in time of disaster.	String	No	No	No
Special Impairment	Indicates the Special Impairment of the individual	String	No	No	No
Life Support Supply Need	Indicates the Life Support Supply Need associated with the individual	String	No	No	No
Extreme Weather	Indicates need of contact in case of Extreme Weather	String	No	No	No
Comments	Comments associated with the Disaster Preparedness (50 characters)	String	No	No	No

## DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Disaster Preparedness

CI	Document Name
 CI-67543 - DSD SC Modify Disaster Preparedness <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Modify_Disaster_Preparedness.doc

When the Edit Disaster Preparedness Information action is selected on the Disaster Preparedness screen the Modify Disaster Preparedness pop-up displays.

## Modify Disaster Preparedness: Sean FAAMontereytreez 0037922

(?)
(X)

\* required field

Disaster Preparedness Information

**Degree of Contact:** \* Critical

**Comments:** Sample Comments

Events - At least one selection is required

No Contact Required:  Extreme Heat:  Disaster:   
 Extreme Cold:  Power Outage:

Electricity and Life Support Supply Needed - At least one Life Support Supply selection is required

Electricity Dependent?: \* Yes  No Supplies Needed:  Dialysis:   
 Oxygen:  Insulin:   
 Life Support Medications:  Ventilator:

Special Impairments - At least one selection is required

No Special Impairments:  Blind:  Mental/Cognitive Disability - Requires Assistance:   
 Bed-bound:  Deaf:  Use of Mobility Equipment:   
 Heavy Medication:  Non-ambulatory/Transfer Dependent:

Other Emergency Services Considerations - At least one selection is required

None:  Lives in Isolated Area:   
 Lacks Transportation:  Home Difficult to Access:

Save
Cancel

Figure – Modify Disaster Preparedness

## Actions/Functions

The following actions are associated with the Modify Disaster Preparedness pop-up:

Action	Function
Save	Saves the screen and displays the Disaster Preparedness screen
Cancel	Cancels the action, closes the screen and displays the Service Evidence screen

## Data Elements

The following data elements are associated with the Modify Disaster Preparedness pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Degree of Contact	Allows the indication of the degree of contact needed in time of disaster.	Drop-down list	Yes	No	Yes
Special Impairment	Indicates the Special Impairment of the individual	Drop-down list	Yes	No	Yes
Life Support Supply Need	Indicates the Life Support Supply Need associated with the individual	Drop-down list	Yes	No	Yes
Extreme Weather	Indicates need of contact in case of Extreme Weather	Drop-down list	Yes	No	Yes
Comments	Comments associated with the Disaster Preparedness (50 characters)	String	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Delete Function

CI	Document Name
 CI-67566 - DSD SC Delete Function <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Delete_Function.doc

When a Delete link is selected, on those screens that contain a Delete action, the Delete Confirmation pop-up displays prompting the user to confirm the requested delete action.



Figure – Delete Confirmation

## Actions/Functions

The following actions are associated with the Delete Confirmation pop-up:

Action	Function
Yes	Deletes the indicated record
No	Closes the screen

## Data Elements

There are no data elements associated with the Delete Confirmation pop-up.

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Evidence History Search

CI	Document Name
CI-507547 - DSD SC Evidence History Search <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_Evidence_History_Search.docx

When the Evidence History Search Page Navigation Tab is selected from Evidence & Authorization Content Tab, the Evidence History Search screen displays with no records. When the Search Results display, the Status field will be either:

- "Superseded" – Indicating evidence that was superseded because a subsequent assessment was authorized
- Or, "Deleted Pending" – Indicating evidence that was added to the case, and then later deleted by a user or by the system (i.e., when batch authorization was processed).

Figure – Evidence History Search

## Actions/Functions

The following hyperlink functionality will be associated with the Evidence History Search screen:

Action	Function
Search	Displays records match the search criteria
Reset	Resets all Search Criteria fields to blank
View	Displays the View Evidence record resulting from the Search
Next>>	When the search results includes more records than can be displayed on the screen the "Next" link will display to allow the user to view additional records.
<<Prev	When the user has selected the "Next" link the "Prev" link allows the user to page backward to the previously displayed records.

## Data Elements

The following are the data elements associated with Evidence History Search screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<b>Search Criteria</b>					
Evidence Type	Evidence Type	Drop-down	No	No	Yes
From Date	The Authorization Start Date on which the search begins	Date	Yes	No	Yes

To Date	The Authorization Start Date on which the search ends	Date	Yes	No	Yes
<b>Search Results</b>					
Evidence Type	Evidence Type	String	No	No	No
Assessment Type	Assessment Type	String	No	No	No
Auth Start Date	Authorization Start Date	Date	No	No	No
Auth End Date	Authorization End Date	Date	No	No	No
Last Update Date	The date the evidence was last updated	Date	No	No	No
Status	Status of the Assessment (Superseded or Deleted Pending)	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Health Care Certification – Form Generated

CI	Document Name
CI-775190 - DSD SC SE Health Care Cert Form Generated <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Health_Care_Cert_Form_Generated.docx

When the Health Care Certification page navigation is selected from the Evidence & Authorization content tab the Health Care Certification screen displays.

Figure – Health Care Certification – Form Generated

## Actions/Functions

The following actions are associated with the Health Care Certification screen:

Hyperlink	Function
Edit Health Care Certification	Displays the Modify Health Care Certification pop-up
History	Displays the Health Care Certification History list pop-up
Inactivate	Displays the Inactivate Health Care Certification confirmation pop-up

## Data Elements

The following data elements are specific to the Health Care Certification screen:

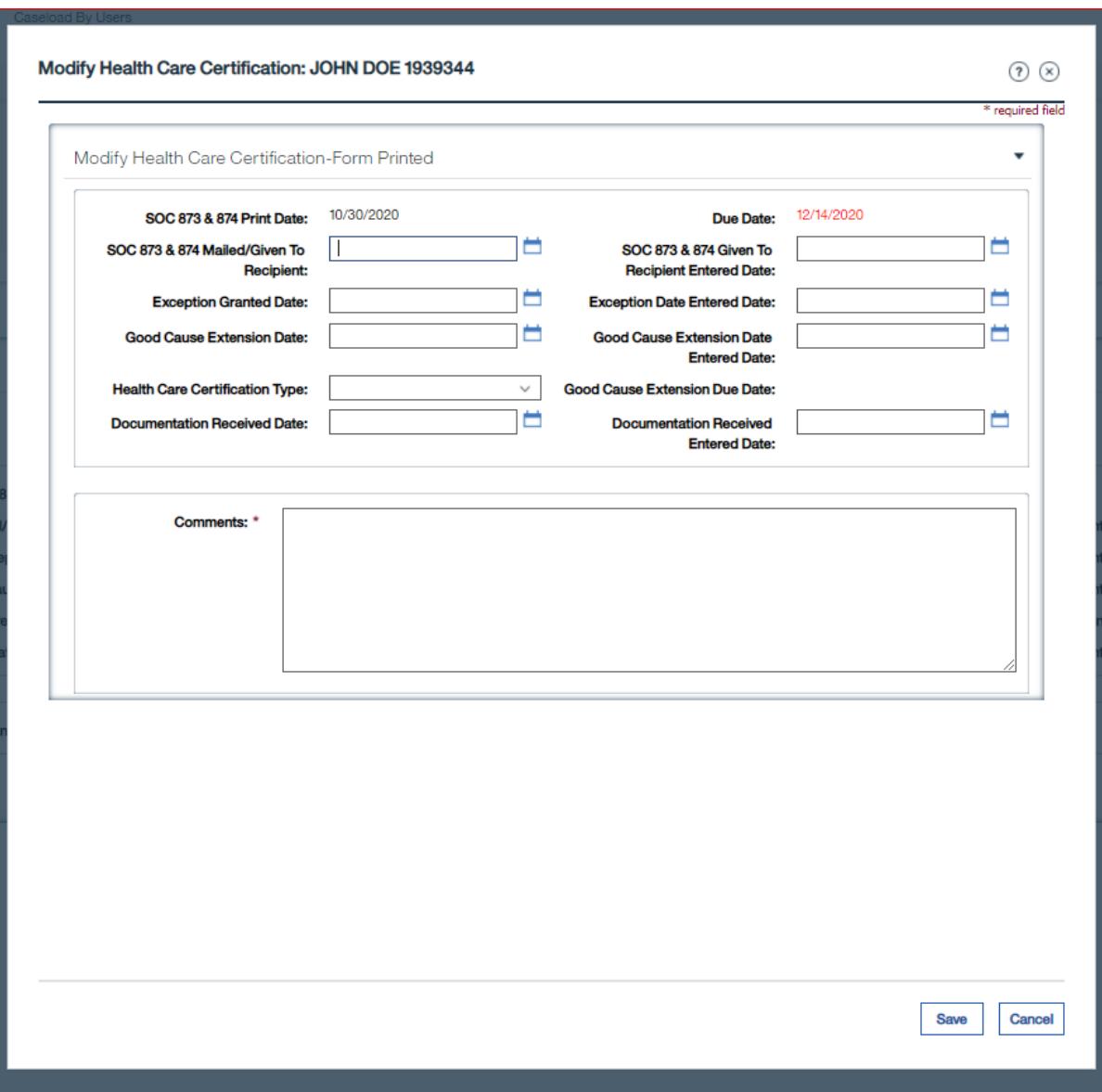
Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
SOC 873 & 874 Print Date	The system generated date the SOC 873 & 874 were printed. Only displays when forms were printed form CMIPS II.	Date	No	No	No
Due Date	The system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient"	Date <i>(Displays in Red Font)</i>	No	No	No
SOC 873 & 874 Given To Recipient	The user entered date on which the SOC 873 & 874 were given to the recipient	Date	No	No	No
SOC873 & 874 Mailed/Given To Recipient Entered Date	The date on which the SOC 873 & 874 Given To Recipient was entered in CMIPS II	Date	No	No	No
Exception Granted Date	The date on which the Health Care Certification Exception was granted	Date	No	No	No
Exception Date Entered Date	The date on which the Exception Date was entered in CMIPS II	Date	No	No	No
Good Cause Extension Date	The date on which the Health Care Certification Good Cause Extension was granted	Date	No	No	No
Good Cause Extension Date Entered Date	The date on which the Good Cause Extension Date was entered in CMIPS II.	Date	No	No	No

Health Care Certification Type	The type of Health Care Certification documentation received.	String	No	No	No
Good Cause Extension Due Date	The date on which the Good Cause Extension is Due	Date <i>(Displays in Red Font)</i>	No	No	No
Documentation Received Date	The date on which the Health Care Certification documentation was received.	Date	No	No	No
Documentation Received Entered Date	The date on which the Health Care Certification Entered Date was entered in CMIPS II.	Date	No	No	No
Comments	User entered text field allows up to 1000 characters	Text	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Health Care Certification – Form Generated

CI	Document Name
 CI-775191 - DSD SC SE Modify Health Care Cert Form Generated <b>IMPLEMENTED</b>	DSD_SC_SE_Modify_Health_Care_Cert_Form_Generated.docx

When the Edit Health Care Certification action is selected on the Health Care Certification screen and the Health Care Certification record was created from the generation of a Health Care Certification for, the Modify Health Care Certification–Form Generate pop-up displays.



The screenshot shows a modal dialog box titled "Modify Health Care Certification: JOHN DOE 1939344". Inside, a sub-titled section "Modify Health Care Certification-Form Printed" contains several input fields:

- SOC 873 & 874 Print Date: 10/30/2020
- Due Date: 12/14/2020
- SOC 873 & 874 Mailed/Given To Recipient: [empty field]
- Recipient Entered Date: [empty field]
- Exception Granted Date: [empty field]
- Exception Date Entered Date: [empty field]
- Good Cause Extension Date: [empty field]
- Good Cause Extension Entered Date: [empty field]
- Health Care Certification Type: [dropdown menu]
- Good Cause Extension Due Date: [empty field]
- Documentation Received Date: [empty field]
- Documentation Received Entered Date: [empty field]

At the bottom left is a "Comments:" field with a red asterisk, and at the bottom right are "Save" and "Cancel" buttons.

Figure – Modify Health Care Certification – Form Generated

## Actions/Functions

The following actions are associated with the Modify Health Care Certification – Form Generated pop-up:

Hyperlink	Function

Save	Saves the data and displays the Health Care Certification screen
Cancel	Cancels the pop-up and displays the Health Care Certification screen.

## Data Elements

The following data elements are specific to the Modify Health Care Certification – Form Generated pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
SOC 873 & 874 Print Date	The system generated date the SOC 873 & 874 were printed	Date	No	No	No
Due Date	The system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient".	Date (Displays in Red)	No	No	No
SOC 873 & 874 Mailed/Given To Recipient	The user entered date on which the SOC 873 & 874 were given to the recipient	Date	No	No	Yes
SOC 873 & 874 Mailed/Given To Recipient Entered Date	The date on which the SOC 873 & 874 Given To Recipient was entered in CMIPS II	Date	No	No	No
Exception Granted Date	The date on which the Health Care Certification Exception was granted	Date	No	No	Yes
Exception Date Entered Date	The date on which the Exception Date was entered in CMIPS II	Date	No	No	No
Good Cause Extension Date	The date on which the Health Care Certification Good Cause Extension was granted	Date	No	No	Yes
Good Cause Extension Date Entered Date	The date on which the Good Cause Extension Date was entered in CMIPS II.	Date	No	No	No
Health Care Certification Type	The type of Health Care Certification documentation received.	Drop-down	No	No	Yes
Good Cause Extension Due Date	The date on which the Good Cause Extension is Due	Date (Displays in Red)	No	No	No
Documentation Received Date	The date on which the Health Care Certification documentation was received.	Date	No	No	Yes
Documentation Received Entered Date	The date on which the Health Care Certification Entered Date was entered in CMIPS II.	Date	No	No	No
Comments	User entered text field allows up to 1000 characters	Text	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Health Care Certification – No Form Printed

CI	Document Name
CI-775189 - DSD SC SE Health Care Cert No Form Printed <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Health_Care_Cert_No_Form_Printed.docx

When the Health Care Certification form is provided to the applicant by a source other than the county and is returned to the county with the IHSS application, the user may access the Health Care Certification screen without printing the form. When the Health Care Certification page navigation is selected from the Evidence & Authorization content tab and the forms have not been printed in CMIPS the Health Care Certification – No Form Printed screen displays. This screen should only be used when the Health Care Certification form is received with the IHSS Application.

Figure – Health Care Certification – No Form Printed

## Actions/Functions

The following actions are associated with the Health Care Certification – No Form Printed screen:

Hyperlink	Function
Edit Health Care Certification	Displays the Modify Health Care Certification – No Form Printed pop-up
History	Displays the Health Care Certification History pop-up
Inactivate	Displays the Inactivate Health Care Certification confirmation pop-up

## Data Elements

The following data elements are specific to the Health Care Certification screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Documentation Received Date	The date on which the Health Care Certification documentation was received.	Date	No	No	No
Health Care Certification Type	The type of Health Care Certification documentation received	Strong	No	No	No
Documentation Received Entered Date	The date on which the Health Care Certification Entered Date was entered in CMIPS II.	Date	No	No	No
Comments	User entered text field allows up to 1000 characters	Text	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Modify Health Care Certification – No Form Printed

CI	Document Name
<b>CI-775188</b> - DSD SC SE Modify Health Care Cert No Form Printed <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Modify_Health_Care_Cert_No_Form_Printed.docx

When the Edit Health Care Certification action is selected from the Health Care Certification – No Form Printed screen the Modify Health Care Certification pop-up displays with the cluster title, "Health Care Certification – No Form Printed". This pop-up allows the entry of the Documentation Received Date and the Health Care Certification Type. This pop-up should only be used when the Health Care Certification forms are not printed from CMIPS II. All fields are required before the pop-up can be saved.

**Modify Health Care Certification: ADAM DOE 1906319**

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\* required field

Modify Health Care Certification-No Form Printed

Documentation Received Date: \* 10/23/2020 Health Care Certification Type: \* Health Care Certification

Documentation Received Entered Date: 11/05/2020

Comments: \* Enter comments here.

Save Cancel

Figure – Modify Health Care Certification – No Form Printed

## Actions/Functions

The following actions are associated with the Modify Health Care Certification – No Form Printed pop-up:

Hyperlink	Function
Save	Saves the data and displays the Health Care Certification screen
Cancel	Cancels the pop-up and displays the Health Care Certification screen.

## Data Elements

The following data elements are specific to the Modify Health Care Certification – No Form Printed pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Documentation Received Date	The date on which the Health Care Certification documentation was received.	Date	Yes	No	Yes

Health Care Certification Type	The type of Health Care Certification documentation received.	Drop-down	Yes	No	Yes
Documentation Received Entered Date	The date on which the Health Care Certification Entered Date was entered in CMIPS II. Populated when screen is saved.	Date	No	No	No
Comments	User entered text field allows up to 1000 characters	Text	No	No	Yes

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Health Care Certification History

CI	Document Name
 CI-775193 - DSD SC SE Create Health Care Cert History <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Create_Health_Care_Cert_History.docx

When the History action is selected on the Health Care Certification screen the Health Care Certification History list pop-up displays. This history pop-up tracks actions taken on the Health Care Certification screen.

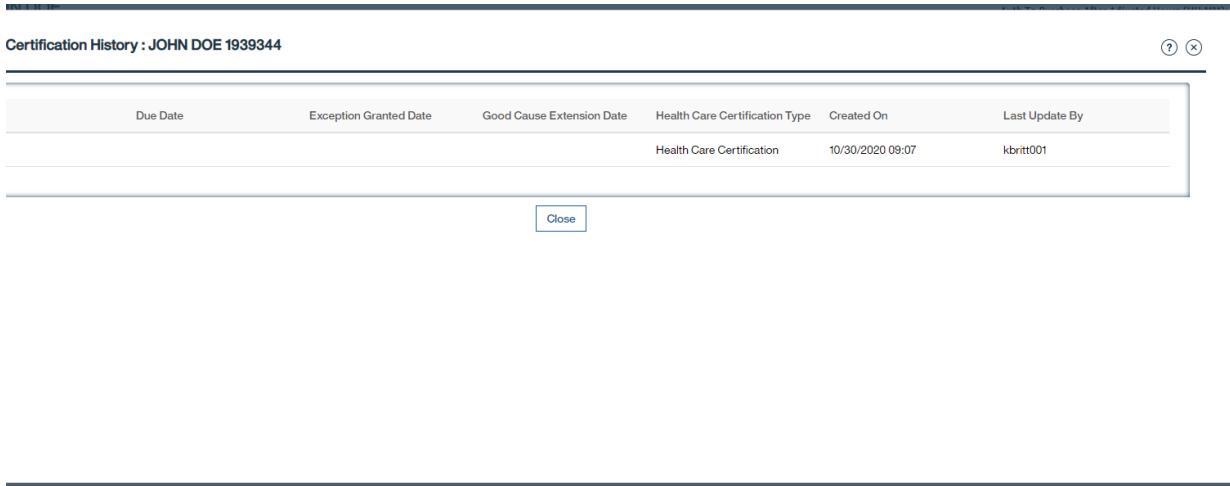


Figure – Health Care Certification History

## Actions/Functions

The following actions are associated with the Health Care Certification – History pop-up:

Hyperlink	Function
Close	Closes the pop-up and returns the user to the Health Care Certification screen
View	Displays the Health Care Certification History Details pop-up

## Data Elements

The following data elements are specific to the Modify Health Care Certification – History pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
Due Date	The system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient"	Date	No	No	No
Exception Granted Date	The date on which the Health Care Certification Exception was granted	Date	No	No	No
Good Cause Extension Date	The date on which the Health Care Certification Good Cause Extension was granted	Date	No	No	No
Health Care Certification Type	The type of Health Care Certification documentation received.	String	No	No	No
Created On	Screen created on date	Date Timestamp	No	No	No

Last Update By	The last updated by user	String	No	No	No
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# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Inactivate Health Care Certification

CI	Document Name
<a href="#">CI-775192 - DSD SC SE Inactivate Health Care Cert Confirm</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Inactivate_Health_Care_Certification.docx



Figure – Inactivate Health Care Certification

## Actions/Functions

The following actions are associated with the Inactivate Health Care Certification pop-up:

Hyperlink	Function
Yes	Inactivates the record and returns the user to the blank Health Care Certification screen.
No	Dismisses the action displays the Health Care Certification screen with the record.

## Data Elements

There are no data elements associated with the Inactivate Health Care Certification pop-up.

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Health Care Certification History Details

CI	Document Name
<a href="#">CI-822901 - DSD SC SE Create Health Care Cert History Details</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_SC_SE_Create_Health_Care_Cert_History_Details.docx

The Health Care Certification History Details pop-up displays the actions taken on the Health Care Certification.

Care Certification History Details : JOHN DOE 1939344 (?) (X)

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History Details

SOC 873 & 874 Print Date:	Health Care Certification Type:	Health Care Certification
Due Date:	Good Cause Extension Due Date:	
SOC 873 & 874 Mailed/Given To Recipient:	Documentation Received Date:	10/01/2020
SOC 873 & 874 Given To Recipient Entered Date:	Documentation Received Entered Date:	10/30/2020
Exception Granted Date:	No Form Printed:	No
Exception Date Entered Date:	Created On:	10/30/2020 11:19
Good Cause Extension Date:	Last Update Date:	10/30/2020 11:19
Good Cause Extension Date Entered Date:	Last Update By:	kbritt001

[Close](#)

Figure – Health Care Certification History Details

## Actions/Functions

The following actions are associated with the Health Care Certification History Details pop-up:

Hyperlink	Function
<a href="#">Close</a>	Closes the pop-up and returns the user to the Health Care Certification History pop-up.

## Data Elements

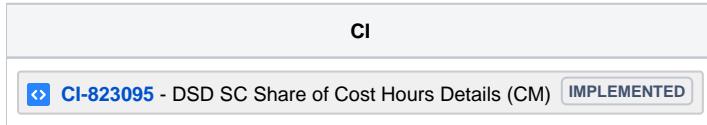
The following data elements are specific to the Modify Health Care Certification History Details pop-up:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field

SOC 873 & 874 Print Date	The system generated date the SOC 873 & 874 were printed.	Date	No	No	No
Due Date	The system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient".	Date	No	No	No
SOC 873 & 874 Mailed /Given To Recipient	The user entered date on which the SOC 873 & 874 were given to the recipient.	Date	No	No	No
SOC873 & 874 Given To Recipient Entered Date	The date on which the SOC 873 & 874 Given To Recipient was entered in CMIPS.	Date	No	No	No
Exception Granted Date	The date on which the Health Care Certification Exception was granted.	Date	No	No	No
Exception Date Entered Date	The date on which the Exception Date was entered in CMIPS.	Date	No	No	No
Good Cause Extension Date	The date on which the Health Care Certification Good Cause Extension was granted.	Date	No	No	No
Good Cause Extension Date Entered Date	The date on which the Good Cause Extension Date was entered in CMIPS.	Date	No	No	No
Health Care Certification Type	The type of Health Care Certification documentation received.	String	No	No	No
Good Cause Extension Due Date	The date on which the Good Cause Extension is Due.	Date	No	No	No
Documentation Received Date	The date on which the Health Care Certification documentation was received.	Date	No	No	No
Documentation Received Entered Date	The date on which the Health Care Certification Entered Date was entered in CMIPS.	Date	No	No	No
No Form Printed	Indicates whether or not the Health Care Certifications forms were printed in CMIPS.	String	No	No	No
Created On	Screen created on date.	Date Timestamp	No	No	No
Last Update Date	Date on which the screen was last updated.	Date Timestamp	No	No	No
Last Update By	The last updated by user.	String	No	No	No

# DSD 21/Recip CM & OS – Service Eligibility/Screen Designs /Share of Cost Hours Details

**⚠️** Updated Share of Cost functionality has been implemented in the CMIPS application; however, it is not yet enabled. This screen is not accessible to users. It will be enabled in a future release.



From the Evidence & Authorization tab for a case, selecting Share of Cost Hours Detail from the left navigation panel will take the user to the new Share of Cost Hours Detail screen. The screen displays by default the data of the three most current service months and allows users to search additional date ranges. If there is no Share of Cost details for a given range, no data shall display.

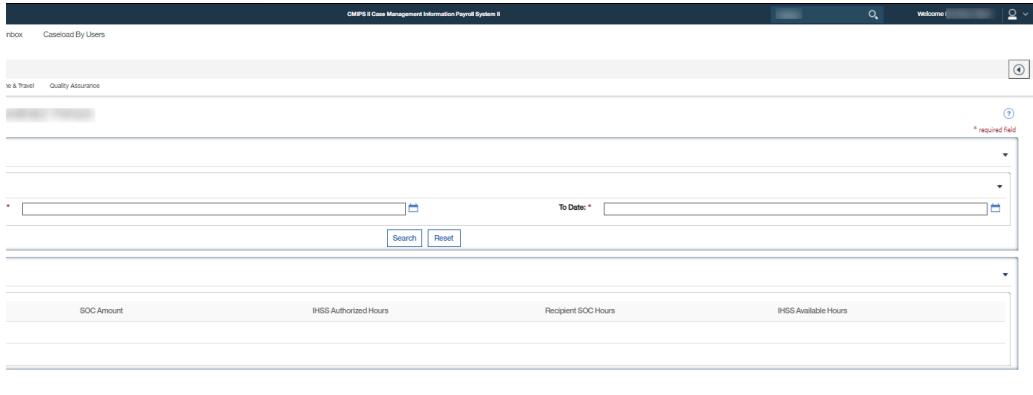


Figure – Share of Cost Hours Details

## Actions/Functions

The following actions are associated with the Share of Cost Hours Details screen:

Action	Function
Search	Performs a search for service months with recipient share of cost hours based on search criteria.
Reset	Resets all search fields to their default values.

## Data Elements

The following data elements are associated with the Share of Cost Hours Details screen:

Field Name	Help	Data Type	Required Indicator	Default Value	Editable Field
<strong>Search Criteria</strong>					
From Date	Service Date from which to start searching for months in which system calculated share of cost hours at the Recipient level.	Date (MM/DD/YYYY)	Yes	Blank	Yes
To Date	Service Date to cease searching for share of cost hours details.	Date (MM/DD/YYYY)	Yes	Blank	Yes
<strong>Details</strong>					
Service Month	Service month in which Recipient has share of cost hours.	Date (MM/YYYY)	No	Blank	No
SOC Amount	The dollar amount corresponding to the Recipient's share of cost for the service month.  This is the amount absorbed by calculating the share of cost hours.	Dollar Amount (\$0.00)	No	Blank	No

IHSS Authorized Hours	Corresponds to the Recipient's authorized purchase hours for the service month.	Time (HH:MM)	No	Blank	No
Recipient SOC Hours	The hours that the Recipient is liable to pay Providers.	Time (HH:MM)	No	Blank	No
IHSS Available Hours	The available hours, after adjusting for the Recipient's share of cost, the Provider will be paid by the state.	Time (HH:MM)	No	Blank	No

## **DSD 21/Recip CM & OS – Service Eligibility/Navigation Elements**

See DSD Section 20.2.3 for all CMIPS II Navigation.

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages

This section defines the validation edits on the screens and documents the error messages that will be displayed for each edit.

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No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
1	12318	<a href="#"> CI-111813 - DSD EM SE 001</a> <small>IMPLEMENTED</small>	Evidence Workspace	When an attempt is made to Search and the From Date is blank	Do not allow the action	Display the error message "From Date required to Search."
2	16080 16491	<a href="#"> CI-111860 - DSD EM SE 002</a> <small>IMPLEMENTED</small>	Modify Residence Information	When an attempt is made to save the Modify Residence Information and any of the following fields indicate a value greater than "10" Number of Recipient only Rooms Number of Shared Rooms Number of Rooms not used	Do not allow the action	Display the error message "Number of rooms may not exceed 10."
3	16075	<a href="#"> CI-111817 - DSD EM SE 003</a> <small>IMPLEMENTED</small>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Residence Information Living Arrangement is "Living Alone"	Do not allow the action	Display the error message "The "Living Alone" living arrangement does not allow the addition of Household Members."
4	16075	<a href="#"> CI-111802 - DSD EM SE 004</a> <small>IMPLEMENTED</small>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Date of Birth associated to any Household Member is equal to or greater than the current date	Do not allow the action	Display the error message "Date of Birth must be current date or before."
5	16075	<a href="#"> CI-111809 - DSD EM SE 005</a> <small>IMPLEMENTED</small>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Relationship is Child Date of Birth is blank	Do not allow the action	Display the error message "Child's Date of Birth is required."
7	16216	<a href="#"> CI-111829 - DSD EM SE 007</a> <small>IMPLEMENTED</small>	Add Tasks for Accompaniment to Alternative Resources	When an attempt is made to "Save" a Task Details screen for "Accompaniment to Alternative Resources" and two Tasks Details already exists	Do not allow the action	Display the error message, "Accompaniment to Alternative Resources is limited to two tasks."
8	16515	<a href="#"> CI-111821 - DSD EM SE 008</a> <small>IMPLEMENTED</small>	Add Tasks for Accompaniment to Medical Appointments	When an attempt is made to "Save" a Task Details screen for "Accompaniment to Medical Appointments" and ten (10) Tasks Details already exists	Do not allow the action	Display the error message, "Accompaniment to Medical Appointments is limited to ten (10) tasks."
9	16510	<a href="#"> CI-111777 - DSD EM SE 009</a> <small>IMPLEMENTED</small>	Add Tasks for Bathing, Oral Hygiene & Grooming	When an attempt is made to "Save" a Task Details screen for "Bathing, Oral Hygiene & Grooming" and six Tasks Details already exists	Do not allow the action	Display the error message, "Bathing, Oral Hygiene & Grooming is limited to six tasks."
10	16502	<a href="#"> CI-111890 - DSD EM SE 010</a> <small>IMPLEMENTED</small>	Add Tasks for Bowel & Bladder Care	When an attempt is made to "Save" a Task Details screen for "Bowel & Bladder Care" and three Tasks Details already exists	Do not allow the action	Display the error message, "Bowel & Bladder Care is limited to three tasks."

11	16505	CI-111853 - DSD EM SE 011 <b>IMPLEMENTED</b>	Add Tasks for Dressing	When an attempt is made to "Save" a Task Details screen for "Dressing" and two Tasks Details already exists	Do not allow the action	Display the error message, "Dressing is limited to two tasks."
12	16503	CI-111834 - DSD EM SE 012 <b>IMPLEMENTED</b>	Add Tasks for Feeding	When an attempt is made to "Save" a Task Details screen for "Feeding" and three Tasks Details already exists	Do not allow the action	Display the error message, "Feeding is limited to three tasks."
13	16496	CI-111769 - DSD EM SE 013 <b>IMPLEMENTED</b>	Add Tasks for Meal Clean-up	When an attempt is made to "Save" a Task Details screen for "Meal Clean-up" and seven Tasks Details already exists	Do not allow the action	Display the error message, "Meal Clean-up is limited to seven tasks."
14	16494	CI-111861 - DSD EM SE 014 <b>IMPLEMENTED</b>	Add Tasks for Meal Preparation	When an attempt is made to "Save" a Task Details screen for "Meal Preparation" and seven Tasks Details already exists	Do not allow the action	Display the error message, "Meal Preparation is limited to seven tasks."
16	12560	CI-111773 - DSD EM SE 016 <b>IMPLEMENTED</b>	Modify Protective Supervision	When an attempt is made to save Protective Supervision Service Type Details screen and hours indicated for Voluntary Services are greater than the Individual Assessed Need	Do not allow the action	Display the error message "Individual Assessed Need must be equal to or greater than Alternative Resources + Voluntary Services."
17	12091	CI-111770 - DSD EM SE 017 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Initial" Assessment Type is selected and "Active Evidence" exists and previous "Case Status" is not "Terminated"	Do not allow the action	Display the error message "'Initial' Assessment Type not allowed when Active Evidence exists."
20	12159	CI-111774 - DSD EM SE 020 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Inter County Transfer" Assessment Type is selected by a user other than Assigned Worker in Receiving County indicated on an "In-Progress" Inter-County Transfer.	Do not allow the action	Display the error message "'Inter-County Transfer' Assessment Type not allowed for user other than the Inter-County Transfer Assigned Worker."

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
21	16520	CI-111763 - DSD EM SE 021 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Power of Attorney and a Contact exists with a Contact Type of Power of Attorney	Do not allow the action	Display the error message, "Only one Power of Attorney Contact allowed."
22	16520	CI-111804 - DSD EM SE 022 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Guardian and a Contact exists with a Contact Type of Guardian	Do not allow the action	Display the error message, "Only one Guardian Contact allowed."
23	16520	CI-111844 - DSD EM SE 023 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Conservator and a Contact exists with a Contact Type of Conservator	Do not allow the action	Display the error message, "Only one Conservator Contact allowed."
24	16520	CI-111748 - DSD EM SE 024 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Timesheet Signatory and a Contact exists with a Contact Type of Timesheet Signatory	Do not allow the action	Display the error message, "Only one Timesheet Signatory Contact allowed."
25	16520	CI-111783 - DSD EM SE 025 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Authorized Representative and a Contact exists with a Contact Type of Authorized Representative	Do not allow the action	Display the error message, "Only one Authorized Representative Contact allowed."
26	16520	CI-111854 - DSD EM SE 026 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Emergency and a Contact exists with a Contact Type of Emergency	Do not allow the action	Display the error message, "Only one Emergency Contact allowed."
27	16520	CI-111874 - DSD EM SE 027 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Message and a Contact exists with a Contact Type of Message	Do not allow the action	Display the error message, "Only one Message Contact allowed."

28	16520	<b>CI-111786 - DSD</b> EM SE 028 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and the Recipients age is younger than 18 years	Do not allow the action	Display the error message, "Contact Type cannot be Conservator for Recipient under the age of 18."
29	16520	<b>CI-111887 - DSD</b> EM SE 029 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and the Recipients age is 18 years or older	Do not allow the action	Display the error message, "Contact Type cannot be Guardian for Recipient over the age of 18."
30	16520	<b>CI-111912 - DSD</b> EM SE 030 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and a Contact Type of "Guardian" exists	Do not allow the action	Display the error message "Case cannot have both Guardian and Conservator Contact."
31	16520	<b>CI-111835 - DSD</b> EM SE 031 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and a Contact Type of "Conservator" exists	Do not allow the action	Display the error message "Case cannot have both Guardian and Conservator Contact."
32	16520	<b>CI-111872 - DSD</b> EM SE 032 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and the Address field is blank	Do not allow the action	Display the error message "Address required for Conservator Contact."
33	12444	<b>CI-111913 - DSD</b> EM SE 033 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and the Address field is blank	Do not allow the action	Display the error message "Address required for Guardian Contact."
34	16133	<b>CI-111908 - DSD</b> EM SE 034 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization Start Date is before the IHSS Application Date	Do not allow the action	Display the error message "Authorization Start Date must be on or after the IHSS Application Date."
35	16113	<b>CI-111805 - DSD</b> EM SE 035 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization End Date is before the Authorization Start Date	Do not allow the action	Display the error message "Authorization End Date must be after the Authorization Start Date."
36	16113	<b>CI-111752 - DSD</b> EM SE 036 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization End Date is not the last day of the month	Do not allow the action	Display the error message "Authorization End Date must be the last day of the month."
37	16116	<b>CI-111779 - DSD</b> EM SE 037 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Home Visit Date is before the Application Date.	Do not allow the action	Display the error message, "Home Visit Date must be on or after the Application Date."
38	16117	<b>CI-111811 - DSD</b> EM SE 038 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Re-Assessment Due Date is before the Home Visit Date	Do not allow the action	Display the error message, "Re-Assessment Due Date must be after the Home Visit Date."
39	12494	<b>CI-111826 - DSD</b> EM SE 039 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and Advance Pay is indicated and the Previous Assessment was not Advance Pay and the Current Assessment is Advance Pay and the Authorization Start Date is prior to the current month	Do not allow the action	Display the error message "Advance Pay case authorization start date must be first day of the future month".
40	16086	<b>CI-111885 - DSD</b> EM SE 040 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and Restaurant Meals Allowance is indicated and the Assessed Need for Preparation of Meals is zero	Do not allow the action	Display the error message, "Restaurant Meals Allowance only allowed when Preparation of Meals has an Assessed Need."

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
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41	11934 11935 12325 16086	CI-111897 - DSD EM SE 041 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and The previous Assessment did not indicate Restaurant Meals, and the current Assessment indicates Restaurant Meals and the current Authorization Start Date is prior to the 1st day of the current month Or the previous and current Assessments indicate Restaurant Meals and the Authorization Start Date of the current assessment is not prior to or one day following the previous Assessment Authorization End Date	Do not allow the action	Display the error message "Restaurant Meals Allowance only allowed for current or future month."
42	12223	CI-111828 - DSD EM SE 042 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and the Assessment Type is "Reassessment" or "Telehealth" and "Presumptive Eligibility" is indicated	Do not allow the action	Display the error message "Presumptive Eligibility not allowed on Reassessment."
43	12318	CI-111776 - DSD EM SE 043 <b>IMPLEMENTED</b>	Evidence Workspace	When an attempt is made to search and the "To Date" is before the "From Date"	Do not allow the action	Display the error message, "To Date must be on or after the From Date."
44	16354	CI-111867 - DSD EM SE 044 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Ambulation	When an attempt is made to save an "Ambulation" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Ambulation: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:35 to 01:45</li> <li>• Functional Rank 3 – 01:00 to 02:06</li> <li>• Functional Rank 4 – 01:45 to 03:30</li> <li>• Functional Rank 5 – 01:45 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
45	16341	CI-111796 - DSD EM SE 045 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Domestic Services	When an attempt is made to save a "Domestic Services" Service Type screen and the Individual Assessed Need is greater than 06.0 hours/month and the "Comment" field is blank	Do not allow the action	Display the error message "Comment required when Individual Assessed Need exceeds 6.00 hours per month."
46	16349	CI-111880 - DSD EM SE 046 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Dressing	When an attempt is made to save a "Dressing" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Dressing: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:34 to 01:12</li> <li>• Functional Rank 3 – 01:00 to 01:52</li> <li>• Functional Rank 4 – 01:30 to 02:20</li> <li>• Functional Rank 5 – 01:54 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
47	16347	CI-111846 - DSD EM SE 047 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Feeding	When an attempts is made to save a "Feeding" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Feeding: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 0:42 to 2:18</li> <li>• Functional Rank 3 – 1:10 to 3:30</li> <li>• Functional Rank 4 – 3:30 to 7:00</li> <li>• Functional Rank 5 – 5:15 to 9:20</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
48	16345	CI-111747 - DSD EM SE 048 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Laundry – No Washer /Dryer in Home	When an attempt is made to save a "Routine Laundry" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 01:30 /week when: <ul style="list-style-type: none"> <li>• The Recipient case Washer designation is "No"</li> <li>• Or the Recipient case Dryer designation is "No"</li> <li>• And the Functional Rank for Laundry is greater than one (1)</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need exceeds 1:30 /week."
49	16344	CI-111756 - DSD EM SE 049 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Laundry – Washer /Dryer in Home	When an attempt is made to save a "Laundry" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 1.0 hours/week when: <ul style="list-style-type: none"> <li>• The Recipient case Washer designation is Yes</li> <li>• And the Functional Rank for Laundry is greater than one (1)</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need exceeds 1.0 hour/week."
50	16343	CI-111778 - DSD EM SE 050 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Meal Clean-up	When an attempt is made to save a "Meal Clean-up" Service Type screen and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 01:10 to 03:30</li> <li>• Functional Rank 3 – 01:45 to 03:30</li> <li>• Functional Rank 4 – 01:45 to 03:30</li> <li>• Functional Rank 5 – 02:20 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."

51	16353	<a href="#"> CI-111797 - DSD EM SE 051</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Menstrual Care	When an attempt is made to save a "Menstrual Care" Service Type and the "Comment" field is blank and the Individual Assessed Need for Menstrual Care is below 00:17 or above 00:48 hours/week.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
52	16346	<a href="#"> CI-111878 - DSD EM SE 052</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Personal Care Services	When an attempt is made to save a "Bowel and Bladder" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area of Bowel, Bladder & Menstrual: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:35 to 02:00</li> <li>• Functional Rank 3 – 01:10 to 03:20</li> <li>• Functional Rank 4 – 02:55 to 05:50</li> <li>• Functional Rank 5 – 04:05 to 08:00</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
53	16342	<a href="#"> CI-111782 - DSD EM SE 053</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Preparation of Meals	When an attempt is made to save a "Meal Preparation" Service Type screen and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 03:01 to 07:00</li> <li>• Functional Rank 3 – 03:30 to 07:00</li> <li>• Functional Rank 4 – 05:15 to 07:00</li> <li>• Functional Rank 5 – 07:00 to 07:00</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
54	16348	<a href="#"> CI-111873 - DSD EM SE 054</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Bathing, Oral Hygiene and Grooming	When an attempt is made to save a "Bathing, Oral Hygiene and Grooming" Service Type and the "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: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:30 to 01:55</li> <li>• Functional Rank 3 – 01:16 to 03:09</li> <li>• Functional Rank 4 – 02:21 to 04:05</li> <li>• Functional Rank 5 – 03:00 to 05:06</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
55	16350	<a href="#"> CI-111841 - DSD EM SE 055</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Rubbing Skin, Repositioning, & Etc.	When an attempt is made to save a "Rubbing Skin and Repositioning" Service Type and the "Comment" field is blank and the Individual Assessed Need for Rubbing Skin & Repositioning is below 00:45 or above 2.48.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
56	16351	<a href="#"> CI-111882 - DSD EM SE 056</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Transfer	When an attempt is made to save a "Transfer" Service Type and the "Comment" field is blank and the Individual Assessed Need for Transfer is below or above the following hours allocation for the Transfer Functional Area: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:30 to 01:10</li> <li>• Functional Rank 3 – 00:35 to 01:24</li> <li>• Functional Rank 4 – 01:06 to 02:20</li> <li>• Functional Rank 5 – 01:10 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
57	16352	<a href="#"> CI-111869 - DSD EM SE 057</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Care and Assistance with Prostheses	When an attempt is made to save a "Care and Assistance with Prostheses" Service Type and the "Comment" field is blank and the Individual Assessed Need for Care and Assistance with Prostheses is below 00:28 or above 01:07 hours/week.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
58	16535	<a href="#"> CI-111877 - DSD EM SE 058</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Routine Bed Bath	When an attempt is made to save a "Routine Bed Bath" Service Type and the "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: <ul style="list-style-type: none"> <li>• Functional Rank 2 - 00:30 to 01:45</li> <li>• Functional Rank 3 - 01:00 to 02:20</li> <li>• Functional Rank 4 - 01:10 to 03:30</li> <li>• Functional Rank 5 - 01:45 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
59	16536	<a href="#"> CI-111866 - DSD EM SE 059</a> <small>IMPLEMENTED</small>	Hourly Task Guidelines – Shopping for Food	When an attempt is made to save a "Shopping for Food" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds one (1) hour/week	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."

60	16537	<b>CI-111803 - DSD</b> EM SE 060 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Other Shopping & Errands	When an attempt is made to save a "Other Shopping & Errands" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 0.5 hour/week	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
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No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
61	16109	<b>CI-111759 - DSD</b> EM SE 061 <b>IMPLEMENTED</b>	Modify Service Type Details - Feeding	When an attempt is made to save the Modify Service Type Details screen associated with Feeding and the Functional Rank for Feeding is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Feeding is indicated as Paramedical."
62	16109	<b>CI-111892 - DSD</b> EM SE 062 <b>IMPLEMENTED</b>	Modify Service Type Details – Meal Clean-up	When an attempt is made to save the Modify Service Type Details screen associated with Meal Clean-up and the Functional Rank for Meal Prep & Clean-up is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."
63	16109	<b>CI-111847 - DSD</b> EM SE 063 <b>IMPLEMENTED</b>	Modify Service Type Details – Meal Prep	When an attempt is made to save the Modify Service Type Details screen associated with Preparation of Meals and the Functional Rank for Meal Prep & Clean-up is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."
64	16109	<b>CI-111755 - DSD</b> EM SE 064 <b>IMPLEMENTED</b>	Modify Service Type Details – Respiration	When an attempt is made to save the Modify Service Type Details screen associated with Respiration Service type and the Functional Rank for Respiration is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Respiration is indicated as Paramedical."
65	16109	<b>CI-111858 - DSD</b> EM SE 065 <b>IMPLEMENTED</b>	Modify Service Type Details – Bowel & Bladder	When an attempt is made to save the Modify Service Type Details screen associated with Bowel & Bladder Care and the Functional Rank for Bowel & Bladder is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Bowel & Bladder is indicated as Paramedical."
66	12432 12436 16089	<b>CI-111780 - DSD</b> EM SE 066 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and the aggregated hours associated with "Alternative Resources", "Refused Services" and "Voluntary Services" are greater than the "Individual Assessed Need"	Do not allow the action	Display the error message, "Individual Assessed Need must be equal to or greater than Alternative Resources + Refused Services + Voluntary Services."
67	12611 16067	<b>CI-111909 - DSD</b> EM SE 067 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and the associated Functional Area has a Rank = 1	Do not allow the action	Display the error message, "Assessed Need not allowed because Functional Area associated with this Service Type has a Functional Rank of 1."
68	16485	<b>CI-111910 - DSD</b> EM SE 068 <b>IMPLEMENTED</b>	Service Task Details with Proration	When an attempt is made to save a Service Task Detail screen and the indicated "Proration" exceeds the number of Household Members	Do not allow the action	Displays the error message "Proration exceeds the indicated number of Household Members."
69		111,881	Removed with CR 1301			
70	16100	<b>CI-111904 - DSD</b> EM SE 070 <b>IMPLEMENTED</b>	Service Type Details – Protective Supervision	When an attempt is made to save a Protective Supervision Service Type screen and the Protective Supervision Form Received Date is before the Protective Supervision Form Sent Date	Do not allow the action	Displays the error message "Received Date must be after Sent Date."
71	12252	<b>CI-111896 - DSD</b> EM SE 071 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and a minutes indication greater than 59 is entered	Do not allow the action	Display the error message, "Minutes indication may not exceed 59."
72	16520	<b>CI-111850 - DSD</b> EM SE 072 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Previous Guardian and a Contact exists with a Contact Type of Previous Guardian	Do not allow the action	Display the error message, "Only one Previous Guardian Contact allowed."

73	CR 505 Removed						
74	12561	CI-111889 - DSD EM SE 074 <b>IMPLEMENTED</b>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Protective Supervision Proration is "Yes" and Companion Case Number is blank	Do not allow the action	Display the error message "Protective Supervision Proration "Yes" allowed only when a Companion Case Number is indicated."	
75	12780	CI-111883 - DSD EM SE 075 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Modify Program Evidence screen and the Authorization Start Date is on or before the Begin Date of the selected County Pay Rate or the Authorization Start Date is after the End Date of the selected County Pay Rate.	Do not allow the action	Display the error message "Authorization Start Date must be on or between the selected County Pay Rate Begin and End Dates."	
77	16079	CI-111753 - DSD EM SE 077 <b>IMPLEMENTED</b>	Modify Residence Information	When an attempt is made to save the Modify Residence Information and Household Members exist and the Residence Information Living Arrangement is "Living Alone"	Do not allow the action	Display the error message "A living arrangement type of "Living Alone" is not allowed when Household Members exist."	
78	12012	CI-111788 - DSD EM SE 078 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save an Modify Program Evidence screen and none of the Modes of Service are selected	Do not allow the action	Display the error message, "At least one of the Modes of Service must be selected."	
79			Removed per CR 590				
80			Removed per CR 590				

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
81	16117	CI-111814 - DSD EM SE 081 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to "Save" a Modify Program Evidence screen and the Assessment Type is "Change" and the "Re-assessment Due Date" has been modified	Do not allow the action	Display the error message, "Change Assessment does not allow modification of Re-assessment Due Date."
82	16542	CI-111787 - DSD EM SE 082 <b>IMPLEMENTED</b>	Tenant Service Validation	When the Save link is selected on the Service Type "Yard Hazard Abatement" screen and the Living Arrangement is Tenant/Landlord and an Assessed Need for "Yard Hazard Abatement" is indicated	Do not allow the action	Display the error message, "Assessed Need for Yard Hazard Abatement not allowed for Living Arrangement – Tenant/Landlord."
83	16086	CI-111865 - DSD EM SE 083 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
84	16086	CI-111862 - DSD EM SE 084 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and NOA – "Deny – Restaurant Meal Allowance" 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."
85	12524	CI-111800 - DSD EM SE 085 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
86	12524	CI-111837 - DSD EM SE 086 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
87	12524	CI-111801 - DSD EM SE 087 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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

88	12524	<b>CI-111884 - DSD</b> EM SE 088 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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"
89	12021	<b>CI-111907 - DSD</b> EM SE 089 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Modify Program Evidence screen and the IHSS Aid Code is 10 or 18 and the Recipient age is younger than age 65	Do not allow the action	Display the error message, "Aid Code not allowed for Recipient under the age of 65."
90	12021	<b>CI-111812 - DSD</b> EM SE 090 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save the Modify Share of Cost Evidence screen and the IHSS Aid Code is other than 18, 28 or 68	Do not allow the action	Display the error message, "IHSS Aid Code must be 18, 28 or 68 for IHSS Share of Cost indication"
91	12114	<b>CI-111830 - DSD</b> EM SE 091 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save a Modify Share of Cost Evidence screen and the Countable Income field is not blank and the Benefit Level Code is blank	Do not allow the action	Display the error message, "Benefit Level Code must be entered".
92	12114	<b>CI-111760 - DSD</b> EM SE 092 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save a Modify Share of Cost Evidence screen and the Share of Cost Linkage field is not blank and the Benefit Level Code is blank	Do not allow the action	Display the error message, "Benefit Level Code must be entered".
93	16570	<b>CI-111792 - DSD</b> EM SE 093 <b>IMPLEMENTED</b>	Create Income Evidence	When an attempt is made to save a Create Income Evidence screen and the Source field is not blank and the Monthly Income Amount is blank	Do not allow the action	Display the error message, "Monthly Income Amount is required."
95	12021	<b>CI-111833 - DSD</b> EM SE 095 <b>IMPLEMENTED</b>	Create Income Evidence	When an attempt is made to save a Create Income Evidence screen and the IHSS Aid Code is 10, 20 or 60	Do not allow the action	Display the error message, "IHSS Aid Code must be 18, 28 or 68 for IHSS Share of Cost indication"
96	16570	<b>CI-111864 - DSD</b> EM SE 096 <b>IMPLEMENTED</b>	Modify Income Evidence	When an attempt is made to save a Modify the Monthly Income Amount is blank	Do not allow the action	Display the error message, "Monthly Income Amount is required."
98	16520	<b>CI-111852 - DSD</b> EM SE 098 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 Type is selected and Phone Number is blank.	Do not allow the action	Display the error message, "Phone Number must be entered when Phone Type is selected".
99	16520	<b>CI-111808 - DSD</b> EM SE 099 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 is entered and the Phone Type is blank.	Do not allow the action	Display the error message, "Phone Type should be selected when Phone Number exists".
100	16520	<b>CI-111836 - DSD</b> EM SE 100 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 Extension is entered and Phone Number or Phone Type is blank.	Do not allow the action	Display the error message, "Both Phone Number and Phone Type are required when Phone Extension is entered".

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
101	12037	<b>CI-111798 - DSD</b> EM SE 101 <b>IMPLEMENTED</b>	Create Share of Cost or Modify Share of Cost Evidence	When an attempt is made to save Share of Cost Evidence and the Authorization Start Date on the Program Evidence screen is blank.	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
104	12527 16664 16914	<b>CI-111901 - DSD</b> EM SE 104 <b>IMPLEMENTED</b>	Modify Manual NOAs	When the Save link is selected on the Modify Manual NOA screen and DN19, FF01 or TR19 is selected and Freeform Text is not indicated	Do not allow the action	Display the error message "Freeform text required when Manual NOA DN19, FF01 or TR19 is selected."
105	12527 16664 16914	<b>CI-111823 - DSD</b> EM SE 105 <b>IMPLEMENTED</b>	Modify Manual NOAs	When the Save link is selected on the Modify Manual NOA screen and DN19, FF01 or TR19 is not selected and Freeform Text is indicated	Do not allow the action	Display the error message "Freeform text not allowed unless Manual NOA DN19, FF01 or TR19 is selected."

106	16511	<b>CI-111806 - DSD</b> EM SE 106 <b>IMPLEMENTED</b>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selected on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Range of Motion and a Task of Range of Motion already exists	Do not allow the action	Display the error message "Task already exists"
107	16511	<b>CI-111765 - DSD</b> EM SE 107 <b>IMPLEMENTED</b>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selected on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Repositioning and a Task of Repositioning already exists	Do not allow the action	Display the error message "Task already exists"
108	16511	<b>CI-111898 - DSD</b> EM SE 108 <b>IMPLEMENTED</b>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selected on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Rubbing of Skin and a Task of Rubbing of Skin already exists	Do not allow the action	Display the error message "Task already exists"
109	16513	<b>CI-111900 - DSD</b> EM SE 109 <b>IMPLEMENTED</b>	Create Service Task Details – Care and Assistance with Prosthesis	When the Save link is selected on a Create Service Task Details – Care and Assistance with Prosthesis with a Task of Care and Assistance with Prosthesis and a Task of Care and Assistance with Prosthesis already exists	Do not allow the action	Display the error message "Task already exists"
110	16513	<b>CI-111857 - DSD</b> EM SE 110 <b>IMPLEMENTED</b>	Create Service Task Details – Care and Assistance with Prosthesis	When the Save link is selected on a Create Service Task Details – Care and Assistance with Prosthesis with a Task of Medication Set-up and a Task of Medication Set-up already exists	Do not allow the action	Display the error message "Task already exists"
113	16225	<b>CI-111822 - DSD</b> EM SE 113 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the <ul style="list-style-type: none"> <li>• Share of Cost Linkage is IHSS Individual (1)</li> <li>• and the Recipient's age is 18 or older</li> <li>• and the Benefit Level Code is Individual disabled minor, own home (03) or Individual disabled minor, household of another (06)</li> </ul>	Do not allow the action	Display the error message "Benefit Level only allowed when Recipient is under the age of 18."
114	16225	<b>CI-111849 - DSD</b> EM SE 114 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen <ul style="list-style-type: none"> <li>• and the Share of Cost Linkage is IHSS Individual (1)</li> <li>• and the Benefit Level Code is 08 through 14</li> </ul>	Do not allow the action	Display the error message "Benefit Level not allowed for Share of Cost Link – IHSS Individual."
115	16225	<b>CI-111871 - DSD</b> EM SE 115 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Benefit Level is 01 – 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual/linked Spouse."
116	16075 16079 16215	<b>CI-111839 - DSD</b> EM SE 116 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Household Members does not include a Household Member with a relationship of Spouse</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/linked Spouse requires Household Member with relationship of Spouse".
117	16075 16079 16215	<b>CI-111771 - DSD</b> EM SE 117 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Living Arrangement is other than "Living with Spouse"</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/linked Spouse requires Living Arrangement to be 'Living with Spouse'".
118	16075 16079 16215	<b>CI-111766 - DSD</b> EM SE 118 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the number of Dependents of greater than zero (0)</li> </ul>	Do not allow the action	Display the error message, "No dependents allowed for Share of Cost Link IHSS Individual/linked Spouse."

119	16075 16079 16215	<b>CI-111902 - DSD</b> EM SE 119 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse (3)</li> <li>• and the Benefit Level is 01 – 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual/non-linked Spouse."
120	16075 16079 16215	<b>CI-111840 - DSD</b> EM SE 120 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse (3)</li> <li>• and the Household Members does not include a Household Member with a relationship of Spouse</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/non-linked Spouse requires Household Member with relationship of Spouse".

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
121	16075 16079 16215	<b>CI-111888 - DSD</b> EM SE 121 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse" (3)</li> <li>• and the Living Arrangement is other than "Living with Spouse"</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/non-linked Spouse requires Living Arrangement to be 'Living with Spouse'".
122	16215	<b>CI-111870 - DSD</b> EM SE 122 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Recipient's age is 18 or older</li> </ul>	Do not allow the action	Display the error message, "Share of Cost Link IHSS Individual/non-linked Parent not allowed for Recipient 18 years or older.
123	16215	<b>CI-111868 - DSD</b> EM SE 123 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Benefit Level is 08 – 14</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual /non-linked Parent."
124	16215	<b>CI-111859 - DSD</b> EM SE 124 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Recipient's age is less than 18</li> <li>• and the Benefit Level is 01, 04 or 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed when Recipient's age is under 18."
125	16215	<b>CI-111905 - DSD</b> EM SE 125 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent" (4)</li> <li>• and the Household Members does not include one Household Member with a relationship of Parent</li> </ul>	Do not allow the action	Display the error message, "Link 'IHSS Individual/non-linked Parent' requires Household Member with relationship of Parent".
126	16215	<b>CI-111893 - DSD</b> EM SE 126 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Recipient's age is 18 or older</li> </ul>	Do not allow the action	Display the error message, "Share of Cost Link IHSS Individual/non-linked Parents not allowed for Recipient 18 years or older.
127	16215	<b>CI-111842 - DSD</b> EM SE 127 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Benefit Level is 08 – 14</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual /non-linked Parents."

128	12114	<b>CI-111807 - DSD</b> EM SE 128 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Recipient's age is younger than 18</li> <li>• and the Benefit Level is 01, 04 or 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed when Recipient's age is under 18."
129	12114	<b>CI-111831 - DSD</b> EM SE 129 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (05)</li> <li>• and the Recipient is younger than the age of 18</li> <li>• and the Household Members do not include two Household Members with a relationship of Parent</li> </ul>	Do not allow the action	Display the error message, "Link 'IHSS Individual/non-linked Parents' requires two (2) Household Members with relationship of Parent".
130	12114	<b>CI-111815 - DSD</b> EM SE 130 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>• Individual disabled minor, household of another (06)</li> <li>• and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, household of another' cannot be assigned when the Applicant/ Recipient is 18 years or older."
131	12114	<b>CI-111799 - DSD</b> EM SE 131 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>• Individual disabled minor, own home (03)</li> <li>• and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' cannot be assigned when the Applicant /Recipient is 18 years or older."
132	12114	<b>CI-111784 - DSD</b> EM SE 132 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>• Individual disabled minor, own home (03)</li> <li>• and the Living Arrangement is other than "Shared"</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' may not have a 'Living Arrangement' other than 'Shared'."
133	12114	<b>CI-111819 - DSD</b> EM SE 133 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>• Individual disabled minor, household of another (06)</li> <li>• and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' cannot be assigned when the Applicant /Recipient is 18 years or older."
134	12114	<b>CI-111772 - DSD</b> EM SE 134 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>• Individual disabled minor, household of another (06)</li> <li>• and the Living Arrangement is other than "Shared"</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – Individual disabled minor, household of another may not have a Living Arrangement other than 'Shared'."
135	12114	<b>CI-111758 - DSD</b> EM SE 135 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Countable Income is a negative number	Do not allow the action	Display the error message, "Countable Income may not be a negative value."
136	12114	<b>CI-111855 - DSD</b> EM SE 136 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual (1)</li> <li>• and the number of Dependents of greater than zero (0)</li> </ul>	Do not allow the action	Display the error message, "No dependents allowed for Share of Cost Link IHSS Individual."
137	12114	<b>CI-111820 - DSD</b> EM SE 137 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen: <ul style="list-style-type: none"> <li>• and the Benefit Level is 15 through 21</li> <li>• and the Countable Income field is blank</li> </ul>	Do not allow the action	Display the error message, "Countable Income is required for Benefit Levels 15 through 21."
138	12114	<b>CI-111761 - DSD</b> EM SE 138 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is 15 through 21 and the case does not have a Companion Case with a Relationship Type Code of Spouse	Do not allow the action	Display the error message, "Household Member must exist as Companion Case with Relationship of Spouse."

139	16570	<b>CI-111793 - DSD</b> EM SE 139 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Link is IHSS Individual (1) and the SOC Income Source is <ul style="list-style-type: none"> <li>• Unearned – Spouse/Parent (07)</li> <li>• or Earned – Spouse/Parent (08)</li> </ul>	Do not allow the action	Display the error message, "SOC Income Source not allow with Link IHSS Individual."
140	16570	<b>CI-111879 - DSD</b> EM SE 140 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and Benefit Level is 15 – 21 and any Income Source is indicated	Do not allow the action	Display the error message, "Benefit Levels 15 – 21 do not allow SOC Income Source entry. Calculate Countable Income separately and enter as Countable Income."

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141	16570	<b>CI-111775 - DSD</b> EM SE 141 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Deduction amount is greater than the Monthly Income Amount	Do not allow the action	Display the error message, "Deduction amount cannot be greater than Monthly Income Amount."
142	16570	<b>CI-111791 - DSD</b> EM SE 142 <b>IMPLEMENTED</b>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen and the Deduction amount is greater than the Monthly Income Amount	Do not allow the action	Display the error message, "Deduction amount cannot be greater than Monthly Income Amount."
143	16570	<b>CI-111754 - DSD</b> EM SE 143 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Monthly Income Amount is a negative number	Do not allow the action	Display the error message, "Monthly Income Amount may not be a negative value."
144	16570	<b>CI-111794 - DSD</b> EM SE 144 <b>IMPLEMENTED</b>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen and the Monthly Income Amount is a negative number	Do not allow the action	Display the error message, "Monthly Income Amount may not be a negative value."
145	16520	<b>CI-111816 - DSD</b> EM SE 145 <b>IMPLEMENTED</b>	Create Contact	When the "Save" link is selected on the Create or Modify Contact screen and a Phone Number #2 Type is selected and the a Phone Number (Either Area Code or Phone Numbers) is blank	Do not allow the action	Display the error message, "Area Code and Phone Number are required if the Phone Number Type is indicated."
146	16520	<b>CI-111848 - DSD</b> EM SE 146 <b>IMPLEMENTED</b>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Area Code is entered and is not three (3) numeric digits	Do not allow the action	Display the error message, "Area Code must be three numeric digits."
147	16520	<b>CI-111856 - DSD</b> EM SE 147 <b>IMPLEMENTED</b>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Phone Number is entered and is not seven (7) numeric digits	Do not allow the action	Display the error message, "Phone Number must be seven numeric digits."
148	16520	<b>CI-111764 - DSD</b> EM SE 148 <b>IMPLEMENTED</b>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and a Phone Number Type is selected and the a Phone Number (Either Area Code or Phone Numbers) is blank	Do not allow the action	Display the error message, "Area Code and Phone Number are required if the Phone Number Type is indicated".
149	16520	<b>CI-111789 - DSD</b> EM SE 149 <b>IMPLEMENTED</b>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and the Area Code is entered and is not three (3) numeric digits	Do not allow the action	Display the error message, "Area Code must be three numeric digits."

150	16520	<a href="#"><b>CI-111894 - DSD</b></a> EM SE 150 <b>IMPLEMENTED</b>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and the Phone Number is entered and is not seven (7) numeric digits	Do not allow the action	Display the error message, "Phone Number must be seven numeric digits."
156	12091	<a href="#"><b>CI-111843 - DSD</b></a> EM SE 156 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Initial" Assessment Type is not selected and "Case Status" is "Pending"	Do not allow the action	Display the error message "Only Initial Assessment Type is allowed when Case Status is Pending."
157	12114	<a href="#"><b>CI-111790 - DSD</b></a> EM SE 157 <b>IMPLEMENTED</b>	Create Share of Cost Evidence	When the Save link is selected on the Create Share of Cost Evidence screen and a Share of Cost Linkage is indicated and the Countable Income field is greater than 0.00	Do not allow the action	Display the error message, "Share of Cost Linkage cannot be selected when the Countable Income is entered".
158	12037	<a href="#"><b>CI-111906 - DSD</b></a> EM SE 158 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and an Authorization Start Date is on the Program Evidence screen is blank	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
159	12037	<a href="#"><b>CI-111899 - DSD</b></a> EM SE 159 <b>IMPLEMENTED</b>	Create Share of Cost Evidence	When the Save link is selected on the Create Share of Cost Evidence screen and an Authorization Start Date is on the Program Evidence screen is blank	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
160	12114	<a href="#"><b>CI-111751 - DSD</b></a> EM SE 160 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and a Share of Cost Linkage is indicated and the Countable Income field is greater than 0.00	Do not allow the action	Display the error message, "Share of Cost Linkage cannot be selected when the Countable Income is entered".

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
161			Removed			
162			Removed			
163	12187	<a href="#"><b>CI-111876 - DSD</b></a> EM SE 163 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and: The Assessment Type is State Hearing and Advance Pay is indicated And the Authorization Start Date is prior to the 1st day of the current month	Do not allow the action	Display the error message, "State Hearing Assessment does not allow retrospective changes to Advance Pay. Please issue payment with appropriate Special Transaction payment."
164	12510	<a href="#"><b>CI-111818 - DSD</b></a> EM SE 164 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and: Assessment Type is Inter-County Transfer And the Authorization Start Date is not the first day of a future month	Do not allow the action	Display the error message, "Authorization Start Date for and Assessment Type Inter-County Transfer must be the first day of a future month."
165	12114	<a href="#"><b>CI-111863 - DSD</b></a> EM SE 165 <b>IMPLEMENTED</b>	Create /Modify Income Evidence	When the Save link is selected on the Create Income Evidence screen and there is no Share of Cost linkage indicated	Do not allow the action	Displays the error message, "Share of Cost linkage indication required when Income Evidence is added."
166	16877	<a href="#"><b>CI-111863 - DSD</b></a> EM SE 165 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA "DN15 - Denial – Death" is selected and the associated person record does not have a Date of Death	Do not allow the action	Displays the error message, "Date of Death required with selected NOA."
167	12524 12527	<a href="#"><b>CI-111762 - DSD</b></a> EM SE 167 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and a Denial (DNXX) NOA is selected and the Assessment Type is not Initial	Do not allow the action	Display the error message, "Denial (DN) may only be selected on an Initial Assessment".
168	12114	<a href="#"><b>CI-111838 - DSD</b></a> EM SE 168 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and Share of Linkage is blank and Income Evidence is indicated.	Do not allow the action	Displays the error message, "Share of Cost Linkage indication required when Income Evidence exists."

169	12472	<b>CI-111875 - DSD</b> EM SE 169 <b>IMPLEMENTED</b>	Modify Paramedical Services	When the Save link is selected on the Modify Paramedical Services screen and the Paramedical Form Sent Date is prior to the Application Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."
170	12472 16095	<b>CI-111845 - DSD</b> EM SE 170 <b>IMPLEMENTED</b>	Modify Paramedical Services	When the Save link is selected on the Modify Paramedical Services screen and the Paramedical Form Receive Date is before the Paramedical Form Sent Date	Do not allow the action	Display the error message, "Receive Date must be after Sent Date."
171	12472 16101	<b>CI-111749 - DSD</b> EM SE 171 <b>IMPLEMENTED</b>	Modify Protective Supervision	When the Save link is selected on the Modify Protective Supervision screen and the Protective Supervision Form Sent Date is prior to the Application Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."
172	12472 16101	<b>CI-111825 - DSD</b> EM SE 172 <b>IMPLEMENTED</b>	Modify Paramedical Services	When the Save link is selected on the Modify Protective Supervision screen and the Protective Supervision Form Receive Date is before the Protective Supervision Form Sent Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."
173	12494	<b>CI-111895 - DSD</b> EM SE 173 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Program Evidence screen and <ul style="list-style-type: none"> <li>• The Assessment Type is other than Initial</li> <li>• And the previous Assessment indicated Advance Pay</li> <li>• And the current Assessment does not indicate Advance Pay</li> <li>• And the Authorization Start Date is not the first day of a month and at least 13 days in the future</li> </ul>	Do not allow the action	Display the error message, "Change from Advance Pay "Yes" to Advance Pay "No" may only occur on the Month. Authorization Start Date must be the first day of a calendar month and at least 13 days in the future."
174	11987	<b>CI-111810 - DSD</b> EM SE 174 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and a selected Mode of Service is not associated with the County associated with the case	Do not allow the action	Display the error message, "[Mode of Service] not valid in [County Name] County."
175	12021	<b>CI-111785 - DSD</b> EM SE 175 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Assessment Type is other than Initial and the IHSS Aid Code indicates "Not Aged, Blind or Disabled"	Do not allow the action	Display the error message, "Aid Code indicated only allowed on Initial Assessment."
176	16187 16202	<b>CI-111851 - DSD</b> EM SE 176 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA Code SH01, SH02 or SH03 is indicated and the Assessment Type is not State Hearing	Do not allow the action	Display the error message, "Selected NOA requires an Assessment Type of "State Hearing"."
177	12555	<b>CI-111851 - DSD</b> EM SE 176 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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."
178	12473	<b>CI-111914 - DSD</b> EM SE 178 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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, "Selected NOA not allowed when a Total Assessed Need exists for Paramedical Services."
179	16069	<b>CI-111768 - DSD</b> EM SE 179 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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 allow when a Total Assessed Need exists for Meal Preparation."
180	16085	<b>CI-111827 - DSD</b> EM SE 180 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA Code RM06 is indicated and Household Evidence Stove = Yes	Do not allow the action	Display the error message, "Selected NOA not allowed when Recipient household has a stove."

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
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181	12318	<b>CI-111781</b> - DSD EM SE 181 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and a selected Mode of Service is not available in the County for the Authorization Period	Do not allow the action	Display the error message, "[Mode of Service] valid for [County Name] County between [Mode of Service From Date] and [Mode of Service To Date]."
182	12037	<b>CI-111767</b> - DSD EM SE 182 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and <ul style="list-style-type: none"> <li>• The latest authorization decision is eligible</li> <li>• And the current Authorization Start Date is not prior to or one day after the previous Assessment Authorization End Date</li> </ul>	Do not allow the action	Display the error message, "Authorization Start Date must be prior to or one day after the previous Authorization End Date. Verify previous Authorization End Date."
183	12037	<b>CI-111757</b> - DSD EM SE 183 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and <ul style="list-style-type: none"> <li>• The most recent Authorization Decision is ineligible</li> <li>• And the current Case Status is Eligible</li> <li>&lt;ac:structured-macro ac:name="unmigrated-wiki-markup" ac:schema-version="1" ac:macro-id="afb191ad-5ebd-48aa-ae6c-1ce0cf0ce393"&gt;&lt;ac:plain-text-body&gt;&lt;![CDATA [* And the current Authorization End Date is not one day prior to the previous (Ineligible Decision) Authorization Start Date</li> </ul>	Do not allow the action	Display the error message, "Previous Authorization Decision is ineligible. The current Authorization End Date must be one day prior to [previous Authorization End Date]."
184	12037	<b>CI-111903</b> - DSD EM SE 184 <b>IMPLEMENTED</b>	Modify Program 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."
185	16519	<b>CI-111795</b> - DSD EM SE 185 <b>IMPLEMENTED</b>	Modify Service Type Details - Teaching & Demonstration	When the Save link is selected on the Modify Service Type Details - Teaching & Demonstration screen and Total Assessed Need is greater than zero <ul style="list-style-type: none"> <li>• And Number of Months is blank</li> </ul>	Do not allow the action	Display the error message, "Number Of Months is required when Total Assessed Need exists."
186	16519	<b>CI-111915</b> - DSD EM SE 186 <b>IMPLEMENTED</b>	Modify Service Type Details - Teaching & Demonstration	When the Save link is selected on the Modify Service Type Details - Teaching & Demonstration screen and Total Assessed Need is equal to zero <ul style="list-style-type: none"> <li>• And Number of Months is selected</li> </ul>	Do not allow the action	Display the error message, "Number Of Months not allowed when Total Assessed Need is zero."
187	12527	<b>CI-111891</b> - DSD EM SE 187 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and a Termination (TRXX) NOA is selected and the Assessment Type is Initial	Do not allow the action	Display the error message, "Termination (TR) NOA not allowed on an Initial Assessment".
188	12091	<b>CI-1116726</b> - DSD EM SE 188 <b>IMPLEMENTED</b>	Evidence Workspace	When the Save or Save & Next link is selected on the Select Assessment Type screen and Pending Evidence exists	Do not allow the action	Display the error message "Pending Evidence already exists."
189	12021	<b>CI-1116727</b> - DSD EM SE 189 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Aid Code is 10, 20 or 60 and Share of Cost Evidence exists	Do not allow the action	Display the error message, "Aid Code not allowed when Share of Cost Evidence exists."
190	12176 12177	<b>CI-1116728</b> - DSD EM SE 190 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and an Assessment Type other than ICT is indicated and the user taking the action is not associated with the Case County	Do not allow the action	Display ('out of the box') error message, "You do not have the required privileges to maintain this data."
191	12494	<b>CI-1116729</b> - DSD EM SE 191 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Program Evidence screen and Advance Pay is indicated and a Mode of Service other than Individual Provider is selected	Do not allow the action	Display the error message, "Only Individual Provider Mode of Service allowed when Advance Pay is indicated."
192	12177	<b>CI-1117162</b> - DSD EM SE 192 <b>IMPLEMENTED</b>	Select Assessment Type	When the Save link is selected on the Select Assessment Type with an Assessment Type of Inter-County Transfer and a State Hearing exists with a Status other than Resolved	Do not allow the action	Display the error message "Inter-County Transfer Assessment may not be added until State Hearing status is Resolved."

193	12160	<b>CI-117164 - DSD EM SE 193</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and an Inter-County Transfer record in Completed status exists and the Authorization Start Date of the Pending Evidence is prior to the Inter-County Transfer Authorization Start Date	Do not allow the action	
194	12173	<b>CI-117163 - DSD EM SE 194</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and the Assessment Type is Inter-County Transfer and the "Receiving" county does not offer one of the indicated Modes of Service	Do not allow the action	
195	12318	<b>CI-117166 - DSD EM SE 195</b> <small>IMPLEMENTED</small>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Extension number is indicated and they are not a valid number.	Do not allow the action	Display the error message, "Phone Number Extension must be numeric digits."
196	12318	<b>CI-117165 - DSD EM SE 196</b> <small>IMPLEMENTED</small>	Modify Contact	When the "Save" link is selected on the Create Contact screen and the Extension number is indicated and they are not a valid number.	Do not allow the action	Display the error message, "Phone Number Extension must be numeric digits."
197	16835	<b>CI-117171 - DSD EM SE 197</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is prior to 6/30/2012 and the Authorization End Date is after 7/1/2012	Do not allow the action	
198	16835	<b>CI-117172 - DSD EM SE 198</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is prior to 2/1/2011 and the Authorization End Date is after 2/1/2011	Do not allow the action	
199	12114	<b>CI-118000 - DSD EM SE 199</b> <small>IMPLEMENTED</small>	Calculate IHSS Share of Cost	When the Calculate IHSS Share of Cost link is selected and Share of Cost Evidence with a Share of Cost Linkage exists and no Income Evidence records exist	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."
200		Removed with CR 1251				

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
201			Removed with CR 1251			
202			Removed with CR 1251			
203			Removed with CR 1251			
204			Removed with CR 1251			
205			Removed with CR 1251			
206			Removed with CR 1251			
207	16892	<b>CI-123761 - DSD EM SE 207</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and Authorization Start Date and Authorization End Date span the Reduced Hours Begin Date	Do not allow the action.	Display the error message, "Authorization may not span the Reduced Hours Begin Date [Start Date]."
208	16914	<b>CI-290354 - DSD EM SE 208</b> <small>IMPLEMENTED</small>	Modify Manual NOA	When the number of characters entered in the Free Form text box exceeds the limit of 500 characters	Do not allow the action	Display the error message, "The value entered in the field 'Freeform Text' is too long [XXXX] – maximum allowed is '500'."
209	16879	437,000	Removed with CR 1251		.	
210	16879	<b>CI-436999 - DSD EM SE 210</b> <small>IMPLEMENTED</small>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and the Program Evidence Medical Certification Reason is other than Pending and 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."

211	16944	<b>CI-446475 - DSD EM SE 211</b> <small>IMPLEMENTED</small>	Select Evidence Type	When the Save link is selected on the Select Evidence Type screen and the case has a future dated Terminated status history record	Do not allow the action	Display the error message, "Case has future Termination. To change assessment user must process the Rescind action and then update the assessment."
212	12524	<b>CI-451619 - DSD EM SE 212</b> <small>IMPLEMENTED</small>	Modify Manual NOA	When the Save Link is selected on the Modify Manual NOA screen and NOA SH04 – "State Hearing – Aid Paid Pending Decrease" is selected and a Pending Evidence Assessment Type other than State Hearing is indicated.	Do Not Allow the Action	Display the Error Message, "Aid Paid Pending Decrease not allowed when an Assessment Type other than State Hearing is indicated."
213	12447 16971	<b>CI-463625 - DSD EM SE 213</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is before 9/1/2014 and the Authorization End Date is after 8/31/2014	Do not allow the action	Display the error message, "Authorization may not span 9/1 /2014 CFCO implementation; please update the End Date to 8/31/2014."
214	12494	<b>CI-489571 - DSD EM SE 214</b> <small>IMPLEMENTED</small>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence and the Advance Pay is "Yes" And the previous assessment Advance Pay is "No" And an IHSS Arrears payment* exists for any month in the indicated authorization period (Authorization Start Date through Authorization End Date)  *In this particular error message an IHSS Arrears payment is identified as any of the following: Timesheet in Pending, Processed or Held Status Payment Correction in any Pending or Processed status Special Transaction in Pending or Process status	Do not allow the action	Display the error message, "Advance Pay indication is not allowed for a service month which has already been paid as IHSS Arrears. Advance Pay indication must be a month equal or future to [month without IHSS Arrears payment (MM/DD/YYYY)]* where no IHSS Arrears payments have been issued." **The date displayed in the message "[month without IHSS Arrears payment (MM/DD/YYYY)]" will be the first day of the first month in the Authorization period for the current pending evidence where no IHSS Arrears payments have been issued.
215	20822	<b>CI-507564 - DSD EM SE 215</b> <small>IMPLEMENTED</small>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND the Authorization Start Date is after the Authorization End Date	Do not allow the action	Display the error message, "Authorization Start Date must be before Authorization End Date."
216	20822	<b>CI-507563 - DSD EM SE 216</b> <small>IMPLEMENTED</small>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND no record match the selected criteria	Do not allow the action	Display the error message, "No records found matching the entered criteria."
217	20822	<b>CI-507565 - DSD EM SE 217</b> <small>IMPLEMENTED</small>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND the Authorization End Date is more than 12 months after the Authorization Start Date	Do not allow the action	Display the error message, "Search period may not exceed 12 months."
218			Removed with CR 1240			
219	16878	<b>CI-775195 - DSD EM SE 219</b> <small>IMPLEMENTED</small>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Exception Granted Date is before the "SOC 873 & 874 Print Date"	Do not allow the action	Display the error message, "Exception Granted Date must be on or after the SOC 873 & 874 Print Date."
220	16878	<b>CI-775196 - DSD EM SE 220</b> <small>IMPLEMENTED</small>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Good Cause Extension Date is after the Due Date	Do not allow the action	Display the error message, "Good Cause Extension Date" may not be after Due Date."

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
221	16878	<b>CI-775197 - DSD EM SE 221</b> <small>IMPLEMENTED</small>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND any of the following date fields is future to the date the action is being taken: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Exception Date</li><li>* Good Cause Extension Date</li></ul>	Do not allow the action	Display the error message, "[Field Name*] may not be a future date."  *Field Name – the field which triggered the error: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Exception Date</li><li>* Good Cause Extension Date</li></ul>
222	16878	<b>CI-775198 - DSD EM SE 222</b> <small>IMPLEMENTED</small>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the number of characters in the Comment field exceeds 1000	Do not allow the action	Display the error message, "The value entered is field 'Comments' is too long [XXXX] - maximum allowed is 1,000." [XXXX] = Number of characters entered in field

223	16878	<a href="#">CI-775199 - DSD EM SE 223</a> IMPLEMENTED	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Comment field contains other than alpha or numeric characters	Do not allow the action	Display the error message, "Comment field allows only English language alpha, numeric, and special characters."  The following special characters are allowed: (- ! # \$ % & ' * + / = ? ` { } ~ ^ - _ \ " < ( ) ; : , [ @ ] )."
224	16878	<a href="#">CI-775200 - DSD EM SE 224</a> IMPLEMENTED	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN23 – Health Care Certification – No Need" is selected  AND the Health Care Certification screen and Health Care Certification Type is 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 Care Certification Type is [Type*]." [Type*] is the Health Care Certification Type indicated.
225	16878	<a href="#">CI-775201 - DSD EM SE 225</a> IMPLEMENTED	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN22 – Health Care Certification – Not Received" is selected  AND the Health Care Certification screen has an Health Care Certification Type other than "blank"	Do not allow the action	Display the error message, "DN22 – Health Care Certification – Not Received may not be selected when the Health Care Certification Type is [Type*]." [Type*] is the Health Care Certification Type indicated.
226	16878	<a href="#">CI-775202 - DSD EM SE 226</a> IMPLEMENTED	Modify Health Care Certification – Form Generated  Fields not editable	When the Save link is selected on the Modify Health Care Certification – Form Generated  AND the current date is after any of the following fields: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient Entered Date</li><li>• Exception Granted Date Entered Date</li><li>• Good Cause Extension Date Entered Date<ul style="list-style-type: none"><li>* Documentation Received Entered Date</li></ul></li></ul>	Do not allow the action	Display the error message, "Field [Field Name] is only editable on the same day of data entry."  *Field Name – the field which is being compare to the current date the error: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient Entered Date</li><li>• Exception Date Entered Date</li><li>• Good Cause Extension Date Entered Date</li><li>• Documentation Received Entered Date</li></ul>
227	16878	<a href="#">CI-775203 - DSD EM SE 227</a> IMPLEMENTED	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND any of the following date fields conflict: <ul style="list-style-type: none"><li>• If the SOC 873 &amp; 874 Mailed/Given To Recipient is before the SOC 873 &amp; 874 Print Date</li><li>• OR if the Good Cause Extension Date is before either the SOC 873 &amp; 874 Print Date or, if indicated SOC 873 &amp; 874 Mailed/Given to Recipient</li><li>• OR if the Documentation Received Date is before any of the following, when indicated:<ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Print Date</li><li>• SOC 873 &amp; 874 Mailed/Given to Recipient<ul style="list-style-type: none"><li>* Good Cause Extension Date</li></ul></li></ul></li></ul>	Do not allow the action	Display the error message, "[*Field Name1] may not be before [*Field Name2]."  *Field Name1 – the field which is being examined: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Good Cause Extension Date</li><li>• Documentation Received Date</li></ul> *Field Name2 – The field to which the examined field is being compared <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Printed Date</li><li>• SOC 873 &amp; 874 Mailed/Given To Recipient</li><li>• Good Cause Extension Date</li></ul>
228	16878	<a href="#">CI-775204 - DSD EM SE 228</a> IMPLEMENTED	Add Evidence  Allow only Initial or Change Assessment  When Health Care Certification Type is blank	When the Save link is selected on the Select Assessment Type screen  AND the Assessment Type is other than Initial or Change  AND the Health Care Certification Exception Granted Date is indicated  AND Health Care Certification Type is blank	Do not allow the action	Display the error message, "Only an Initial or Change Assessment are allowed when Health Care Exception has been granted and Health Care Certification documentation has not been received."
229	16878	<a href="#">CI-775205 - DSD EM SE 229</a> IMPLEMENTED	Inactivate Health Care Certification	When the Yes link is selected on the Inactive Health Care Certification screen  AND the Case Status is other than "Pending"	Do not allow the action	Display the error message, "Health Care Certification may not be inactivated when case status is other than Pending."
230	16878	<a href="#">CI-775206 - DSD EM SE 230</a> IMPLEMENTED	Create Inter-County Transfer	When the Save link is selected on the Create Inter-County Transfer screen  AND the Health Care Certification Type is not "Health Care Certification" or "Alternative Documentation"	Do not allow the action	Display the error message, "Health Care Certification Type must be indicated by Sending County before Inter-County Transfer is allowed."

231	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775207 - DSD EM SE 231 <b>IMPLEMENTED</b></span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN23 – Health Care Certification – No Need" is selected  AND there entire Health Care Certification screen is blank (SOC 873 & 874 have been printed)	Do not allow the action	Display the error message, "Health Care Certification – No Need may not be selected when the Health Care Certification has not been printed or given to the recipient. Please complete the Health Care Certification screen with applicable information.)
232	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775208 - DSD EM SE 232 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Health Care Certification Type is indicated and the Documentation Received Date is blank  OR the Documentation Received Date is indicated and the Health Care Certification Type is blank	Do not allow the action	Display the error message, "Both Health Care Certification Type and Documentation Received Date are required when either is indicated."
233	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775209 - DSD EM SE 233 <b>IMPLEMENTED</b></span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN22 – Health Care Certification – Not Received" is selected  AND the current date is on or before the 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, "DN22 – Health Care Certification – Not Received may not be selected when the current date is one or before the [Due Date]" [Due Date] is either the Health Care Certification Due Date or, if indicated the Good Cause Extension Due Date.
234	21075	<span style="border: 1px solid #ccc; padding: 2px;">CI-775283 - DSD EM SE 234 <b>IMPLEMENTED</b></span>	Modify Service Task Details Comments – Character limit	When the Save link is selected on any Modify Service Task Details pop-up  AND the number of characters in the Comment field exceeds 1000	Do not allow the action	Display the error message, "The value entered in the field 'Comments' is too long [XXXX] - maximum allowed is 1,000." [XXXX] = Number of characters entered in the field
235	21075	<span style="border: 1px solid #ccc; padding: 2px;">CI-775282 - DSD EM SE 235 <b>IMPLEMENTED</b></span>	Modify Service Task Details Comments – Special Character entry	When the Save link is selected on any Modify Service Task Details pop-up  AND the Comment field contains other than alpha or numeric characters	Do not allow the action	Display the error message, "Comment field allows only English language alpha, numeric and special characters."  The following special characters are allowed: (- ! # \$ % & ' * + / = ? ^ { } ~ ^ - _ \ " < ( ) : ; , [ @ ].)"
236	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-786662 - DSD EM SE 236 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Exception Granted Date is on or after the Due Date	Do not allow the action	Display the error message, "Exception Granted Date must be before the Due Date."
237	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775194 - DSD EM SE 237 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the "SOC 873 & 874 Mailed/Given To Recipient" is more than three weeks 15 business days (21 calendar days) after the "SOC 873 & 874 Print Date"	Do not allow the action	Display the error message, "The SOC 873 & 874 Mailed /Given To Recipient may not be more than 15 business days [MM/DD/YYYY] after the "SOC 873 & 874 Print Date."  *MM/DD/YYYY = (SOC 873 & 874 Print Date + 21 calendar days)
238	21120	<span style="border: 1px solid #ccc; padding: 2px;">CI-813466 - DSD EM SE 238 <b>IMPLEMENTED</b></span>	Add Pending Evidence	When the Save action processed on the Assessment Type screen AND there is a provider in "Pending" Status assigned to the case	Do not allow the action	Display the error message, "Pending Evidence cannot be submitted due to pending provider case assignment."
239	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-819361 - DSD EM SE 239 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – Form Printed	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."
240	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-819362 - DSD EM SE 240 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – No Form Printed	When the Save link is selected on the Modify Health Care Certification – No Form Printed pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
241	21072	<span style="border: 1px solid #ccc; padding: 2px;">CI-822162 - DSD EM SE 241 <b>IMPLEMENTED</b></span>	Modify Health Care Certification – Form Printed	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."
242	21072	<span style="border: 1px solid #ccc; padding: 2px;">CI-822161 - DSD EM SE 242 <b>IMPLEMENTED</b></span>	Modify Health Care Certification –No Form Printed	When the Save link is selected on the Modify Health Care Certification – No Form Printed pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."

243	21144	<a href="#"> CI-822291 - DSD EM SE 243</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Assessment Narrative	When the Save link is selected on Modify Assessment Narrative and the narrative contains any of the special characters as listed below: <ul style="list-style-type: none"><li>• Bullet Point</li><li>• Bullet Circle</li><li>• Bullet Square</li><li>• Bullet Diamond</li><li>• Bullet Arrow</li><li>• Check Mark</li><li>• ... Elipsis</li><li>• em-dash</li></ul>	Do not allow the action	Display the error message, "Assessment Narrative cannot be saved, as it contains Special Characters. Please remove all special characters and retry."
244		Reserved by ASR Sprint 20 Team 1&2				
245		Reserved by ASR Sprint 20 Team 1&2				
246		Reserved by ASR Sprint 20 Team 1&2				
247	21164	<a href="#"> CI-822490 - DSD EM SE 247</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence – Recipient Declines CFCO on Initial Evidence	When the Save link is selected on the Modify Program Evidence Screen  AND the pending evidence type is Initial Evidence  AND the Recipient Declines CFCO field is selected	Do not allow the action	Display the error message, "Recipient Declines CFCO not allowed on Initial Evidence."
248	12355	<a href="#"> CI-822590 - DSD EM SE 248</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Approve	When a worker attempts to approve evidence on the Program Evidence Workspace that they submitted for supervisory approval  AND the evidence includes one or more of the criteria indicated as Yes on the SW User Approvals screen for that worker  AND the worker has a supervisory role	Do not allow the action	Display the error message, "The Evidence Must Be Approved By Supervisor."
249	12355	<a href="#"> CI-822591 - DSD EM SE 249</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Reject	When a Worker attempts to reject evidence on the Program Evidence Workspace that they submitted for supervisory approval  AND the evidence includes one or more of the criteria indicated as Yes on the SW User Approvals screen for that worker  AND the worker has a supervisory role	Do not allow the action	Display the error message, "The Evidence Must Be Rejected By Supervisor."
250		Reserved by CR170				
251	12159	<a href="#"> CI-822809 - DSD EM SE 251</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Submit ICT Evidence for Approval	When a user selects the Submit for Approval link  AND  The case has an In-Progress ICT  AND  The user is not the Inter-County Transfer Assigned Worker (either from the sending <u>or</u> receiving county)	Do not allow the action	Display the error message, "Approval of "Inter-County Transfer" evidence not allowed for user other than the Inter-County Transfer Assigned Worker."
252	12218	<a href="#"> CI-822839 - DSD EM SE 252</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND the required fields (Degree of Contact or Electricity Dependent) are populated  AND any of the clusters (Events, Electricity and Life Support Supply Needed, Special Impairments, or Other Emergency Services Considerations) does not have at least one check box has been marked	Do not allow the action	Display the error message, "At least one checkbox must be selected in each category."
253	12218	<a href="#"> CI-822840 - DSD EM SE 253</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND Degree of Contact = Critical but consumer declines (CD004), Urgent but consumer declines (CD005), or Moderate but consumer declines (CD006)  AND there are no character entries in the Comments field	Do not allow the action	Display the error message, "Comments are required for this Degree of Contact selection."
254	12218	<a href="#"> CI-822841 - DSD EM SE 254</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND Degree of Contact = None (CD007)  AND Electricity Dependent = Yes  AND there are no character entries in the Comments field	Do not allow the action	Display the error message, "Comments are required for this Degree of Contact selection when Electricity Dependent is 'Yes'."

255	12218	<a href="#"> CI-822842 - DSD EM SE 255</a> <span>IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND Degree of Contact = None (CD007)  AND Events selection does not equal 'No Contact Required'  OR Electricity and Life Support Supply Needed selection does not equal 'No Supplies Needed'  OR Special Impairments selection does not equal 'No Special Impairments'  OR Other Emergency Services Considerations selection does not equal 'None'	Do not allow the action	Display the error message, "Degree of Contact cannot be 'None' if there are any contact needs selected."
256	12218	<a href="#"> CI-822843 - DSD EM SE 256</a> <span>IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND Degree of Contact and Electricity Dependent are selected  AND the Events 'No Contact Required' is selected and one or more events are also selected  OR Electricity and Life Support Supply Needed 'No Supplies Needed' is selected and one or more life support supply needs are also selected  OR Special Impairments 'No Special Impairments' is selected and one or more special impairments are also selected  OR Other Emergency Services Considerations 'None' is selected and one or more considerations are also selected	Do not allow the action	Display the error message, "If no need is indicated in a category then a need cannot also be selected."
257	12218	<a href="#"> CI-822844 - DSD EM SE 257</a> <span>IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND no other error messages are returned  AND Electricity Dependent = No  AND the checkbox for Oxygen and/or Ventilator is selected	Do not allow the action	Display the informational message, "Electricity Dependent is No. Review and/or edit your entries and then select 'Continue' to confirm and save your changes or select 'Cancel' to discard all entries."  AND  Replace the 'Save' button with a 'Continue' button.
258	16117	<a href="#"> CI-823034 - DSD EM SE 258</a> <span>IMPLEMENTED</span>	Modify Program Evidence - Save	When a user selects Save on the Modify Program Evidence Screen  AND the Assessment Type is "Initial", "Reassessment", or "Telehealth"  AND no other error messages are returned  AND the Re-Assessment Due Date is after the Authorization End Date	Do not allow the action	Display the informational message, "Re-Assessment Due Date is after the Authorization End Date. Verify and/or edit your entries and select 'Continue' to confirm and save your changes or select 'Cancel' to discard all entries."  AND  Replace the 'Save' button with a 'Continue' button.
259	12136 16225	<a href="#"> CI-823096 - DSD EM SE 259</a> <span>IMPLEMENTED</span>	Share of Cost Hours Details - From Date is not the first day of the month	When an attempt is made to search share of cost hours detail AND service period From Date (MMDDCCYY) is entered using a day value other than the 1st.	Do not allow the action	Display the error message, "From Date must be the 1st of the month"
260	12136 16225	<a href="#"> CI-823097 - DSD EM SE 260</a> <span>IMPLEMENTED</span>	Share of Cost Hours Details - To Date is not the last day of the month	When an attempt is made to search for share of cost hours detail AND service period To Date (MMDDCCYY) is entered using a day value other than the last day of the month.	Do not allow the action	Display the error message, "To Date must be the last day of the month"

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
261	12136 16225	<a href="#"> CI-823098 - DSD EM SE 261</a> <span>IMPLEMENTED</span>	Share of Cost Hours Details - To Date before From Date	When an attempt is made to search share of cost detail AND service period To Date is before the service period From Date.	Do not allow the action	Display the error message, "To Date must be after the From Date"
262	12136 16225	<a href="#"> CI-823099 - DSD EM SE 262</a> <span>IMPLEMENTED</span>	Share of Cost Hours Details - Range exceeds 6 months	When an attempt is made to search for share of cost hours detail AND range between service period From Date and service period To Date exceeds six months.	Do not allow the action	Display the error message, "From Date and To Date range cannot exceed six months"

263	12494	 <b>CI-823562</b> - DSD EM SE 263 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence - Advance Pay Rate not default county pay rate	When an attempt is made to save the Modify Program Evidence screen  AND the Advance Pay checkbox is selected  AND the Advance Pay Rate does not display the default county (Step 01) pay rate.	Do not allow the action	Display the error message, "Advance Pay Rate must be the default county pay rate"
264	12075	 <b>CI-824447</b> - DSD EM SE 264 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Service type Details - Save button OR Check Eligibility	When the case has program evidence and authorization start date entered for any assessment type including  AND the recipient is below 18 years on the program evidence start date  AND Service Type details is greater than zero for any or all of the following: <ul style="list-style-type: none"><li>• Domestic Services</li><li>• Heavy Cleaning,</li><li>• Yard Hazard Abatement</li><li>• Teaching and Demonstration</li></ul> AND user clicks on SAVE button on Modify Service type Details popup  OR user clicks on Submit for approval/Check Eligibility	Do not allow the action	Display the error message, "<Service Type> hours cannot be authorized for any person under the age of eighteen."  <i>Note:</i> When one or more of the ineligible service types is modified the error message displays all applicable messages in a comma separated list.
265	12075	 <b>CI-824455</b> - DSD EM SE 265 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Service type Details - Save button OR Check Eligibility	When the case has program evidence and authorization start date entered for any assessment type  AND Authorization End Date that is no further than the end of the next month  AND the recipient is below 18 years on the program evidence start date  AND Service Type details is greater than zero for any or all of the following: <ul style="list-style-type: none"><li>• Domestic Services</li><li>• Heavy Cleaning,</li><li>• Yard Hazard Abatement</li><li>• Teaching and Demonstration</li></ul> AND user clicks on SAVE button on Modify Service type Details popup  OR user clicks on Submit for approval/Check Eligibility	Do not allow the action	Display the error message, "You cannot extend the authorization period for a minor with <Services Dynamic Parameters>beyond the end of the next month."  <i>Note:</i> When one or more of the ineligible service types is modified the error message displays all applicable messages in a comma separated list.

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (1-20)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
1	12318	CI-111813 - DSD EM SE 001 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence Workspace	When an attempt is made to Search and the From Date is blank	Do not allow the action	Display the error message "From Date required to Search."
2	16080 16491	CI-111860 - DSD EM SE 002 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Residence Information	When an attempt is made to save the Modify Residence Information and any of the following fields indicate a value greater than "10" Number of Recipient only Rooms Number of Shared Rooms Number of Rooms not used	Do not allow the action	Display the error message "Number of rooms may not exceed 10."
3	16075	CI-111817 - DSD EM SE 003 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Residence Information Living Arrangement is "Living Alone"	Do not allow the action	Display the error message "The "Living Alone" living arrangement does not allow the addition of Household Members."
4	16075	CI-111802 - DSD EM SE 004 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Date of Birth associated to any Household Member is equal to or greater than the current date	Do not allow the action	Display the error message "Date of Birth must be current date or before."
5	16075	CI-111809 - DSD EM SE 005 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Relationship is Child Date of Birth is blank	Do not allow the action	Display the error message "Child's Date of Birth is required."
7	16216	CI-111829 - DSD EM SE 007 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Accompaniment to Alternative Resources	When an attempt is made to "Save" a Task Details screen for "Accompaniment to Alternative Resources" and two Tasks Details already exists	Do not allow the action	Display the error message, "Accompaniment to Alternative Resources is limited to two tasks."
8	16515	CI-111821 - DSD EM SE 008 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Accompaniment to Medical Appointments	When an attempt is made to "Save" a Task Details screen for "Accompaniment to Medical Appointments" and ten (10) Tasks Details already exists	Do not allow the action	Display the error message, "Accompaniment to Medical Appointments is limited to ten (10) tasks."
9	16510	CI-111777 - DSD EM SE 009 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Bathing, Oral Hygiene & Grooming	When an attempt is made to "Save" a Task Details screen for "Bathing, Oral Hygiene & Grooming" and six Tasks Details already exists	Do not allow the action	Display the error message, "Bathing, Oral Hygiene & Grooming is limited to six tasks."
10	16502	CI-111890 - DSD EM SE 010 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Bowel & Bladder Care	When an attempt is made to "Save" a Task Details screen for "Bowel & Bladder Care" and three Tasks Details already exists	Do not allow the action	Display the error message, "Bowel & Bladder Care is limited to three tasks."
11	16505	CI-111853 - DSD EM SE 011 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Dressing	When an attempt is made to "Save" a Task Details screen for "Dressing" and two Tasks Details already exists	Do not allow the action	Display the error message, "Dressing is limited to two tasks."
12	16503	CI-111834 - DSD EM SE 012 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Feeding	When an attempt is made to "Save" a Task Details screen for "Feeding" and three Tasks Details already exists	Do not allow the action	Display the error message, "Feeding is limited to three tasks."
13	16496	CI-111769 - DSD EM SE 013 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Meal Clean-up	When an attempt is made to "Save" a Task Details screen for "Meal Clean-up" and seven Tasks Details already exists	Do not allow the action	Display the error message, "Meal Clean-up is limited to seven tasks."
14	16494	CI-111861 - DSD EM SE 014 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Add Tasks for Meal Preparation	When an attempt is made to "Save" a Task Details screen for "Meal Preparation" and seven Tasks Details already exists	Do not allow the action	Display the error message, "Meal Preparation is limited to seven tasks."

16	12560	 <b>CI-111773</b> - DSD EM SE 016 <b>IMPLEMENTED</b>	Modify Protective Supervision	When an attempt is made to save Protective Supervision Service Type Details screen and hours indicated for Voluntary Services are greater than the Individual Assessed Need	Do not allow the action	Display the error message "Individual Assessed Need must be equal to or greater than Alternative Resources + Voluntary Services."
17	12091	 <b>CI-111770</b> - DSD EM SE 017 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Initial" Assessment Type is selected and "Active Evidence" exists and previous "Case Status" is not "Terminated"	Do not allow the action	Display the error message "'Initial' Assessment Type not allowed when Active Evidence exists."
20	12159	 <b>CI-111774</b> - DSD EM SE 020 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Inter County Transfer" Assessment Type is selected by a user other than Assigned Worker in Receiving County indicated on an "In-Progress" Inter-County Transfer.	Do not allow the action	Display the error message "'Inter-County Transfer' Assessment Type not allowed for user other than the Inter-County Transfer Assigned Worker."

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (21-40)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
21	16520	<a href="#"> CI-111763 - DSD EM SE 021 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Power of Attorney and a Contact exists with a Contact Type of Power of Attorney	Do not allow the action	Display the error message, "Only one Power of Attorney Contact allowed."
22	16520	<a href="#"> CI-111804 - DSD EM SE 022 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Guardian and a Contact exists with a Contact Type of Guardian	Do not allow the action	Display the error message, "Only one Guardian Contact allowed."
23	16520	<a href="#"> CI-111844 - DSD EM SE 023 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Conservator and a Contact exists with a Contact Type of Conservator	Do not allow the action	Display the error message, "Only one Conservator Contact allowed."
24	16520	<a href="#"> CI-111748 - DSD EM SE 024 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Timesheet Signatory and a Contact exists with a Contact Type of Timesheet Signatory	Do not allow the action	Display the error message, "Only one Timesheet Signatory Contact allowed."
25	16520	<a href="#"> CI-111783 - DSD EM SE 025 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Authorized Representative and a Contact exists with a Contact Type of Authorized Representative	Do not allow the action	Display the error message, "Only one Authorized Representative Contact allowed."
26	16520	<a href="#"> CI-111854 - DSD EM SE 026 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Emergency and a Contact exists with a Contact Type of Emergency	Do not allow the action	Display the error message, "Only one Emergency Contact allowed."
27	16520	<a href="#"> CI-111874 - DSD EM SE 027 IMPLEMENTED</a>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Message and a Contact exists with a Contact Type of Message	Do not allow the action	Display the error message, "Only one Message Contact allowed."
28	16520	<a href="#"> CI-111786 - DSD EM SE 028 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and the Recipients age is younger than 18 years	Do not allow the action	Display the error message, "Contact Type cannot be Conservator for Recipient under the age of 18."
29	16520	<a href="#"> CI-111887 - DSD EM SE 029 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and the Recipients age is 18 years or older	Do not allow the action	Display the error message, "Contact Type cannot be Guardian for Recipient over the age of 18."
30	16520	<a href="#"> CI-111912 - DSD EM SE 030 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and a Contact Type of "Guardian" exists	Do not allow the action	Display the error message "Case cannot have both Guardian and Conservator Contact."
31	16520	<a href="#"> CI-111835 - DSD EM SE 031 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and a Contact Type of "Conservator" exists	Do not allow the action	Display the error message "Case cannot have both Guardian and Conservator Contact."
32	16520	<a href="#"> CI-111872 - DSD EM SE 032 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Conservator and the Address field is blank	Do not allow the action	Display the error message "Address required for Conservator Contact."
33	12444	<a href="#"> CI-111913 - DSD EM SE 033 IMPLEMENTED</a>	Add Contact	When an attempt is made to save a Contact screen with the Contact Type of Guardian and the Address field is blank	Do not allow the action	Display the error message "Address required for Guardian Contact."
34	16133	<a href="#"> CI-111908 - DSD EM SE 034 IMPLEMENTED</a>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization Start Date is before the IHSS Application Date	Do not allow the action	Display the error message "Authorization Start Date must be on or after the IHSS Application Date."

35	16113	<b>CI-111805</b> - DSD EM SE 035 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization End Date is before the Authorization Start Date	Do not allow the action	Display the error message "Authorization End Date must be after the Authorization Start Date."
36	16113	<b>CI-111752</b> - DSD EM SE 036 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Authorization End Date is not the last day of the month	Do not allow the action	Display the error message "Authorization End Date must be the last day of the month."
37	16116	<b>CI-111779</b> - DSD EM SE 037 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Home Visit Date is before the Application Date.	Do not allow the action	Display the error message, "Home Visit Date must be on or after the Application Date."
38	16117	<b>CI-111811</b> - DSD EM SE 038 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and the Re-Assessment Due Date is before the Home Visit Date	Do not allow the action	Display the error message, "Re-Assessment Due Date must be after the Home Visit Date."
39	12494	<b>CI-111826</b> - DSD EM SE 039 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and Advance Pay is indicated and the Previous Assessment was not Advance Pay and the Current Assessment is Advance Pay and the Authorization Start Date is prior to the current month	Do not allow the action	Display the error message "Advance Pay case authorization start date must be first day of the future month".
40	16086	<b>CI-111885</b> - DSD EM SE 040 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save Modify Program Evidence screen and Restaurant Meals Allowance is indicated and the Assessed Need for Preparation of Meals is zero	Do not allow the action	Display the error message, "Restaurant Meals Allowance only allowed when Preparation of Meals has an Assessed Need."

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (41-60)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
41	11934 11935 12325 16086	CI-111897 - DSD EM SE 041 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and The previous Assessment did not indicate Restaurant Meals, and the current Assessment indicates Restaurant Meals and the current Authorization Start Date is prior to the 1st day of the current month Or the previous and current Assessments indicate Restaurant Meals and the Authorization Start Date of the current assessment is not prior to or one day following the previous Assessment Authorization End Date	Do not allow the action	Display the error message "Restaurant Meals Allowance only allowed for current or future month."
42	12223	CI-111828 - DSD EM SE 042 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and the Assessment Type is "Reassessment" or "Telehealth" and "Presumptive Eligibility" is indicated	Do not allow the action	Display the error message "Presumptive Eligibility not allowed on Reassessment."
43	12318	CI-111776 - DSD EM SE 043 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence Workspace	When an attempt is made to search and the "To Date" is before the "From Date"	Do not allow the action	Display the error message, "To Date must be on or after the From Date."
44	16354	CI-111867 - DSD EM SE 044 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Ambulation	When an attempt is made to save an "Ambulation" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Ambulation: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:35 to 01:45</li> <li>• Functional Rank 3 – 01:00 to 02:06</li> <li>• Functional Rank 4 – 01:45 to 03:30</li> <li>• Functional Rank 5 – 01:45 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
45	16341	CI-111796 - DSD EM SE 045 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Domestic Services	When an attempt is made to save a "Domestic Services" Service Type screen and the Individual Assessed Need is greater than 06.0 hours/month and the "Comment" field is blank	Do not allow the action	Display the error message "Comment required when Individual Assessed Need exceeds 6.0 hours per month."
46	16349	CI-111880 - DSD EM SE 046 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Dressing	When an attempt is made to save a "Dressing" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Dressing: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 00:34 to 01:12</li> <li>• Functional Rank 3 – 01:00 to 01:52</li> <li>• Functional Rank 4 – 01:30 to 02:20</li> <li>• Functional Rank 5 – 01:54 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
47	16347	CI-111846 - DSD EM SE 047 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Feeding	When an attempts is made to save a "Feeding" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Feeding: <ul style="list-style-type: none"> <li>• Functional Rank 2 – 0:42 to 2:18</li> <li>• Functional Rank 3 – 1:10 to 3:30</li> <li>• Functional Rank 4 – 3:30 to 7:00</li> <li>• Functional Rank 5 – 5:15 to 9:20</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
48	16345	CI-111747 - DSD EM SE 048 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Laundry – No Washer /Dryer in Home	When an attempt is made to save a "Routine Laundry" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 01:30 /week when: <ul style="list-style-type: none"> <li>• The Recipient case Washer designation is "No"</li> <li>• Or the Recipient case Dryer designation is "No"</li> <li>• And the Functional Rank for Laundry is greater than one (1)</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need exceeds 1:30 /week."
49	16344	CI-111756 - DSD EM SE 049 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guidelines – Laundry – Washer /Dryer in Home	When an attempt is made to save a "Laundry" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 1.0 hours/week when: <ul style="list-style-type: none"> <li>• The Recipient case Washer designation is Yes</li> <li>• And the Functional Rank for Laundry is greater than one (1)</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need exceeds 1.0 hour/week."

50	16343	<b>CI-111778 - DSD</b> EM SE 050 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Meal Clean-up	When an attempt is made to save a "Meal Clean-up" Service Type screen and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: <ul style="list-style-type: none"><li>• Functional Rank 2 – 01:10 to 03:30</li><li>• Functional Rank 3 – 01:45 to 03:30</li><li>• Functional Rank 4 – 01:45 to 03:30</li><li>• Functional Rank 5 – 02:20 to 03:30</li></ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
51	16353	<b>CI-111797 - DSD</b> EM SE 051 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Menstrual Care	When an attempt is made to save a "Menstrual Care" Service Type and the "Comment" field is blank and the Individual Assessed Need for Menstrual Care is below 00:17 or above 00:48 hours/week.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
52	16346	<b>CI-111878 - DSD</b> EM SE 052 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Personal Care Services	When an attempt is made to save a "Bowel and Bladder" Service Type and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area of Bowel, Bladder & Menstrual: <ul style="list-style-type: none"><li>• Functional Rank 2 – 00:35 to 02:00</li><li>• Functional Rank 3 – 01:10 to 03:20</li><li>• Functional Rank 4 – 02:55 to 05:50</li><li>• Functional Rank 5 – 04:05 to 08:00</li></ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
53	16342	<b>CI-111782 - DSD</b> EM SE 053 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Preparation of Meals	When an attempt is made to save a "Meal Preparation" Service Type screen and the "Comment" field is blank and the Individual Assessed Need is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: <ul style="list-style-type: none"><li>• Functional Rank 2 – 03:01 to 07:00</li><li>• Functional Rank 3 – 03:30 to 07:00</li><li>• Functional Rank 4 – 05:15 to 07:00</li><li>• Functional Rank 5 – 07:00 to 07:00</li></ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
54	16348	<b>CI-111873 - DSD</b> EM SE 054 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Bathing, Oral Hygiene and Grooming	When an attempt is made to save a "Bathing, Oral Hygiene and Grooming" Service Type and the "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: <ul style="list-style-type: none"><li>• Functional Rank 2 – 00:30 to 01:55</li><li>• Functional Rank 3 – 01:16 to 03:09</li><li>• Functional Rank 4 – 02:21 to 04:05</li><li>• Functional Rank 5 – 03:00 to 05:06</li></ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
55	16350	<b>CI-111841 - DSD</b> EM SE 055 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Rubbing Skin, Repositioning g, & Etc.	When an attempt is made to save a "Rubbing Skin and Repositioning" Service Type and the "Comment" field is blank and the Individual Assessed Need for Rubbing Skin & Repositioning is below 00:45 or above 2.48.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
56	16351	<b>CI-111882 - DSD</b> EM SE 056 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Transfer	When an attempt is made to save a "Transfer" Service Type and the "Comment" field is blank and the Individual Assessed Need for Transfer is below or above the following hours allocation for the Transfer Functional Area: <ul style="list-style-type: none"><li>• Functional Rank 2 – 00:30 to 01:10</li><li>• Functional Rank 3 – 00:35 to 01:24</li><li>• Functional Rank 4 – 01:06 to 02:20</li><li>• Functional Rank 5 – 01:10 to 03:30</li></ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
57	16352	<b>CI-111869 - DSD</b> EM SE 057 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Care and Assistance with Prostheses	When an attempt is made to save a "Care and Assistance with Prostheses" Service Type and the "Comment" field is blank and the Individual Assessed Need for Care and Assistance with Prostheses is below 00:28 or above 01:07 hours/week.	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."

58	16535	 <b>CI-111877</b> - DSD EM SE 058 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Routine Bed Bath	When an attempt is made to save a "Routine Bed Bath" Service Type and the "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: <ul style="list-style-type: none"> <li>• Functional Rank 2 - 00:30 to 01:45</li> <li>• Functional Rank 3 - 01:00 to 02:20</li> <li>• Functional Rank 4 - 01:10 to 03:30</li> <li>• Functional Rank 5 - 01:45 to 03:30</li> </ul>	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
59	16536	 <b>CI-111866</b> - DSD EM SE 059 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Shopping for Food	When an attempt is made to save a "Shopping for Food" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds one (1) hour/week	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."
60	16537	 <b>CI-111803</b> - DSD EM SE 060 <b>IMPLEMENTED</b>	Hourly Task Guidelines – Other Shopping & Errands	When an attempt is made to save a "Other Shopping & Errands" Service Type and the "Comment" field is blank and the Individual Assessed Need exceeds 0.5 hour/week	Do not allow the action	Display the error message, "Comment required when Individual Assessed Need is above or below Hourly Task Guideline."

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (61-80)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
61	16109	CI-111759 - DSD EM SE 061 <b>IMPLEMENTED</b>	Modify Service Type Details - Feeding	When an attempt is made to save the Modify Service Type Details screen associated with Feeding and the Functional Rank for Feeding is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Feeding is indicated as Paramedical."
62	16109	CI-111892 - DSD EM SE 062 <b>IMPLEMENTED</b>	Modify Service Type Details – Meal Clean-up	When an attempt is made to save the Modify Service Type Details screen associated with Meal Clean-up and the Functional Rank for Meal Prep & Clean-up is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."
63	16109	CI-111847 - DSD EM SE 063 <b>IMPLEMENTED</b>	Modify Service Type Details – Meal Prep	When an attempt is made to save the Modify Service Type Details screen associated with Preparation of Meals and the Functional Rank for Meal Prep & Clean-up is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."
64	16109	CI-111755 - DSD EM SE 064 <b>IMPLEMENTED</b>	Modify Service Type Details – Respiration	When an attempt is made to save the Modify Service Type Details screen associated with Respiration Service type and the Functional Rank for Respiration is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Respiration is indicated as Paramedical."
65	16109	CI-111858 - DSD EM SE 065 <b>IMPLEMENTED</b>	Modify Service Type Details – Bowel & Bladder	When an attempt is made to save the Modify Service Type Details screen associated with Bowel & Bladder Care and the Functional Rank for Bowel & Bladder is 6	Do not allow the action	Display error message "Assessed Need not allowed because Functional Area Bowel & Bladder is indicated as Paramedical."
66	12432 12436 16089	CI-111780 - DSD EM SE 066 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and the aggregated hours associated with "Alternative Resources", "Refused Services" and "Voluntary Services" are greater than the "Individual Assessed Need"	Do not allow the action	Display the error message, "Individual Assessed Need must be equal to or greater than Alternative Resources + Refused Services + Voluntary Services."
67	12611 16067	CI-111909 - DSD EM SE 067 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and the associated Functional Area has a Rank = 1	Do not allow the action	Display the error message, "Assessed Need not allowed because Functional Area associated with this Service Type has a Functional Rank of 1."
68	16485	CI-111910 - DSD EM SE 068 <b>IMPLEMENTED</b>	Service Task Details with Proration	When an attempt is made to save a Service Task Detail screen and the indicated "Proration" exceeds the number of Household Members	Do not allow the action	Displays the error message "Proration exceeds the indicated number of Household Members."
69		111,881	Removed with CR 1301			
70	16100	CI-111904 - DSD EM SE 070 <b>IMPLEMENTED</b>	Service Type Details – Protective Supervision	When an attempt is made to save a Protective Supervision Service Type screen and the Protective Supervision Form Received Date is before the Protective Supervision Form Sent Date	Do not allow the action	Displays the error message "Received Date must be after Sent Date."
71	12252	CI-111896 - DSD EM SE 071 <b>IMPLEMENTED</b>	Service Type Details	When an attempt is made to save a Service Type Detail screen and a minutes indication greater than 59 is entered	Do not allow the action	Display the error message, "Minutes indication may not exceed 59."
72	16520	CI-111850 - DSD EM SE 072 <b>IMPLEMENTED</b>	Add Contact	When an attempt is made to add a new Contact with the Contact Type of Previous Guardian and a Contact exists with a Contact Type of Previous Guardian	Do not allow the action	Display the error message, "Only one Previous Guardian Contact allowed."

73	CR 505 Removed					
74	12561	CI-111889 - DSD EM SE 074 <b>IMPLEMENTED</b>	Modify Household Members	When an attempt is made to save the Create or Modify Household Member screen and the Protective Supervision Proration is "Yes" and Companion Case Number is blank	Do not allow the action	Display the error message "Protective Supervision Proration "Yes" allowed only when a Companion Case Number is indicated."
75	12780	CI-111883 - DSD EM SE 075 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Modify Program Evidence screen and the Authorization Start Date is on or before the Begin Date of the selected County Pay Rate or the Authorization Start Date is after the End Date of the selected County Pay Rate.	Do not allow the action	Display the error message "Authorization Start Date must be on or between the selected County Pay Rate Begin and End Dates."
77	16079	CI-111753 - DSD EM SE 077 <b>IMPLEMENTED</b>	Modify Residence Information	When an attempt is made to save the Modify Residence Information and Household Members exist and the Residence Information Living Arrangement is "Living Alone"	Do not allow the action	Display the error message "A living arrangement type of "Living Alone" is not allowed when Household Members exist."
78	12012	CI-111788 - DSD EM SE 078 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save an Modify Program Evidence screen and none of the Modes of Service are selected	Do not allow the action	Display the error message, "At least one of the Modes of Service must be selected."
79			Removed per CR 590			
80			Removed per CR 590			

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (81-100)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
81	16117	CI-111814 - DSD EM SE 081 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to "Save" a Modify Program Evidence screen and the Assessment Type is "Change" and the "Re-assessment Due Date" has been modified	Do not allow the action	Display the error message, "Change Assessment does not allow modification of Re-assessment Due Date."
82	16542	CI-111787 - DSD EM SE 082 <b>IMPLEMENTED</b>	Tenant Service Validation	When the Save link is selected on the Service Type "Yard Hazard Abatement" screen and the Living Arrangement is Tenant/Landlord and an Assessed Need for "Yard Hazard Abatement" is indicated	Do not allow the action	Display the error message, "Assessed Need for Yard Hazard Abatement not allowed for Living Arrangement – Tenant/Landlord."
83	16086	CI-111865 - DSD EM SE 083 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
84	16086	CI-111862 - DSD EM SE 084 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and NOA – "Deny – Restaurant Meal Allowance" 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."
85	12524	CI-111800 - DSD EM SE 085 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
86	12524	CI-111837 - DSD EM SE 086 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
87	12524	CI-111801 - DSD EM SE 087 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
88	12524	CI-111884 - DSD EM SE 088 <b>IMPLEMENTED</b>	Modify Manual NOA	When the save link is selected on the Modify Manual NOA screen is selected and 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
89	12021	CI-111907 - DSD EM SE 089 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Modify Program Evidence screen and the IHSS Aid Code is 10 or 18 and the Recipient age is younger than age 65	Do not allow the action	Display the error message, "Aid Code not allowed for Recipient under the age of 65."
90	12021	CI-111812 - DSD EM SE 090 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save the Modify Share of Cost Evidence screen and the IHSS Aid Code is other than 18, 28 or 68	Do not allow the action	Display the error message, "IHSS Aid Code must be 18, 28 or 68 for IHSS Share of Cost indication
91	12114	CI-111830 - DSD EM SE 091 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save a Modify Share of Cost Evidence screen and the Countable Income field is not blank and the Benefit Level Code is blank	Do not allow the action	Display the error message, "Benefit Level Code must be entered".
92	12114	CI-111760 - DSD EM SE 092 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When an attempt is made to save a Modify Share of Cost Evidence screen and the Share of Cost Linkage field is not blank and the Benefit Level Code is blank	Do not allow the action	Display the error message, "Benefit Level Code must be entered".
93	16570	CI-111792 - DSD EM SE 093 <b>IMPLEMENTED</b>	Create Income Evidence	When an attempt is made to save a Create Income Evidence screen and the Source field is not blank and the Monthly Income Amount is blank	Do not allow the action	Display the error message, "Monthly Income Amount is required."

95	12021	CI-111833 - DSD EM SE 095 <b>IMPLEMENTED</b>	Create Income Evidence	When an attempt is made to save a Create Income Evidence screen and the IHSS Aid Code is 10, 20 or 60	Do not allow the action	Display the error message, "IHSS Aid Code must be 18, 28 or 68 for IHSS Share of Cost indication"
96	16570	CI-111864 - DSD EM SE 096 <b>IMPLEMENTED</b>	Modify Income Evidence	When an attempt is made to save a Modify the Monthly Income Amount is blank	Do not allow the action	Display the error message, "Monthly Income Amount is required."
98	16520	CI-111852 - DSD EM SE 098 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 Type is selected and Phone Number is blank.	Do not allow the action	Display the error message, "Phone Number must be entered when Phone Type is selected".
99	16520	CI-111808 - DSD EM SE 099 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 is entered and the Phone Type is blank.	Do not allow the action	Display the error message, "Phone Type should be selected when Phone Number exists".
100	16520	CI-111836 - DSD EM SE 100 <b>IMPLEMENTED</b>	Create or Modify Contact	When an attempt is made to save a Contact and Phone # 2 Extension is entered and Phone Number or Phone Type is blank.	Do not allow the action	Display the error message, "Both Phone Number and Phone Type are required when Phone Extension is entered".

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (101-120)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
101	12037	CI-111798 - DSD EM SE 101 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Share of Cost or Modify Share of Cost Evidence	When an attempt is made to save Share of Cost Evidence and the Authorization Start Date on the Program Evidence is blank.	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
104	12527 16664 16914	CI-111901 - DSD EM SE 104 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOAs	When the Save link is selected on the Modify Manual NOA screen and DN19, FF01 or TR19 is selected and Freeform Text is not indicated	Do not allow the action	Display the error message "Freeform text required when Manual NOA DN19, FF01 or TR19 is selected."
105	12527 16664 16914	CI-111823 - DSD EM SE 105 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOAs	When the Save link is selected on the Modify Manual NOA screen and DN19, FF01 or TR19 is not selected and Freeform Text is indicated	Do not allow the action	Display the error message "Freeform text not allowed unless Manual NOA DN19, FF01 or TR19 is selected."
106	16511	CI-111806 - DSD EM SE 106 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selection the on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Range of Motion and a Task of Range of Motion already exists	Do not allow the action	Display the error message "Task already exists"
107	16511	CI-111765 - DSD EM SE 107 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selection the on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Repositioning and a Task of Repositioning already exists	Do not allow the action	Display the error message "Task already exists"
108	16511	CI-111898 - DSD EM SE 108 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Service Task Details – Repositioning and Rubbing Skin	When the Save link is selection the on a Create Service Task Details – Repositioning and Rubbing Skin with a Task of Rubbing of Skin and a Task of Rubbing of Skin already exists	Do not allow the action	Display the error message "Task already exists"
109	16513	CI-111900 - DSD EM SE 109 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Service Task Details – Care and Assistance with Prosthesis	When the Save link is selection the on a Create Service Task Details – Care and Assistance with Prosthesis with a Task of Care and Assistance with Prosthesis and a Task of Care and Assistance with Prosthesis already exists	Do not allow the action	Display the error message "Task already exists"
110	16513	CI-111857 - DSD EM SE 110 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Service Task Details – Care and Assistance with Prosthesis	When the Save link is selection the on a Create Service Task Details – Care and Assistance with Prosthesis with a Task of Medication Set-up and a Task of Medication Set-up already exists	Do not allow the action	Display the error message "Task already exists"
113	16225	CI-111822 - DSD EM SE 113 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the <ul style="list-style-type: none"> <li>• Share of Cost Linkage is IHSS Individual (1)</li> <li>• and the Recipient's age is 18 or older</li> <li>• and the Benefit Level Code is Individual disabled minor, own home (03) or Individual disabled minor, household of another (06)</li> </ul>	Do not allow the action	Display the error message "Benefit Level only allowed when Recipient is under the age of 18."
114	16225	CI-111849 - DSD EM SE 114 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen <ul style="list-style-type: none"> <li>• and the Share of Cost Linkage is IHSS Individual (1)</li> <li>• and the Benefit Level Code is 08 through 14</li> </ul>	Do not allow the action	Display the error message "Benefit Level not allowed for Share of Cost Link – IHSS Individual."
115	16225	CI-111871 - DSD EM SE 115 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Benefit Level is 01 – 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual/linked Spouse."

116	16075 16079 16215	CI-111839 - DSD EM SE 116 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Household Members does not include a Household Member with a relationship of Spouse</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/linked Spouse requires Household Member with relationship of Spouse".
117	16075 16079 16215	CI-111771 - DSD EM SE 117 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the Living Arrangement is other than "Living with Spouse"</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/linked Spouse requires Living Arrangement to be 'Living with Spouse'".
118	16075 16079 16215	CI-111766 - DSD EM SE 118 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/linked Spouse (2)</li> <li>• and the number of Dependents of greater than zero (0)</li> </ul>	Do not allow the action	Display the error message, "No dependents allowed for Share of Cost Link IHSS Individual/linked Spouse."
119	16075 16079 16215	CI-111902 - DSD EM SE 119 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse (3)</li> <li>• and the Benefit Level is 01 – 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual/non-linked Spouse."
120	16075 16079 16215	CI-111840 - DSD EM SE 120 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse (3)</li> <li>• and the Household Members does not include a Household Member with a relationship of Spouse</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/non-linked Spouse requires Household Member with relationship of Spouse".

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (121-140)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
121	16075 16079 16215	CI-111888 - DSD EM SE 121 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Spouse" (3)</li> <li>• and the Living Arrangement is other than "Living with Spouse"</li> </ul>	Do not allow the action	Display the error message, "Link IHSS Individual/non-linked Spouse requires Living Arrangement to be 'Living with Spouse'".
122	16215	CI-111870 - DSD EM SE 122 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Recipient's age is 18 or older</li> </ul>	Do not allow the action	Display the error message, "Share of Cost Link IHSS Individual/non-linked Parent not allowed for Recipient 18 years or older.
123	16215	CI-111868 - DSD EM SE 123 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Benefit Level is 08 – 14</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual /non-linked Parent."
124	16215	CI-111859 - DSD EM SE 124 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent (4)</li> <li>• and the Recipient's age is less than 18</li> <li>• and the Benefit Level is 01, 04 or 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed when Recipient's age is under 18."
125	16215	CI-111905 - DSD EM SE 125 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parent" (4)</li> <li>• and the Household Members does not include one Household Member with a relationship of Parent</li> </ul>	Do not allow the action	Display the error message, "Link 'IHSS Individual/non-linked Parent' requires Household Member with relationship of Parent".
126	16215	CI-111893 - DSD EM SE 126 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Recipient's age is 18 or older</li> </ul>	Do not allow the action	Display the error message, "Share of Cost Link IHSS Individual/non-linked Parents not allowed for Recipient 18 years or older.
127	16215	CI-111842 - DSD EM SE 127 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Benefit Level is 08 – 14</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed with Share of Cost Link IHSS Individual /non-linked Parents."
128	12114	CI-111807 - DSD EM SE 128 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>• IHSS Individual/non-linked Parents (5)</li> <li>• and the Recipient's age is younger than 18</li> <li>• and the Benefit Level is 01, 04 or 07</li> </ul>	Do not allow the action	Display the error message, "Benefit Level not allowed when Recipient's age is under 18."

129	12114	<b>CI-111831 - DSD</b> EM SE 129 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>IHSS Individual/non-linked Parents (05)</li> <li>and the Recipient is younger than the age of 18</li> <li>and the Household Members do not include two Household Members with a relationship of Parent</li> </ul>	Do not allow the action	Display the error message, "Link 'IHSS Individual/non-linked Parents' requires two (2) Household Members with relationship of Parent".
130	12114	<b>CI-111815 - DSD</b> EM SE 130 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>Individual disabled minor, household of another (06)</li> <li>and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, household of another' cannot be assigned when the Applicant/ Recipient is 18 years or older."
131	12114	<b>CI-111799 - DSD</b> EM SE 131 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>Individual disabled minor, own home (03)</li> <li>and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' cannot be assigned when the Applicant /Recipient is 18 years or older."
132	12114	<b>CI-111784 - DSD</b> EM SE 132 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>Individual disabled minor, own home (03)</li> <li>and the Living Arrangement is other than "Shared"</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' may not have a 'Living Arrangement' other than 'Shared'."
133	12114	<b>CI-111819 - DSD</b> EM SE 133 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>Individual disabled minor, household of another (06)</li> <li>and the Applicant/Recipient is not younger than the age of 18</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – 'Individual disabled minor, own home' cannot be assigned when the Applicant /Recipient is 18 years or older."
134	12114	<b>CI-111772 - DSD</b> EM SE 134 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is <ul style="list-style-type: none"> <li>Individual disabled minor, household of another (06)</li> <li>and the Living Arrangement is other than "Shared"</li> </ul>	Do not allow the action	Display the error message, "Benefit Level – Individual disabled minor, household of another may not have a Living Arrangement other than 'Shared'."
135	12114	<b>CI-111758 - DSD</b> EM SE 135 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Countable Income is a negative number	Do not allow the action	Display the error message, "Countable Income may not be a negative value."
136	12114	<b>CI-111855 - DSD</b> EM SE 136 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Share of Cost Linkage is <ul style="list-style-type: none"> <li>IHSS Individual (1)</li> <li>and the number of Dependents of greater than zero (0)</li> </ul>	Do not allow the action	Display the error message, "No dependents allowed for Share of Cost Link IHSS Individual."
137	12114	<b>CI-111820 - DSD</b> EM SE 137 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen: <ul style="list-style-type: none"> <li>and the Benefit Level is 15 through 21</li> <li>and the Countable Income field is blank</li> </ul>	Do not allow the action	Display the error message, "Countable Income is required for Benefit Levels 15 through 21."
138	12114	<b>CI-111761 - DSD</b> EM SE 138 <b>IMPLEMENTED</b>	Create or Modify Share of Cost Evidence	When the Save link is selected on the Create or Create or Modify Share of Cost Evidence screen and the Benefit Level is 15 through 21 and the case does not have a Companion Case with a Relationship Type Code of Spouse	Do not allow the action	Display the error message, "Household Member must exist as Companion Case with Relationship of Spouse."
139	16570	<b>CI-111793 - DSD</b> EM SE 139 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Link is IHSS Individual (1) and the SOC Income Source is <ul style="list-style-type: none"> <li>Unearned – Spouse/Parent (07)</li> <li>or Earned – Spouse/Parent (08)</li> </ul>	Do not allow the action	Display the error message, "SOC Income Source not allow with Link IHSS Individual."

140	16570	 <b>CI-111879</b> - DSD EM SE 140 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and Benefit Level is 15 – 21 and any Income Source is indicated	Do not allow the action	Display the error message, "Benefit Levels 15 – 21 do not allow SOC Income Source entry. Calculate Countable Income separately and enter as Countable Income."
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# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (141-160)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
141	16570	<a href="#"> CI-111775 - DSD EM SE 141</a> <small>IMPLEMENTED</small>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Deduction amount is greater than the Monthly Income Amount	Do not allow the action	Display the error message, "Deduction amount cannot be greater than Monthly Income Amount."
142	16570	<a href="#"> CI-111791 - DSD EM SE 142</a> <small>IMPLEMENTED</small>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen and the Deduction amount is greater than the Monthly Income Amount	Do not allow the action	Display the error message, "Deduction amount cannot be greater than Monthly Income Amount."
143	16570	<a href="#"> CI-111754 - DSD EM SE 143</a> <small>IMPLEMENTED</small>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and the Monthly Income Amount is a negative number	Do not allow the action	Display the error message, "Monthly Income Amount may not be a negative value."
144	16570	<a href="#"> CI-111794 - DSD EM SE 144</a> <small>IMPLEMENTED</small>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen and the Monthly Income Amount is a negative number	Do not allow the action	Display the error message, "Monthly Income Amount may not be a negative value."
145	16520	<a href="#"> CI-111816 - DSD EM SE 145</a> <small>IMPLEMENTED</small>	Create Contact	When the "Save" link is selected on the Create or Modify Contact screen and a Phone Number #2 Type is selected and the a Phone Number (Either Area Code or Phone Numbers) is blank	Do not allow the action	Display the error message, "Area Code and Phone Number are required if the Phone Number Type is indicated."
146	16520	<a href="#"> CI-111848 - DSD EM SE 146</a> <small>IMPLEMENTED</small>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Area Code is entered and is not three (3) numeric digits	Do not allow the action	Display the error message, "Area Code must be three numeric digits."
147	16520	<a href="#"> CI-111856 - DSD EM SE 147</a> <small>IMPLEMENTED</small>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Phone Number is entered and is not seven (7) numeric digits	Do not allow the action	Display the error message, "Phone Number must be seven numeric digits."
148	16520	<a href="#"> CI-111764 - DSD EM SE 148</a> <small>IMPLEMENTED</small>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and a Phone Number Type is selected and the a Phone Number (Either Area Code or Phone Numbers) is blank	Do not allow the action	Display the error message, "Area Code and Phone Number are required if the Phone Number Type is indicated".
149	16520	<a href="#"> CI-111789 - DSD EM SE 149</a> <small>IMPLEMENTED</small>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and the Area Code is entered and is not three (3) numeric digits	Do not allow the action	Display the error message, "Area Code must be three numeric digits."
150	16520	<a href="#"> CI-111894 - DSD EM SE 150</a> <small>IMPLEMENTED</small>	Modify Contact	When the "Save" link is selected on the Modify Contact screen and the Phone Number is entered and is not seven (7) numeric digits	Do not allow the action	Display the error message, "Phone Number must be seven numeric digits."

156	12091	CI-111843 - DSD EM SE 156 <b>IMPLEMENTED</b>	Assessment Type	When an attempt is made to save the Assessment Type screen and the "Initial" Assessment Type is not selected and "Case Status" is "Pending"	Do not allow the action	Display the error message "Only Initial Assessment Type is allowed when Case Status is Pending."
157	12114	CI-111790 - DSD EM SE 157 <b>IMPLEMENTED</b>	Create Share of Cost Evidence	When the Save link is selected on the Create Share of Cost Evidence screen and a Share of Cost Linkage is indicated and the Countable Income field is greater than 0.00	Do not allow the action	Display the error message, "Share of Cost Linkage cannot be selected when the Countable Income is entered".
158	12037	CI-111906 - DSD EM SE 158 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and an Authorization Start Date is on the Program Evidence screen is blank	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
159	12037	CI-111899 - DSD EM SE 159 <b>IMPLEMENTED</b>	Create Share of Cost Evidence	When the Save link is selected on the Create Share of Cost Evidence screen and an Authorization Start Date is on the Program Evidence screen is blank	Do not allow the action	Display the error message, "Authorization Start Date on Program Evidence screen must be entered before saving the Share of Cost Evidence".
160	12114	CI-111751 - DSD EM SE 160 <b>IMPLEMENTED</b>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and a Share of Cost Linkage is indicated and the Countable Income field is greater than 0.00	Do not allow the action	Display the error message, "Share of Cost Linkage cannot be selected when the Countable Income is entered".

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (161-180)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
161			Removed			
162			Removed			
163	12187	CI-111876 - DSD EM SE 163 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and: The Assessment Type is State Hearing and Advance Pay is indicated And the Authorization Start Date is prior to the 1st day of the current month	Do not allow the action	Display the error message, "State Hearing Assessment does not allow retrospective changes to Advance Pay. Please issue payment with appropriate Special Transaction payment."
164	12510	CI-111818 - DSD EM SE 164 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and: Assessment Type is Inter-County Transfer And the Authorization Start Date is not the first day of a future month	Do not allow the action	Display the error message, "Authorization Start Date for and Assessment Type Inter-County Transfer must be the first day of a future month."
165	12114	CI-111863 - DSD EM SE 165 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create /Modify Income Evidence	When the Save link is selected on the Create Income Evidence screen and there is no Share of Cost linkage indicated	Do not allow the action	Displays the error message, "Share of Cost linkage indication required when Income Evidence is added."
166	16877	CI-111863 - DSD EM SE 165 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA "DN15 - Denial – Death" is selected and the associated person record does not have a Date of Death	Do not allow the action	Displays the error message, "Date of Death required with selected NOA."
167	12524 12527	CI-111762 - DSD EM SE 167 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and a Denial (DNXX) NOA is selected and the Assessment Type is not Initial	Do not allow the action	Display the error message, "Denial (DN) may only be selected on an Initial Assessment".
168	12114	CI-111838 - DSD EM SE 168 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Share of Cost Evidence	When the Save link is selected on the Modify Share of Cost Evidence screen and Share of Linkage is blank and Income Evidence is indicated.	Do not allow the action	Displays the error message, "Share of Cost Linkage indication required when Income Evidence exists."
169	12472	CI-111875 - DSD EM SE 169 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Paramedical Services	When the Save link is selected on the Modify Paramedical Services screen and the Paramedical Form Sent Date is prior to the Application Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."
170	12472 16095	CI-111845 - DSD EM SE 170 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Paramedical Services	When the Save link is selected on the Modify Paramedical Services screen and the Paramedical Form Receive Date is before the Paramedical Form Sent Date	Do not allow the action	Display the error message, "Receive Date must be after Sent Date."
171	12472 16101	CI-111749 - DSD EM SE 171 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Protective Supervision	When the Save link is selected on the Modify Protective Supervision screen and the Protective Supervision Form Sent Date is prior to the Application Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."
172	12472 16101	CI-111825 - DSD EM SE 172 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Paramedical Services	When the Save link is selected on the Modify Protective Supervision screen and the Protective Supervision Form Receive Date is before the Protective Supervision Form Sent Date	Do not allow the action	Display the error message, "Form Sent Date cannot be before IHSS Application Date."

173	12494	<b>CI-111895 - DSD</b> EM SE 173 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Program Evidence screen and <ul style="list-style-type: none"> <li>• The Assessment Type is other than Initial</li> <li>• And the previous Assessment indicated Advance Pay</li> <li>• And the current Assessment does not indicate Advance Pay</li> <li>• And the Authorization Start Date is not the first day of a month and at least 13 days in the future</li> </ul>	Do not allow the action	Display the error message, "Change from Advance Pay "Yes" to Advance Pay "No" may only occur on the Month. Authorization Start Date must be the first day of a calendar month and at least 13 days in the future."
174	11987	<b>CI-111810 - DSD</b> EM SE 174 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and a selected Mode of Service is not associated with the County associated with the case	Do not allow the action	Display the error message, "[Mode of Service] not valid in [County Name] County."
175	12021	<b>CI-111785 - DSD</b> EM SE 175 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Assessment Type is other than Initial and the IHSS Aid Code indicates "Not Aged, Blind or Disabled"	Do not allow the action	Display the error message, "Aid Code indicated only allowed on Initial Assessment."
176	16187 16202	<b>CI-111851 - DSD</b> EM SE 176 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA Code SH01, SH02 or SH03 is indicated and the Assessment Type is not State Hearing	Do not allow the action	Display the error message, "Selected NOA requires an Assessment Type of "State Hearing"."
177	12555	<b>CI-111851 - DSD</b> EM SE 176 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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."
178	12473	<b>CI-111914 - DSD</b> EM SE 178 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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, "Selected NOA not allowed when a Total Assessed Need exists for Paramedical Services."
179	16069	<b>CI-111768 - DSD</b> EM SE 179 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and 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 allow when a Total Assessed Need exists for Meal Preparation."
180	16085	<b>CI-111827 - DSD</b> EM SE 180 <b>IMPLEMENTED</b>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and NOA Code RM06 is indicated and Household Evidence Stove = Yes	Do not allow the action	Display the error message, "Selected NOA not allowed when Recipient household has a stove."

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (181-200)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
181	12318	CI-111781 - DSD EM SE 181 IMPLEMENTED	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and a selected Mode of Service is not available in the County for the Authorization Period	Do not allow the action	Display the error message, "[Mode of Service] valid for [County Name] County between [Mode of Service From Date] and [Mode of Service To Date]."
182	12037	CI-111767 - DSD EM SE 182 IMPLEMENTED	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and <ul style="list-style-type: none"> <li>The latest authorization decision is eligible</li> <li>And the current Authorization Start Date is not prior to or one day after the previous Authorization End Date.</li> </ul>	Do not allow the action	Display the error message, "Authorization Start Date must be prior to or one day after the previous Authorization End Date. Verify previous Authorization End Date."
183	12037	CI-111757 - DSD EM SE 183 IMPLEMENTED	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and <ul style="list-style-type: none"> <li>The most recent Authorization Decision is ineligible</li> <li>And the current Case Status is Eligible &lt;ac:structured-macro ac:name="unmigrated-wiki-markup" ac:schema-version="1" ac:macro-id="afb191ad-5ebd-48aa-ae6c-1ce0cf0ce393"&gt;&lt;ac:plain-text-body&gt;&lt;![CDATA [* And the current Authorization End Date is not one day prior to the previous (Ineligible Decision) Authorization Start Date</li> </ul>	Do not allow the action	Display the error message, "Previous Authorization Decision is ineligible. The current Authorization End Date must be one day prior to [previous Authorization End Date]."
184	12037	CI-111903 - DSD EM SE 184 IMPLEMENTED	Modify Program 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."
185	16519	CI-111795 - DSD EM SE 185 IMPLEMENTED	Modify Service Type Details - Teaching & Demonstration	When the Save link is selected on the Modify Service Type Details - Teaching & Demonstration screen and Total Assessed Need is greater than zero <ul style="list-style-type: none"> <li>And Number of Months is blank</li> </ul>	Do not allow the action	Display the error message, "Number Of Months is required when Total Assessed Need exists."
186	16519	CI-111915 - DSD EM SE 186 IMPLEMENTED	Modify Service Type Details - Teaching & Demonstration	When the Save link is selected on the Modify Service Type Details - Teaching & Demonstration screen and Total Assessed Need is equal to zero <ul style="list-style-type: none"> <li>And Number of Months is selected</li> </ul>	Do not allow the action	Display the error message, "Number Of Months not allowed when Total Assessed Need is zero."
187	12527	CI-111891 - DSD EM SE 187 IMPLEMENTED	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and a Termination (TRXX) NOA is selected and the Assessment Type is Initial	Do not allow the action	Display the error message, "Termination (TR) NOA not allowed on an Initial Assessment".
188	12091	CI-116726 - DSD EM SE 188 IMPLEMENTED	Evidence Workspace	When the Save or Save & Next link is selected on the Select Assessment Type screen and Pending Evidence exists	Do not allow the action	Display the error message "Pending Evidence already exists."
189	12021	CI-116727 - DSD EM SE 189 IMPLEMENTED	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Aid Code is 10, 20 or 60 and Share of Cost Evidence exists	Do not allow the action	Display the error message, "Aid Code not allowed when Share of Cost Evidence exists."
190	12176 12177	CI-116728 - DSD EM SE 190 IMPLEMENTED	Assessment Type	When an attempt is made to save the Assessment Type screen and an Assessment Type other than ICT is indicated and the user taking the action is not associated with the Case County	Do not allow the action	Display ('out of the box') error message, "You do not have the required privileges to maintain this data."

191	12494	<b>CI-116729</b> - DSD EM SE 191 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Program Evidence screen and Advance Pay is indicated and a Mode of Service other than Individual Provider is selected	Do not allow the action	Display the error message, "Only Individual Provider Mode of Service allowed when Advance Pay is indicated."
192	12177	<b>CI-117162</b> - DSD EM SE 192 <b>IMPLEMENTED</b>	Select Assessment Type	When the Save link is selected on the Select Assessment Type with an Assessment Type of Inter-County Transfer and a State Hearing exists with a Status other than Resolved	Do not allow the action	Display the error message "Inter-County Transfer Assessment may not be added until State Hearing status is Resolved."
193	12160	<b>CI-117164</b> - DSD EM SE 193 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and an Inter-County Transfer record in Completed status exists and the Authorization Start Date of the Pending Evidence is prior to the Inter-County Transfer Authorization Start Date	Do not allow the action	
194	12173	<b>CI-117163</b> - DSD EM SE 194 <b>IMPLEMENTED</b>	Modify Program Evidence	When an attempt is made to save the Program Evidence Screen and the Assessment Type is Inter-County Transfer and the "Receiving" county does not offer one of the indicated Modes of Service	Do not allow the action	
195	12318	<b>CI-117166</b> - DSD EM SE 195 <b>IMPLEMENTED</b>	Create Contact	When the "Save" link is selected on the Create Contact screen and the Extension number is indicated and they are not a valid number.	Do not allow the action	Display the error message, "Phone Number Extension must be numeric digits."
196	12318	<b>CI-117165</b> - DSD EM SE 196 <b>IMPLEMENTED</b>	Modify Contact	When the "Save" link is selected on the Create Contact screen and the Extension number is indicated and they are not a valid number.	Do not allow the action	Display the error message, "Phone Number Extension must be numeric digits."
197	16835	<b>CI-117171</b> - DSD EM SE 197 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is prior to 6/30/2012 and the Authorization End Date is after 7/1/2012	Do not allow the action	
198	16835	<b>CI-117172</b> - DSD EM SE 198 <b>IMPLEMENTED</b>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is prior to 2/1/2011 and the Authorization End Date is after 2/1/2011	Do not allow the action	
199	12114	<b>CI-118000</b> - DSD EM SE 199 <b>IMPLEMENTED</b>	Calculate IHSS Share of Cost	When the Calculate IHSS Share of Cost link is selected and Share of Cost Evidence with a Share of Cost Linkage exists and no Income Evidence records exist	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."
200			Removed with CR 1251			

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (201-220)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
201			Removed with CR 1251			
202			Removed with CR 1251			
203			Removed with CR 1251			
204			Removed with CR 1251			
205			Removed with CR 1251			
206			Removed with CR 1251			
207	16892	CI-123761 - DSD EM SE 207 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and Authorization Start Date and Authorization End Date span the Reduced Hours Begin Date	Do not allow the action.	Display the error message, "Authorization may not span the Reduced Hours Begin Date [Start Date]."
208	16914	CI-290354 - DSD EM SE 208 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the number of characters entered in the Free Form text box exceeds the limit of 500 characters	Do not allow the action	Display the error message, "The value entered in the field 'Freeform Text' is too long [XXXX] – maximum allowed is '500'."
209	16879	437,000	Removed with CR 1251			.
210	16879	CI-436999 - DSD EM SE 210 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen and the Program Evidence Medical Certification Reason is other than Pending and 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."
211	16944	CI-446475 - DSD EM SE 211 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Select Evidence Type	When the Save link is selected on the Select Evidence Type screen and the case has a future dated Terminated status history record	Do not allow the action	Display the error message, "Case has future Termination. To change assessment user must process the Rescind action and then update the assessment."
212	12524	CI-451619 - DSD EM SE 212 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save Link is selected on the Modify Manual NOA screen and NOA SH04 – "State Hearing – Aid Paid Pending Decrease" is selected and a Pending Evidence Assessment Type other than State Hearing is indicated.	Do Not Allow the Action	Display the Error Message, "Aid Paid Pending Decrease not allowed when an Assessment Type other than State Hearing is indicated."
213	12447 16971	CI-463625 - DSD EM SE 213 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence screen and the Authorization Start Date is before 9/1/2014 and the Authorization End Date is after 8/31/2014	Do not allow the action	Display the error message, "Authorization may not span 9/1/2014 CFCO implementation; please update the End Date to 8/31/2014."
214	12494	CI-489571 - DSD EM SE 214 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence	When the Save link is selected on the Modify Program Evidence and the Advance Pay is "Yes" And the previous assessment Advance Pay is "No" And an IHSS Arrears payment* exists for any month in the indicated authorization period (Authorization Start Date through Authorization End Date)  *In this particular error message an IHSS Arrears payment is identified as any of the following: Timesheet in Pending, Processed or Held Status Payment Correction in any Pending or Processed status Special Transaction in Pending or Process status	Do not allow the action	Display the error message, "Advance Pay indication is not allowed for a service month which has already been paid as IHSS Arrears. Advance Pay indication must be a month equal or future to [month without IHSS Arrears payment (MM/DD/YYYY)]* where no IHSS Arrears payments have been issued." **The date displayed in the message "[month without IHSS Arrears payment (MM/DD/YYYY)]" will be the first day of the first month in the Authorization period for the current pending evidence where no IHSS Arrears payments have been issued.
215	20822	CI-507564 - DSD EM SE 215 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND the Authorization Start Date is after the Authorization End Date	Do not allow the action	Display the error message, "Authorization Start Date must be before Authorization End Date."
216	20822	CI-507563 - DSD EM SE 216 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND no record match the selected criteria	Do not allow the action	Display the error message, "No records found matching the entered criteria."

217	20822	 <b>CI-507565</b> - DSD EM SE 217 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND the Authorization End Date is more than 12 months after the Authorization Start Date	Do not allow the action	Display the error message, "Search period may not exceed 12 months."
218		Removed with CR 1240				
219	16878	 <b>CI-775195</b> - DSD EM SE 219 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Exception Granted Date is before the "SOC 873 & 874 Print Date"	Do not allow the action	Display the error message, "Exception Granted Date must be on or after the SOC 873 & 874 Print Date."
220	16878	 <b>CI-775196</b> - DSD EM SE 220 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Good Cause Extension Date is after the Due Date	Do not allow the action	Display the error message, "Good Cause Extension Date" may not be after Due Date."

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (221-240)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
221	16878	CI-775197 - DSD EM SE 221 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND any of the following date fields is future to the date the action is being taken: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Exception Date</li><li>* Good Cause Extension Date</li></ul>	Do not allow the action	Display the error message, "[Field Name*] may not be a future date."  *Field Name – the field which triggered the error: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Exception Date</li><li>• Good Cause Extension Date</li></ul>
222	16878	CI-775198 - DSD EM SE 222 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the number of characters in the Comment field exceeds 1000	Do not allow the action	Display the error message, "The value entered is field 'Comments' is too long [XXXX] - maximum allowed is 1,000." [XXXX] = Number of characters entered in field
223	16878	CI-775199 - DSD EM SE 223 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Comment field contains other than alpha or numeric characters	Do not allow the action	Display the error message, "Comment field allows only English language alpha, numeric, and special characters."  The following special characters are allowed: (- ! # \$ % & ' * + / = ? ` { } ~ ^ - _ \ " < ( ) : ; , [ @ ].)"
224	16878	CI-775200 - DSD EM SE 224 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN23 – Health Care Certification – No Need" is selected  AND the Health Care Certification screen and Health Care Certification Type is 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 Care Certification Type is [Type*]." [Type*] is the Health Care Certification Type indicated.
225	16878	CI-775201 - DSD EM SE 225 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN22 – Health Care Certification – Not Received" is selected  AND the Health Care Certification screen has an Health Care Certification Type other than "blank"	Do not allow the action	Display the error message, "DN22 – Health Care Certification – Not Received may not be selected when the Health Care Certification Type is [Type*]." [Type*] is the Health Care Certification Type indicated.
226	16878	CI-775202 - DSD EM SE 226 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  Fields not editable	When the Save link is selected on the Modify Health Care Certification – Form Generated  AND the current date is after any of the following fields: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given to Recipient Entered Date</li><li>• Exception Granted Date Entered Date</li><li>• Good Cause Extension Date Entered Date</li><li>* Documentation Received Entered Date</li></ul>	Do not allow the action	Display the error message, "Field [Field Name] is only editable on the same day of data entry."  *Field Name – the field which is being compare to the current date the error: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given to Recipient Entered Date</li><li>• Exception Granted Date Entered Date</li><li>• Good Cause Extension Date Entered Date</li><li>* Documentation Received Entered Date</li></ul>
227	16878	CI-775203 - DSD EM SE 227 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND any of the following date fields conflict: <ul style="list-style-type: none"><li>• If the SOC 873 &amp; 874 Mailed/Given To Recipient is before the SOC 873 &amp; 874 Print Date</li><li>• OR if the Good Cause Extension Date is before either the SOC 873 &amp; 874 Print Date or, if indicated SOC 873 &amp; 874 Mailed/Given to Recipient</li><li>• OR if the Documentation Received Date is before any of the following, when indicated:<ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Print Date</li><li>• SOC 873 &amp; 874 Mailed/Given to Recipient</li><li>* Good Cause Extension Date</li></ul></li></ul>	Do not allow the action	Display the error message, "[*Field Name1] may not be before [*Field Name2]."  *Field Name1 – the field which is being examined: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Given To Recipient</li><li>• Good Cause Extension Date</li><li>* Documentation Received Date</li></ul> *Field Name2 – The field to which the examined field is being compared <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Printed Date</li><li>• SOC 873 &amp; 874 Mailed/Given To Recipient</li><li>• Good Cause Extension Date</li></ul>

228	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775204 - DSD EM SE 228 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Add Evidence  Allow only Initial or Change Assessment  When Health Care Certification Type is blank	When the Save link is selected on the Select Assessment Type screen  AND the Assessment Type is other than Initial or Change  AND the Health Care Certification Exception Granted Date is indicated  AND Health Care Certification Type is blank	Do not allow the action	Display the error message, "Only an Initial or Change Assessment are allowed when Health Care Exception has been granted and Health Care Certification documentation has not been received."
229	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775205 - DSD EM SE 229 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Inactivate Health Care Certification	When the Yes link is selected on the Inactive Health Care Certification screen  AND the Case Status is other than "Pending"	Do not allow the action	Display the error message, "Health Care Certification may not be inactivated when case status is other than Pending."
230	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775206 - DSD EM SE 230 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Create Inter-County Transfer	When the Save link is selected on the Create Inter-County Transfer screen  AND the Health Care Certification Type is not "Health Care Certification" or "Alternative Documentation"	Do not allow the action	Display the error message, "Health Care Certification Type must be indicated by Sending County before Inter-County Transfer is allowed."
231	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775207 - DSD EM SE 231 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN23 – Health Care Certification – No Need" is selected  AND there entire Health Care Certification screen is blank (SOC 873 & 874 have been printed)	Do not allow the action	Display the error message, "Health Care Certification – No Need may not be selected when the Health Care Certification has not been printed or given to the recipient. Please complete the Health Care Certification screen with applicable information."
232	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775208 - DSD EM SE 232 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Health Care Certification Type is indicated and the Documentation Received Date is blank  OR the Documentation Received Date is indicated and the Health Care Certification Type is blank	Do not allow the action	Display the error message, "Both Health Care Certification Type and Documentation Received Date are required when either is indicated."
233	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775209 - DSD EM SE 233 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Manual NOA	When the Save link is selected on the Modify Manual NOA screen  AND the "DN22 – Health Care Certification – Not Received" is selected  AND the current date is on or before the 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, "DN22 – Health Care Certification – Not Received may not be selected when the current date is one or before the [Due Date]" [Due Date] is either the Health Care Certification Due Date or, if indicated the Good Cause Extension Due Date.
234	21075	<span style="border: 1px solid #ccc; padding: 2px;">CI-775283 - DSD EM SE 234 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Service Task Details Comments – Character limit	When the Save link is selected on any Modify Service Task Details pop-up  AND the number of characters in the Comment field exceeds 1000	Do not allow the action	Display the error message, "The value entered in the field 'Comments' is too long [XXXX] - maximum allowed is 1,000." [XXXX] = Number of characters entered in the field
235	21075	<span style="border: 1px solid #ccc; padding: 2px;">CI-775282 - DSD EM SE 235 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Service Task Details Comments – Special Character entry	When the Save link is selected on any Modify Service Task Details pop-up  AND the Comment field contains other than alpha or numeric characters	Do not allow the action	Display the error message, "Comment field allows only English language alpha, numeric and special characters."  The following special characters are allowed: (- ! # \$ % & ' * + / = ? ^ { } ~ ^ - _ \ " < ( ) : ; , [ @ ].)"
236	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-786662 - DSD EM SE 236 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Exception Granted Date is on or after the Due Date	Do not allow the action	Display the error message, "Exception Granted Date must be before the Due Date."
237	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-775194 - DSD EM SE 237 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the "SOC 873 & 874 Mailed/Given To Recipient" is more than three weeks 15 business days (21 calendar days) after the "SOC 873 & 874 Print Date"	Do not allow the action	Display the error message, "The SOC 873 & 874 Mailed/Given To Recipient may not be more than 15 business days [MM/DD/YYYY*] after the "SOC 873 & 874 Print Date."  *MM/DD/YYYY = (SOC 873 & 874 Print Date + 21 calendar days)
238	21120	<span style="border: 1px solid #ccc; padding: 2px;">CI-813466 - DSD EM SE 238 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Add Pending Evidence	When the Save action processed on the Assessment Type screen AND there is a provider in "Pending" Status assigned to the case	Do not allow the action	Display the error message, "Pending Evidence cannot be submitted due to pending provider case assignment."
239	16878	<span style="border: 1px solid #ccc; padding: 2px;">CI-819361 - DSD EM SE 239 <span style="border: 1px solid #ccc; padding: 0 2px;">IMPLEMENTED</span></span>	Modify Health Care Certification – Form Printed	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."

240	16878	 CI-819362 - DSD EM SE 240 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – No Form Printed	When the Save link is selected on the Modify Health Care Certification – No Form Printed pop-up  AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."
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# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (241-260)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
241	21072	CI-822162 - DSD EM SE 241 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Printed	When the Save link is selected on the Modify Health Care Certification – Form Generated pop-up AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."
242	21072	CI-822161 - DSD EM SE 242 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – No Form Printed	When the Save link is selected on the Modify Health Care Certification – No Form Printed pop-up AND the Documentation Received Date is a future date from the current date	Do not allow the action	Display the error message, "Documentation Received Date cannot be a future date."
243	21144	CI-822291 - DSD EM SE 243 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Assessment Narrative	When the Save link is selected on Modify Assessment Narrative and the narrative contains any of the special characters as listed below: <ul style="list-style-type: none"><li>• Bullet Point</li><li>• Bullet Circle</li><li>• Bullet Square</li><li>• Bullet Diamond</li><li>• Bullet Arrow</li><li>• Check Mark</li><li>• ... Elipsis</li><li>• em-dash</li></ul>	Do not allow the action	Display the error message, "Assessment Narrative cannot be saved, as it contains Special Characters. Please remove all special characters and retry."
244		Reserved by ASR Sprint 20 Team 1&2				
245		Reserved by ASR Sprint 20 Team 1&2				
246		Reserved by ASR Sprint 20 Team 1&2				
247	21164	CI-822490 - DSD EM SE 247 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence – Recipient Declines CFCO on Initial Evidence	When the Save link is selected on the Modify Program Evidence Screen  AND the pending evidence type is Initial Evidence  AND the Recipient Declines CFCO field is selected	Do not allow the action	Display the error message, "Recipient Declines CFCO not allowed on Initial Evidence."
248	12355	CI-822590 - DSD EM SE 248 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Approve	When a worker attempts to approve evidence on the Program Evidence Workspace that they submitted for supervisory approval  AND the evidence includes one or more of the criteria indicated as Yes on the SW User Approvals screen for that worker  AND the worker has a supervisory role	Do not allow the action	Display the error message, "The Evidence Must Be Approved By Supervisor."
249	12355	CI-822591 - DSD EM SE 249 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Reject	When a Worker attempts to reject evidence on the Program Evidence Workspace that they submitted for supervisory approval  AND the evidence includes one or more of the criteria indicated as Yes on the SW User Approvals screen for that worker  AND the worker has a supervisory role	Do not allow the action	Display the error message, "The Evidence Must Be Rejected By Supervisor."
250		Reserved by CR170				
251	12159	CI-822809 - DSD EM SE 251 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Program Evidence Workspace - Submit ICT Evidence for Approval	When a user selects the Submit for Approval link  AND  The case has an In-Progress ICT  AND  The user is not the Inter-County Transfer Assigned Worker (either from the sending or receiving county)	Do not allow the action	Display the error message, "Approval of "Inter-County Transfer" evidence not allowed for user other than the Inter-County Transfer Assigned Worker."
252	12218	CI-822839 - DSD EM SE 252 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	When a county user selects Save on the Modify Disaster Preparedness Screen  AND the required fields (Degree of Contact or Electricity Dependent) are populated  AND any of the clusters (Events, Electricity and Life Support Supply Needed, Special Impairments, or Other Emergency Services Considerations) does not have at least one check box has been marked	Do not allow the action	Display the error message, "At least one checkbox must be selected in each category."

253	12218	CI-822840 - DSD EM SE 253 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	<p>When a county user selects Save on the Modify Disaster Preparedness Screen</p> <p>AND Degree of Contact = Critical but consumer declines (CD004), Urgent but consumer declines (CD005), or Moderate but consumer declines (CD006)</p> <p>AND there are no character entries in the Comments field</p>	Do not allow the action	Display the error message, "Comments are required for this Degree of Contact selection."
254	12218	CI-822841 - DSD EM SE 254 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	<p>When a county user selects Save on the Modify Disaster Preparedness Screen</p> <p>AND Degree of Contact = None (CD007)</p> <p>AND Electricity Dependent = Yes</p> <p>AND there are no character entries in the Comments field</p>	Do not allow the action	Display the error message, "Comments are required for this Degree of Contact selection when Electricity Dependent is 'Yes'."
255	12218	CI-822842 - DSD EM SE 255 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	<p>When a county user selects Save on the Modify Disaster Preparedness Screen</p> <p>AND Degree of Contact = None (CD007)</p> <p>AND Events selection does not equal 'No Contact Required'</p> <p>OR Electricity and Life Support Supply Needed selection does not equal 'No Supplies Needed'</p> <p>OR Special Impairments selection does not equal 'No Special Impairments'</p> <p>OR Other Emergency Services Considerations selection does not equal 'None'</p>	Do not allow the action	Display the error message, "Degree of Contact cannot be 'None' if there are any contact needs selected."
256	12218	CI-822843 - DSD EM SE 256 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	<p>When a county user selects Save on the Modify Disaster Preparedness Screen</p> <p>AND Degree of Contact and Electricity Dependent are selected</p> <p>AND the Events 'No Contact Required' is selected and one or more events are also selected</p> <p>OR Electricity and Life Support Supply Needed 'No Supplies Needed' is selected and one or more life support supply needs are also selected</p> <p>OR Special Impairments 'No Special Impairments' is selected and one or more special impairments are also selected</p> <p>OR Other Emergency Services Considerations 'None' is selected and one or more considerations are also selected</p>	Do not allow the action	Display the error message, "If no need is indicated in a category then a need cannot also be selected."
257	12218	CI-822844 - DSD EM SE 257 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Disaster Preparedness - Save	<p>When a county user selects Save on the Modify Disaster Preparedness Screen</p> <p>AND no other error messages are returned</p> <p>AND Electricity Dependent = No</p> <p>AND the checkbox for Oxygen and/or Ventilator is selected</p>	Do not allow the action	<p>Display the informational message, "Electricity Dependent is No. Review and/or edit your entries and then select 'Continue' to confirm and save your changes or select 'Cancel' to discard all entries."</p> <p>AND</p> <p>Replace the 'Save' button with a 'Continue' button.</p>
258	16117	CI-823034 - DSD EM SE 258 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence - Save	<p>When a user selects Save on the Modify Program Evidence Screen</p> <p>AND the Assessment Type is "Initial", "Reassessment", or "Telehealth"</p> <p>AND no other error messages are returned</p> <p>AND the Re-Assessment Due Date is after the Authorization End Date</p>	Do not allow the action	<p>Display the informational message, "Re-Assessment Due Date is after the Authorization End Date. Verify and/or edit your entries and select 'Continue' to confirm and save your changes or select 'Cancel' to discard all entries."</p> <p>AND</p> <p>Replace the 'Save' button with a 'Continue' button.</p>
259	12136 16225	CI-823096 - DSD EM SE 259 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Share of Cost Hours Details - From Date is not the first day of the month	<p>When an attempt is made to search share of cost hours detail</p> <p>AND service period From Date (MMDDCCYY) is entered using a day value other than the 1st.</p>	Do not allow the action	Display the error message, "From Date must be the 1st of the month"
260	12136 16225	CI-823097 - DSD EM SE 260 <span style="border: 1px solid black; padding: 2px;">IMPLEMENTED</span>	Share of Cost Hours Details - To Date is not the last day of the month	<p>When an attempt is made to search for share of cost hours detail</p> <p>AND service period To Date (MMDDCCYY) is entered using a day value other than the last day of the month.</p>	Do not allow the action	Display the error message, "To Date must be the last day of the month"

# DSD 21/Recip CM & OS – Service Eligibility/Error Messages (261-280)

No	Req ID	CI	Screen Name or User Action	Condition	Action	Error Message
261	12136 16225	CI-823098 - DSD EM SE 261 <b>IMPLEMENTED</b>	Share of Cost Hours Details - To Date before From Date	When an attempt is made to search share of cost detail AND service period To Date is before the service period From Date.	Do not allow the action	Display the error message, "To Date must be after the From Date"
262	12136 16225	CI-823099 - DSD EM SE 262 <b>IMPLEMENTED</b>	Share of Cost Hours Details - Range exceeds 6 months	When an attempt is made to search for share of cost hours detail AND range between service period From Date and service period To Date exceeds six months.	Do not allow the action	Display the error message, "From Date and To Date range cannot exceed six months"
263	12494	CI-823562 - DSD EM SE 263 <b>IMPLEMENTED</b>	Modify Program Evidence - Advance Pay Rate not default county pay rate	When an attempt is made to save the Modify Program Evidence screen  AND the Advance Pay checkbox is selected  AND the Advance Pay Rate does not display the default county (Step 01) pay rate.	Do not allow the action	Display the error message, "Advance Pay Rate must be the default county pay rate"
264	12075	CI-824447 - DSD EM SE 264 <b>IMPLEMENTED</b>	Modify Service type Details - Save button OR Check Eligibility	When the case has program evidence and authorization start date entered for any assessment type including  AND the recipient is below 18 years on the program evidence start date  AND Service Type details is greater than zero for any or all of the following: <ul style="list-style-type: none"><li>• Domestic Services</li><li>• Heavy Cleaning,</li><li>• Yard Hazard Abatement</li><li>• Teaching and Demonstration</li></ul> AND user clicks on SAVE button on Modify Service type Details popup  OR user clicks on Submit for approval/Check Eligibility	Do not allow the action	Display the error message, "<Service Type> hours cannot be authorized for any person under the age of eighteen."  <i>Note:</i> When one or more of the ineligible service types is modified the error message displays all applicable messages in a comma separated list.

265	12075	<p> CI-824455 - DSD EM SE 265 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></p>	<p>Modify Service type Details - Save button OR Check Eligibility</p> <p>When the case has program evidence and authorization start date entered for any assessment type AND Authorization End Date that is no further than the end of the next month AND the recipient is below 18 years on the program evidence start date AND Service Type details is greater than zero for any or all of the following:</p> <ul style="list-style-type: none"> <li>• Domestic Services</li> <li>• Heavy Cleaning,</li> <li>• Yard Hazard Abatement</li> <li>• Teaching and Demonstration</li> </ul> <p>AND user clicks on SAVE button on Modify Service type Details popup</p> <p>OR user clicks on Submit for approval/Check Eligibility</p>	<p>Do not allow the action</p>	<p>Display the error message, "You cannot extend the authorization period for a minor with &lt;Services Dynamic Parameters&gt;beyond the end of the next month."</p> <p><i>Note: When one or more of the ineligible service types is modified the error message displays all applicable messages in a comma separated list.</i></p>
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# DSD 21/Recip CM & OS – Service Eligibility/Business Rules

The calculations associated with the IHSS Share of Cost are addressed in Final Determination packet. The following Business Rules apply to Service Eligibility process:

- DSD 21/Recip CM & OS – Service Eligibility/Business Rules (1-10)
- DSD 21/Recip CM & OS – Service Eligibility/Business Rules (11-20)
- DSD 21/Recip CM & OS – Service Eligibility/Business Rules (21-30)
- DSD 21/Recip CM & OS – Service Eligibility/Business Rules (31-40)
- DSD 21/Recip CM & OS – Service Eligibility/Business Rules (41-50)

No	Req ID	CI	Description	When	Action
1	16089	CI-111534 - DSD BR SE 01 IMPLEMENTED	Calculate Total Assessed Need for a Service Type	Tasks with or without Proration are saved on either "Create Task Details" or "Modify Task Details" screen	<p>The Total Assessed Need (Modify Service Type Details : Total Assessed Need (HH:MM)) calculation is: For a Weekly Service Type –</p> <ul style="list-style-type: none"> <li>• If Frequency is indicated as Daily, Total Assessed Need = Addition of each task's ((Quantity * Duration) * 7)</li> <li>• If Frequency is indicated as Weekly, Total Assessed Need = Addition of each task's (Quantity * Duration)</li> <li>• For a Monthly Service Type –</li> <li>• If Frequency is indicated as Daily, Total Assessed Need = Addition of each task's (((Quantity * Duration) * 7) *4.33)</li> <li>• If Frequency is indicated as Weekly, Total Assessed Need = Addition of each task's ((Quantity * Duration)*4.33)</li> <li>• If Frequency is indicated as Monthly, Total Assessed Need = Addition of each task's (Quantity * Duration)</li> </ul>
2	16073	CI-111535 - DSD BR SE 02 IMPLEMENTED	Calculate Adjustments for a Service Type	Tasks with Proration are saved on either "Create Task Details" or "Modify Task Details" screen	<p>The Adjustments (Modify Service Type Details : Adjustments (HH:MM)) calculation is: For a Weekly Service Type –</p> <ul style="list-style-type: none"> <li>* If Frequency is indicated as Daily, Adjustments = Addition of each task's [((Quantity * Duration) * 7) / Proration]</li> <li>* If Frequency is indicated as Weekly, Adjustments = Addition of each task's [(Quantity * Duration) / Proration]</li> </ul> <p>For a Monthly Service Type –</p> <ul style="list-style-type: none"> <li>* If Frequency is indicated as Daily, Adjustments = Addition of each task's [(((Quantity * Duration) * 7) *4.33) / Proration]</li> <li>* If Frequency is indicated as Weekly, Adjustments = Addition of each task's (((Quantity * Duration)*4.33) / Proration)</li> <li>* If Frequency is indicated as Monthly, Adjustments = Addition of each task's [(Quantity * Duration) / Proration]</li> </ul>
3	16113 16116	CI-111536 - DSD BR SE 03 IMPLEMENTED	Set date fields on Modify Program Evidence screen	"Change" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• Set the Authorization End Date (Modify Program Evidence : Authorization End Date), Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) and the Home Visit Date (Modify Program Evidence : Home Visit Date) to the same dates as the last Active Evidence</li> <li>• Allow update of Authorization End Date (Modify Program Evidence : Authorization End Date) and Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
4	16120	CI-111537 - DSD BR SE 04 IMPLEMENTED	Set date fields on Modify Program Evidence screen	"Initial" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• All Date fields are blank</li> <li>• If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
5	16120	CI-111538 - DSD BR SE 05 IMPLEMENTED	Set date fields on Modify Program Evidence screen	"Reassessment" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• All Date fields are blank</li> <li>• If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
6	12177	CI-111539 - DSD BR SE 06 IMPLEMENTED	Inter-County Transfer Assessment Type	"Inter-County Transfer" assessment type is selected on Assessment Type screen	Set all fields to blank If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)

7	12228	<b>CI-111540 - DSD</b> BR SE 07 <b>IMPLEMENTED</b>	Hourly Task Guideline indication	Service Type has an associated Hourly Task Guideline (HTG) and the indicated associated "Individual Assessed Need" exceeds the HTG for the indicated Functional Rank	A plus  sign displays in the HTG (Service Evidence Home : HTG) column for the Service Type
8	12228	<b>CI-111541 - DSD</b> BR SE 08 <b>IMPLEMENTED</b>	Hourly Task Guideline indication	Service Type has an associated Hourly Task Guideline (HTG) and the indicated associated "Individual Assessed Need" is below the HTG for the indicated Functional Rank	A minus  sign displays in the HTG (Service Evidence Home : HTG) column for the Service Type
9	12762	<b>CI-111542 - DSD</b> BR SE 09 <b>IMPLEMENTED</b>	Set Advance Pay Rate on Modify Program Evidence screen	Save Modify Program Evidence screen and Advance Pay is indicated and the Advance Pay Rate is blank	Set the Advance Pay Rate (Modify Program Evidence : Advance Pay Rate) to the highest County IP Rate
10	12762	<b>CI-111543 - DSD</b> BR SE 10 <b>IMPLEMENTED</b>	Display county pay rates list	On the County Pay Rate screen when a valid From Date is entered and the search link is selected	The County Pay Rate List screen will display all the pay rates of the county.

No	Req ID	CI	Description	When	Action
11	11989	<b>CI-111544 - DSD</b> BR SE 11 <b>IMPLEMENTED</b>	Notification of Income /Resource Change	When the "Submit" link is selected on the "IHSS Notification to SAWS" screen. AND The Recipient Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month	Send S5 to SAWS with text entered on the screen.
12	16829	<b>CI-111545 - DSD</b> BR SE 12 <b>IMPLEMENTED</b>	Create Contact - Display Name in All Uppercase Letters	When the Save link is selected on the Create Contact screen and lowercase letters were used when entering the Name field	Display the Name field in all uppercase letters on the Contacts list screen.
13	12114	<b>CI-111546 - DSD</b> BR SE 13 <b>IMPLEMENTED</b>	Share of Cost Evidence	When an Income Evidence row is deleted	Reset the Countable Income and IHSS Share of Cost fields to blank.
14	12114	<b>CI-111547 - DSD</b> BR SE 14 <b>IMPLEMENTED</b>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen	Reset the Countable Income and IHSS Share of Cost fields on the Share of Cost Evidence screen to blank.
15	12114	<b>CI-111548 - DSD</b> BR SE 15 <b>IMPLEMENTED</b>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and other Income Evidence exists	Reset the Countable Income and IHSS Share of Cost fields on the Share of Cost Evidence screen to blank.
16	16878	111,549	Removed with CR 1251		
17			This Business Rule was removed with CR 651		
18	16878	<b>CI-111551 - DSD</b> BR SE 18 <b>IMPLEMENTED</b>	Retain Health Care Certification when batch action adds an Assessment	When any Assessment Type is added by the system by a batch action  AND Health Care Certification data exists	Retain all the Health Care Certification data field indications as previously indicated.
19	16891	<b>CI-123786 - DSD</b> BR SE 19 <b>IMPLEMENTED</b>	Reduced Hours – Initial Assessment	When an Assessment Type "Initial" is selected on Assessment Type screen	Set Program Evidence Waiver Program field to blank Set the following Reduce Hours fields as indicated: <ul style="list-style-type: none"><li>• Set Reinstated Hours to blank</li><li>• Set Social Worker Certification to blank</li><li>• Set Verified by Case Owner or Supervisor to unchecked</li></ul>
20	16891	<b>CI-123787 - DSD</b> BR SE 20 <b>IMPLEMENTED</b>	Reduced Hours – User selected Assessment other than Initial	When an Assessment Type other than Initial is selected by a user	Set Program Evidence Waiver Program field to previously indicated Waiver Program

No	Req ID	CI	Description	When	Action
21	16891	CI-123788 - DSD BR SE 21 IMPLEMENTED	Reduced Hours – Batch processed Assessment Type	When a batch processed Assessment Type is added	<p>Set Program Evidence Waiver Program field to previously indicated Waiver Program</p> <p>Set the following fields associated with Reduce Hours as indicated:</p> <ul style="list-style-type: none"> <li>• Set Reinstated Hours previously indicated Reinstated Hours</li> <li>• Set Social Worker Certification to previously indicated Social Worker Certification</li> <li>• Set Verified by Case Owner or Supervisor to checked</li> </ul>
22	16891	CI-215798 - DSD BR SE 22 CANCELLED	Cancelled during R2024.07.01 Comments Resolution (Cancelled since Modify reduced hours screen is obsolete)		
23	16891	CI-215799 - DSD BR SE 23 IMPLEMENTED	Modify Program Evidence – Reset "Verified by Case Owner or Supervisor"	When the Save link is selected on the Modify Program Evidence screen and the Waiver Program field has changed and the "Verified by Case Owner or Supervisor" is checked on the Modify Reduced Hours screen	Reset the "Verified by Case Owner or Supervisor" to unchecked
24	16893, 16894	CI-215800 - DSD BR SE 24 IMPLEMENTED	Net Adjusted Need Change The code for updating the Net Adjusted Need for all 25 service types is a "common code" and does not require testing all service types. – Reset "Verified by Case Owner or Supervisor"	When the Net Adjusted Need changes for any service and the "Verified by Case Owner or Supervisor" is checked on the Modify Reduced Hours screen	Reset the "Verified by Case Owner or Supervisor" to unchecked
25	20822	CI-507581 - DSD BR SE 25 IMPLEMENTED	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND records are found which match the entered criteria	Display results will have a default sort order of the record with the most recent Auth Start Date "Most Recent" record will be determined by the date timestamp of the record when there are multiple records with the same Auth Start Date, at the top of the screen and all others listed afterward to the oldest record.
26	16099 16951 20824	CI-507580 - DSD BR SE 26 IMPLEMENTED	Create Household Member – Companion Case Search	When the Companion Case Number search icon is selected on the Create Household Member screen	<p>CMIPS II shall display cases which have the same residence address as the case to which the companion case is being added and the residence address type for both persons is:</p> <p>Street Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Other Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Rural Route</p> <ul style="list-style-type: none"> <li>• Rural Route</li> <li>• City</li> </ul> <p>Highway Address</p> <ul style="list-style-type: none"> <li>• Highway Address</li> <li>• City</li> </ul>
27	16099 16951 20824	CI-507579 - DSD BR SE 27 IMPLEMENTED	Modify Household Member – Companion Case Search	When the Companion Case Number search icon is selected on the Modify Household Member screen	<p>CMIPS II shall display cases which have the same residence address as the case to which the companion case is being added and the residence address type for both persons is:</p> <p>Street Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Other Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Rural Route</p> <ul style="list-style-type: none"> <li>• Rural Route</li> <li>• City</li> </ul> <p>Highway Address</p> <ul style="list-style-type: none"> <li>• Highway Address</li> <li>• City</li> </ul>

28	21071 21072 21073	CI-775218 - DSD BR SE 28 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Form (Case)  Health Care Certification - SOC 873 & 874  Calculate Due Date	When the Save link is selected on the Case Create Form screen  AND either of the following checkboxes are selected: <ul style="list-style-type: none"><li>• SOC 873 and 874 IHSS Health Care Certification and Requirements</li><li>• SOC 873 – IHSS Health Care Certification – English Only</li></ul>	<ul style="list-style-type: none"><li>• IF "Print in Nightly Batch" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen to one business day following the action and queue to print</li><li>• ELSE IF, "Print Now on CMIPS II Printer" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen with the current date and print the form</li><li>• ELSE "Generate Now for Local Print" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen with the current date, generated the form, but do not queue to print.</li></ul> Calculate and populate the "Health Care Certification Due Date" as the "Print Date" plus 45 calendar days (Print Date + 45 calendar days).
29	21071 21072 21073	CI-775219 - DSD BR SE 29 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  SOC 873 & 874 Mailed/Given To Recipient  Update Due Date	When the Save link is selected on the Modify Health Care Certification screen  AND the "SOC 873 & 874 Mailed /Given To Recipient" was previously blank and is now indicated	Save the data  Recalculate the "Due Date" as "SOC 873 & 874 Mailed /Given To Recipient" plus + 45 calendar days
30	21071 21072 21073	CI-775220 - DSD BR SE 30 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  Exception Granted Date	When the Save link is selected on the Modify Health Care Certification screen  AND the Exception Granted Date is indicated	Save the data  Set the Exception Granted Date Entered Date to the current date  Calculate and populate the "Health Care Certification Due Date" as the "Exception Granted Date" plus 45 calendar days (Exception Granted Date + 45 calendar days).

No	Req ID	CI	Description	When	Action
31	21071 21072 21073	CI-775221 - DSD BR SE 31 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  Good Cause Extension	When the Save link is selected on the Modify Health Care Certification screen  AND the "Good Cause Extension Date" was previously blank and is now indicated	Save the data  Populate the Good Cause Extension Entered Date as the current date  Calculate the "Good Cause Extension Due Date" as "Due Date" + 45 days
32	21071 21072 21073	CI-775221 - DSD BR SE 31 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification screen  AND "Documentation Received Date" is indicated  AND the "Health Care Certification Type" is indicated	Save the data  Set the "Documentation Received Entered Date" to the current date
33	21071 21072 21073	CI-775223 - DSD BR SE 33 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification screen  AND the current date matches the Documentation Received Entered Date  AND "Documentation Received Date" was previously indicated and is now blank  AND the "Health Care Certification Type" was previously indicated and is now blank  <b>*Testing Note*</b> This BR is to allow a user to change the Documentation Received Date and Health Care Certification Document to blank from a previous indicated on the same business day it was originally entered.	Save the data  Clear the Documentation Received Entered Date field
34	21071 21072 21073	CI-775224 - DSD BR SE 34 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Inactivate Health Care Certification	When the Yes link is selected on the Inactivate Health Care Certification Confirmation screen	Inactivate the Health Care Certification record  Return the user to the Health Care Certification screen with no record displayed  Mark any, previously printed, SOC 873 & 874 forms, as Inactivate with the current date

35	21071 21072 21073	<b>CI-775225 - DSD</b> BR SE 35 <b>IMPLEMENTED</b>	Health Care Certification	When the Health Care Certification page navigation is selected from the Evidence & Authorization content tab	IF, the SOC 873 & 874 OR SOC 873L & 874L forms have been triggered to print OR Sent to ESP THEN Display the Health Care Certification screen with the Form Generated content ELSE Display the Health Care Certification screen with the Form Not Printed content
36	21071 21072 21073	<b>CI-775226 - DSD</b> BR SE 36 <b>IMPLEMENTED</b>	Build Health Care Certification History	When the Save action is taken on a Modify Health Care Certification screen	Save the current data and push updated record to the Health Care Certification History
37	21071 21072 21073	<b>CI-775227 - DSD</b> BR SE 37 <b>IMPLEMENTED</b>	Create Form (Case)  Health Care Certification – SOC 873 & 874 (Duplicate Copy)	When the Save link is selected on the Create Form screen (Case) AND One of the following forms are generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul> AND a Health Care Certification record already exists on the case	Allow the action AND Generate form as indicated in Print field AND Do not update SOC 873 & 874 Print Date on the Health Care Certification screen AND Do not update Due Date on the Health Care Certification screen
38	21071 21072 21073	<b>CI-775228 - DSD</b> BR SE 38 <b>IMPLEMENTED</b>	Display Health Care Certification screen	When the Health Care Certification page navigation is selected on the Evidence and Authorization content tab AND One of the following forms have been generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul>	Display the Health Care Certification screen with the "Forms Generated" fields.
39	21071 21072 21073	<b>CI-775229 - DSD</b> BR SE 39 <b>IMPLEMENTED</b>	Display Health Care Certification screen	When the Health Care Certification page navigation is selected on the Evidence and Authorization content tab AND <b>NONE</b> of the following forms have been generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul>	Display the Health Care Certification screen with the "No Forms Printed" fields.
40	21045	<b>CI-790121 - DSD</b> BR SE 40 <b>IMPLEMENTED</b>	Modify Health Care Certification – Form Printed	The Edit Health Care Certification button is selected on the Health Care Certification Screen	Display the Health Care Certification – Form Printed pop up with all fields editable except <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Print Date</li><li>• Due Date</li><li>• Good Cause Extension Due Date</li></ul>

No	Req ID	CI	Description	When	Action
41	21045	<b>CI-790122 - DSD</b> BR SE 41 <b>IMPLEMENTED</b>	Modify Health Care Certification – No Form Printed	The Edit Health Care Certification button is selected on the Health Care Certification Screen	Display the Health Care Certification – No Form Printed pop up with all fields editable except <ul style="list-style-type: none"><li>• Documentation Received Entered Date</li></ul>

42	21164	<a href="#">CI-822484 - DSD BR SE 42 IMPLEMENTED</a>	Recipient Declines CFCO indicator checked	The Recipient Declines CFCO indicator is selected on the Modify Program Evidence Screen AND The Recipient Declines CFCO was not previously selected AND The Modify Program Evidence Screen is saved AND No errors are encountered AND The change in Program Evidence is approved.	The Recipient's funding source is redetermined (excluding CFCO) based on existing business rules (Determine Funding Program Aid Code) in <a href="#">DSD Section 22</a> . AND The current date is recorded in the cfcOptOutSnapshot database table.
43	21164	<a href="#">CI-822485 - DSD BR SE 43 IMPLEMENTED</a>	Recipient Declines CFCO indicator unchecked	The Recipient Declines CFCO indicator is not selected on the Modify Program Evidence Screen AND The Recipient Declines CFCO was previously selected AND The Modify Program Evidence Screen is saved AND No errors are encountered AND The change in Program Evidence is approved.	The Recipient's funding source is redetermined based on existing business rules (Determine Funding Program Aid Code) in <a href="#">DSD Section 22</a> . AND The current date is recorded in the cfcOptOutSnapshot database table.
44	16520	<a href="#">CI-822561 - DSD BR SE 44 IMPLEMENTED</a>	Create Contact - Set Start and End Date	When the Save link is selected on the Create Contact screen.	The contact Start Date is set to the current date AND The contact End Date is set to 12/31/9999 AND The contact status is set to active (RST1) and the contact is visible on the Contacts screen.
45	16520	<a href="#">CI-822562 - DSD BR SE 45 IMPLEMENTED</a>	Inactivate Contact - Set End Date	When the Inactivate link is selected on the View Contact screen.	The contact End Date is set to the current date AND The contact status is set to inactive (RST2) and the contact is not visible on the Contacts screen.
46	21071 2 1072 21 073	<a href="#">CI-822902 - DSD BR SE 46 IMPLEMENTED</a>	Health Care Certification History Details	When the View link is clicked on Health Care Certification History list pop-up	Display the Health Care Certification History Details pop-up
47	21071 21072 21073	<a href="#">CI-824351 - DSD BR SE 47 IMPLEMENTED</a>	Create Form (Case)  Send Health Care Certification - SOC 873 & 874/SOC 873L & 874L electronically  Calculate Due Date	When the Save button on the Create Form Pop-Up is selected AND The "SOC 873 & 874 IHSS Program Health Care Certification and Requirements" OR The "SOC 873L & 874L IHSS Program Health Care Certification and Requirements- Large Font" is checked AND The "Send Electronic Copy to ESP" print option is selected	Calculate and populate the "Health Care Certification Due Date" as the "Generation Date" plus 45 calendar days (Current Date + 45 calendar days) AND Set the the Electronic Form Due Date to the Health Care Certification Due Date AND Create the Health Care Certification record  IF the selected language is available as a PDF template THEN Generate two copies of the "SOC 873 & 874" or "SOC 873L & 874L". First in English and second in the selected language AND Populate the Due Date field on both SOC 874 or SOC 874L (45 days from the created on date)  ELSE the selected language is not available as a PDF template THEN Create one copy of "SOC 873 & SOC 874" or "SOC 873L & 874L" in English AND Populate the Due Date field on the SOC 874 or SOC 874L (45 days from the created on date)
48	21071 21072 21073	<a href="#">CI-824369 - DSD BR SE 48 IMPLEMENTED</a>	Inactivate Health Care Certification (3rd Party Form)	When a county worker selects the Yes button on the Inactivate Health Care Certification Pop-Up AND One of SOC 873 or SOC 873/874 were sent as a 3rd party form	Inactivate the Health Care Certification record AND Return the user to the Health Care Certification screen with no record displayed AND Mark any, previously printed or 3rd party, SOC 873 & 874 forms, as Inactivate with the current date AND Replace the '3rd party form message' in the users ESP Inbox with the '3rd party form Inactivated' message
49	21071 21072 21073	<a href="#">CI-824374 - DSD BR SE 49 IMPLEMENTED</a>	Inactivate Health Care Certification for Pending Recipient	When a county worker selects the Yes button on the Inactivate Health Care Certification Pop-Up AND One of SOC 873L or SOC 873L /874L is selected AND The Recipient case status is "Pending"	The Health Care Certification Status is set to Inactivated AND SOC 873L - IHSS Program Health Care Certification-English Only - Large Font Status = Inactivated in Forms & Correspondence OR SOC 873L & 874L IHSS Program Health Care Certification and Requirements - Large Font Status = Inactivated in Forms & Correspondence
50	16120	<a href="#">CI-824457 - DSD BR SE 50 IMPLEMENTED</a>	Set date fields on Modify Program Evidence screen	"Telehealth" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>All Date fields are blank</li> <li>If not user entered, set Reassessment Due Date (Modify Program Evidence: Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence: Home Visit Date)</li> </ul>

# DSD 21/Recip CM & OS – Service Eligibility/Business Rules (1-10)

No	Req ID	CI	Description	When	Action
1	16089	CI-111534 - DSD BR SE 01 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Calculate Total Assessed Need for a Service Type	Tasks with or without Proration are saved on either "Create Task Details" or "Modify Task Details" screen	<p>The Total Assessed Need (Modify Service Type Details : Total Assessed Need (HH:MM)) calculation is: For a Weekly Service Type –</p> <ul style="list-style-type: none"> <li>• If Frequency is indicated as Daily, Total Assessed Need = Addition of each task's ((Quantity * Duration) * 7)</li> <li>• If Frequency is indicated as Weekly, Total Assessed Need = Addition of each task's (Quantity * Duration)</li> <li>• For a Monthly Service Type –</li> <li>• If Frequency is indicated as Daily, Total Assessed Need = Addition of each task's (((Quantity * Duration) * 7) * 4.33)</li> <li>• If Frequency is indicated as Weekly, Total Assessed Need = Addition of each task's ((Quantity * Duration)*4.33)</li> <li>• If Frequency is indicated as Monthly, Total Assessed Need = Addition of each task's (Quantity * Duration)</li> </ul>
2	16073	CI-111535 - DSD BR SE 02 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Calculate Adjustments for a Service Type	Tasks with Proration are saved on either "Create Task Details" or "Modify Task Details" screen	<p>The Adjustments (Modify Service Type Details : Adjustments (HH:MM)) calculation is: For a Weekly Service Type –</p> <ul style="list-style-type: none"> <li>* If Frequency is indicated as Daily, Adjustments = Addition of each task's [((Quantity * Duration) * 7) / Proration]</li> <li>* If Frequency is indicated as Weekly, Adjustments = Addition of each task's [(Quantity * Duration) / Proration]</li> </ul> <p>For a Monthly Service Type –</p> <ul style="list-style-type: none"> <li>* If Frequency is indicated as Daily, Adjustments = Addition of each task's [(((Quantity * Duration) * 7) * 4.33) / Proration]</li> <li>* If Frequency is indicated as Weekly, Adjustments = Addition of each task's [((Quantity * Duration)*4.33) / Proration]</li> <li>* If Frequency is indicated as Monthly, Adjustments = Addition of each task's [(Quantity * Duration) / Proration]</li> </ul>
3	16113 16116	CI-111536 - DSD BR SE 03 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Set date fields on Modify Program Evidence screen	"Change" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• Set the Authorization End Date (Modify Program Evidence : Authorization End Date), Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) and the Home Visit Date (Modify Program Evidence : Home Visit Date) to the same dates as the last Active Evidence</li> <li>• Allow update of Authorization End Date (Modify Program Evidence : Authorization End Date) and Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
4	16120	CI-111537 - DSD BR SE 04 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Set date fields on Modify Program Evidence screen	"Initial" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• All Date fields are blank</li> <li>• If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
5	16120	CI-111538 - DSD BR SE 05 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Set date fields on Modify Program Evidence screen	"Reassessment" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• All Date fields are blank</li> <li>• If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)</li> </ul>
6	12177	CI-111539 - DSD BR SE 06 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Inter-County Transfer Assessment Type	"Inter-County Transfer" assessment type is selected on Assessment Type screen	Set all fields to blank If not user entered, set Reassessment Due Date (Modify Program Evidence : Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence : Home Visit Date)
7	12228	CI-111540 - DSD BR SE 07 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guideline indication	Service Type has an associated Hourly Task Guideline (HTG) and the indicated associated "Individual Assessed Need" exceeds the HTG for the indicated Functional Rank	A plus  sign displays in the HTG (Service Evidence Home : HTG) column for the Service Type
8	12228	CI-111541 - DSD BR SE 08 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Hourly Task Guideline indication	Service Type has an associated Hourly Task Guideline (HTG) and the indicated associated "Individual Assessed Need" is below the HTG for the indicated Functional Rank	A minus  sign displays in the HTG (Service Evidence Home : HTG) column for the Service Type

9	12762	 <b>CI-111542</b> - DSD BR SE 09 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Set Advance Pay Rate on Modify Program Evidence screen	Save Modify Program Evidence screen and Advance Pay is indicated and the Advance Pay Rate is blank	Set the Advance Pay Rate (Modify Program Evidence : Advance Pay Rate) to the highest County IP Rate
10	12762	 <b>CI-111543</b> - DSD BR SE 10 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Display county pay rates list	On the County Pay Rate screen when a valid From Date is entered and the search link is selected	The County Pay Rate List screen will display all the pay rates of the county.

# DSD 21/Recip CM & OS – Service Eligibility/Business Rules (11-20)

No	Req ID	CI	Description	When	Action
11	11989	<a href="#"> CI-111544 - DSD BR SE 11 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Notification of Income /Resource Change	When the "Submit" link is selected on the "IHSS Notification to SAWS" screen. AND The Recipient Medi-Cal Aid Code is other than 10, 20 or 60 for current Medi-Cal Eligibility Month	Send S5 to SAWS with text entered on the screen.
12	16829	<a href="#"> CI-111545 - DSD BR SE 12 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Create Contact - Display Name in All Uppercase Letters	When the Save link is selected on the Create Contact screen and lowercase letters were used when entering the Name field	Display the Name field in all uppercase letters on the Contacts list screen.
13	12114	<a href="#"> CI-111546 - DSD BR SE 13 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Share of Cost Evidence	When an Income Evidence row is deleted	Reset the Countable Income and IHSS Share of Cost fields to blank.
14	12114	<a href="#"> CI-111547 - DSD BR SE 14 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Modify Income Evidence	When the Save link is selected on the Modify Income Evidence screen	Reset the Countable Income and IHSS Share of Cost fields on the Share of Cost Evidence screen to blank.
15	12114	<a href="#"> CI-111548 - DSD BR SE 15 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Create Income Evidence	When the Save link is selected on the Create Income Evidence screen and other Income Evidence exists	Reset the Countable Income and IHSS Share of Cost fields on the Share of Cost Evidence screen to blank.
16	16878	111,549	Removed with CR 1251		
17			This Business Rule was removed with CR 651		
18	16878	<a href="#"> CI-111551 - DSD BR SE 18 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Retain Health Care Certification when batch action adds an Assessment	When any Assessment Type is added by the system by a batch action  AND Health Care Certification data exists	Retain all the Health Care Certification data field indications as previously indicated.
19	16891	<a href="#"> CI-123786 - DSD BR SE 19 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Reduced Hours – Initial Assessment	When an Assessment Type "Initial" is selected on Assessment Type screen	Set Program Evidence Waiver Program field to blank Set the following Reduce Hours fields as indicated: <ul style="list-style-type: none"> <li>• Set Reinstated Hours to blank</li> <li>• Set Social Worker Certification to blank</li> <li>• Set Verified by Case Owner or Supervisor to unchecked</li> </ul>
20	16891	<a href="#"> CI-123787 - DSD BR SE 20 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span></a>	Reduced Hours – User selected Assessment other than Initial	When an Assessment Type other than Initial is selected by a user	Set Program Evidence Waiver Program field to previously indicated Waiver Program

# DSD 21/Recip CM & OS – Service Eligibility/Business Rules (21-30)

No	Req ID	CI	Description	When	Action
21	16891	CI-123788 - DSD BR SE 21 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Reduced Hours – Batch processed Assessment Type	When a batch processed Assessment Type is added	<p>Set Program Evidence Waiver Program field to previously indicated Waiver Program</p> <p>Set the following fields associated with Reduce Hours as indicated:</p> <ul style="list-style-type: none"> <li>• Set Reinstated Hours previously indicated Reinstated Hours</li> <li>• Set Social Worker Certification to previously indicated Social Worker Certification</li> <li>• Set Verified by Case Owner or Supervisor to checked</li> </ul>
22	16891	CI-215798 - DSD BR SE 22 <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	Cancelled during R2024.07.01 Comments Resolution (Cancelled since Modify reduced hours screen is obsolete)		
23	16891	CI-215799 - DSD BR SE 23 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Program Evidence – Reset "Verified by Case Owner or Supervisor"	When the Save link is selected on the Modify Program Evidence screen and the Waiver Program field has changed and the "Verified by Case Owner or Supervisor" is checked on the Modify Reduced Hours screen	Reset the "Verified by Case Owner or Supervisor" to unchecked
24	16893, 16894	CI-215800 - DSD BR SE 24 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Net Adjusted Need Change The code for updating the Net Adjusted Need for all 25 service types is a "common code" and does not require testing all service types. – Reset "Verified by Case Owner or Supervisor"	When the Net Adjusted Need changes for any service and the "Verified by Case Owner or Supervisor" is checked on the Modify Reduced Hours screen	Reset the "Verified by Case Owner or Supervisor" to unchecked
25	20822	CI-507581 - DSD BR SE 25 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Evidence History Search	When the Search link is selected on the Evidence History Search screen AND records are found which match the entered criteria	Display results will have a default sort order of the record with the most recent Auth Start Date "Most Recent" record will be determined by the date timestamp of the record when there are multiple records with the same Auth Start Date, at the top of the screen and all others listed afterward to the oldest record.
26	16099 16951 20824	CI-507580 - DSD BR SE 26 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Household Member – Companion Case Search	When the Companion Case Number search icon is selected on the Create Household Member screen	<p>CMIPS II shall display cases which have the same residence address as the case to which the companion case is being added and the residence address type for both persons is:</p> <p>Street Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Other Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Rural Route</p> <ul style="list-style-type: none"> <li>• Rural Route</li> <li>• City</li> </ul> <p>Highway Address</p> <ul style="list-style-type: none"> <li>• Highway Address</li> <li>• City</li> </ul>

27	16099 16951 20824	 <b>CI-507579</b> - DSD BR SE 27 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Household Member – Companion Case Search	When the Companion Case Number search icon is selected on the Modify Household Member screen	<p>CMIPS II shall display cases which have the same residence address as the case to which the companion case is being added and the residence address type for both persons is:</p> <p>Street Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unit Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Other Address</p> <ul style="list-style-type: none"> <li>• Street Number</li> <li>• Street Name</li> <li>• Unity Type</li> <li>• Unit Number</li> <li>• City</li> </ul> <p>Rural Route</p> <ul style="list-style-type: none"> <li>• Rural Route</li> <li>• City</li> </ul> <p>Highway Address</p> <ul style="list-style-type: none"> <li>• Highway Address</li> <li>• City</li> </ul>
28	21071 21072 21073	 <b>CI-775218</b> - DSD BR SE 28 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Form (Case)  Health Care Certification - SOC 873 & 874  Calculate Due Date	When the Save link is selected on the Case Create Form screen  AND either of the following checkboxes are selected:  <ul style="list-style-type: none"> <li>• SOC 873 and 874 IHSS Health Care Certification and Requirements</li> <li>• SOC 873 – IHSS Health Care Certification – English Only</li> </ul>	<ul style="list-style-type: none"> <li>• IF "Print in Nightly Batch" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen to one business day following the action and queue to print</li> <li>• ELSE If, "Print Now on CMIPS II Printer" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen with the current date and print the form</li> <li>• ELSE "Generate Now for Local Print" is indicated populate the "SOC 873 &amp; 874 Printed Date" on the Health Care Certification screen with the current date, generated the form, but do not queue to print.</li> </ul> <p>Calculate and populate the "Health Care Certification Due Date" as the "Print Date" plus 45 calendar days (Print Date + 45 calendar days).</p>
29	21071 21072 21073	 <b>CI-775219</b> - DSD BR SE 29 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  SOC 873 & 874 Mailed/Given To Recipient  Update Due Date	When the Save link is selected on the Modify Health Care Certification screen  AND the "SOC 873 & 874 Mailed /Given To Recipient" was previously blank and is now indicated	<p>Save the data</p> <p>Recalculate the "Due Date" as "SOC 873 &amp; 874 Mailed /Given To Recipient" plus + 45 calendar days</p>
30	21071 21072 21073	 <b>CI-775220</b> - DSD BR SE 30 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  Exception Granted Date	When the Save link is selected on the Modify Health Care Certification screen  AND the Exception Granted Date is indicated	<p>Save the data</p> <p>Set the Exception Granted Date Entered Date to the current date</p> <p>Calculate and populate the "Health Care Certification Due Date" as the "Exception Granted Date" plus 45 calendar days (Exception Granted Date + 45 calendar days).</p>

# DSD 21/Recip CM & OS – Service Eligibility/Business Rules (31-40)

No	Req ID	CI	Description	When	Action
31	21071 21072 21073	 CI-775221 - DSD BR SE 31 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated  Good Cause Extension	When the Save link is selected on the Modify Health Care Certification screen  AND the "Good Cause Extension Date" was previously blank and is now indicated	Save the data  Populate the Good Cause Extension Entered Date as the current date  Calculate the "Good Cause Extension Due Date" as "Due Date" + 45 days
32	21071 21072 21073	 CI-775221 - DSD BR SE 31 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification screen  AND "Documentation Received Date" is indicated  AND the "Health Care Certification Type" is indicated	Save the data  Set the "Documentation Received Entered Date" to the current date
33	21071 21072 21073	 CI-775223 - DSD BR SE 33 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Generated	When the Save link is selected on the Modify Health Care Certification screen  AND the current date matches the Documentation Received Entered Date  AND "Documentation Received Date" was previously indicated and is now blank  AND the "Health Care Certification Type" was previously indicated and is now blank  <b>*Testing Note*</b> This BR is to allow a user to change the Documentation Received Date and Health Care Certification Document to blank from a previous indicated on the same business day it was originally entered.	Save the data  Clear the Documentation Received Entered Date field
34	21071 21072 21073	 CI-775224 - DSD BR SE 34 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Inactivate Health Care Certification	When the Yes link is selected on the Inactivate Health Care Certification Confirmation screen	Inactivate the Health Care Certification record  Return the user to the Health Care Certification screen with no record displayed  Mark any, previously printed, SOC 873 & 874 forms, as Inactivate with the current date
35	21071 21072 21073	 CI-775225 - DSD BR SE 35 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Health Care Certification	When the Health Care Certification page navigation is selected from the Evidence & Authorization content tab	IF, the SOC 873 & 874 OR SOC 873L & 874L forms have been triggered to print OR Sent to ESP THEN Display the Health Care Certification screen with the Form Generated content ELSE Display the Health Care Certification screen with the Form Not Printed content
36	21071 21072 21073	 CI-775226 - DSD BR SE 36 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Build Health Care Certification History	When the Save action is taken on a Modify Health Care Certification screen	Save the current data and push updated record to the Health Care Certification History

37	21071 21072 21073	 <b>CI-775227</b> - DSD BR SE 37 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Create Form (Case)  Health Care Certification – SOC 873 & 874 (Duplicate Copy)	When the Save link is selected on the Create Form screen (Case) AND One of the following forms are generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul> AND a Health Care Certification record already exists on the case	Allow the action AND Generate form as indicated in Print field AND Do not update SOC 873 & 874 Print Date on the Health Care Certification screen AND Do not update Due Date on the Health Care Certification screen
38	21071 21072 21073	 <b>CI-775228</b> - DSD BR SE 38 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Display Health Care Certification screen	When the Health Care Certification page navigation is selected on the Evidence and Authorization content tab AND One of the following forms have been generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul>	Display the Health Care Certification screen with the "Forms Generated" fields.
39	21071 21072 21073	 <b>CI-775229</b> - DSD BR SE 39 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Display Health Care Certification screen	When the Health Care Certification page navigation is selected on the Evidence and Authorization content tab AND <b>NONE</b> of the following forms have been generated: <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Health Care Certification form</li><li>• SOC 873 – IHSS Program Health Care Certification – English Only</li><li>• SOC 873L &amp; 874L Health Care Certification - Large Font</li><li>• SOC 873L – IHSS Program Health Care Certification – English Only - Large Print</li></ul>	Display the Health Care Certification screen with the "No Forms Printed" fields.
40	21045	 <b>CI-790121</b> - DSD BR SE 40 <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	Modify Health Care Certification – Form Printed	The Edit Health Care Certification button is selected on the Health Care Certification Screen	Display the Health Care Certification – Form Printed pop up with all fields editable except <ul style="list-style-type: none"><li>• SOC 873 &amp; 874 Print Date</li><li>• Due Date</li><li>• Good Cause Extension Due Date</li></ul>

# DSD 21/Recip CM & OS – Service Eligibility/Business Rules (41-50)

No	Req ID	CI	Description	When	Action
41	21045	<input checked="" type="checkbox"/> CI-790122 - DSD BR SE 41 IMPLEMENTED	Modify Health Care Certification – No Form Printed	The Edit Health Care Certification button is selected on the Health Care Certification Screen	Display the Health Care Certification – No Form Printed pop up with all fields editable except <ul style="list-style-type: none"> <li>• Documentation Received Entered Date</li> </ul>
42	21164	<input checked="" type="checkbox"/> CI-822484 - DSD BR SE 42 IMPLEMENTED	Recipient Declines CFCO indicator checked	The Recipient Declines CFCO indicator is selected on the Modify Program Evidence Screen AND The Recipient Declines CFCO was not previously selected AND The Modify Program Evidence Screen is saved AND No errors are encountered AND The change in Program Evidence is approved.	The Recipient's funding source is redetermined (excluding CFCO) based on existing business rules (Determine Funding Program Aid Code) in <a href="#">DSD Section 22</a> . AND The current date is recorded in the cfcOptOutSnapshot database table.
43	21164	<input checked="" type="checkbox"/> CI-822485 - DSD BR SE 43 IMPLEMENTED	Recipient Declines CFCO indicator unchecked	The Recipient Declines CFCO indicator is not selected on the Modify Program Evidence Screen AND The Recipient Declines CFCO was previously selected AND The Modify Program Evidence Screen is saved AND No errors are encountered AND The change in Program Evidence is approved.	The Recipient's funding source is redetermined based on existing business rules (Determine Funding Program Aid Code) in <a href="#">DSD Section 22</a> . AND The current date is recorded in the cfcOptOutSnapshot database table.
44	16520	<input checked="" type="checkbox"/> CI-822561 - DSD BR SE 44 IMPLEMENTED	Create Contact - Set Start and End Date	When the Save link is selected on the Create Contact screen.	The contact Start Date is set to the current date AND The contact End Date is set to 12/31/9999 AND The contact status is set to active (RST1) and the contact is visible on the Contacts screen.
45	16520	<input checked="" type="checkbox"/> CI-822562 - DSD BR SE 45 IMPLEMENTED	Inactivate Contact - Set End Date	When the Inactivate link is selected on the View Contact screen.	The contact End Date is set to the current date AND The contact status is set to inactive (RST2) and the contact is not visible on the Contacts screen.
46	21071 2 1072 21 073	<input checked="" type="checkbox"/> CI-822902 - DSD BR SE 46 IMPLEMENTED	Health Care Certification History Details	When the View link is clicked on Health Care Certification History list pop-up	Display the Health Care Certification History Details pop-up
47	21071 21072 21073	<input checked="" type="checkbox"/> CI-824351 - DSD BR SE 47 IMPLEMENTED	Create Form (Case)  Send Health Care Certification - SOC 873 & 874/SOC 873L & 874L electronically  Calculate Due Date	When the Save button on the Create Form Pop-Up is selected AND The "SOC 873 & 874 IHSS Program Health Care Certification and Requirements" OR The "SOC 873L & 874L IHSS Program Health Care Certification and Requirements- Large Font" is checked AND The "Send Electronic Copy to ESP" print option is selected	Calculate and populate the "Health Care Certification Due Date" as the "Generation Date" plus 45 calendar days (Current Date + 45 calendar days) AND Set the the Electronic Form Due Date to the Health Care Certification Due Date AND Create the Health Care Certification record  IF the selected language is available as a PDF template THEN Generate two copies of the "SOC 873 & 874" or "SOC 873L & 874L". First in English and second in the selected language AND Populate the Due Date field on both SOC 874 or SOC 874L (45 days from the created on date)  ELSE the selected language is not available as a PDF template THEN Create one copy of "SOC 873 & SOC 874" or "SOC 873L & 874L" in English AND Populate the Due Date field on the SOC 874 or SOC 874L (45 days from the created on date)
48	21071 21072 21073	<input checked="" type="checkbox"/> CI-824369 - DSD BR SE 48 IMPLEMENTED	Inactivate Health Care Certification (3rd Party Form)	When a county worker selects the Yes button on the Inactivate Health Care Certification Pop-Up AND One of SOC 873 or SOC 873/874 were sent as a 3rd party form	Inactivate the Health Care Certification record AND Return the user to the Health Care Certification screen with no record displayed AND Mark any, previously printed or 3rd party, SOC 873 & 874 forms, as Inactivate with the current date AND Replace the '3rd party form message' in the users ESP Inbox with the '3rd party form Inactivated' message

49	21071 21072 21073	CI-824374 - DSD BR SE 49 IMPLEMENTED	Inactivate Health Care Certification for Pending Recipient	When a county worker selects the Yes button on the Inactivate Health Care Certification Pop-Up AND One of SOC 873L or SOC 873L /874L is selected AND The Recipient case status is "Pending"	The Health Care Certification Status is set to Inactivated AND SOC 873L - IHSS Program Health Care Certification-English Only - Large Font Status = Inactivated in Forms & Correspondence OR SOC 873L & 874L IHSS Program Health Care Certification and Requirements - Large Font Status = Inactivated in Forms & Correspondence
50	16120	CI-824457 - DSD BR SE 50 IMPLEMENTED	Set date fields on Modify Program Evidence screen	"Telehealth" assessment type is selected on Assessment Type screen	<ul style="list-style-type: none"> <li>• All Date fields are blank</li> <li>• If not user entered, set Reassessment Due Date (Modify Program Evidence: Re-Assessment Due Date) to one (1) year from Home Visit Date (Modify Program Evidence: Home Visit Date)</li> </ul>

## **DSD 21/Recip CM & OS – Service Eligibility/Tasks /Notifications**

There are no Tasks or Notifications associated with Recip CM & OS – Service Eligibility.

## **DSD 21/Recip CM & OS – Service Eligibility/Internal Interfaces**

# DSD 21/Recip CM & OS – Service Eligibility/Internal Interfaces/Update Designee (PROO926A)

CI	Document Name
CI-69644 - DSD INTF Update Designee PROO926A <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_INTF_Update_Designee_PROO926A.doc

The Case Management system sends designee data to the Payroll System to update designee information in the Payroll System. This interface identifies the characteristics and data elements involved in this interface.

## Data Elements of Interface – updateDesigneeAddressReq

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"
employeeID	String	10	CaseParticipantRole	employeeID	Employee ID of the Provider. Required for person of type Provider.
designeeAddress	String	75	Address	addressData	Rule Driven Mail Designee's Mailing street address. Update: Provided by CM if there is a change to mailing street name. Sample: "123 Main St"
designeeFullName	String	55	ConcernRoleContact	name	Designee's Full Name.
StreetAddress1	String	75	Address	addressData	Mail Designee's Mailing street address 1. For address of type street address, Street address 1 consists of street number, pre, street name, suffix and post fields. For address of type PO box, Street address 1 consists of PO box number. For address of type Rural Route, Street address 1 consists of Rural address. For address of type General delivery, Street address 1 consists of string 'General Delivery'.
StreetAddress2	String	75	Address	addressData	Mail Designee's Mailing street address 2 For address of type street address, Street address 2 consists of unit type and unit number. For all other address types street address 2 is blank.
cityName	String	28	Address	addressData	Rule Driven Mail Designee's Mailing city name. Update: Provided by CM if there is a change to the mailing state. Sample: "Sacramento"
stateCode	String	2	Address	addressData	Rule Driven Mail Designee'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"
zip	String	10	Address	addressData	Rule Driven Mail Designee'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: "95820-1234"
beginDate	Date	10	ContactAddress	startDate	Required Effective date of Service (active from this date) for Mail Designee's Mailing address. Update: Provided by CM if there is a change to the value. Format: CCYY-MM-DD Sample: "2009-01-15"
endDate	Date	10	ContactAddress	endDate	Blank Update: Provided by CM if the designee has to be removed. Format: CCYY-MM-DD Sample: "9999-12-31"

## Triggering Events

List of Triggering Events for the Interface: updateAddressReq

Screen Name	Trigger Point	Comments
Create Contact	'Save' or 'Save & New' link	Call this Web service if the Designee (Guardian or Conservator only) is created after the case is approved and Recipient has been established in Payroll.
Update Contact	'Save' link	Call this Web service if the Designee (Guardian or Conservator only) is updated and Recipient has been established in Payroll.
View Contact	'Delete' link	Call this Web service and send the End Date to delete the Designee (Guardian or Conservator only) only if the Recipient has been established in Payroll.
Batch Program	When a minor Recipient turns 18 and has a contact type - Guardian.	Call this Web service and send the End Date to delete the Designee (Guardian only) only if the Recipient has been established in Payroll.

## 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 help desk.'

## Edits and Audits

All the edits are applied as per the screen validations.

When transaction is send to Payroll and logging is enabled, person data is logged in the Case Management log file.

## **DSD 21/Recip CM & OS – Service Eligibility/External Interfaces**

The following interface will apply to with Recip CM & OS – Service Eligibility. For the specific interfaces, see the Batch Processing section.  
Statewide Automated Welfare System (SAWS) (CMDS4XXB) – Daily Send –See DSD Section 22 for this External Interface.

# DSD 21/Recip CM & OS – Service Eligibility/Batch Processing

#	Batch Process Name	CI	Batch Process Description	Estimated Size (Records)	Frequency	Send /Receive Maintenance
1	Process Assessment and Perform Case Authorization (50 0DINDN)	 <a href="#">CI-291252</a> - DSD BTCH PRO CRM p 500dindn <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	This batch job processes batch assessment triggers and performs case authorization.	N/A	Daily	Maintenance
2	Generate Batch Assessment Trigger Records For a Given Set of Cases.	 <a href="#">CI-818752</a> - DSD BTCH PRO CRM p 501rinrn <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	This batch process generates batch assessment trigger records for a given set of cases.	N/A	Adhoc	Maintenance

## **DSD 21/Recip CM & OS – Service Eligibility/Reporting**

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

## **DSD 21/Recip CM & OS – Service Eligibility/Forms**

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

# **DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions**

This section will document each of the code tables and their values and descriptions utilized by the CMIPS II solution. Code tables for Spoken Language, Mailing Address Type and Phone Type are available in Online Search, Initial Contact, Intake Application DSD document. Code table for Case Status (Companion Case) is in Case Maintenance DSD document.

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Evidence Type

CI	Document Name
 CI-67979 - DSD CT EvidenceType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_EvidenceType.doc

Table – Code Table: EvidenceType

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
ET001	Household Evidence	No	1	No	Yes	
ET002	Service Evidence	No	2	No	Yes	
ET003	Program Evidence	No	3	No	Yes	
ET004	Share of Cost Evidence	No	4	No	Yes	
ET005	IHSS Assessment Evidence	No	5	No	No	
ET006	Disaster Preparedness	No	6	No	Yes	Only Displays in Pending Evidence Workflow

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Assessment Type

CI	Document Name
CI-67969 - DSD CT AssessmentType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_AssessmentType.doc

Table – Code Table: AssessmentType

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
AT001	Initial	No	1	No	Yes	<p>Data fields on all Evidence screens are blank.</p> <p>If Disaster Preparedness details have not been created then data fields are blank.</p>
AT002	Change	No	2	No	Yes	<p>Clones the most recent active evidence with values except Authorization Start Date (Program Evidence).</p> <p>Displays the current Disaster Preparedness data.</p>
AT003	Reassessment	No	3	No	Yes	<p>Clones the most recent active evidence with values except Authorization Start Date, Authorization End Date, In-Home Visit Date and Re-Assessment Due Date (Program Evidence).</p> <p>Displays the current Disaster Preparedness data.</p>
AT004	Inter-County Transfer	No	4	No	Yes	<p>Clones the most recent active evidence with values except Authorization Start Date, Authorization End Date, In-Home Visit Date and Re-Assessment Due Date (Program Evidence).</p> <p>If Disaster Preparedness details have not been updated since the ICT Move Date, then data fields are blank.</p>
AT005	State Hearing	No	5	No	Yes	<p>Clones the most recent active evidence with values except Authorization Start Date (Program Evidence).</p> <p>Displays the current Disaster Preparedness data.</p>
AT006	Conversion	No	6	No	No	System generated at time of CMIPS conversion.
AT007	Funding Source Update	No	7	No	No	System generated Assessment Type added the IHSS Funding Source auto updated.
AT008	Cost of Living Adjustment	No	8	No	No	System generated with Cost of Living Adjustment (COLA) processed.
AT009	Wage Rate Update	No	9	No	No	System generated when a Rate Increase is processed which require updates to the Recipient case.
AT010	State Mandated Change	No	10	No	No	System-generated when CDSS requests a change that is mandated to be implemented.
AT011	Telehealth	No	11	No	Yes	<p>Clones the most recent active evidence with values except Authorization Start Date, Authorization End Date, In-Home Visit Date and Re-Assessment Due Date (Program Evidence).</p> <p>Displays the current Disaster Preparedness data.</p>

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Living Arrangement

Table – Code Table: LivingArrangement

CI	Document Name
CI-67958 - DSD CT LivingArrangement <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_LivingArrangement.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
LA001	Living Alone	No	1	No	Yes	
LA002	Living with Spouse	No	2	No	Yes	
LA003	Shared	No	3	No	Yes	
LA004	Live-in Provider	No	4	No	Yes	
LA005	Tenant/Landlord	No	5	No	Yes	
LA006	Combined with LA005 in CR 652 – This value will not display					This code value should not be used in the future.
LA007	Board and Room	No	7	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Residence Type

Table – Code Table: ResidenceType

CI	Document Name
 CI-67981 - DSD CT ResidenceType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_ResidenceType.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
RT001	House	No	1	No	Yes	
RT002	Apartment	No	2	No	Yes	
RT003	Mobile Home	No	3	No	Yes	
RT004	Hotel	No	4	No	Yes	
RT005	Other	No	5	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Relationship Type Code

Table – Code Table: RelationshipTypeCode

CI	Document Name
<a href="#"> CI-67960 - DSD CT RelationshipTypeCode</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_RelationshipTypeCode.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
RT1	Parent	No	1	No	Yes	
RT6	Spouse	No	2	No	Yes	
RT2	Child	No	3	No	Yes	
R001	Other	No	4	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Spouse Parent Code

Table – Code Table: SpouseParent

CI	Document Name
CI-67967 - DSD CT SpouseParent <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_SpouseParent.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SP001	None	No	1	No	Yes	
SP002	Parent – provides all services	No	2	RT1	Yes	
SP003	Parent – provides some services	No	3	RT1	Yes	
SP004	Parent – provides no services	No	4	RT1	Yes	
SP005	Parent – IHSS Recipient	No	5	RT1	Yes	
SP006	Spouse – able and available	No	6	RT6	Yes	
SP007	Spouse – able/partially available	No	7	RT6	Yes	Able/partially available due to employment, other unavoidable absence
SP008	Spouse – able/not available	No	8	RT6	Yes	
SP009	Spouse – available/not able	No	9	RT6	Yes	
SP010	Spouse – IHSS Recipient	No	10	RT6	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Yes/No Indicator

Table – Code Table: YesNoIndicator

CI	Document Name
<a href="#">CI-67965 - DSD CT YesNoIndicator</a> IMPLEMENTED	DSD_CT_YesNoIndicator.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
YN001	Yes	No	1	No	Yes	
YN002	No	No	2	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Functional Area

Table – Code Table: FunctionalArea

CI	Document Name
 CI-67976 - DSD CT FunctionalArea <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_FunctionalArea.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
FA001	Housework	No	1	No	Yes	
FA002	Laundry	No	2	No	Yes	
FA003	Shopping & Errands	No	3	No	Yes	
FA004	Meal Prep & Clean-up	No	4	No	Yes	
FA005	Ambulation	No	5	No	Yes	
FA006	Bathing & Grooming	No	6	No	Yes	
FA007	Dressing	No	7	No	Yes	
FA008	Bowel, Bladder & Menstrual Care	No	8	No	Yes	
FA009	Transfer	No	9	No	Yes	
FA010	Feeding	No	10	No	Yes	
FA011	Respiration	No	11	No	Yes	
FA012	Memory	No	12	No	Yes	
FA013	Orientation	No	13	No	Yes	
FA014	Judgment	No	14	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Functional Index

Table – Code Table: FunctionalIndex

CI			Document Name		
 CI-67970 - DSD CT FunctionalIndex <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>			DSD_CT_FunctionalIndex.doc		

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
FI001	1	No	1	No	Yes	Independent: able to perform function without human assistance, although the Recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. Allowed to be assigned to any of the 14 Functional Areas
FI002	2	No	2	No	Yes	Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement. Allowed to be assigned to all Functional Areas except: Laundry Shopping & Errands Respiration
FI003	3	No	3	No	Yes	Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a Provider. Allowed to be assigned to all Functional Areas except: Laundry Respiration Memory Orientation Judgment
FI004	4	No	4	No	Yes	Can perform a function but only with substantial human assistance. Allowed to be assigned to all Functional Areas except: Shopping & Errands Respiration Memory Orientation Judgment
FI005	5	No	5	No	Yes	Cannot perform the function, with or without human assistance. Allowed to be assigned to any of the 14 Functional Areas
FI006	6	No	6	No	Yes	Paramedical – Services provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall indicate to the social services staff the time necessary to perform the ordered services. Functional Rank of six (6) is only for "Paramedical Services" for the following Functional Areas: Meal Prep & Clean-up Feeding Respiration Bowel/Bladder Functional rank of six (6) should only be used when all services associated with the functional area are paramedical.

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/IHSS Service Type

Table – Code Table: IHSSServiceType

CI	Document Name
CI-67972 - DSD CT IHSSServiceType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_IHSSServiceType.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
ST001	Domestic Services	No	1	No	Yes	
ST002	Preparation of Meals	No	2	No	Yes	
ST003	Meal Clean-up	No	3	No	Yes	
ST004	Laundry	No	4	No	Yes	
ST005	Shopping for Food	No	5	No	Yes	
ST006	Other Shopping & Errands	No	6	No	Yes	
ST007	Respiration	No	7	No	Yes	
ST008	Bowel & Bladder Care	No	8	No	Yes	
ST009	Feeding	No	9	No	Yes	
ST010	Routine Bed Baths	No	10	No	Yes	
ST011	Dressing	No	11	No	Yes	
ST012	Menstrual Care	No	12	No	Yes	
ST013	Ambulation	No	13	No	Yes	
ST014	Transfer	No	14	No	Yes	
ST015	Bathing, Oral Hygiene, Grooming	No	15	No	Yes	
ST016	Rubbing Skin, Repositioning	No	16	No	Yes	
ST017	Care and Assistance with Prostheses	No	17	No	Yes	
ST018	Accompaniment to Medical Appointments	No	18	No	Yes	
ST019	Accompaniment to Alternative Resources	No	19	No	Yes	
ST020	Protective Supervision	No	20	No	Yes	
ST021	Paramedical Services	No	21	No	Yes	
ST022	Heavy Cleaning	No	22	No	Yes	
ST023	Yard Hazard Abatement	No	23	No	Yes	
ST024	Removal of Snow, Ice	No	24	No	Yes	
ST025	Teaching and Demonstration	No	25	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/IHSS Service Task

Table – Code Table: IHSSServiceTask

CI	Document Name
 CI-67966 - DSD CT IHSSServiceTask <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_IHSSServiceTask.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
TSK001	Breakfast	No	1	ST002, ST003	Yes	
TSK002	Lunch	No	2	ST002, ST003	Yes	
TSK003	Dinner	No	3	ST002, ST003	Yes	
TSK004	Snack	No	4	ST002, ST003	Yes	
TSK005	Range of Motion	No	5	ST016	Yes	
TSK006	Repositioning	No	6	ST016	Yes	
TSK007	Rubbing of Skin	No	7	ST016	Yes	
TSK008	Care and Assistance with Prostheses	No	8	ST017	Yes	
TSK009	Medication Set-up	No	9	ST017	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Frequency Code

Table - Code Table: FrequencyCode

CI	Document Name
<a href="#">CI-67964 - DSD CT FrequencyCode</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_FrequencyCode.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
FC1	Daily	No	1	No	Yes	Is selectable when the Service Type is a Weekly or Monthly Service
FC2	Weekly	No	2	No	Yes	Is selectable when the Service Type is a Weekly or Monthly Service
FC3	Monthly	No	3	No	Yes	Is selectable only when the Service Type is a Monthly Service

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/IHSS Aid Code

Table – Code Table: IHSSAidCode

CI	Document Name
<a href="#">CI-67978</a> - DSD CT IHSSAidCode <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_IHSSAidCode.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
PI001	10 Aged, SSI/SSP	No	1	No	Yes	
PI002	18 Aged, IHSS	No	2	No	Yes	
PI003	20 Blind, SSI/SSP	No	3	No	Yes	
PI004	28 Blind, IHSS	No	4	No	Yes	
PI005	60 Disabled, SSI/SSP	No	5	No	Yes	
PI006	68 Disabled, IHSS	No	6	No	Yes	
PI007	Not Aged, Blind or Disabled	No	7	No	Yes	
PI008	IHSS Aid Code at Conversion	No	8	No	No	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Contact Type

Table – Code Table: ContactType

CI			Document Name			
			DSD_CT_ContactType.doc			
<a href="#">CI-67973</a> - DSD CT ContactType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>						

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
CT001	Message	No	1	No	Yes	Mail will not be sent to this Contact Type
CT002	Emergency	No	2	No	Yes	Mail will not be sent to this Contact Type
CT003	Conservator	No	3	No	Yes	The following applies to the selection: May only be selected if the Recipient is older than the age of 18 May not be selected if Guardian Contact Type exists If selected, mailing address would be required and mail would go to the Recipient C/O this individual
CT004	Guardian	No	4	No	Yes	The following apply to the selection: May only be selected if the Recipient is younger than the age of 18 May not be selected if Conservator Contact Type exists If selected, mailing address would be required and mail would go to the Recipient C/O this individual until the Recipient turns 18
CT005	Timesheet Signatory	No	5	No	Yes	Mail will not be sent to this Contact Type
CT006	Primary Authorized Rep	No	6	No	Yes	Mail will not be sent to this Contact Type
CT007	Power of Attorney	No	7	No	Yes	Mail will not be sent to this Contact Type
CT008	Previous Guardian	No	8	No	Yes	If on the date of the Recipient's 18th birthday a Contact Type "Guardian" exists the Contact Type shall be updated to "Previous Guardian."
CT009	Secondary Authorized Rep	No	9	No	Yes	Mail will not be sent to this Contact Type
CT010	Third Authorized Rep	No	10	No	Yes	Mail will not be sent to this Contact Type

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Contact Degree

CI	Document Name
 CI-67956 - DSD CT ContactDegree <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_ContactDegree.doc

Table – Code Table: ContactDegree

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
CD001	Critical	No	1	No	Yes	
CD002	Urgent	No	2	No	Yes	
CD003	Moderate	No	3	No	Yes	
CD004	Critical but consumer declines	No	4	No	Yes	Critical but consumer declines contact for emergency service
CD005	Urgent but consumer declines	No	5	No	Yes	Urgent but consumer declines contact for emergency service
CD006	Moderate but consumer declines	No	6	No	Yes	Moderate but consumer declines contact for emergency service
CD007	None	No	7	No	Yes	Contact by emergency staff not needed
CD008	Conversion	No	8	No	No	Converted Case

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Special Impairment

Table – Code Table: SpecialImpairment

CI	Document Name
<a href="#"> CI-67961 - DSD CT SpecialImpairment</a> <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_CT_SpecialImpairment.doc

Cancelled by ASR Sprint 42 Team 1&2

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Life Support Supply Need

Table – Code Table: LifeSupportSupplyNeed

CI	Document Name
<a href="#"> CI-67959 - DSD CT LifeSupportSupplyNeed</a> <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_CT_LifeSupportSupplyNeed.doc

Cancelled by ASR Sprint 42 Team 1&2

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Extreme Weather

Table – Code Table: ExtremeWeather

CI	Document Name
 CI-67968 - DSD CT ExtremeWeather <span style="border: 1px solid #ccc; padding: 2px;">CANCELLED</span>	DSD_CT_ExtremeWeather.doc

Cancelled by ASR Sprint 42 Team 1&2

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/SAWS Notification Type

Table – Code Table: SAWSNotificationType

CI	Document Name
<a href="#">CI-67974</a> - DSD CT SAWSNotificationType <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_SAWSNotificationType.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SAWSN001	Potential Income Change	Yes	1	No	Yes	
SAWSN002	Potential Resource Change	No	2	No	Yes	
SAWSN003	Potential Household Composition Change	No	3	No	Yes	
SAWSN004	Combination	No	4	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/SOC Linkage

Table – Code Table: SOCLinkage

CI	Document Name
<a href="#">CI-67975 - DSD CT SOCLinkage</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_SOCLinkage.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SOCL001	IHSS Individual	No	1	No	Yes	
SOCL002	IHSS Individual/linked spouse	No	2	No	Yes	
SOCL003	IHSS Individual/non-linked spouse	No	3	No	Yes	
SOCL004	IHSS Individual/non-linked parent	No	4	No	Yes	
SOCL005	IHSS Individual/non-linked parents	No	5	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/SOC Income Source

Table – Code Table: SOCIncomeSource

CI	Document Name
<a href="#">CI-67957 - DSD CT SOCIncomeSource</a> IMPLEMENTED	DSD_CT_SOCIncomeSource.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SOCIS001	Retirement, Survivors, Disability Insurance (RSI) – Recipient		1	No	Yes	
SOCIS002	Veteran's administration – Recipient		2	No	Yes	
SOCIS003	Railroad Retirement – Recipient		3	No	Yes	
SOCIS004	Other Pension – Recipient		4	No	Yes	
SOCIS005	Other unearned – Recipient		5	No	Yes	
SOCIS006	Earned – Recipient		6	No	Yes	
SOCIS007	Unearned – Spouse/parent		7	No	Yes	
SOCIS008	Earned – Spouse/parent		8	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/SOC Exclusion

Table – Code Table: SOCExclusion

CI	Document Name
 CI-67977 - DSD CT SOCExclusion <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_SOCExclusion.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SOCE001	Standard exclusion	No	1	No	Yes	
SOCE002	Earned income exclusion	No	2	No	Yes	
SOCE003	Needs of children/non-linked spouse	No	3	No	Yes	
SOCE004	Allowance for parent or parents	No	4	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/SOC Benefit Level

Table – Code Table: SOCBenefitLevel

CI	Document Name
CI-67963 - DSD CT SOCBenefitLevel <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_SOCBenefitLevel.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
SOCBL001	Individual aged or disabled, own home	No	1	No	Yes	
SOCBL002	Individual blind, own home	No	2	No	Yes	
SOCBL003	Individual disabled minor, own home	No	3	No	Yes	
SOCBL004	Individual aged or disabled, household of another	No	4	No	Yes	
SOCBL005	Individual blind, household of another	No	5	No	Yes	
SOCBL006	Individual disabled minor, household of another	No	6	No	Yes	
SOCBL007	Individual aged or disabled, independent, living without cooking facilities	No	7	No	Yes	
SOCBL008	Couple aged or disabled, own home	No	8	No	Yes	
SOCBL009	Couple both blind, own home	No	9	No	Yes	
SOCBL010	Couple blind/aged or disabled, own home	No	10	No	Yes	
SOCBL011	Couple aged or disabled, household of another	No	11	No	Yes	
SOCBL012	Couple both blind, household of another	No	12	No	Yes	
SOCBL013	Couple blind/aged or disabled, household of another	No	13	No	Yes	
SOCBL014	Couple aged or disabled, independent, living without cooking facilities	No	14	No	Yes	
SOCBL015	Couple aged or disabled – own home, per person	No	15	No	Yes	
SOCBL016	Couple both blind – own home, per person	No	16	No	Yes	
SOCBL017	Couple blind/aged or disabled – own home, per person	No	17	No	Yes	
SOCBL018	Couple aged or disabled – without cooking facilities, per person	No	18	No	Yes	
SOCBL019	Couple aged or disabled – household of another, per person	No	19	No	Yes	
SOCBL020	Couple blind – household of another, per person	No	20	No	Yes	
SOCBL021	Couple blind, aged or disabled – household of another, per person	No	21	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Service Type Week Month

Table – Code Table: ServiceTypeWeekMonth

CI	Document Name
<a href="#"> CI-67971 - DSD CT ServiceTypeWeekMonth</a> <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_ServiceTypeWeekMonth.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
STWM001	W	No	1	No	Yes	
STWM002	M	No	2	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/HTG Indicator

Table – Code Table: HTGIndicator

CI	Document Name
 CI-67962 - DSD CT HTGIndicator <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT-HTGIndicator.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
HTG001	Below	No	1	No	Yes	
HTG002	Above	No	2	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Teaching and Demo Number of Months

Table – Code Table: Teaching and DemoNumberofMonths

CI	Document Name
 CI-67980 - DSD CT TeachandDemoMonths <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_TeachandDemoMonths.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
TADM001	1	No	1	No	Yes	
TADM002	2	No	2	No	Yes	
TADM003	3	No	3	No	Yes	

# DSD 21/Recip CM & OS – Service Eligibility/Code Table Definitions/Medical Certification Reason

Table – Code Table: MedicalCertificationReason

CI	Document Name
CI-118148 - DSD CT MedicalCertificationReason <span style="border: 1px solid #ccc; padding: 2px;">IMPLEMENTED</span>	DSD_CT_MedicalCertificationReason.doc

Code Value	Code Description	Default Value	Sort Order	Parent Code	Enabled	Notes
DCR01	Pending	No	1	No	No	
DCR02	Health Care Certification	No	2	No	Yes	Health Care Certification was received and LHCP indicates individual has need
DCR03	Alternative Documentation	No	3	No	Yes	An Alternative type of documentation was received and LHCP indicates individual has need
DCR04	Exception	No	4	No	No	
DCR05	Converted case no data	No	5	No	No	Will be set at Conversion when a converted case has no Medical Certification indication.
DCR06	No Need	No	6	No	Yes	A Health Care Certification or Alternative type of documentation was received and LHCP indicates No Need

# **DSD 21/Recip CM & OS – Service Eligibility/Database Entities**

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

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/IHSS Assessment Evidence

Table – Table Name: IHSSAssessmentEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
ihssAssessmentEvidenceID	BIGINT	8	No	System Generated	Primary key for IHSSAssessmentEvidence
caseID	BIGINT	8	No	System Generated	Foreign key to CaseHeader
assessmentTypeCode	CHARACTER	10	No	Assessment Type - Assessment Type	The type of assessment that this evidence is for (Initial, ICT, Change)
authStartDate	DATE	4	Yes	Program Evidence – Authorization Start Date	The start of the period that this assessment is authorizing for.
authEndDate	DATE	4	Yes	Program Evidence – Authorization End Date	The end of the period that this assessment is authorizing for, this is not a hard end date and authorization may extend beyond this date.
homeVisitDate	DATE	4	Yes	Program Evidence – Home Visit Date	The date of the home visit for this assessment.
reassessmentDueDate	DATE	4	Yes	Program Evidence – Re-Assessment Due Date	The date that the next assessment is due.
presumptiveInd	CHARACTER	1	No	Program Evidence – Presumptive Eligibility	Indicates that this assessment was presumptive.
ihssAidCode	CHARACTER	10	Yes	Program Evidence – IHSS Aid Code	The IHSS aid code associated with this assessment.
advancePayInd	CHARACTER	1	No	Program Evidence – Advance Pay	Indicates if this assessment is going to use advance pay for the Recipient.
convertedAssessmentInd	CHARACTER	1	No	System Generated	Indicates that this assessment was converted from legacy
assessmentNarrative	VARCHAR	14500	Yes	Assessment Narrative - Notes	The narrative describing the rationale behind the assessment.
mealsAllowanceInd	CHARACTER	1	No	Program Evidence – Restaurant Meals Allowance	Indicates if this assessment is going to use restaurant meals allowance for the Recipient.
countyPayRateID	BIGINT	8	Yes	System assigned based on user or system selection of the Program Evidence -Advance Pay Rate value	The foreign key to CountyPayRate
spouseProviderInd	CHARACTER	1	No	Program Evidence – Spouse Provider	The Provider relationship to Recipient
parentOfMinorProviderInd	CHARACTER	1	No	Program Evidence – Parent of Minor Provider	The Provider relationship to Recipient
ffpInd	CHARACTER	1	No	Program Evidence - FFP	Indicates if this assessment is going to use federal funding for the Recipient, this value is populated from MEDS.
ipInd	CHARACTER	1	No	Program Evidence – Individual Provider	Indicates the individual Provider mode of service is used.
hmlnd	CHARACTER	1	No	Program Evidence – Homemaker	Indicates the homemaker mode of service is used.
ccInd	CHARACTER	1	No	Program Evidence – County Contractor	Indicates the county contractor mode of service is used.
manualNOAFreeformText	VARCHAR	200	Yes	Manual NOA – Freeform Text	Freeform text to be displayed on the generated NOA for the assessment.
medCertDate	DATE	4	Yes	Cancelled by CR 1251	This column will no longer be used instead, it will be tracked through HealthCareCertification table.
medCertRsn	CHARACTER	10	Yes	Cancelled by CR 1251	This column will no longer be used instead, it will be tracked through HealthCareCertification table.
waiver	CHARACTER	10	Yes	Program Evidence – Waiver	Indicates the Recipient's participation in a Waiver Program
declineCFCO	CHARACTER	1	No	Program Evidence – Recipient Declines CFCO	Indicates if the Recipient has opted out of CFCO.
cfcOptOutDate	DATE	4	Yes	System Generated	The date the recipient opted out of CFCO.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Household Evidence

Table – Table Name: HouseholdEvidence

Field Name	Field Data Type	Size	Null	Screen Name-Field Name	Comments
householdEvidenceID	BIGINT	8	No	System Generated	Primary key for HouseholdEvidence
ihssAssessmentEvidenceID	BIGINT	8	No	System Generated	Foreign key for IHSSAssessmentEvidence
stoveInd	CHARACTER	1	No	Residence Information – Stove	Indicates that the household contains a stove.
refrigeratorInd	CHARACTER	1	No	Residence Information – Refrigerator	Indicates that the household contains a refrigerator.
washerInd	CHARACTER	1	No	Residence Information – Washer	Indicates that the household contains a washer.
dryerInd	CHARACTER	1	No	Residence Information – Dryer	Indicates that the household contains a dryer.
yardInd	CHARACTER	1	No	Residence Information – Yard	Indicates that the household contains a yard.
livingArrangeCode	CHARACTER	10	Yes	Residence Information – Living Arrangement	The type of living arrangement (alone, shared, ...)
residenceTypeCode	CHARACTER	10	Yes	Residence Information – Residence Type	The type of residence (house, apartment, ...)
roomsPrivate	INTEGER	4	Yes	Residence Information – Number of Recipient only Rooms	The number of rooms in the household that are used by Recipient only.
roomsShared	INTEGER	4	Yes	Residence Information – Number of Shared Rooms	The number of rooms in the household that are shared.
roomsUnused	INTEGER	4	Yes	Residence Information – Number of Rooms not Used	The number of rooms in the household that are unused by the Recipient.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Household Member Evidence

Table – Table Name: HouseholdMemberEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
householdMemberEvidenceID	BIGINT	8	No	System Generated	Primary key for HouseholdMemberEvidence
ihssAssessmentEvidenceID	BIGINT	8	No	System Generated	Foreign key for IHSSAssessmentEvidence
lastName	CHARACTER	30	Yes	Household Member – Last Name	The last name of the household member.
firstName	CHARACTER	25	Yes	Household Member – First Name	The first name of the household member.
birthDate	DATE	4	Yes	Household Member – Date of Birth	The birth date of the household member.
parentSpouseCode	CHARACTER	10	Yes	Household Member – Spouse/Parent	The type of parent/spouse relationship that the household member has to the Recipient (None, Spouse – able and available ...).
relationshipCode	CHARACTER	10	Yes	Household Member – Relationship	The type of family relationship that the household member has to the Recipient (Other, Parent, Child ...).
companionCaseID	BIGINT	8	Yes	System assigned based on user selection of the Household Member – Companion Case Number value	An optional foreign key to CaseHeader for household members who have companion cases.
protectSuperInd	CHARACTER	1	No	Household Member – Protective Supervision Status	Indicates if this household member's case is eligible for protective supervision.
includeProtectSuperInd	CHARACTER	1	No	Household Member – Protective Supervision Proration	Include this household member's case in protective supervision calculations.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Functional Index Evidence

Table – Table Name: FunctionalIndexEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
functionalIndexEvidenceID	BIGINT	8	No	System Generated	Primary key for FunctionalIndexEvidence
ihssAssessmentEdvidenceID	BIGINT	8	No	System Generated	Foreign key for IHSSAssessmentEvidence
housework	CHARACTER	10	Yes	Functional Ranks – Housework	The rank for functional index.
laundry	CHARACTER	10	Yes	Functional Ranks – Laundry	The rank for functional index.
shoppingAndErrands	CHARACTER	10	Yes	Functional Ranks – Shopping & Errands	The rank for functional index.
mealPrepAndCleanup	CHARACTER	10	Yes	Functional Ranks – Meal Prep & Clean-up	The rank for functional index.
ambulation	CHARACTER	10	Yes	Functional Ranks – Ambulation	The rank for functional index.
bathingAndGrooming	CHARACTER	10	Yes	Functional Ranks – Bathing & Grooming	The rank for functional index.
dressing	CHARACTER	10	Yes	Functional Ranks – Dressing	The rank for functional index.
bowelBladderAndMenstrualCare	CHARACTER	10	Yes	Functional Ranks – Bowel, Bladder & MenstrualCare	The rank for functional index.
transfer	CHARACTER	10	Yes	Functional Ranks – Transfer	The rank for functional index.
feeding	CHARACTER	10	Yes	Functional Ranks – Feeding	The rank for functional index.
respiration	CHARACTER	10	Yes	Functional Ranks – Respiration	The rank for functional index.
memory	CHARACTER	10	Yes	Functional Ranks – Memory	The rank for functional index.
orientation	CHARACTER	10	Yes	Functional Ranks – Orientation	The rank for functional index.
judgment	CHARACTER	10	Yes	Functional Ranks – Judgment	The rank for functional index.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Service Type Evidence

Table – Table Name: ServiceTypeEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
serviceTypeEvidenceID	BIGINT	8	No	System Generated	Primary key for ServiceTypeEvidence
ihssAssessmentEdive nceID	BIGINT	8	No	System Generated	Foreign key for IHSSAssessmentEvidence
serviceTypeCode	CHARACTER	10	Yes	Service Type Details – Service Type	The type of service that is being assessed.
assessedNeedMin	INTEGER	4	Yes	Service Type Details – Assessed Need	Discrete number of minutes.
refusedServicesMin	INTEGER	4	Yes	Service Type Details – Refused Services	Discrete number of minutes.
alternateResourcesMin	INTEGER	4	Yes	Service Type Details – Alternative Resources	Discrete number of minutes.
voluntaryServicesMin	INTEGER	4	Yes	Service Type Details – Voluntary Services	Discrete number of minutes.
adjustmentsMin	INTEGER	4	Yes	Service Type Details – Adjustments	Discrete number of minutes.
indAssessedNeedMin	INTEGER	4	Yes	Service Evidence Home – Ind Assessed Need	Discrete number of minutes.
netAdjNeedMin	INTEGER	4	Yes	Service Evidence Home – Net Adj Need	Discrete number of minutes.
comment	VARCHAR	1,000	Yes	Service Type Details – Comments	A comment rationalizing the assessed need that was entered.
numberOfMonths	INTEGER	4	Yes	Service Type Details – Number of Months	Number of Months the Teaching & Demonstration service type may be authorized for
aboveBelowCode	CHARACTER	10	Yes	Service Evidence Home – HTG	Is the assessed need above or below the hourly task guidelines?

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Service Task Evidence

Table – Table Name: ServiceTaskEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
serviceTaskEvidenceID	BIGINT	8	No	System Generated	Primary key for ServiceTaskEvidence
serviceTypeEvidenceID	BIGINT	8	No	System Generated	Foreign key for ServiceTypeEvidence
serviceTaskCode	CHARACTER	10	Yes	Task Details – Service Task (for pre-defined or drop-down tasks only)	The type of task that is being assessed for the service. Empty if "serviceTaskFreeText" is populated
serviceTaskFreeText	CHARACTER	50	Yes	Task Details – Service Task (for freeform text tasks only)	The free text description of the task where a formal "serviceTaskCode" is not defined. Empty if "serviceTaskCode" is populated
frequencyCode	CHARACTER	10	Yes	Task Details – Frequency	The frequency with which the task occurs (daily, weekly, ...)
quantity	INTEGER	4	Yes	Task Details – Quantity	The number of times that the Task is performed
durationMin	INTEGER	4	Yes	Task Details – Duration	The number of minutes to complete the Task.
proration	INTEGER	4	Yes	Task Details – Proration	The number of household members who share the benefit of the Task.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Paramedical Evidence

Table – Table Name: ParamedicalEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
serviceTypeEvidenceID	BIGINT	8	No	System Generated	Primary key
expiration1Date	DATE	4	Yes	Paramedical Service – Expiration Date 1	The date of the first paramedical expiration date for the assessment.
expiration2Date	DATE	4	Yes	Paramedical Service – Expiration Date 2	The date of the second paramedical expiration date for the assessment.
expiration3Date	DATE	4	Yes	Paramedical Service – Expiration Date 3	The date of the third paramedical expiration date for the assessment.
expiration4Date	DATE	4	Yes	Paramedical Service – Expiration Date 4	The date of the fourth paramedical expiration date for the assessment.
formSentDate	DATE	4	Yes	Paramedical Service – Paramedical Services Form Sent Date	The date that the appropriate form was sent for paramedical service.
formReceivedDate	DATE	4	Yes	Paramedical Service – Paramedical Services Form Received Date	The date that the appropriate form was received for paramedical service.
pendingAdditionalInfoInd	CHARACTER	1	No	Paramedical Service – Pending Receipt of Additional Information	Indicates that the case worker is waiting for additional information related to the Paramedical Services.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Protective Supervision

Table – Table Name: ProtectiveSupervision

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
serviceTypeEvid enceID	BIGINT	8	No	System Generated	Primary key
pendingAddition alInfoInd	CHARACTER	1	No	Protective Supervision – Pending Receipt of Additional Information	Indicates that the case worker is waiting for additional information related to the protective supervision.
formSentDate	DATE	4	Yes	Protective Supervision – Protective Supervision Form Sent Date	The date that the appropriate form was sent for protective supervision.
formReceivedDa te	DATE	4	Yes	Protective Supervision – Protective Supervision Form Received Date	The date that the appropriate form was received for protective supervision.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Disaster Preparedness

Table – Table Name: DisasterPreparedness

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
disasterPreparednessID	BIGINT	8	No	System Generated	Primary key for DisasterPreparedness
caseID	BIGINT	8	No	System Generated	Foreign key for CaseHeader
degreeOfContactCode	CHARACTER	10	Yes	Disaster Preparedness – Degree of Contact	The urgency with which contact is required during an emergency (Critical, Moderate, etc.).
lifeSupportNeedCode	CHARACTER	10	Yes	Disaster Preparedness – Life Support Supply Need	The type of life support supplies that are needed to sustain the Recipient.
specialImpairmentCode	CHARACTER	10	Yes	Disaster Preparedness – Special Impairment	The type of impairments that need to be accounted for in an emergency.
extremeWeatherCode	CHARACTER	10	Yes	Disaster Preparedness – Extreme Weather	The extreme weather that need to be accounted for in an emergency.
comment	CHARACTER	50	Yes	Disaster Preparedness – Comments	Any special comments for disaster preparations
status	CHARACTER	10	Yes	Disaster Preparedness - Status	Status of the Disaster Preparedness record for a case.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Manual NOA Message Request

Table – Table Name: ManualNOAMessageRequest

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
manualNOAResquestID	BIGINT	8	No	System Generated	Primary key for ManualNOAResquest
ihssAssessmentEvidenceID	BIGINT	8	No	System Generated	Foreign key to IHSSAssessmentEvidence
noaCode	CHARACTER	10	Yes	Manual NOAs – NOA Code	The NOA message code.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Share of Cost Evidence

Table – Table Name: ShareOfCostEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
shareOfCostEvidenceID	BIGINT	8	No	System Generated	Primary Key
ihssAssessmentEvidenceID	BIGINT	8	No	System Generated	Foreign key for IHSSAssessmentEvidence
shareOfCostLinkageCode	CHARACTER	10	Yes	Share of Cost Evidence – Share of Cost Linkage	Code indicating the Recipient income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) Aged, Blind or Disabled. Required for system generate Share of Cost Calculation
benefitLevelCode	CHARACTER	10	Yes	Share of Cost Evidence – Benefit Level Code	The SSI/SSP benefit code and level used to determine the Recipient's share of cost.
dependents	INTEGER	4	Yes	Share of Cost Evidence – Dependents	The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult Recipient with a non-linked spouse, or a child Recipient whose parent(s) income must be considered.
countableIncomeAmt	DECIMAL	31	Yes	Share of Cost Evidence – Countable Income	System generated or user entered amount. The sum of all net income available to the Recipient. System generate for Share of Cost Calculation. For automated SOC Calculation this field must be left blank.
ihssShareOfCostAmt	DECIMAL	31	Yes	Share of Cost Evidence – IHSS Share of Cost	System generate for Share of Cost Calculation. The monthly amount of money to be paid by the Recipient before IHSS services are paid.

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Income Evidence

Table – Table Name: IncomeEvidence

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
incomeEvidenceID	BIGINT	8	No	System Generated	Primary Key
shareOfCostEvidenceID	BIGINT	8	No	System Generated	Foreign Key to ShareOfCostEvidence
incomeSourceCode	CHARACTER	10	Yes	Income Evidence – Source	The source of the Recipient's, spouse's or parent(s) gross income.
monthlyIncomeAmt	DECIMAL	31	Yes	Income Evidence – Monthly Income Amount	The amount of gross income available to the Recipient, spouse or parent.
deductionAmt	DECIMAL	31	Yes	Income Evidence – Deduction	The dollar amount of total income deductions other than the following income exclusions. (Standard Exclusion, Earned income exclusion, Needs of children/non-link spouse, Allowance for parents)

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/SAWS Notification

Table – Table Name: SAWSNotification

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
sawsNotificationID	BIGINT	8	No	System Generated	Primary key of SAWSNotification
caseID	BIGINT	8	No	System Generated	Foreign key for CaseHeader
notificationTypeCode	CHARACTER	10	Yes	IHSS Notification To SAWS – Notification Type	Allows selection of a notification type
comment	VARCHAR	100	Yes	IHSS Notification To SAWS – Comments	Free form 100 character comment field

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Concern Role Contact Ext

**Table – Table Name: ConcernRoleContactExt**

This is an extension to an existing Cúram OOTB table.

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
preferredLanguage	CHARACTER	10	No	Contact – Spoken Language	Spoken Language

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Hourly Task Guidelines

Table – Table Name: HourlyTaskGuidelines

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
htgID	BIGINT	8	No		
serviceTypeCode	CHARACTER	10	Yes		
funcAreaCode	CHARACTER	10	Yes		
funcRank	CHARACTER	10	Yes		
minValue	INTEGER	4	No		
maxValue	INTEGER	4	No		
otherInd	CHARACTER	1	No		

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Health Care Certification

Table – HealthCareCertification

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
healthCareCertificati onID	BIGINT	8	No	System Generated	Primary Key of Healthcare Certification
caseID	BIGINT	8	No	System Generated	Indicates caseID associated with Case
formPrintDate	DATE	4	Yes	Health Care Certification	Indicates system generated date the SOC 873 & 874 were printed
dueDate	DATE	4	Yes	Health Care Certification	Indicates system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient"
formGivenToRecipientDate	DATE	4	Yes	Health Care Certification	Indicates user entered date on which the SOC 873 & 874 were given to the recipient
formRecipientEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the SOC 873 & 874 Given To Recipient was entered in CMIPS II
exceptionDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Exception was granted
exceptionEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Exception Date was entered in CMIPS II
goodCauseExtDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Good Cause Extension was granted
goodCauseExtEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Good Cause Extension Date was entered in CMIPS II.
goodCauseExtDueDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Good Cause Extension is Due
hccFormsPrintedInd	CHARACTER	1	No	Health Care Certification	Indicates whether or not the Health Care Certifications form(s) were generated in CMIPS
healthCareCertificati onType	CHARACTER	10	Yes	Health Care Certification	The type of Health Care Certification received by the county.
documentReceivedDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification documentation was received
documentReceivedEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Entered Date was entered in CMIPS II.
comments	VARCHAR	1000	Yes	Health Care Certification	User entered text field allows up to 1000 characters
recordStatus	CHARACTER	10	No	N/A	Status of healthcare certification record.
CreatedBy	CHARACTER	30	Yes	N/A	Audit Field
CreatedOn	TIMESTAMP	8	Yes	N/A	Audit Field
LastUpdatedBy	CHARACTER	30	Yes	N/A	Audit Field
LastUpdatedOn	TIMESTAMP	8	Yes	N/A	Audit Field
VersionNo	INTEGER	1	No	N/A	Audit Field

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/Health Care Certification Snapshot

Table – HealthCareCertificationSnapshot

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
healthCareCertificationSnapshotID	BIGINT	8	No	System Generated	Primary Key of Healthcare Certification snapshot
healthCareCertificationID	BIGINT	8	No	System Generated	Indicates Health Care Certification ID associated with HealthCareCertification Table
caseID	BIGINT	8	No	System Generated	Indicates caseID associated with Case
formPrintDate	DATE	4	Yes	Health Care Certification	Indicates system generated date the SOC 873 & 874 were printed
dueDate	DATE	4	Yes	Health Care Certification	Indicates system generated Due Date based upon the date entry in "SOC 873 & 874 Printed Date" or the "Date given to the Recipient"
formGivenToRecipientDate	DATE	4	Yes	Health Care Certification	Indicates user entered date on which the SOC 873 & 874 were given to the recipient
formRecipientEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the SOC 873 & 874 Given To Recipient was entered in CMIPS II
exceptionDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Exception was granted
exceptionEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Exception Date was entered in CMIPS II
goodCauseExtDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Good Cause Extension was granted
goodCauseExtEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Good Cause Extension Date was entered in CMIPS II.
goodCauseExtDueDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Good Cause Extension is Due
hccFormsPrintedInd	CHARACTER	1	No	Health Care Certification	Indicates whether or not the Health Care Certifications form(s) were generated in CMIPS
healthCareCertificationType	CHARACTER	10	Yes	Health Care Certification	The type of Health Care Certification received by the county.
documentReceivedDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification documentation was received
documentReceivedEnteredDate	DATE	4	Yes	Health Care Certification	Indicates date on which the Health Care Certification Entered Date was entered in CMIPS II.
comments	VARCHAR	1000	Yes	Health Care Certification	User entered text field allows up to 1000 characters
recordStatus	CHARACTER	10	No	N/A	Status of healthcare certification record
CreatedBy	CHARACTER	30	Yes	N/A	Audit Field
CreatedOn	TIMESTAMP	8	Yes	N/A	Audit Field
LastUpdatedBy	CHARACTER	30	Yes	N/A	Audit Field
LastUpdatedOn	TIMESTAMP	8	Yes	N/A	Audit Field
VersionNo	INTEGER	1	No	N/A	Audit Field

# DSD 21/Recip CM & OS – Service Eligibility/Database Entities/CFCO Opt-Out Snapshot

Table – Table Name: CFCOOptOutSnapshot

Field Name	Field Data Type	Size	Null	Screen Name – Field Name	Comments
fcfoOptOutSnapshotID	BIGINT	8	No	N/A	Primary key for the CFCO Opt Out Snapshot table
ihssAssessmentEvidenceID	BIGINT	8	No	N/A	The IHSSAssessmentEvidenceID that is linked to the CFCO Opt out change
caseID	BIGINT	8	No	N/A	The caseID that is associated with the assessment
fcfoOptOutInd	STRING	1	No	Modify Program Evidence - Recipient Declines CFCO	The indicator to check if the recipient opted out of CFCO
fcfoOptOutChangeDate	DATE	8	Yes	N/A	The date when the recipient opted in or out of CFCO Format: YYYYMMDD
createdOn	TIMESTAMP	8	No	N/A	Audit Field
createdBy	CHARACTER	30	No	N/A	Audit Field
lastUpdatedOn	TIMESTAMP	8	No	N/A	Audit Field
lastUpdatedBy	CHARACTER	30	No	N/A	Audit Field
versionNo	INTEGER	1	No	N/A	Audit Field

# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions

This section will document the high-level business classes developed to support the CMIPS II 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 developed for the CMIPS II 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

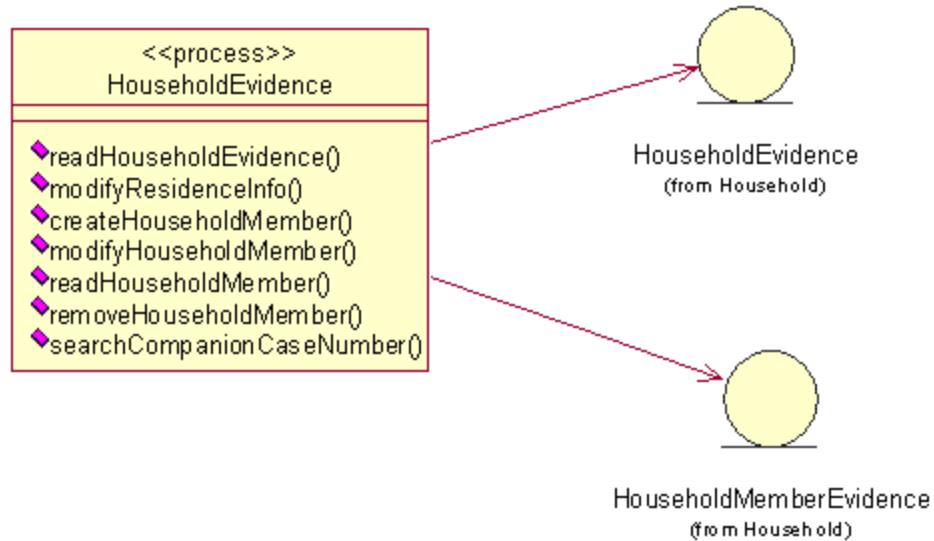
Class Operations – name, return type, return value, scope

Class Parameters – name, type, default values

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

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

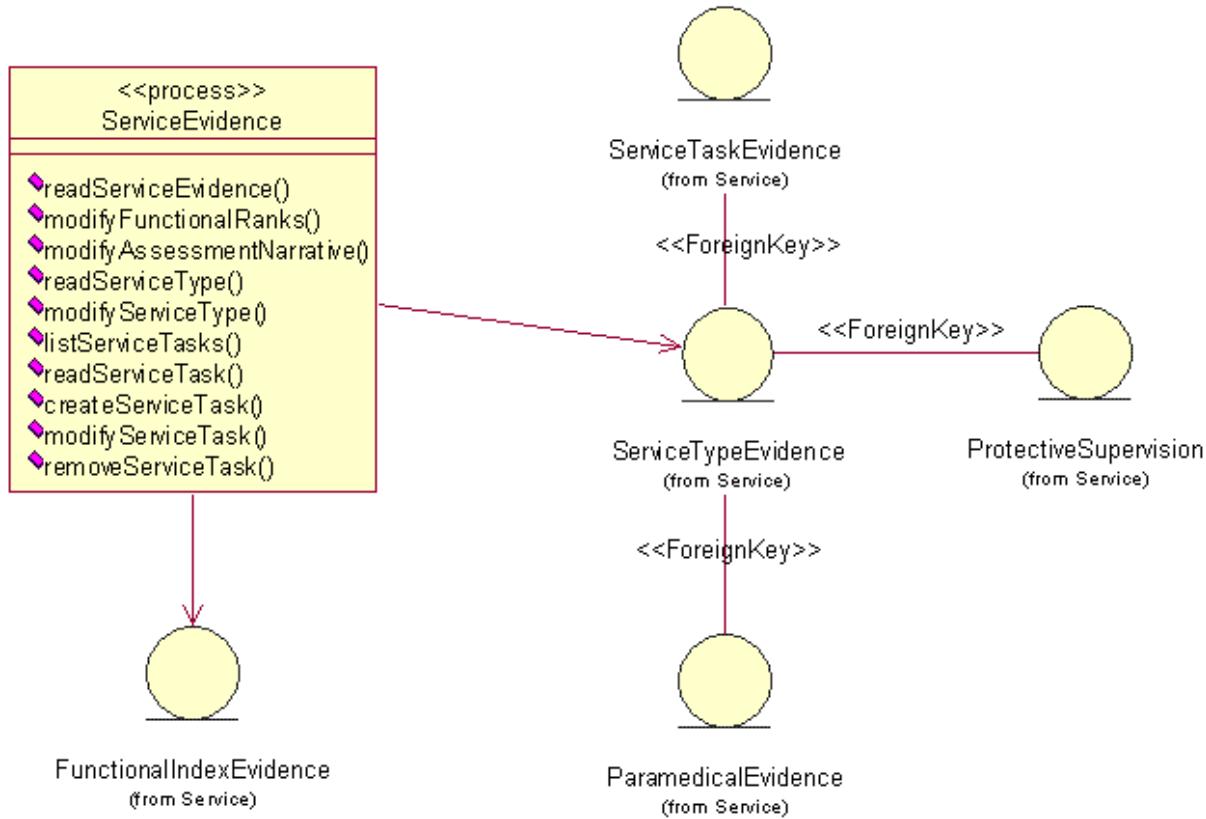
# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Household Evidence



## Operations

Class	Operation	Description	Exceptions
Household Evidence	readHouseholdEvidence()	Will query HouseholdEvidence and HouseholdMemberEvidence tables to retrieve all household records for a particular evidence.	
Household Evidence	modifyResidenceInfo()	Will update the HouseholdEvidence table record for the modified residence information.	
Household Evidence	createHouseholdMember()	Will create a record in the HouseholdMemberEvidence table for the new household member.	
Household Evidence	modifyHouseholdMember()	Will update the HouseholdMemberEvidence table for the modified household member record.	
Household Evidence	readHouseholdMember()	Will query the HouseholdMemberEvidence table to retrieve household member record.	
Household Evidence	removeHouseholdMember()	Will delete a record from the HouseholdMemberEvidence table for the selected household member.	
Household Evidence	searchCompanionCaseNumber()	Will search for any companion cases living at the Recipient's home address.	

# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Service Evidence

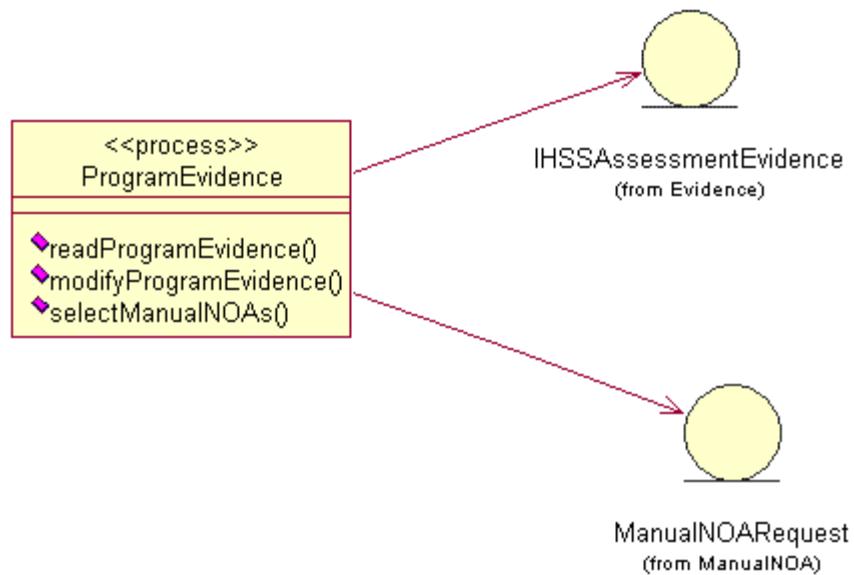


## Operations

Class	Operation	Description	Exceptions
Service Evidence	<code>readServiceEvidence()</code>	Will query <code>FunctionalIndexEvidence</code> and <code>ServiceTypeEvidence</code> tables to retrieve all service records for a particular evidence.	
Service Evidence	<code>modifyFunctionalRanks()</code>	Will update <code>FunctionalIndexEvidence</code> table for the modified functional ranks of the 14 functional areas.	
Service Evidence	<code>modifyAssessmentNarrative()</code>	Will update table for the modified notes of Assessment Narrative.	
Service Evidence	<code>readServiceType()</code>	Will query the <code>ServiceTypeEvidence</code> table to retrieve service type record.	
Service Evidence	<code>modifyServiceType()</code>	Will update the <code>ServiceTypeEvidence</code> table for the modified service type record.	
Service Evidence	<code>listServiceTasks()</code>	Will query the <code>ServiceTaskEvidence</code> table to retrieve a list of service tasks pertaining to a given service type.	
Service Evidence	<code>readServiceTask()</code>	Will query the <code>ServiceTaskEvidence</code> table to retrieve service task record.	
Service Evidence	<code>createServiceTask()</code>	Will create a record in the <code>ServiceTaskEvidence</code> table for the new service task.	
Service Evidence	<code>modifyServiceTask()</code>	Will update the <code>ServiceTaskEvidence</code> table for the modified service task record.	

Service Evidence	removeServiceTask()	Will delete a record in the ServiceTaskEvidence table for the selected service task.	
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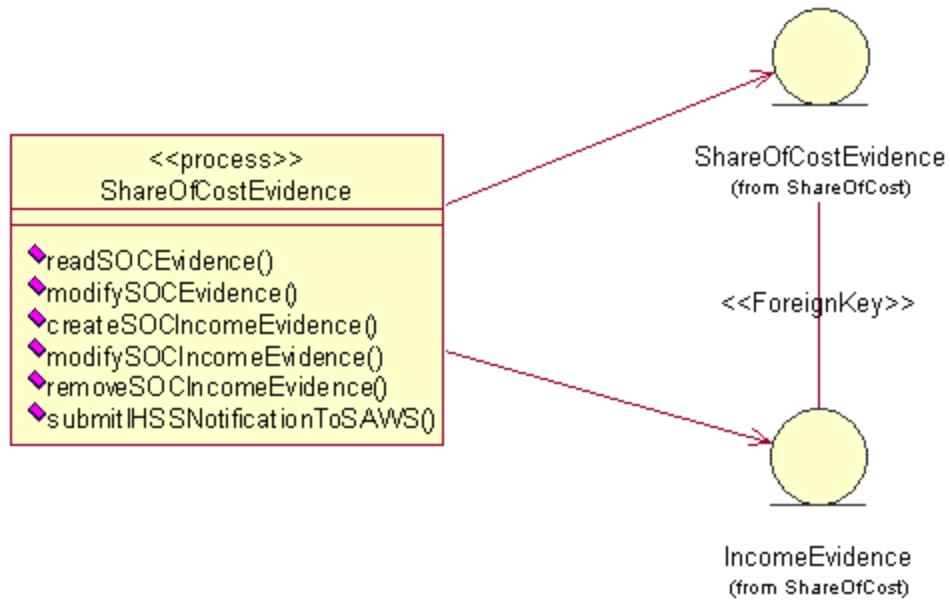
# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Program Evidence



## Operations

Class	Operation	Description	Exceptions
Program Evidence	readProgramEvidence()	Will query IHSSAssessmentEvidence table to retrieve all program evidence records for a particular evidence.	
Program Evidence	modifyProgramEvidence ()	Will update IHSSAssessmentEvidence table for the modified program evidence information.	
Program Evidence	selectManualNOAs()	Will display the list of Manual NOA codes from the ManualNOARequest table to be saved with the evidence.	

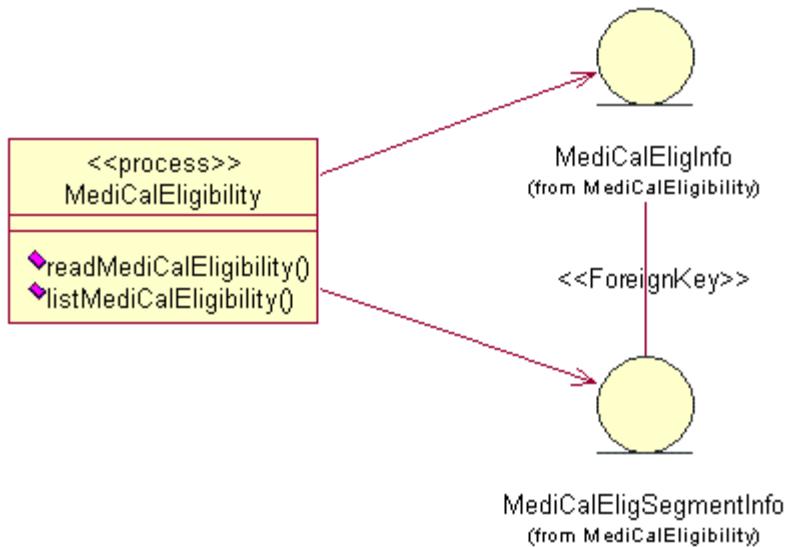
# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Share of Cost Evidence



## Operations

Class	Operation	Description	Exceptions
Share Of Cost Evidence	readSOCEvidence	Will query ShareOfCostEvidence and IncomeEvidence tables to retrieve all SOC evidence records for a particular evidence.	
Share Of Cost Evidence	modifySOCEvidence	Will update ShareOfCostEvidence table for the modified SOC evidence information.	
Share Of Cost Evidence	createSOCIncomeEvidence	Will create a record in the IncomeEvidence table for the new SOC income evidence.	
Share Of Cost Evidence	modifySOCIncomeEvidence	Will update the IncomeEvidence table for the modified SOC income evidence record.	
Share Of Cost Evidence	removeSOCIncomeEvidence	Will delete a record from the IncomeEvidence table for the selected SOC income evidence.	
Share Of Cost Evidence	submitIHSSNotificationToSAWS	Will create a record in the SAWSNotification table.	

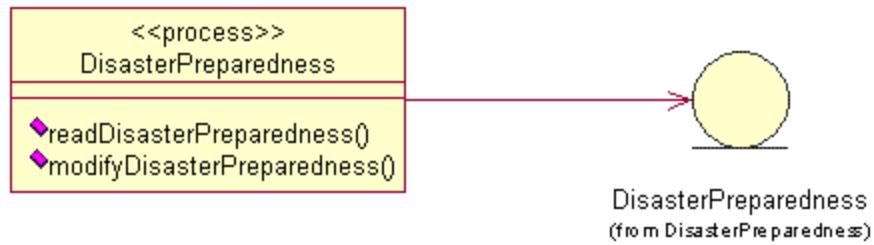
# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Medi-Cal Eligibility



## Operations

Class	Operation	Description	Exceptions
MediCal Eligibility	readMediCalEligibility()	Will query MediCalEligInfo and MediCalEligSegmentInfo tables to retrieve the Recipient's Medi-Cal eligibility information.	
MediCal Eligibility	listMediCalEligibility()	Will query the MediCalEligInfo table to retrieve a list of Med-Cal eligibility records for the Recipient.	

# DSD 21/Recip CM & OS – Service Eligibility/Business Class Definitions/Disaster Preparedness



## Operations

Class	Operation	Description	Exceptions
Disaster Preparedness	readDisasterPreparedness()	Will query DisasterPreparedness table to retrieve Recipient's disaster preparedness information.	
Disaster Preparedness	modifyDisasterPreparedness()	Will update DisasterPreparedness table for the modified disaster preparedness record of the Recipient.	