DSD - Appendix F

D-4.2-03 – Detailed System Design (R2025.03.01) Appendix F - Check Eligibility Processing Order

Version 1.0

03/28/2025

Table of Contents

Appendix F Introduction

DSD Section 22 – Error Message and Business Rule Processing Order

This DSD Appendix is a re-sort by "Check Eligibility Processing Order" of the Error Messages and Business Rules in DSD Section 22.

After each version of the DSD has completed the comments cycle, Section 2 and 3 of this document will be replaced by the Error Messages and Business Rules in the current version of the DSD. These sections will be re-sorted by the "Check Eligibility Processing Order.

Because DSD Section 22 covers other areas of the CMIPS application other than the authorization process there will be several error message and business rules which will not have a "Check Eligibility Processing Order". These error messages and business rules will always be at the top of the sort order.

Any error message or business rule which was removed from the DSD will be indicated as "Removed per CR XXX". The "No" indication will be retained but all other fields will be blank. The "Removed per CR XXX" will appear in the Screen Name or User Action column for Error Messages and in the Description field for Business Rules.

Business Process Flow

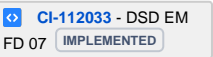| CI	Document Name
‹› **CI-467941** - DSD BP Authorization Process Flow IMPLEMENTED	DSD_BP_Authorization_Process_Flow.doc
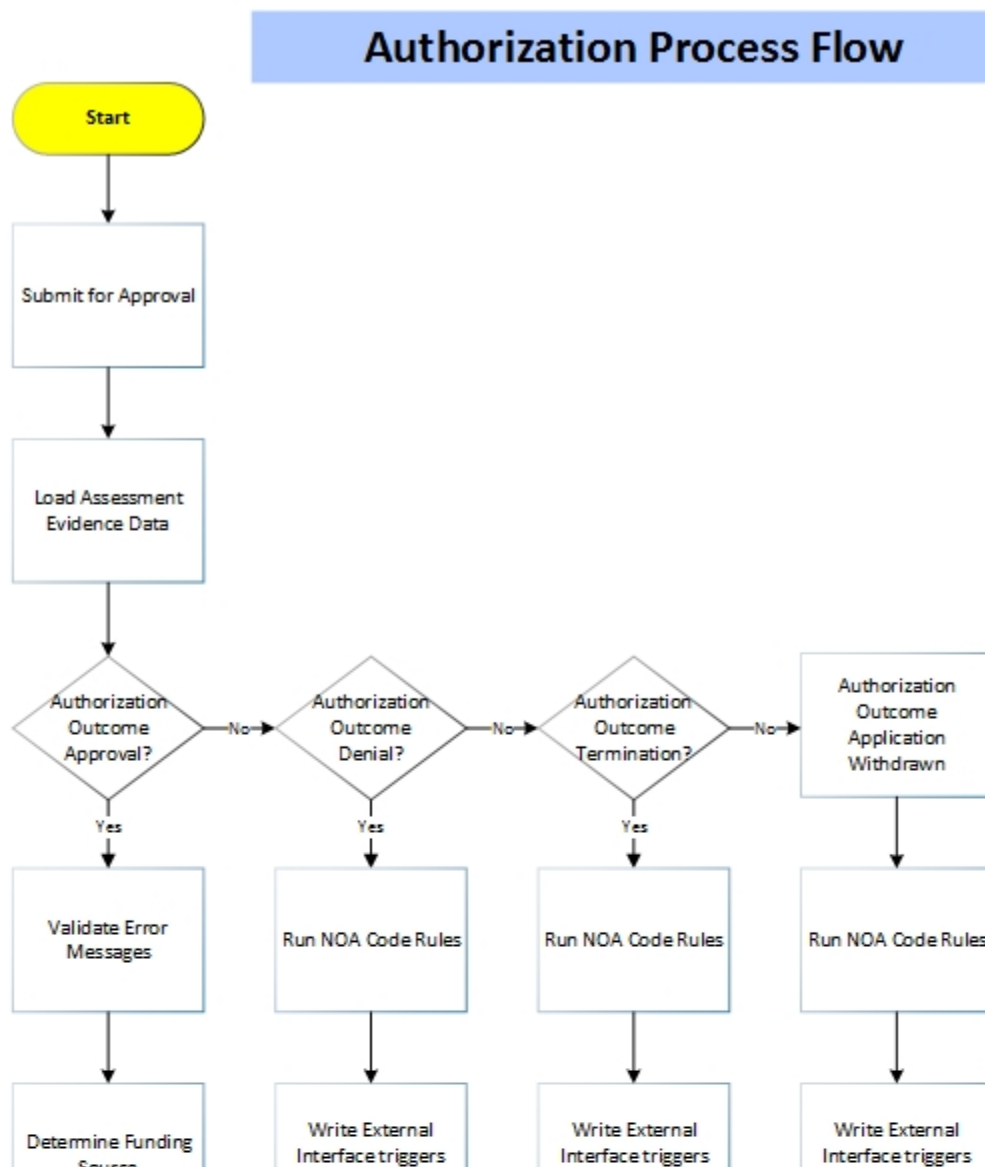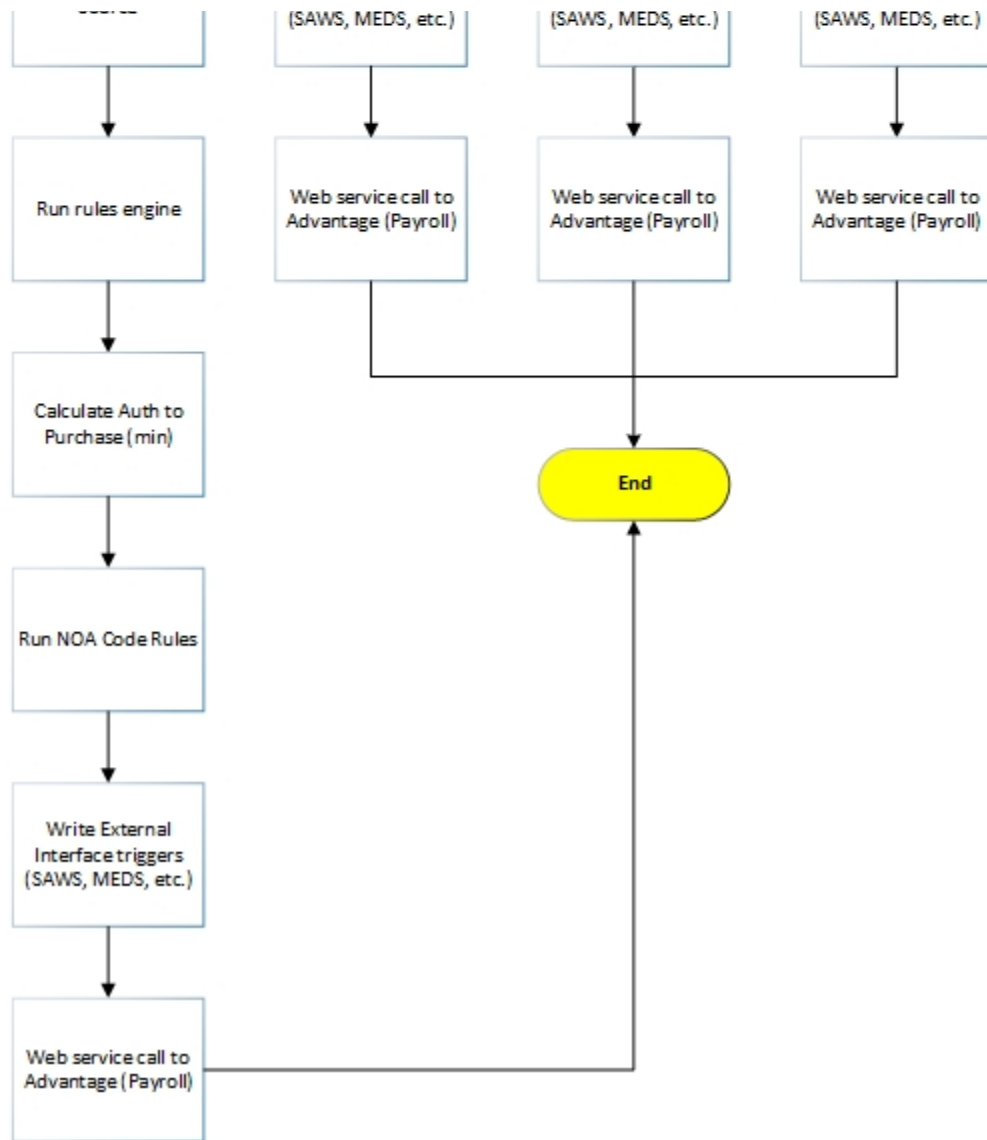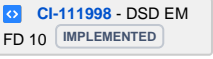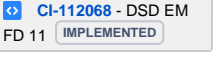
Figure – Authorization Process Flow

Appendix F - Error Messages - Processing Order Sort

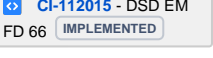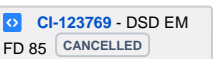| No	Sta rT e a m ID	CI	Scree n Name or User Action	Condition	Action	Error	Check El ig ib ili ty P r o c e s si ng O r d er
5		CI-112030 - DSD EM FD 05 `IMPLEMENTED`	Canc el Subm ission	When a user other than the user who submitted the case for approval selects the Cancel Submission link	Do not allow the action	Display the error message, "Only the submitter can cancel a submission."	
6		CI-112000 - DSD EM FD 06 `IMPLEMENTED`	Autho rizatio n List	When the Search link is selected on the Authorizations screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
7		CI-112033 - DSD EM FD 07 `IMPLEMENTED`	Autho rizatio n List	When the Search link is selected and the Authorization Start Date To date is more than one year from the From date	Do not allow the action	Display the error message, "Authorization Search is limited to a one year period."	
8		CI-112014 - DSD EM FD 08 `IMPLEMENTED`	Mode s of Servic e List Search	When the Search link is selected on the Modes of Services List screen and the From Date is after the To Date	Do not allow the action	Display the error message, "From Date must be before To Date."	
9		CI-112024 - DSD EM FD 09 `IMPLEMENTED`	Modif y Mode s of Service	When the Save link is selected on the Modify Modes of Service screen and the aggregated Total of Individual Provider Hours, County Contractor Hours and Homemaker Hours do not total the Auth to Purchase	Do not allow the action	Display the error message, "Individual Provider, County Contractor and Homemaker Hours must equal Auth to Purchase Hours."	
10		CI-111998 - DSD EM FD 10 `IMPLEMENTED`	Modif y Mode s of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date indicated is beyond the Authorization Period of the current Active Evidence	Do not allow the action	Display the error message, "Modes of Service Assignment may not exceed Authorization Period of current Active Evidence."	
11		CI-112068 - DSD EM FD 11 `IMPLEMENTED`	Modif y Mode s of Service	When the Save link is selected on the Modify Modes of Service screen and the Start Date is not the 1st day of a Month or of an Authorization Segment	Do not allow the action	Display the error message, "Start Date must be the first day of a Service Month or the first day of an Authorization Segment."	
34		CI-111051 - DSD EM SS 55 `IMPLEMENTED`	Modif y Mode s of Service	When the Save link is selected on the Modify Modes of Service screen and the "Auth to Purchase Remaining Hours" are less than the number of hours being moved from one Mode of Service to another	Do not allow the action	Display the error message, "Remaining Hours are less than Mode of Service Hours being changed."	
55		CI-112064 - DSD EM FD 55 `IMPLEMENTED`	Mode s of Service	When the Search link is selected on the Mode of Service list screen and the To date is more than one year from the From date	Do not allow the action	Display the error message, "Mode of Service Search is limited to a twelve month period."	
66		CI-112015 - DSD EM FD 66 `IMPLEMENTED`	Modif y Mode s of Service	When the Save link is selected on the Modify Modes of Service screen and Hours are allocated to a Mode of Service not indicate on the Program Evidence screen for the Authorization Period associated to the Service Month	Do not allow the action	Display the error message, "Hours cannot be assigned to [Mode of Service] as it was not indicated for the Authorization Period."	
85	1 6 8 93	CI-123769 - DSD EM FD 85 `CANCELLED`	Modif y Adjust ed Hours	When the Save link is selected on the Modify Adjusted Hours screen • and the Reinstated Hours is greater than the Adjusted Hours	Do not allow the action.	Display the error message, "Reinstated Hours may not exceed Adjusted Hours."	

86	168 93 168 91	**CI-123770** - DSD EM FD 86 `IMPLEMENTED`	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen • and Reinstated Hours are greater than 00:00 • and the Waiver Program field on the Program Evidence screen is Yes	Do not allow the action.	Display the error message, "Reinstated Hours may not be indicated when Program Evidence Waiver Program is Yes. Please review designations and update appropriately."	
87	168 93	**CI-123771** - DSD EM FD 87 `IMPLEMENTED`	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen • and the Reinstated Hours are a negative value	Do not allow the action.	Display the error message, "Reinstated Hours may not be a negative value."	
88	168 93 168 94	**CI-123772** - DSD EM FD 88 `IMPLEMENTED`	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen • and the Reinstated Hours are greater than 00:00 • and the Social Worker Certification is "Yes"	Do not allow the action.	Display the error message, "When Reinstated Hours are indicated Social Worker Certification must be 'No'."	
107	168 93 168 94	**CI-215802** - DSD EM FD 107 `IMPLEMENTED`	Modify Reduced Hours	When the Save link is selected on the Modify Reduced Hours screen • and Social Worker Certification is Yes • and the Waiver Program field on the Program Evidence screen is Yes	Do not allow the action	Display the error message, "Social Worker Certification and Waiver Program may not both be indicated as "Yes". Please review needed indication and make appropriate changes."	
117	12007 169 70	**CI-489572** - DSD EM FD 117 `IMPLEMENTED`	Check Eligiblity Submit for Approval	When the Save link is selected on the Check Eligibility screen or the Submit for Approval Confirmation Screen and the Assessment Type is other than Initial • And the authorization Start Date is prior to the current date • And a payment has been issued for any month in the authorization period (Authorization Start Date through Authorization End Date) • And the current Funding Source does not match the Funding Source associated with the payment	Do not allow the action	Display the error message, "Payments have been made for MM/DD/YYYY[1] to MM/DD/YYYY[2] therefore the Funding Source cannot be modified. Please process an authorization for the following assessments: MM/DD/YYYY[1] to MM/DD/YYYY[2] to retain funding source. Then process another assessment for period MM/DD/YYYY[3] to MM/DD/YYYY[5] to allow update of the funding source. Rules to populate MM/DD/YYYY fields: • MM/DD/YYYY[1] current Pending Evidence Authorization Start Date • MM/DD/YYYY[2] – Last month in the Authorization period where payment has been issued • MM/DD/YYYY[3] first month in the authorization period where payments have not been issues • MM/DD/YYYY[4] the current Pending Evidence Authorization End Date.	
118	12075 169 62	**CI-489573** - DSD EM FD 118 `IMPLEMENTED`	Check Eligiblity Submit for Approval	When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation Screen and the Assessment Type is Initial • And the DN19 NOA is selected on the Manual NOA screen • And either Medi-Cal Eligibility exists for the Referral Date month and the FFP is "Y" • Or Medi-Cal Eligibility exists for the Authorization Start Date month and the FFP is "Y"	Do not allow the action	Display the error message, "Funding Source for this case is PCSP/IPO/CFCO. Manual NOA DN19 may only be selected when the Funding Source is IHSS-R. Please remove DN19 from the Manual NOA screen."	
30		**CI-112059** - DSD EM FD 30 `IMPLEMENTED`	Check Eligiblity Activate Evidence	If any of Disaster Preparedness fields are blank	Do not allow the action	Display the error message, "Disaster Preparedness indications are required."	01
114	169 46	**CI-446476** - DSD EM FD 114 `IMPLEMENTED`	Check Eligiblity or Submit for Approval	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit for Approval screen • and the Assessment Type is other than Initial • and the Person Home "Meets Residency Requirement" is any of the following: • Living in Home of Relative receiving Board & Care Rate • Non-California Residency • Not living in own home • Whereabouts unknown	Do not allow the action	Display the error message, 'Meets Residency Requirement" field on Person Home must be "Met" to process Pending Evidence. To Terminate the case for the Meets Residency Requirement, delete the Pending Evidence and Terminate Case from the Case Home.'	02

77		**CI-112061** - DSD EM FD 77 `IMPLEMENTED`	Check Eligibility Activate Evidence	When the Save link is selected on the Modify Program Evidence screen and the Assessment Type is Initial and has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 13 months	Do not allow the Action	Display the error message, "Initial Authorization period may not exceed 12 months."	03.1
110	125 10	**CI-437006** - DSD EM FD 110 `IMPLEMENTED`	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected or triggered	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.2
111	125 10	**CI-437007** - DSD EM FD 111 `IMPLEMENTED`	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Authorization Start Date is blank on the Program Evidence and a DN Manual NOA is not selected	Do not allow the action	Display the error message, "Program Evidence Authorization Start Date required for Check Eligibility or Submit for Approval actions."	03.3
112	168 79	**CI-437008** - DSD EM FD 112 `IMPLEMENTED`	Check Eligibility	When the Check Eligibility link is selected on the Check Eligibility screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.4
113	168 79	**CI-437009** - DSD EM FD 113 `IMPLEMENTED`	Submit for Approval	When the Yes link is selected on the Submit for Approval screen and the Program Evidence Medical Certification Reason is other than Pending and the Manual NOA Code DN22 is selected	Do not allow the action	Display the error message, "Manual NOA DN22 may not be selected when Medical Certification Reason is other than Pending."	03.5
65		**CI-112054** - DSD EM FD 65 `IMPLEMENTED`	Check Eligibility and Activate Evidence	When Authorization Start Date is prior to the current date and any Medi-Cal Eligibility Service Month records within the "Authorization Period" has an FFP indication which does not match the record associated with	Do not allow the action	Display the error message "Authorization cannot span months with different Medi-Cal Eligibility FFP indications."	05
24	120 83	**CI-112013** - DSD EM FD 24 `IMPLEMENTED`	Check Eligibility	When a case with an IHSS-R Funding Source has an IHSS Share of Cost which exceeds SOC Compare Cost *Note – The SOC Compare Cost calculation is always based upon the hours associated with a full service month.	Allow the action	Display the information message, "Share of Cost exceeds Need – IHSS-R."	06
75		**CI-112031** - DSD EM FD 75 `IMPLEMENTED`	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 12 months and the Funding Source is IPO or IHSS-R	Do not allow the Action	Display the error message, "Funding Source Authorization Period may not exceed 12 months."	07
76	161 19 169 71	**CI-111065** - DSD EM SS 69 `IMPLEMENTED`	Check Eligibility Activate Evidence	When an Assessment Type other than Initial has an Authorization Period (Program Evidence Authorization Start Date and Authorization End Date) which spans more than 18 months and the Funding Source is PCSP or CFCO	Do not allow the Action	Display the error message, "PCSP or CFCO Funding Source Authorization Period may not exceed 18 months."	08
54		**CI-111029** - DSD EM SS 33 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When Advance Pay is indicated and the Authorization Start Date is in a month prior to the current month	Fail the rule, decision results screen show that the rule failed	Display the error message "Advance Pay only allowed for current or future month."	08.1
63		**CI-111035** - DSD EM SS 39 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Fingerprint Exemption indication is "Refused" and the Assessment Type is "State Hearing"	Do not allow the action	Display the error message, "Assessment Type 'State Hearing' is not allowed when the Fingerprint Exemption is 'Refused.'"	09

73		**CI-112008** - DSD EM FD 73 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a case has Share of Cost Evidence and Program Evidence Authorization Start Date and Authorization End Date span the Share of Cost Benefit Level Begin Date	Do not allow the action	Display the error message "Authorization Start Date and Authorization End Date may not span Benefit Level Begin Date [Begin Date]."	10
53		**CI-112023** - DSD EM FD 53 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Eligibility Date indicated on the Check Eligibility screen is either • prior to the Pending Evidence Authorization Start Date • or after the Pending Evidence Authorization End Date	Fail the rule, decision results screen show that the rule failed	Display the error message "Check Eligibility date selected is either before Authorization Start Date or after Authorization End Date."	11
1 08	1 2 5 31 1 2 5 36 1 6 0 99 2 0 7 85	**CI-290730** - DSD EM FD 108 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occur and a case has Companion Case(s) • And any of the cases has Companion Case Protective Supervision Proration = Yes • And any of the associated Companion Cases is in Pending, Eligible or Presumptive Eligible status and does not have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of the current date	Do not allow the action	Display the error message, "All Companion Cases associated with this case must have either Pending Evidence or Active Evidence with an IHSS Determination Date within one business day of current date when any Companion Case Protective Supervision Proration = Yes. Please update case evidence as needed."	1 1.1
1 09	1 2 5 31 1 2 5 36 1 6 0 99 2 0 7 85	**CI-290731** - DSD EM FD 109 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Check Eligibility or Submit for Approval processes occurs and a case has Companion Case(s) • And an associated Companion Case Protective Supervision Proration = Yes • And the Authorization Start Date on all Companion cases in Pending, Eligible or Presumptive Eligible does not have an Authorization Start Date in the same calendar month	Do not allow the action	Display the error message, "All Companion Cases must have an Authorization Start Date in the same calendar month when any Companion Case Protective Supervision Proration = Yes. Please validate Authorization Start Dates on all cases."	1 1.2
29		**CI-112002** - DSD EM FD 29 `IMPLEMENTED`	Check Eligibility or Activate Evidence	If the Assessment Type is Inter-County Transfer and the Address indicated on the Inter-County Transfer does not match the Residence Address on the Recipient's Person Record	Do not allow the action	Display the message, "Person Record Residence Address must match Inter-County Transfer Address indication."	12
62		**CI-112025** - DSD EM FD 62 `IMPLEMENTED`	Check Eligibility Activate Evidence	When a case is indicated as "Presumptive Eligible" and the IHSS Funding source is other than IHSS-R	Do not allow the action	Display the error message, "Presumptive Eligibility not allowed when IHSS Funding Source is other than IHSS-R."	13
27	1 6 5 24	**CI-112050** - DSD EM FD 27 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Living Arrangement is Tenant and an Assessed Need for Yard Hazard Abatement exists	Fail the rule, decision results screen shows that this rule failed	Display the message, "Assessed Need for Yard Hazard Abatement is not allowed when Living Arrangement is 'Tenant'."	14
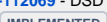
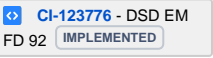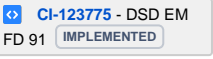|						
31		**CI-112041** - DSD EM FD 31 `IMPLEMENTED`	Check Eligibility Activate Evidence	If Advance Pay is indicated and Recipient is not Severely Impaired (SI)	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Advance Pay not allowed for a Recipient who is not severely impaired."	15
25	1 2 4 41	**CI-112027** - DSD EM FD 25 `IMPLEMENTED`	Check Eligibility or Activate Evidence	If Teaching and Demonstration Services are indicated and there is no Assessed Need for services <u>other than</u> Heavy Cleaning, Accompaniment to Medical Appointment, Accompaniment to Alternative Resource, Protective Supervision, Teaching and Demonstration or Paramedical Services	Fail the rule, decision results screen shows that this rule failed	Display the error message, "Teaching and Demonstration not allowed with indicated Service Types."	16
64		**CI-112037** - DSD EM FD 64 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When the Assessment Type is not Conversion[1] but is Change or Reassessment • And the previous Authorization indicated Advance Pay • And the current Assessment indicates Advance Pay • And the Authorization Start Date of the current Assessment is before the 1st day of the month prior to the current date • And the Total Auth to Purchase After Reduced Hours have increased	Do not allow the Modify action	Display the error message "Auth Hours may not be increased for a period prior to the 1st day of the prior month when Advance Payment has been made. The user must create an Assessment with the same hours as the previous authorization with an Authorization Start Date of [Authorization Start Date of the Pending Evidence] and an Authorization End Date of [one day prior to the 1st day of the prior month]. The user then creates a separate Assessment for the ongoing increased hours with the Authorization Start Date [the 1st day of the prior month]."	17
32	1 2 5 10	**CI-112055** - DSD EM FD 32 `IMPLEMENTED`	Check Eligibility Activate Evidence	When NOA AR03, HR02, HR04, LV05, LV06, RM02, RM03, RM07, RS02 (Change), RS03 (Change), SC02, SC03, SCO4, SP01 (Change), SPO2 (Change), TR01, TR02, TR03, TR04, TR05, TR06, TR07, TR08, TR09, TR10, TR11, TR12, TR13, TR14, TR15, TR16, TR19, TR28, VS02 (Change), VS03 (Change) is triggered AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Fail the rule, decision results screen show that this rule failed	Display the error message, "Any negative action requires 10 day notice."	18
33	1 2 5 69	**CI-112032** - DSD EM FD 33 `IMPLEMENTED`	Check Eligibility Activate Evidence	If the Assessment Type is other than "Initial" and the Authorized to Purchase Hours are less than the previous Authorization Segment Authorized to Purchase Hours AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Fail the rule, decision results screen show that this rule failed	Display the error message, "Retrospective decrease in authorized hours not allowed."	19
12	1 2 6 11	**CI-112007** - DSD EM FD 12 `IMPLEMENTED`	Check Eligibility or Activate Evidence	If a case has an Functional Rank of 1 and an associated Service has an Assessed Need greater than zero	Do not allow the action	Display the error message, "Functional Rank of 1 does not allow Assessed Need for [Service Type]."	20
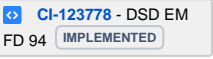
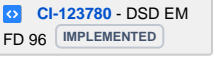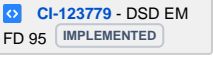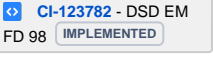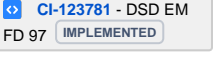|						
13		**CI-112063** - DSD EM FD 13 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Domestic Services and there is no Assessed Need for Domestic Services or Heavy Cleaning	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Domestic Services or Heavy Cleaning."	21
16		**CI-112062** - DSD EM FD 16 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Meal Prep & Clean-up there is no Assessed Need for Preparation of Meals and/or Meal Clean-up	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Preparation of Meals and/or Meal Clean-up."	22
14		**CI-112009** - DSD EM FD 14 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 4 or 5 for Laundry and there is no Assessed Need for Laundry	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	23
15		**CI-112067** - DSD EM FD 15 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3 or 5 for Shopping and Errands and there is no Assessed Need for Shopping for Food and/or Other Shopping and Errands	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Shopping for Food and/or Other Shopping and Errands."	24
18		**CI-112034** - DSD EM FD 18 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Bathing & Grooming there is no Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Routine Bed Bath and/or Bath Oral Hygiene and Grooming."	25
17		**CI-112058** - DSD EM FD 17 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Dressing and there is no Assessed Need for Dressing	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	26
19		**CI-112017** - DSD EM FD 19 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Feeding and there is no Assessed Need for Feeding	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	27
20		**CI-112046** - DSD EM FD 20 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 5 for Respiration there is no Assessed Need for Respiration	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	28
21		**CI-112003** - DSD EM FD 21 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Transfer there is no Assessed Need for Transfer	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	29
22		**CI-112022** - DSD EM FD 22 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for Ambulation there is no Assessed Need for Ambulation	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for [Service Type]."	30
23		**CI-112026** - DSD EM FD 23 `IMPLEMENTED`	Check Eligibility or Activate Evidence	When a Recipient case has a Functional Rank of 3, 4 or 5 for 'Bowel, Bladder & Menstrual' and there is no Assessed Need for Bowel and Bladder Care or Menstrual Care	Do not allow the action	Display the error message, "Functional Rank of 3 or higher must have associated Assessed Need for Bowel & Bladder Care or Menstrual Care."	31

35		**CI-112028** - DSD EM FD 35 IMPLEMENTED	Check Eligibility or Activate Evidence	When an indicated Proration value exceeds the number of Household Members on the case	Fail the rule, decision results screen show that the rule failed	Display the error message, "Proration for [Service Type] exceeds the indicated number of Household Members."	32
36	1 6 3 54	**CI-112048** - DSD EM FD 36 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Ambulation" Service Type "Comment" field is blank and the Individual Assessed Need for "Ambulation" is below or above the following hours allocation for the Functional Area of Ambulation: • Functional Rank 2 – 00:35 to 01:45 • Functional Rank 3 – 01:00 to 02:06 • Functional Rank 4 – 01:45 to 03:30 • Functional Rank 5 – 01:45 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	33
37	1 6 3 49	**CI-112036** - DSD EM FD 37 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Dressing" Service Type "Comment" field is blank and the Individual Assessed Need for "Dressing" is below or above the following hours allocation for the Functional Area Dressing: • Functional Rank 2 – 00:34 to 01:12 • Functional Rank 3 – 01:00 to 01:52 • Functional Rank 4 – 01:30 to 02:20 • Functional Rank 5 – 01:54 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	34
38	1 6 3 47	**CI-112044** - DSD EM FD 38 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Feeding" Service Type "Comment" field is blank and the Individual Assessed Need for "Feeding" is below or above the following hours allocation for the Functional Area Feeding: • Functional Rank 2 – 0:42 to 2:18 • Functional Rank 3 – 1:10 to 3:30 • Functional Rank 4 – 3:30 to 7:00 • Functional Rank 5 – 5:15 to 9:20	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	35
39	1 6 3 45	**CI-112039** - DSD EM FD 39 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Laundry" exceeds 01:30 hours/week when: • The Recipient case Washer is "No" • Or the Recipient case Dryer is "No" • And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1:30 /week."	36
40	1 6 3 44	**CI-112049** - DSD EM FD 40 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Laundry" Service Type "Comment" field is blank and the Individual Assessed Need for "Laundry" exceeds 1.00 hours/week when: • The Recipient case Washer designation is Yes • And the Functional Rank for Laundry is greater than one (1)	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for Laundry exceeds 1.0 hours/week."	37
41	1 6 3 43	**CI-112011** - DSD EM FD 41 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Clean-up" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Clean-up" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: • Functional Rank 2 – 01:10 to 03:30 • Functional Rank 3 – 01:45 to 03:30 • Functional Rank 4 – 01:45 to 03:30 • Functional Rank 5 – 02:20 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	38

42	1 6 3 53	CI-112004 - DSD EM FD 42 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Menstrual Care" Service Type "Comment" field is blank and the Individual Assessed Need for "Menstrual Care" is below 00:17 or above 00:488 hours/week.	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	39
43	1 6 3 46	CI-112006 - DSD EM FD 43 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bowel and Bladder" Service Type "Comment" field is blank and the Individual Assessed Need for "Bowel and Bladder" is below or above the following hours allocation for the Functional Area of Bowel, Bladder & Menstrual: • Functional Rank 2 – 00:35 to 02:00 • Functional Rank 3 – 01:10 to 03:20 • Functional Rank 4 – 02:55 to 05:50 • Functional Rank 5 – 04:05 to 08:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	40
44	1 6 3 42	CI-112045 - DSD EM FD 44 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Meal Preparation" Service Type "Comment" field is blank and the Individual Assessed Need for "Meal Preparation" is below or above the following hours allocation for the Functional Area Meal Prep & Clean-up: • Functional Rank 2 – 03:01 to 07:00 • Functional Rank 3 – 03:30 to 07:00 • Functional Rank 4 – 05:15 to 07:00 • Functional Rank 5 – 07:00 to 07:00	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	41
45	1 6 3 48	CI-112052 - DSD EM FD 45 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Bathing, Oral Hygiene and Grooming" Service Type "Comment" field is blank and the Individual Assessed Need for "Bathing, Oral Hygiene and Grooming" is below or above the following hours allocation for the Functional Area Bathing and Grooming: • Functional Rank 2 – 00:30 to 01:55 • Functional Rank 3 – 01:16 to 03:09 • Functional Rank 4 – 02:21 to 04:05 • Functional Rank 5 -03:00 to 05:06	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	42
46	1 6 3 51	CI-112057 - DSD EM FD 46 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Transfer" Service Type "Comment" field is blank and the Individual Assessed Need for "Transfer" is below or above the following hours allocation for the Transfer Functional Area: • Functional Rank 2 – 00:30 to 1:10 • Functional Rank 3 – 00:35 to 01:24 • Functional Rank 4 – 01:06 to 02:20 • Functional Rank 5 – 01:10 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	43
47	1 6 5 35	CI-112047 - DSD EM FD 47 IMPLEMENTED	Check Eligibility or Activate Evidence	When the "Routine Bed Bath" Service Type "Comment" field is blank and the Individual Assessed Need for "Routine Bed Bath" is below or above the following hours allocation for the Bathing and Grooming Functional Area: • Functional Rank 2 - 00:30 to 01:45 • Functional Rank 3 - 01:00 to 02:20 • Functional Rank 4 - 01:10 to 03:30 • Functional Rank 5 - 01:45 to 03:30	Fail the rule, decision results screen show that the rule failed	Display the error message, "Comment required when Individual Assessed Need for [Service Type] is above or below Hourly Task Guideline."	44
48	1 6 1 09	CI-111999 - DSD EM FD 48 IMPLEMENTED	Check Eligibility or Activate Evidence	When the Service Type "Feeding" has an Individual Assessed Need and the Functional Rank for "Feeding" is 6	Fail the rule, decision results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Feeding is indicated as Paramedical."	45

49	1 6 1 09	**CI-112018** - DSD EM FD 49 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When the Service Type "Meal-Clean-up" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decisio n results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	46
50	1 6 1 09	**CI-112020** - DSD EM FD 50 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When the Service Type "Preparation of Meals" has an Individual Assessed Need and the Functional Rank for "Meal Prep and Clean-up" is 6	Fail the rule, decisio n results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Meal Prep & Clean-up is indicated as Paramedical."	47
51	1 6 1 09	**CI-112053** - DSD EM FD 51 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When the Service Type "Respiration" has an Individual Assessed Need and the Functional Rank for "Respiration" is 6	Fail the rule, decisio n results screen show that the rule failed	Display error message "Assessed Need not allow because Functional Area Respiration is indicated as Paramedical."	48
52	1 6 1 09	**CI-112016** - DSD EM FD 52 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When the Service Type "Bowel & Bladder Care" has an Individual Assessed Need and the Functional Rank for "Bowel & Bladder" is 6	Fail the rule, decisio n results screen show that the rule failed	Display error message "Assessed Need not allowed because Functional Area Bowel & Bladder is indicated as Paramedical."	49
56		**CI-112056** - DSD EM FD 56 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When Manual NOA – "Restaurant Meals Allowance – No Need for Meal Prep" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "'Restaurant Meals Allowance – No Need for Meal Prep' not allowed when Program Evidence Restaurant Meals Allowance is indicated"	50
57		**CI-112010** - DSD EM FD 57 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When Manual NOA – "Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities" is selected and Program Evidence Restaurant Meals Allowance is indicated	Do not allow the action	Display the error message, "'Deny – Restaurant Meal Allowance – SSP Recipient without adequate cooking facilities' not allowed when Program Evidence Restaurant Meals Allowance is indicated"	51
58		**CI-112069** - DSD EM FD 58 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When Manual NOA – "Advance Payment Termination – Recipient Request" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "'Advance Payment Termination – Recipient Request' not allowed when Program Evidence Advance Payment is indicated"	52
59		**CI-112005** - DSD EM FD 59 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When Manual NOA – "Advance Payment – Termination- Reconciling timesheets not submitted in 90 days" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "'Advance Payment – Termination- Reconciling timesheets not submitted in 90 days' not allowed when Program Evidence Advance Payment is indicated"	53
60		**CI-112060** - DSD EM FD 60 IMPLEMENTED	Chec k Eligibi lity or Activa te Evide nce	When Manual NOA – "Advance Payment – Termination- Did not pay Provider timely" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "'Advance Payment – Termination- Did not pay Provider timely' not allowed when Program Evidence Advance Payment is indicated"	54

61		CI-112001 - DSD EM FD 61 IMPLEMENTED	Check Eligibility or Activate Evidence	When Manual NOA – "Advance Payment – Termination-Incorrect use of payment" is selected and Program Evidence Advance Payment is indicated	Do not allow the action	Display the error message, "'Advance Payment – Termination-Incorrect use of payment' not allowed when Program Evidence Advance Payment is indicated"	55
67		CI-112019 - DSD EM FD 67 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PS01 or PS02 is indicated and the Protective Supervision Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Selected NOA not allowed when Protective Supervision Total Assessed Need exists."	56
68		CI-112066 - DSD EM FD 68 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code PM01 is indicated and the Paramedical Services Total Assessed Need is greater than zero	Do not allow the action	Display the error message, "Manual NOA PM01 not allow when a Total Assessed Need exists for Paramedical Services."	57
69		CI-112012 - DSD EM FD 69 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM05 is indicated and the a Total Assessed Need exists for Meal Preparation	Do not allow the action	Display the error message, "Selected NOA not allowed when a Total Assessed Need exists for Meal Preparation."	58
70		CI-112040 - DSD EM FD 70 IMPLEMENTED	Check Eligibility and Activate Evidence	When Manual NOA Code RM06 is indicated and Household Evidence Stove = Yes	Do not allow the action	Display the error message, "Manual NOA RM06 not allow when Household Evidence Stove = Yes."	59
78		CI-116714 - DSD EM FD 78 IMPLEMENTED	Check Eligibility Submit for Approval	When the previous Authorization indicated Advance Pay and the current assessment indicates Advance Pay • And the Authorization Start Date is the 1st day of the next calendar month and that date is not at least 13 calendar days in the future • And the Auth to Purchase hours have either decreased	Do not allow the action	Display the error message, "Auth Hours may not be decreased retrospectively. User must create an Assessment with same Authorized Hours as the previous authorization with an Authorization Start Date [one day after the prior Authorization End Date] through the [Last day of the current month or the last day of the next calendar month]."]". Then create separate Assessment for the ongoing Assessment with the decreased hours.	60
83	1 6 8 89	CI-123022 - DSD EM FD 83 IMPLEMENTED	Check Eligibility Submit for Approval	When the user selects the Yes link on the Submit for Approval screen or the Check Eligibility link on the Check Eligibility screen • and the previous assessment Type is Conversion • the current Total Auth to Purchase[2] is less than the previous Total Auth to Purchase • and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for the Service Type	Do not allow the action	Display the error message, "Total Auth to Purchase is decreased by [XX:XX] due to conversion of Legacy hours to CMIPS II hours and minutes. Please increase a Monthly Service Type by [XX:XX] or a Weekly Service by [XX:XX] as directed by CDSS in the ACL providing direction regarding Conversion to Hours and Minutes."[3]	6 0.1
84	1 6 8 91	CI-123768 - DSD EM FD 84 IMPLEMENTED	Activate Evidence	When the Yes link is selected from the Submit for Approval • and the Reduced Hours field "Verified by Case Owner or Supervisor" is not checked • and the Authorization Start Date is on or after the Start Date associated with a Reduced Hours segment with a percentage greater than 0.00%	Do not allow the action.	Display the error message, 'Reduced Hours must be verified before the Submit for Approval action is allowed. Please process Check Eligibility and then verify Reduced Hours by selecting 'Verify by Case Owner or Supervisor' field."	6 0.2
1 05	1 6 8 96	CI-123767 - DSD EM FD 105 IMPLEMENTED	Manual NOA RH03 – RH10 – No Active Reduce Hours	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and any Manual NOA for Reduced Hours (RH) is selected and the current Reduced Hours is 0.00%	Do not allow the action.	Display the error message, "Manual NOA [NOA Code] not allowed when the Reduction of Recipient Hours is not in effect."	6 0.3

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90	1 6 8 96	**CI-123774** - DSD EM FD 90 `IMPLEMENTED`	Manual NOA RH03 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH03 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH03 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	6 0.4
89	1 6 8 96	**CI-123773** - DSD EM FD 89 `IMPLEMENTED`	Manual NOA RH03 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and Manual NOA RH03 is selected and the Reinstate Hours are not equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH03 is not valid when Reinstated Hours are less than Reduced Hours."	6 0.5
92	1 6 8 96	**CI-123776** - DSD EM FD 92 `IMPLEMENTED`	Manual NOA RH04 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH04 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH04 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	6 0.6
91	1 6 8 96	**CI-123775** - DSD EM FD 91 `IMPLEMENTED`	Manual NOA RH04 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH04 is selected • And the Reinstate Hours greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH04 is not valid when Reinstated Hours are indicated."	6 0.7
94	1 6 8 96	**CI-123778** - DSD EM FD 94 `IMPLEMENTED`	Manual NOA RH05 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH05 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH05 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	6 0.8
93	1 6 8 96	**CI-123777** - DSD EM FD 93 `IMPLEMENTED`	Manual NOA RH05 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH05 is selected • and the Reinstate Hours are not equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH05 is not valid when Reinstated Hours are less than Reduced Hours."	6 0.9
96	1 6 8 96	**CI-123780** - DSD EM FD 96 `IMPLEMENTED`	Manual NOA RH06 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH06 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH06 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	6 0. 10
95	1 6 8 96	**CI-123779** - DSD EM FD 95 `IMPLEMENTED`	Manual NOA RH06 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH06 is selected • and the Reinstated Hours are 00:00 • or the Reinstated Hours equal to the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH06 only allowed when Reinstated Hours are greater than 00:00 but less than the Reduced Hours."	6 0. 11
98	1 6 8 96	**CI-123782** - DSD EM FD 98 `IMPLEMENTED`	Manual NOA RH07 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH07 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH07 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	6 0. 12
97	1 6 8 96	**CI-123781** - DSD EM FD 97 `IMPLEMENTED`	Manual NOA RH07 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH07 is selected • and the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH07 is not valid when Reinstated Hours are indicated."	6 0. 13

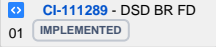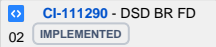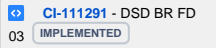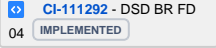|							
100	16896	**CI-123762** - DSD EM FD 100 `IMPLEMENTED`	Manual NOA RH08 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH08 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH08 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.14
99	16896	**CI-123783** - DSD EM FD 99 `IMPLEMENTED`	Manual NOA RH08 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH08 is selected • and the Reinstate Hours less than the Reduced hours	Do not allow the action.	Display the error message, "Manual NOA RH08 is not valid when Reinstated Hours are less than Reduced Hours."	60.15
102	16896	**CI-123764** - DSD EM FD 102 `IMPLEMENTED`	Manual NOA RH09 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH09 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH09 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.16
101	16896	**CI-123763** - DSD EM FD 101 `IMPLEMENTED`	Manual NOA RH09 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH09 is selected • and the Reinstated Hours are 00:00 • or the Reinstated Hours equal the Reduced Hours	Do not allow the action.	Display the error message, "Manual NOA RH09 only allowed when Reinstated Hours are greater than 00:00 but less than the Reduced Hours."	60.17
104	16896	**CI-123766** - DSD EM FD 104 `IMPLEMENTED`	Manual NOA RH10 Not Allowed	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH10 is indicated and the • Social Worker Certification is Yes • Or the Program Evidence Waiver Program is Yes	Do not allow the action.	Display the error message, "Manual NOA RH10 may not be selected when Social Worker Certification or Waiver Program are Yes. Please review case and update indications as needed."	60.18
103	16896	**CI-123765** - DSD EM FD 103 `IMPLEMENTED`	Manual NOA RH10 Invalid	When Check Eligibility link is selected on the Check Eligibility screen or the Yes link on the Submit for Approval screen and • Manual NOA RH10 is selected • the Reinstate Hours are greater than 00:00	Do not allow the action.	Display the error message, "Manual NOA RH10 is not valid when Reinstated Hours are indicated."	60.19
106	125101 125124 16895 16896	**CI-215801** - DSD EM FD 106 `IMPLEMENTED`	Activate Evidence	When a user entered Assessment Type is other than Initial and NOA RH01, RH02, RH06, RH07, RH09, RH10, is triggered AND The Authorization Start Date is less than 13 days from the current date for Recipients who do not have an indicated Notice of Action Option of Audio CD or Data CD OR The Authorization Start Date is less than 15 days from the current date for Recipients who have an indicated Notice of Action Option of Audio CD or Data CD	Do not allow the action	Display the error message, "Any negative action requires 10 day notice."	60.20
79		**CI-117167** - DSD EM FD 79 `IMPLEMENTED`	Check Eligibility Activate Evidence	When the Pending Evidence Assessment Type is Inter-County Transfer and a State Hearing in a Status other than Resolved exists	Do not allow the action	Display the error message "Inter-County Transfer Assessment may not be authorized until State Hearing status is Resolved."	61
80		**CI-118001** - DSD EM FD 80 `IMPLEMENTED`	Check Eligibility Activate Evidence	When the Check Eligibility or Activate Evidence process occurs and the current assessment has Share of Cost Evidence with a Share of Cost Linkage and there are no Income Evidence records	Do not allow the action	Display the error message, "When a Share of Cost Linkage is indicated, Income Evidence is required. Verify Share of Cost and Income Evidence data."	62

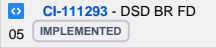| 82 1 6 8 79	CI-118140 - DSD EM FD 82 [IMPLEMENTED]	Activa te Evide nce	When the Submit for Approval processes occur • and the current case status is Pending and the Medical Certification Reason is Pending • and/or the DN22 NOA is selected on the Manual NOA screen.	Allow the action	Display the information message, "Denial – Medical Certification."	63
1 15	1 6 9 62	CI-451227 - DSD EM FD 115 [IMPLEMENTED]	Chec k Eligibi lity or Activa te Evide nce	When the Check Eligibility or Submit for Approval actions are processed and the Case Status is Denied and there is no Denial NOA triggered	Do not allow the action	Display the error message "Denied Case – Please update case to trigger specific denial."	6 3.1
1 16	1 6 5 71 1 6 9 72	CI-463611 - DSD EM FD 116 [IMPLEMENTED]	Chec k Eligibi lity Activa te Evide nce	When the Check Eligibility link is selected on the Check Eligibility screen or the Yes link is selected on the Submit of Approval confirmation screen on a user entered assessment and the Funding Source is other than IHSS-R and Share of Cost Evidence exists on the case	Do not allow the action	Display the error message, "Share of Cost Evidence is not allowed when the Funding Source is [display Funding Source for current assessment]. Please delete Share of Cost Evidence. ** This error message will be bypassed when a system generated assessment is processed.	6 3.2
26		Remo ved with CR 590				
28		Remo ved with CR 556				
71		Remo ved with CR 919				
72		Remo ved with CR 919				
81		Remo ved with CR 718				
1 19		Remo ved with CR 1073				

[1] When previous Assessment Type is Conversion cases which are indicated as Advance Pay will not encounter this error regardless of whether the hours increase is due to a changed assessment or the increase associated with CR 611.

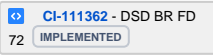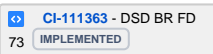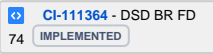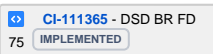[2] Total Auth to Purchase will be the Total Auth to Purchase for the case after all reductions (LMA and when implemented Reduced Hours).
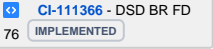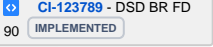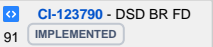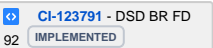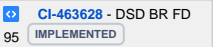
[3] The designations by which a Monthly or Weekly services is to be increased is based upon the following: Current Pending Evidence Total Auth to Purchase, before any reduction of hours, is compared to Total Auth to Purchase, before any reduction of hours, from Assessment Type "Conversion" to determine the decreased time. The instruction for increase to Monthly Service will be the same as the decreased hour indication. The instruction for increase to Weekly Services is based upon the total decreased divided by 4.33 then rounded up to the next minute (For example if the total decreased time is 22 minutes, the weekly instruction will be 22 minutes /4.33 = 5.08minutes which will be rounded up to 6 minutes. The instruction for the weekly service will result in an increase slightly above the total decreased amount, but will ensure the Total Auth to Purchase on the current assessment is increased properly.

Appendix F – Business Rule – Processing Order

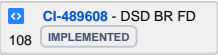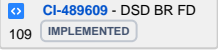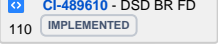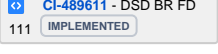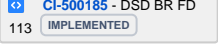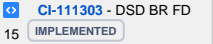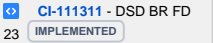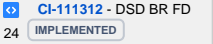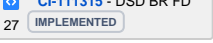| No	StarTeam ID	CI	Description	When	Action	Check Eligibility Processing Order	Screenname-Field name
1		**CI-111289** - DSD BR FD 01 IMPLEMENTED	IHSS application is denied.	When an application for IHSS services is denied When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Denied (Case Home).	• Send IH34 to MEDS • Send S8 transaction with denied status is sent to SAWS		Case Home-Status
2		**CI-111290** - DSD BR FD 02 IMPLEMENTED	IHSS case is terminated.	When an IHSS case has been terminated. When the Approve link is selected on the Evidence Workspace screen and the outcome is not eligible and case status is Terminated (Case Home).	• Send IH40 to MEDS • Send S8 to SAWS, Only for the Recipient cases with a non-SSI/SSP (Medi-Cal Primary Aid Codes other than 10, 20 or 60) • Note: CMIPS Status will not show Terminated because of the 10-day NOA, but SAWS and MEDS transactions will be sent.		Case Home-Status
3	12157 12180	**CI-111291** - DSD BR FD 03 IMPLEMENTED	ICT Process Is Completed	When an ICT process is completed. When the Approve link is selected on the Evidence Workspace screen, the evidence type is Inter-County Transfer and the outcome is Eligible.	• Send IH05 to MEDS • Send S9 to SAWS (Completed)		Evidence Workspace-Active Evidence Details

4	12159 12176 12180 16840 16841 16842 16843 16844 16847	**CI-111292** - DSD BR FD 04 IMPLEMENTED	Inter County Transfer Approval & Activation Evidence	Activate Evidence	When the Pending Evidence associated with an Assessment Type (Evidence Workspace: Evidence Type) of Inter-County Transfer is Approved and Activated:
					
					• If Active Evidence exists with an Authorization Start Date future to the Authorization Start Date on the Pending Inter-County Transfer Assessment – allow Pending Inter-County Transfer Assessment to supersede future dated assessment.
					• Update all County indicators on the case to the Receiving County indicated on the Inter-County Transfer screen
					• Update the Case Owner to the Inter-County Transfer Assigned Worker
					• Update the District Office to the District Office associated to the Inter-County Transfer Assigned Worker
					• Send a Notification to the previous Case Owner, in the Sending County, that the Inter-County Transfer is Transfer Complete
					• Set the Inter-County Transfer Status to Transfer Complete
					• Set the Authorization Start Date, on the Inter-County Transfer screen to equal the Authorization Start Date associated with the Inter-County Transfer Assessment
					• Terminate all Active or Leave Status IHSS Providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date with a Termination Reason "Other" and a Termination Comment, "Inter-County Transfer."".
					• Terminate all Active or Leave Status WPCS Providers associated to the Recipient case with an End Date one day prior to the Inter-County Transfer Assessment Authorization Start Date
					  ○ Produce Task "[case number] [case name] Inter-County Transfer authorization completed, please assign WPCS Provider." to the WPCS Work Queue
					• If Workplace Hours were indicated, set the Workplace Hours End Date to one day prior to the Authorization Start Date of the Inter-County Transfer assessment.
					  ○ Produce Notification "[case number] [case name] Inter-County Transfer completed, please review Workplace Hours." to the Case Owner
					• Default all Auth to Purchase hours to IP Mode of Service
					• Recalculate the Case Cost based upon the Auth To Purchase Hours multiplied by the default County Rate in the Receiving County
					• Recalculate the Share of Cost Compare Cost based upon the Auth To Purchase Hours multiplied by the highest County Rate in the Receiving County
					• End Date Provider Workweek Agreement action
					• End Date Recipient Workweek Agreement Action
					• Recalculate Monthly Overtime Maximum
					• Recalculate Provider and Recipient Weekly Maximum
					• Update Number of Active Cases
					• Update Number of Active Providers
							Evidence Workspace-Active Evidence Details

5		**CI-111293** - DSD BR FD 05 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the County Contractor Mode of Service (Mode of Services:CC Hours)		Modes of Service-CC Hours

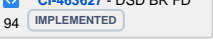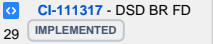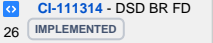|					
6	CI-111294 - DSD BR FD 06 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Individual Provider Mode of Service assign Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services: IP Hours)	Modes of Service-IP Hours
7	CI-111295 - DSD BR FD 07 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates only Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Homemaker Mode of Service (Mode of Services: HM Hours)	Modes of Service-HM Hours
8	CI-111296 - DSD BR FD 08 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and County Contractor Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)	Modes of Service-IP Hours
9	CI-111297 - DSD BR FD 09 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Program Evidence screen indicates Individual Provider and Homemaker Mode of Service assign all Total Auth to Purchase After Reduced Hours to the Individual Provider Mode of Service (Mode of Services:IP Hours)	Modes of Service-IP Hours
10	CI-111298 - DSD BR FD 10 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours and Mode of Service are the same as the previous Authorization Period retain the previous Mode of Service hour's designation (Mode of Services:IP Hours, CC Hours, HM Hours).	Modes of Service-IP,CC, HM Hours
11	CI-111299 - DSD BR FD 11 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have decreased and the Program Evidence Screen Mode of Service designation is Individual Provider and any other Mode of Service apply the decreased number of hours to the Individual Provider (Mode of Services:IP Hours, CC Hours, HM Hours) .	Modes of Service-IP,CC, HM Hours
12	CI-111300 - DSD BR FD 12 IMPLEMENTED	Assign Mode of Service Hours	Activate Evidence	When Pending Evidence is Approved and Activated and the Total Auth to Purchase After Reduced Hours have increased and the Mode of Service are Individual Provider and any other Mode of Service apply the increased number of hours to the Individual Provider Mode of Service (Mode of Services:IP Hours, CC Hours, HM Hours).	Modes of Service-IP,CC, HM Hours
69	CI-111359 - DSD BR FD 69 IMPLEMENTED	User entered Countable Income Calculation	When the user enters Countable Income in the Create or Modify Share of Cost Evidence cluster on the Share of Cost Evidence screen	CMIPS shall calculate IHSS Share of Cost using the following formula: • IHSS Share of Cost = Countable Income – Benefit Level Amount	Share of Cost Evidence-IHSS Share Of Cost
70	CI-111360 - DSD BR FD 70 IMPLEMENTED	Share of Cost Earned & Unearned Income Calculations	Determine Earned and Unearned Income amounts	The following will be used to determine the indicated amounts: • Recipient Unearned Income will be determined by summing the Monthly Income Amounts for all of the following indicated in the Income Evidence cluster: • Retirement, Survivors, Disability Insurance (RSDI) – Recipient • Veteran's administration – Recipient • Railroad Retirement – Recipient • Other Pension – Recipient • Other unearned – Recipient • Recipient Unearned Income Deductions will be determined by summing the Deduction amounts associated with each of the following indicated in the Income Evidence cluster: • Retirement, Survivors, Disability Insurance (RSDI) – Recipient • Veteran's administration – Recipient • Railroad Retirement – Recipient • Other Pension – Recipient • Other unearned – Recipient • Recipient Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Recipient in the Income Evidence cluster. • Recipient Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Recipient entry in the Income Evidence cluster. • Spouse/Parent Unearned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Unearned – Spouse/Parent in the Income Evidence cluster. • Spouse/Parent Unearned Income Deduction will be determined by summing the Deduction amount indicated for each Unearned – Spouse /Parent entry in the Income Evidence cluster. • Spouse/Parent Earned Income will be determined by summing the Monthly Income Amounts for all of the entries indicated as Earned – Spouse/Parent in the Income Evidence cluster. • Spouse/Parent Earned Income Deduction will be determined by summing the Deduction amount indicated for each Earned – Spouse/Parent entry in the Income Evidence cluster.	Share of Cost Evidence-Countable Income
71	CI-111361 - DSD BR FD 71 IMPLEMENTED	Calculate Share of Cost - Link 1 Calculation = Share of Cost Linkage: IHSS Individual	When Share of Cost Link Code = IHSS Individual	Calculate Recipient Unearned Income • Recipient Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion ◦ If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0) Calculate Recipient Earned Income • Recipient Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction ◦ If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0) Calculate Countable Income • Countable Income = Recipient Unearned Income + Recipient Earned Income – Recipient Unearned Income Deduction ◦ If Countable Income is less than zero (0), then Countable Income = zero (0) Calculate IHSS Share of Cost • IHSS Share of Cost = Countable Income – Benefit Level Amount ◦ If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)	Share of Cost Evidence-Countable Income

72		**CI-111362** - DSD BR FD 72 IMPLEMENTED	Calculate Share of Cost - Link 2 Calculations = Share of Cost Linkage = IHSS Individual/linked spouse	When Share of Cost Link Code is 2	Calculate Unearned Income (Recipient and Spouse)
					
					• Unearned Income = Sum of Recipient Unearned Income + Sum of Spouse Unearned Income – Standard Exclusion – Recipient Unearned Deduction
					   ◦ If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)
					
					Calculate Earned Income (Recipient and Spouse)
					
					• Earned Income = ((Sum of Recipient Earned Income + Sum of Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction
					   ◦ If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)
					
					Calculate Countable Income
					
					• Countable Income = Unearned Income + Earned Income
					   ◦ If Countable Income is less than zero (0), then Countable Income = zero (0)
					
					Calculate IHSS Share of Cost
					
					• IHSS Share of Cost = Countable Income – Benefit Level Amount
					   ◦ If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)
						Share of Cost Evidence-Countable Income

73		**CI-111363** - DSD BR FD 73 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations Determine Alternate Benefit Level Usage	When Share of Cost Link is 3 – Determine Alternative Benefit Level Usage based upon number of Dependents	If Share of Cost Evidence Dependents indication is zero (0) use Benefit Level Amount associated with indicated Benefit Level
					
					• Else determine Alternate Benefit Level to be used to calculate IHSS Share of Cost:
					   ◦ If Benefit Level Code from the screen = Couple aged or disabled, own home; use Alternate Benefit Code = Individual aged or disabled, own home
					   ◦ Else if Benefit Level Code from the screen = Couple both blind, own home or Couple blind/aged or disabled, own home; use Alternate Benefit Code = Individual blind, own home
					   ◦ Else if Benefit Level Code from the screen = Couple aged or disabled, household of another or Couple both blind, household of another; use Alternate Benefit Code = Individual aged or disabled, household of another
					   ◦ Else if Benefit Level Code from the screen = Couple blind/aged or disabled, household of another; use Alternate Benefit Code = Individual blind, household of another
					   ◦ Else if Benefit Level Code from the screen = Couple aged or disabled, independent, living without cooking facilities; use Alternate Benefit Code = Individual aged or disabled, independent, living without cooking facilities
						Share of Cost Evidence-Countable Income

74		**CI-111364** - DSD BR FD 74 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents = zero (0)	Share of Cost Link is 3	Calculate Unearned Income
					
					• Unearned Income = Sum of Recipient Unearned Income + Sum Spouse Unearned Income – Standard Exclusion – Recipients Unearned Income Deduction
					   ◦ If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)
					
					Calculate Earned Income
					
					• Earned Income = ((Sum of Recipient Earned Income + Spouse Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction – Spouse Earned Income Deduction
					   ◦ If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)
					
					Calculate Countable Income
					
					• Countable Income = Unearned Income + Earned Income
					   ◦ If Countable Income is less than zero (0), then Countable Income = zero (0)
					
					Calculate IHSS Share of Cost
					
					• IHSS Share of Cost = Countable Income – Benefit Level Amount
					   ◦ If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)
						Share of Cost Evidence-Countable Income

75		**CI-111365** - DSD BR FD 75 IMPLEMENTED	Calculate Share of Cost - Link 3 Calculations = Share of Cost Linkage = IHSS Individual/non-linked spouse with Share of Cost Evidence Dependents greater than zero (0)	Share of Cost Link 3	Calculate Unearned Income
					
					• Unearned Income = Sum of Recipient Unearned Income – Standard Exclusion
					   ◦ If Unearned Income is less than zero (0), then Unearned Income = zero (0)
					
					Calculate Earned Income
					
					• Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction
					   ◦ If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)
					
					Calculate Countable Income
					
					• Countable Income = Unearned Income + Earned Income – Recipient Unearned Income Deduction
					   ◦ If Countable Income is less than zero (0), then Countable Income = zero (0)
					
					Calculate IHSS Share of Cost
					
					• IHSS Share of Cost = Countable Income – Alternate Benefit Level Amount
					   ◦ If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)
						Share of Cost Evidence-Countable Income

|					

76		**CI-111366** - DSD BR FD 76 **IMPLEMENTED**	Calculate Share of Cost - Link 4 and Link 5 Calculations:	Link 4: Share of Cost linkage = IHSS Individual /non-linked parent
				
				Link 5: Share of Cost linkage = IHSS Individual /non-linked parents
					Calculate Total Child Allowance
					
					• Total Child Allowance = # Dependents * Child Need Amount
					
					Calculate Parent Unearned Income
					
					• Parent Unearned Income = Sum of Parent Unearned Income - Total Child allowance
					  ○ If Parent Unearned Income is less than zero (0), then Parent Unearned Income = zero (0)
					
					Calculate Parent Earned Income
					
					• Parent Earned Income = ((Sum of Parent Earned Income – Earned Income Exclusion) * 0.5)
					  ○ If Parent Earned Income is less than zero (0), then Parent Earned Income = zero (0)
					
					Calculate Parent Share of Cost
					
					• Parent Share of Cost = Parent Unearned Income + Parent Earned Income
					
					Determine Parent Allowance
					
					• If Share of Cost linkage = IHSS Individual/non-linked parent then Parent Allowance
					  ○ Else of Cost linkage = IHSS Individual/non-linked parents then Parent Allowance
					
					Calculate Child Deemed Income
					
					• Child Deemed Income = Parent Share of Cost – Parent Allowance
					  ○ If Child Deemed Income is less than zero (0), then Child Deemed Income = zero (0)
					
					Calculate Recipient Unearned Income
					
					• Recipient Unearned Income = Sum of Recipient Unearned Income + Child Deemed Income – Standard Exclusion
					  ○ If Recipient Unearned Income is less than zero (0), then Recipient Unearned Income = zero (0)
					
					Calculate Recipient Earned Income
					
					• Recipient Earned Income = ((Sum of Recipient Earned Income – Earned Income Exclusion) * 0.5) – Recipient Earned Income Deduction
					  ○ If Recipient Earned Income is less than zero (0), then Recipient Earned Income = zero (0)
					
					Calculate Countable Income
					
					• Countable Income = Recipient Unearned Income + Recipient Earned Income – Recipient Unearned Income Deduction
					  ○ If Countable Income is less than zero (0), then Countable Income = zero (0)
					
					Calculate IHSS Share of Cost
					
					• IHSS Share of Cost = Countable Income – Benefit Level Amount
					  ○ If IHSS Share of Cost is less than zero (0), then IHSS Share of Cost = zero (0)
						Share of Cost Evidence- Countable Income

90	16892	**CI-123789** - DSD BR FD 90 **IMPLEMENTED**	Calculate Reduced Hours – Reinstated Hours greater than 00:00	When the Save link is selected on the Modify Reduced Hours screen and the Reinstated Hours field is greater than 00:00	Set Total Auth to Purchase After Reduced Hours to Total Auth to Purchase after LMA add (+) Reduced Hours plus[1] (+) Reinstated Hours (HH:MM) • Note – Reduced Hours shall not exceed designate Reduced Hours percentage (20.0%).	Authorization Summary- Adjusted Hours
91	16891 16892	**CI-123790** - DSD BR FD 91 **IMPLEMENTED**	Calculate Reduced Hours – Program Waiver	When the Save link is selected on the Modify Reduced Hours screen and the Program Evidence Waiver Program field is Yes	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA. • Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.	Authorization Summary- Adjusted Hours
92	16894	**CI-123791** - DSD BR FD 92 **IMPLEMENTED**	Calculate Reduced Hours – SW Certification	When the Save link is selected on the Modify Reduced Hours screen and the Social Worker Certification is "Yes"	Set the Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA • Note – Reduced Hours should display in Reduced Hours field, but the amount should not be subtracted. Total Auth to Purchase After Reduced Hours will equal Total Auth to Purchase After LMA.	Authorization Summary- Adjusted Hours
95	16970	**CI-463628** - DSD BR FD 95 **IMPLEMENTED**	CFCO Implementation Batch Job	CFCO Funding Source Implementation	Apply CFCO Funding Source Updates as follows: • Process State Mandated Change against all Eligible and Presumptive Eligible Recipient cases and update Funding Source on cases meeting CFCO criteria • Produce Notices of Action on all cases per NOA Triggers rules • Flag and send to HP Print Center for printing and mailing only those Notices of Action on cases where the Funding Source changed from IPO to CFCO and the Auth to Purchase before LMA prior to processing is 195:00 and after processing the Auth to Purchase before LMA is greater than 195:00.	N/A

96		CI-480725 - DSD BR FD 96 IMPLEMENTED	Calculate Weekly Authorized Hours	Check Eligibility Activate Evidence	• Calculate and populate to the Authorization Summary screen the "Weekly Authorized Hours" fields as follows: • 28 Day Month – The number of hours authorized per week based upon a calendar month with 28 days. (Total Auth to Purchase After Adjusted Hours/4.0) • 29 Day Month – The number of hours authorized per week based upon a calendar month with 29 days. (Total Auth to Purchase After Adjusted Hours/4.1426) • 30 Day Month – The number of hours authorized per week based upon a calendar month with 30 days. (Total Auth to Purchase After Adjusted Hours/4.2857) • 31 Day Month – The number of hours authorized per week based upon a calendar month with 91 days. (Total Auth to Purchase After Adjusted Hours/4.4286)		
97	20770	CI-484131 - DSD BR CM 117 IMPLEMENTED	Generate Standard PDF NOAs for County Support Option	When a NOA is triggered And The Notice of Action Option of County Support is selected	Generate and mail standard PDF NOAs		
98	20770	CI-486332 - DSD BR FD 98 IMPLEMENTED	Generate Standard PDF NOAs for No Accommodation is Needed Option	When a NOA is triggered And The Notice of Action Option of No Accommodation is Needed is selected	Generate and mail standard PDF NOAs		
101	20770	CI-486335 - DSD BR FD 101 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Braille Documents is selected	If the Recipient's written language indication is English Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA Else, if the Recipient's written language indication is Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard PDF NOA in Recipient's indicated written language of Spanish, Armenian, or Chinese Else, if the Recipient's written language indication is not English, Spanish, Armenian, or Chinese Generate standard English PDF file for interface CMDS876A AND Generate and mail standard English PDF NOA		
102	20770	CI-486336 - DSD BR FD 102 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Audio CD is selected	Generate text NOA file and manifest detail for interface AADE899A AND Generate and mail standard PDF NOA		
103	20770	CI-486337 - DSD BR FD 103 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Data CD is selected	Generate text NOA file and manifest detail for interface AADE899A AND Generate and mail standard PDF NOA		
104	20770	CI-486338 - DSD BR FD 104 IMPLEMENTED	Generate NOA in selected Notice of Action Option when available	When a NOA is triggered And The Notice of Action Option of Large Font NOA is selected	Generate and mail Large Font NOAs		
105	12007 16970	CI-489605 - DSD BR FD 105 IMPLEMENTED	Check Eligibility Submit for Approval	When the Save link is selected on the Check Eligibility screen or the "Yes" link is selected on the Submit for Approval Confirmation screen • And payment has already been made for all months in the authorization period • And the current Funding Source does not match the Funding Source associated with the payment	Allow authorization to process, but do not update the funding source associated with the payment.		
106	12091	CI-489606 - DSD BR FD 106 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen • and the Pending Evidence Authorization Period (Authorization Start Date – Authorization End Date) spans an entire Active Evidence Authorization Period	Allow authorization when all error messages are resolved • Supersede any Assessment with an Authorization Period which falls within the Authorization Period on the Pending Evidence.		
107	12091	CI-489607 - DSD BR FD 107 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen • and the case Status History has a future dated Leave • and the current Pending Evidence Authorization Period spans the future Leave	Allow the action Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY[1] through MM/DD/YYYY[2] Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not contain a Leave period." • MM/DD/YYYY[1] – Most recent Status History Leave "From" date • MM/DD/YYYY[2] – Most recent Status History Leave "To" date • [Leave Reason] – Most recent Leave Reason verbiage		

108	12007 16970	**CI-489608** - DSD BR FD 108 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen • And a payment has already been made for the authorization period • And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence	Allow the action Change the "Save" link to a "Continue" link and display the Informational Message, "Case currently has a Leave segment MM/DD/YYYY[1] through MM/DD/YYYY[2] Leave Reason [Leave Reason]. When this assessment is authorized, the user must re-key the Leave segment and re-authorize the case after the Leave. If this action is not taken the case will not show no contain Leave period." • MM/DD/YYYY[1] – Most recent Status History Leave "From" date • MM/DD/YYYY[2] – Most recent Status History Leave "To" date • [Leave Reason] – Most recent Leave Reason verbiage		
109	12007 16970	**CI-489609** - DSD BR FD 109 IMPLEMENTED	Submit for Approval	When the "Continue" link is selected on the Submit for Approval Confirmation screen • And a payment has already been made for the authorization period • And a period of Leave exists on the case between the Authorization Start Date and Authorized End Date on the Pending Evidence	Allow the action authorizing the assessment. Update Status History as follows: • Supersede current Eligible Status History segment • Supersede most recent Leave Status History segment • Remove "To" date associated with Eligible Status History segment prior to Leave		
110	12091	**CI-489610** - DSD BR FD 110 IMPLEMENTED	Submit for Approval	When the "Yes" link is selected on the Submit for Approval Confirmation screen • and the case Status History has a future dated Termination • and the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"	When the "Yes" link is selected on the Submit for Approval Confirmation screen • and the case Status History has a future dated Termination • and the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"		
111	12007 16970	**CI-489611** - DSD BR FD 111 IMPLEMENTED	Submit for Approval	When the "Continue" link is selected on the Submit for Approval Confirmation screen • And future dated terminations exists on the case • And the current Pending Evidence Authorization Start Date is the same date as the Terminated Status History "From Date"	Allow the action authorizing the assessment. Update Status History as follows: • Supersede most recent Terminated Status History segment • Remove "To" date associated with Eligible Status History segment prior to Leave		
113	12007 16970	**CI-500185** - DSD BR FD 113 IMPLEMENTED	Update Funding Source from PCSP to CFCO	When the Yes link is selected on the Submit for Approval Confirmation screen AND the Funding Source has change from PCSP to CFCO AND no payments exist for any month in the Pending Evidence Authorization Period AND the Pending Evidence Authorization Start Date is other than the first day of a month	Allow the Save action and update the Funding Source for the entire* service month associated with the Authorization Start Date month and all subsequent months. *Entire service month means the Funding Source will be updated on the prorated month created from the previous authorization and the prorated month created from the pending evidence.		

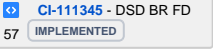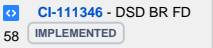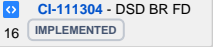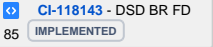|						

15	12007 12627 12448 16970	**CI-111303** - DSD BR FD 15 IMPLEMENTED	Determine Funding Program Aid Code	Check Eligibility Activate Evidence	Authorization Summary: Funding Source Aid Code:
					
					If Authorization Start Date is before 08/01/2009 and Medi-Cal FFP is "Y"
					
					• If Parent/Spouse Provider Funding Source = IPW1
					• If Advance Pay Funding Source = IPW2
					• If Protective Supervision by Parent of a Minor Child/Spouse Funding Source = IPW3
					• If Domestic Services and Related by Parent of Minor Child/Spouse Funding Source = IPW4
					• If Meals Funding Source = IPW5
					• If Multiple Services Funding Source = IPW6
					    ○ Else Funding Source = PCSP
					• Else Medi-Cal FFP is "N" Funding Source = IHSS R
					
					If Authorization Start Date is on or after 08/01/2009 and Medi-Cal FFP is "Y"
					
					• If Advance Pay or Parent of Minor Child/Spouse Provider or Restaurant Meals allowance
					  Then
					    ○ If Advance Pay Funding Source = IPO1
					    ○ If Meals Funding Source = IP02
					    ○ If Parent Provider of a Minor Child Funding Source = IP03
					    ○ If Spouse Provider Funding Source = IPO4
					    ○ If Multiple Services Funding Source = IPO5
					    ○ Else Funding Source = PCSP
					• Else if Medi-Cal FFP is "N" Funding Source = IHSS R
					
					If the Authorization Start Date is on or after 9/1/2014 and MEDS Eligibility FFP is Y
					
					• And any of the following occur set the Funding Source to CFCO
					    ○ If the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is equal to or greater than 195:00
					    ○ Or if the Impairment Level is Severely Impaired
					    ○ Or if the Monthly Total Assessed Need (excluding Heavy Cleaning and Yard Hazard Abatement) is less than 195:00 and any of the following
					    ○ If the combined Functional Ranks for Memory + Orientation + Judgment is 6 or greater
					• Or have any three of the following are indicated:
					    ○ Functional Rank for Feeding is 3, 4, 5 or 6
					    ○ Functional Rank for Bowel, Bladder and Menstrual Care is 4 or 5
					    ○ Functional Rank for Bathing & Grooming is 4 or 5
					    ○ Functional Rank for Ambulation 4 or 5
					    ○ Functional Rank for Transfer 4 or 5
					    ○ Functional Rank for Respiration 5 or 6
					    ○ Total Assessed Need for Paramedical Services greater than 0:00
					• Else if MEDS Eligibility FFP = Y, but none of the above are met
					    ○ Else if Restaurant Meals is "Yes" set Funding Source to **IP02**
					    ○ Else if Provider Relationship to Recipient is Parent of a Minor Child set Funding Source to **IP03**
					    ○ Else if Provider Relationship to Recipient is Spouse set Funding Source to **IPO4**
					    ○ Else if Multiple Services IPO Funding Source are indicated set Funding Source to **IPO5**
					    ○ Else, if CFCO or IPO criteria are not met set Funding Source to **PC SP**
					• Else if MEDS Eligibility FFP is "N" set Funding Source to IHSS-R
						01	Authorization Summary- Funding Source Aid Code

23	12333	**CI-111311** - DSD BR FD 23 IMPLEMENTED	Calculate Individual Assessed Need By Week	Check Eligibility Activate Evidence	Weekly Individual Assessed Need = Sum of all "Individual Assessed Need" for Weekly Services	02	Authorization Summary- Individual Assessed Need
24	12334	**CI-111312** - DSD BR FD 24 IMPLEMENTED	Exclude One-Time and Monthly Services from Weekly Auth to Purchase	Check Eligibility Activate Evidence	Exclude "one-time only" and "Monthly Service" from the total weekly "Authorize to Purchase" hours' calculation.	03	N/A
27	12432 16087	**CI-111315** - DSD BR FD 27 IMPLEMENTED	Calculate Individual Assessed Need by Service Type	Check Eligibility Activate Evidence	Individual Assessed Need (Authorization Summary: Ind Assessed Need) = Assessed Need (Authorization Summary: Assessed Need) – Adjustments (Authorization Summary: Adj)	04 .1	Authorization Summary- Individual Assessed Need
94	16970	**CI-463627** - DSD BR FD 94 IMPLEMENTED	Calculate Monthly Total Assessed Need	Check Eligibility Submit for Approval	Calculate Monthly Total Assessed Need using the following formula: (((Sum Total Assessed Need for all Weekly Services) * 4.33) + (Sum Total Assessed Need for all Monthly Services excluding Heavy Cleaning and Yard Hazard Abatement)) *This calculation is added to the system to determine eligibility for the CFCO Funding Source implemented 8/1/2014.	04 .2	N/A
29	12436	**CI-111317** - DSD BR FD 29 IMPLEMENTED	Calculate Net Adjusted Need by Service Type	Check Eligibility Activate Evidence	Net Adjusted Need by Service Type **(Authorization Summary: Net Adj Need)** = Individual Assessed Need **(Authorization Summary: Ind Assessed Need)** – Alternate Resources – Refused Services – Voluntary Services for each Service Type.	05	Authorization Summary- Net Adjusted Need
26	12431	**CI-111314** - DSD BR FD 26 IMPLEMENTED	Calculate Auth to Purchase by Service Type	Check Eligibility Activate Evidence	Auth to Purchase by Service Type (Authorization Summary: Auth to Purchase) = Net Adjusted Need (Authorization Summary: Net Adj Need – Unmet Need (Authorization Summary: Unmet Need) for each Service Type Protective Supervision hours are excluded from this calculation	06	Authorization Summary- Auth to Purchase
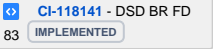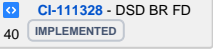
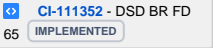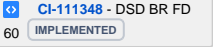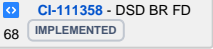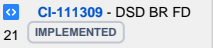| #	ID	CI	Title	Process	Description	#	Output
41	16065	**CI-111329** - DSD BR FD 41 IMPLEMENTED	Weekly Services	Check Eligibility Activate Evidence	CMIPS shall track and report the following services as "Weekly Services:" • Accompaniment to alternative resources • Accompaniment to medical appointments • Ambulation • Bathing, oral hygiene and grooming • Bowel & Bladder care • Care and assistance with prosthesis • Dressing • Feeding and assurance of adequate fluid intake • Meal clean-up • Menstrual care • Transfer • Other shopping and errands • Paramedical Services • Preparation of meals • Protective supervision • Repositioning and Rubbing Skin • Respiration • Routine bed baths • Laundry • Shopping for food	07	Authorization Summary- W/M
42	16072	**CI-111330** - DSD BR FD 42 IMPLEMENTED	Calculate Weekly Net Adjusted Need	Check Eligibility Activate Evidence	Weekly Net Adjusted Need = Sum of the Net Adjusted Need for all Weekly Services	08	Authorization Summary- Net Adjusted Need
43	16073	**CI-111331** - DSD BR FD 43 IMPLEMENTED	Calculate Monthly Net Adjusted Need	Check Eligibility Activate Evidence	Monthly Net Adjusted Need = Weekly Net Adjusted Need * 4.33 + Sum of the Net Adjusted Need for all Monthly Services	09	Authorization Summary- Net Adjusted Need
44	16089	**CI-111332** - DSD BR FD 44 IMPLEMENTED	Calculate Monthly Individual Assessed Need	Check Eligibility Activate Evidence	Monthly Individual Assessed Need = ("Weekly Individual Assessed Need" * 4.33) + Sum of the Individual Assessed Need" for Monthly Services.	10	Authorization Summary- Ind Assessed Need
46	16092	**CI-111334** - DSD BR FD 46 IMPLEMENTED	Calculate Weekly Auth to Purchase Hours	Check Eligibility Activate Evidence	Weekly Auth to Purchase = Sum of "Auth to Purchase" hours for all Weekly Services. One-time only and Protective Supervision Auth to Purchase Hours are excluded from this calculation.	11	N/A
45	16091	**CI-111333** - DSD BR FD 45 IMPLEMENTED	Calculate Unmet Need by Service Type	Check Eligibility Activate Evidence	Unmet Need by Service Type (Authorization Summary: Unmet Need) = Unmet Need by Month * (Net Adjusted Need by Service Type/ Net Adjusted Need by Month)	12	Authorization Summary- Unmet Need
25	12337	**CI-111313** - DSD BR FD 25 IMPLEMENTED	Calculate Unmet Need for cases without Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (**Authorization Summary: Unmet Need(HH:MM)**) = (Net Adjusted Need for all Service Types – Statutory Maximum) if > 0 else Unmet need = 0	13	Authorization Summary- Unmet Need Before LMA
67	12337	**CI-111357** - DSD BR FD 67 IMPLEMENTED	Calculate Unmet Need for cases with Protective Supervision	Check Eligibility Activate Evidence	Calculate Unmet Need as any value greater than zero (0), when the "Net Adjusted Need" for all Service Types is subtracted from the Recipient's Statutory Maximum. Unmet Need (Authorization Summary: Unmet Need(HH:MM)) = (Net Adjusted Need for all Service Types excluding protective supervision – Total Auth To Purchase – Protective Supervision Auth To Purchase multiplied by 4.33) if > 0 else Unmet need = 0	14	Authorization Summary- Unmet Need Before LMA
35	12531	**CI-111323** - DSD BR FD 35 IMPLEMENTED	Calculate the "Protective Supervision Companion Case Adjustment"	Check Eligibility Activate Evidence	Protective Supervision Companion Case Adjustment = 168 – (168/ # of Recipient's with Protective Supervision in Companion Case Collection) + Weekly Auth to Purchase for all Recipient's not receiving Protective Supervision	15	View Protective Supervision- Companion Case Protective Supervision Adjustment

36	12536	**CI-111324** - DSD BR FD 36 IMPLEMENTED	Protective Supervision 24 Hour Care Plan Calculations:	Check Eligibility Activate Evidence	Calculate the number of hours per/week of "24 Hour Protective Supervision Care Plan" using the following calculations:
					
					• Protective Supervision Adjustment = Sum of Weekly Auth to Purchase hours excluding Protective Supervision hours
					• Protective Supervision Individual Assessed Need = 168 – Protective Supervision Adjustment – Companion Case Protective Supervision Adjustment
					  ○ This value should be greater than zero
					• Protective Supervision Net Adjusted Need = Protective Supervision Individual Assessed Need – Protective Supervision Alternate Resources – Protective Supervision Voluntary Services
					  ○ If
					    ■ Protective Supervision Net Adjusted Need < (Protective Supervision Statutory Max – Protective Supervision Adjustments)
					    ■ Protective Supervision Auth Purchase = Protective Supervision Net Adjusted Need
					  ○ Else
					    ■ Protective Supervision Auth Purchase = Protective Supervision Statutory Max – Protective Supervision Adjustments
					• 24 Hour Protective Supervision Care Plan Need **Authorization Summary:24 Hour Protective Supervision Care Plan Need(HH:MM) =** Protective Supervision Net Adjusted Need - Protective Supervision Auth to Purchase
						16	View Protective Supervision- 24 Hour Care Plan Need
							
							Authorization Summary- 24 Hour Protective Supervision Care Plan Need

37	12555	**CI-111325** - DSD BR FD 37 IMPLEMENTED	No Unmet Need For Protective Supervision	Check Eligibility Activate Evidence	Unmet Need for Protective Supervision not allowed.	17	Authorization Summary- Protective Supervision: Unmet Need
38	12560	**CI-111326** - DSD BR FD 38 IMPLEMENTED	Calculate Protective Supervision Adjustment Categories	Check Eligibility Activate Evidence	Calculate and process adjustments to the assessed need for protective supervision based on the following: • Shared living arrangements • Alternative resources • Voluntary services.	18	Authorization Summary- Protective Supervision

39	12561	**CI-111327** - DSD BR FD 39 IMPLEMENTED	Same Residence Protective Supervision Guidelines	Check Eligibility Activate Evidence	When multiple Recipients in the same residence require protective supervision, CMIPS II shall perform the following: • Calculate the individual assessed need for protective supervision as a common need • Prorate the individual assessed need for protective supervision among the multiple Recipients. • Allow authorized user to manually adjust calculations.	19	Authorization Summary- Protective Supervision
47	16093 12569	**CI-111335** - DSD BR FD 47 IMPLEMENTED	Calculate Total Auth to Purchase	Check Eligibility Activate Evidence	Total Auth to Purchase Before LMA(Authorizations: Total Auth to Purchase Before LMA) = ((Weekly Auth to Purchase * 4.33) + (Protective Supervision Auth to Purchase * 4.33) + Monthly Auth to Purchase)	20	Authorization Summary- Total Auth to Purchase Before LMA
80		**CI-117168** - DSD BR FD 80 IMPLEMENTED	Calculate LMA	Check Eligibility Submit for Approval	The LMA shall be calculated as follows: Auth to Purchase multiplied by LMA (may be +/- value) (Authorization Summary: LMA Hours). If the calculated value is a negative number the display will indicated negative (-3:17)	21	Authorization Summary- LMA
81		**CI-117169** - DSD BR FD 81 IMPLEMENTED	Apply LMA to Auth to Purchase	Check Eligibility Submit for Approval	The Total Auth to Purchase after LMA shall be calculated as follows: Total Auth to Purchase after LMA = Total Auth to Purchase Before LMA – (LMA percentage multiplied by Auth to Purchase) (Authorization Summary: Total Auth to Purchase After LMA)	22	Authorization Summary- Total Auth to Purchase After LMA
82		**CI-117170** - DSD BR FD 82 IMPLEMENTED	Apply LMA to case with Unmet Need	Check Eligibility Submit for Approval	• The LMA shall be applied to Recipient cases with Unmet Need as follows: • The LMA shall be applied first against Unmet Need amount • Then when Unmet Need has been reduced to 0:00: • Any remaining reduction shall be applied against the case Total Auth to Purchase Before LMA to arrive at Total Auth to Purchase after LMA amount • Reduce the Unmet Need Before LMA field on the Authorization Summary screen up to the LMA reduction amount (Authorization Summary: Unmet Need After LMA (HH:MM)) • Reduce the Total Auth to Purchase Before LMA field on the Authorization Summary screen by the remaining LMA reduction amount if any LMA reduction amount remains after being applied to Unmet Need (Authorization Summary: Total Auth to Purchase After LMA)	23	Authorization Summary- LMA
89	16890	**CI-123024** - DSD BR FD 89 IMPLEMENTED	System Generated Assessment	When the System generates an Assessment[2] • and the previous Assessment (Type) is Conversion • the current Total Auth to Purchase Before LMA is less than the previous Total Auth to Purchase Before LMA • and the current Total Auth to Purchase for each indicated Service Type is equal to the previous Total Auth to Purchase for each indicated Service Type	Trap the "time difference" between the previous Total Auth to Purchase Before LMA and the current Total Auth to Purchase Before LMA • Add the "difference" to the Total Assessed Need of first service encountered, other than Protective Supervision, which has Net Adjusted Need greater than 0:00 • Insert the message "This service Total Assessed Need was increased by [HH:MM] due to conversion of time." in the Service Type comment field • Continue system generated assessment	23 .1	View Service Type Details- Comments

93	16892	**CI-123792** - DSD BR FD
		93 IMPLEMENTED
			Check Eligibility	When the Check Eligibility process occurs CMIPS shall	Calculate and populate the following to the Reduced Hours screen:
					
					• Set "Total Auth to Purchase After LMA" equal to "IHSSAuthorization: authToPurchaseMinAfterLMA" (HH:MM)
					• Calculate Reduced Hours as Auth to Purchase after LMA multiplied by [Reduced Hours %] (HH:MM)
					• If Initial Assessment set Reinstated Hours to blank
					  ○ Else if, Assessment Type is other than Initial and the previous Program Evidence Waiver Program = No and current Program Evidence Waiver Program = Yes, set the Reinstated Hours to 00:00
					    ■ Else set Reinstated Hours to previously indicated Reinstated Hours
					• If Initial Assessment set Social Worker Certification to blank
					  ○ Else set Social Worker Certification to previous Social Worker Certification indication
					• If Initial Assessment calculate Total Auth to Purchase After Reduced Hours equal to Total Auth to Purchase After LMA plus (+) Reduced Hours
					  ○ Else calculate Total Auth to Purchase After Reduced Hours based upon previous Program Evidence Waiver and Social Worker Certification indications
					• Set "Verified by Case Owner or Supervisor" to unchecked
						23 .2	Authorization Summary- Adjusted Hours

48	16094	**CI-111336** - DSD BR FD 48 IMPLEMENTED	Determine Prorated Month	Check Eligibility Activate Evidence	A Service month shall be determined as a "Prorated Month" when any of the following conditions occur: • The eligibility begin date is a date other than the first date of a month – a.k.a. – Initial Proration • The eligibility end date is a date other than the end of a month – a.k.a. – Ending Proration • There are multiple changes in eligibility within a specific month – a.k.a. – Mid-Month Proration	24	N/A
28	12433	**CI-111316** - DSD BR FD 28 IMPLEMENTED	Calculate prorated month Auth to Purchase After Reduced Hours	Check Eligibility Activate Evidence	Prorated Auth to Purchase After Reduced (ihssAuthorizations: Auth to Purchase) = ((Monthly Auth to Purchase After Reduced Hours/ total number of days in month) x (multiplied by) number of days in the prorated month.)	25	Authorization Summary- Total Auth to Purchase Before LMA

18	12083	CI-111306 - DSD BR FD 18 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) of Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R • Set the Case Status (Case Home: Status) to Denied • Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. • Apply appropriate NOA Messages • Send a Notification to the Case Owner	26	Authorization Summary-SOC Compare Cost
19	12083	CI-111307 - DSD BR FD 19 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with an Assessment Type (Evidence Workspace: Evidence Type) other than Initial is processed and the IHSS SOC exceeds the SOC Compare Cost for a case with Funding Source of IHSS-R • Set the Case Status (Case Home: Status) to Terminated • Fail the rule, decision results screen shows that this rule failed and user can take action based on this result. • Apply appropriate NOA Messages • Send a Notification to the Case Owner • End Date Provider Workweek Agreement action • End Date Recipient Workweek Agreement Action • Recalculate Monthly Overtime Maximum • Recalculate Provider and Recipient Weekly Maximum • Update Number of Active Cases • Update Number of Active Providers	27	Authorization Summary-SOC Compare Cost
20	12083	CI-111308 - DSD BR FD 20 IMPLEMENTED	SOC Exceeds SOC Compare Cost	Check Eligibility Activate Evidence	When a case with a Funding Source of PCSP or IPW/IPO and the IHSS SOC exceeds the SOC Compare Cost: • Send a Notification to the Case Owner	28	Authorization Summary-SOC Compare Cost
61	16477	CI-111349 - DSD BR FD 61 IMPLEMENTED	Calculate "SOC Compare Cost"	Check Eligibility Activate Evidence	SOC Compare Cost (**Authorization Summary: SOC Compare Cost**) = Highest County Rate * Total Auth to Purchase Before LMA hours. *SOC Compare Cost will always be calculated for a full Service Month.	29	Authorization Summary- SOC Compare Cost
17	12082	CI-111305 - DSD BR FD 17 IMPLEMENTED	Calculate "Case Cost"	Check Eligibility Activate Evidence	Case Cost = (IP Hours X County Default IP Rate)+(CC Hours X County CC Rate) + (HM Hours X County HM Rate)	30	Modes of Service-Case Cost
50	16098	CI-111338 - DSD BR FD 50 IMPLEMENTED	Determine Impairment Level - Non-Severely Impaired	Check Eligibility Activate Evidence	Identify Recipient as Non-Severely Impaired (NSI) (**Authorization Summary: Impairment Level)** when the aggregated "Individual Assessed Need" for the following Service Types is less than 20 hours per week: • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Moving In/Out of Bed • Bathing, Oral Hygiene, Grooming • Rubbing Skin, Repositioning, Etc. • Care and Assistance with Prosthesis • Paramedical Services • One-time services will not be considered in this calculation.	31	Authorization Summary-Impairment Level
51	16103	CI-111339 - DSD BR FD 51 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO /IHSS-R & Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limits for IPW/IPO/IHSS–R and Non- Severely Impaired Recipient are a total of 195 hrs/month, all of which may be for Protective Supervision (45:02 HH:MM/week).	32	Authorization Summary-Protective Supervision
52	16104	CI-111340 - DSD BR FD 52 IMPLEMENTED	Protective Supervision Statutory Limits – IPW/IPO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IPW/IPO Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM /wk).	33	Authorization Summary-Protective Supervision
53	16105	CI-111341 - DSD BR FD 53 IMPLEMENTED	Protective Supervision Statutory Limits – IHSS-R – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for IHSS-R and Severely Impaired Recipient is 283 hrs/month all of which may be for Protective Supervision (65:22 HH:MM/wk).	34	Authorization Summary-Protective Supervision
54	16106 16968	CI-111342 - DSD BR FD 54 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP /CFCO – Non-Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Non – Severely Impaired is a total of 283 hrs/mo, of which only 195 hrs/mo (45:02 HH:MM/wk) may be for Protective Supervision.	35	Authorization Summary-Protective Supervision
55	16107 16969	CI-111343 - DSD BR FD 55 IMPLEMENTED	Protective Supervision Statutory Limits – PCSP /CFCO – Severely Impaired	Check Eligibility Activate Evidence	Protective Supervision Statutory limit for PCSP or CFCO and Severely Impaired is a total 283 hrs/mo, of which all may be Protective Supervision (65:22 HH:MM /wk).	36	Authorization Summary-Protective Supervision
49	16095 16096	CI-111337 - DSD BR FD 49 IMPLEMENTED	Validation on Paramedical Form Received Date for Paramedical Service	Check Eligibility Activate Evidence	If Received Date on Paramedical Form is blank • Do not authorized Paramedical Services • Allow authorization of the other Service Types	39	Paramedical Services-Paramedical Services Form Sent Date
13		CI-111301 - DSD BR FD 13 IMPLEMENTED	Protective Supervision Awaiting Additional Information	Check Eligibility Activate Evidence	When Protective Supervision Form Sent Date is not blank and Awaiting Additional Information is indicated • Fail the rule. Decision results screen shows that this rule failed • Do not authorize Protective Supervision Services • Produce applicable NOA • Allow authorization of the other Service Types	40	Protective Supervision-Protective Supervision Form Sent Date, Pending Receipt of Additional Information
14		CI-111302 - DSD BR FD 14 IMPLEMENTED	Paramedical Services Awaiting Additional Information	Check Eligibility Activate Evidence	When the Awaiting Additional Information is indicated • And the Paramedical Form Send Date is indicated • And the Paramedical Form Receive Date is indicated • And Paramedical Services Total Assessed Need hours are indicated • Authorize the indicated Total Assessed Need hours • Allow authorization of the other Service Types • Produce NOA PM03	41	Paramedical Services-Paramedical Services Form Sent Date, Pending Receipt of Additional Information

32	12486	**CI-111320** - DSD BR FD 32 IMPLEMENTED	Determine Impairment Level - Severely Impaired		Identify Recipient as Severely Impaired (SI) (**Authorization Summary: Impairment Level**) when the aggregated Individual Assessed Need for the following Service Types is 20 hours or more per week: • Preparation of Meals • Meal Clean-up (if Preparation of Meals and Feeding have assessed need) • Respiration • Bowel & Bladder Care • Feeding • Routine Bed Baths • Dressing • Menstrual Care • Ambulation • Transfer • Bathing, Oral Hygiene, Grooming • Repositioning and Rubbing Skin • Care and Assistance with Prosthesis • Paramedical Services Note: "time-limited" and "one-time" services will not be considered in this calculation.	42	Authorization Summary- Impairment Level
33	12490 16969	**CI-111321** - DSD BR FD 33 IMPLEMENTED	Severely Impaired Authorized Hours Statutory Limit	Check Eligibility Activate Evidence	Auth To Purchase (**Authorization Summary: Total Auth to Purchase (HH:MM)** hours for Severely Impaired Recipient as follows: • PCSP/CFCO – 283 Hours/Month • IPW – 283 Hours/Month • IPO – 283 Hours/Month • IHSS-R – 283 Hours/Month.	43	Authorization Summary- Total Auth to Purchase Before LMA
34	12491 16968	**CI-111322** - DSD BR FD 34 IMPLEMENTED	Statutory Maximum for Non-Severely Impaired	Check Eligibility Activate Evidence	Statutory Maximum for Non-Severely Impaired Recipients • PCSP/CFCO – 283 Hours/Month of which no more than 195 hours may be authorized for Protective Supervision (CR 126) • IPW – 195 Hours/Month • IPO – 195 Hours/Month • IHSS-R – 195 Hours/Month.	44	Authorization Summary- Total Auth to Purchase Before LMA
31	12442	**CI-111319** - DSD BR FD 31 IMPLEMENTED	Teaching and Demonstration Authorization Limits	Check Eligibility Activate Evidence	Authorization for Teaching and Demonstration (**Authorization Summary: Auth to Purchase**) shall be limited to a period of three consecutive months.	45	Authorization Summary- Teaching and Demonstration
22	12325	**CI-111310** - DSD BR FD 22 IMPLEMENTED	Calculate Meals Hours	Check Eligibility Activate Evidence	When Restaurant Meals Allowance is indicated Meals Hours = Sum of the "Net Adjusted Need" for the following Service Types: • Preparation of Meals • Meal Clean-up • Shopping for Food	46	Authorization Summary- Net Adjusted Need: Preparation of Meals, Meal Clean-up, Shopping for Food
30	12437	**CI-111318** - DSD BR FD 30 IMPLEMENTED	Calculate Meal Allowance Auth Hours Adjustment	Check Eligibility Activate Evidence	For Recipient cases with a Restaurant Meals Allowance indication Auth to Purchase = Auth to Purchase - Meals Hours	47	Authorization Summary- Restaurant Meals Allowance
62	16522	**CI-111350** - DSD BR FD 62 IMPLEMENTED	Able and Available Spouse Calculation	Check Eligibility Activate Evidence	If the Spouse/Parent indication is "Spouse – Able and Available" assign Individual Assessed Need (**Authorization Summary: Ind Assessed Need**) for the following services as "Alternate Resources" (**Authorization Summary: Alt+Ref+Vol**): • Domestic Services • Preparation of Meals • Meal Clean-up • Laundry • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning	48	View Household Member- Spouse / Parent
63	16523	**CI-111351** - DSD BR FD 63 IMPLEMENTED	Able and Partially Available Spouse Calculation	Check Eligibility Activate Evidence	If the Spouse/Parent indication is "Spouse Able/Partially Available" assign Individual Assessed Need (**Authorization Summary: Ind Assessed Need**) for the following services as "Alternate Resources" (**Authorization Summary: Alt+Ref+Vol**): • Domestic Services • Routine Laundry • Meal Clean-up • Shopping for Food • Other Shopping and Errands • Yard Hazard Abatement • Teaching and Demonstration • Heavy Cleaning	49	View Household Member- Spouse / Parent
59	16121	**CI-111347** - DSD BR FD 59 IMPLEMENTED	IHSS Determination Date	Activate Evidence	System generates IHSS Determination Date (Authorizations: Determination Date) assigned as the date the Final Determination was process for an Authorization Period for the Initial Approval or Denial and all subsequent authorizations.	50	Authorization Summary- IHSS Determination Date
56	16118	**CI-111344** - DSD BR FD 56 IMPLEMENTED	Re-assessment Due Date – IPW/IPO	Check Eligibility Activate Evidence	For an Assessment Type (Evidence Workspace: Evidence Type) of Initial, Re-assessment or Inter-County Transfer and the Funding Program (**Authorization Summary: Funding Source Aid Code**) is IPO or IPW if the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) is more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Due Date to 12 months from the Home Visit Date. For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment when a Funding Program changes from PCSP to IPW/IPO, the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date, reset the Re-assessment Due Date to 12 months from the Home Visit Date.	51	Program Evidence- Re-Assessment Due Date

57	16119	**CI-111345** - DSD BR FD 57 IMPLEMENTED	Re-assessment Due Date – PCSP, CFCO	Check Eligibility Activate Evidence	Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) for an Initial Assessment with a PCSP or CFCO Funding Source (**Authorization Summary: Funding Source Aid Code**) shall not exceed 12 months from the Home Visit Date), reset the Re-assessment Due Date to 12 months from the Home Visit Date. Re-assessment Due Date for a case with an Assessment Type other than Initial Assessment and a Funding Source of PCSP or CFCO may not be more than 18 months from the In-Home Visit Date regardless of the Assessment Type), reset the Re-assessment Due Date to 18 months from the Home Visit Date.	52	Program Evidence- Re-Assessment Due Date
58	16120 16119	**CI-111346** - DSD BR FD 58 IMPLEMENTED	Re-assessment Due Date – IHSS-R	Check Eligibility Activate Evidence	An Assessment Type of Initial (Evidence Workspace: Evidence Type), Re-assessment or Inter-County Transfer for Funding Program IHSS-R when the Re-assessment Due Date (Program Evidence: Re-Assessment Due Date) more than 12 months from the Home Visit Date (Program Evidence: Home Visit Date), reset the Re-assessment Date to 12 months from the Home Visit Date For an Assessment Type of Change, Funding Source Update or Cost of Living Adjustment with a Funding Program changes from PCSP or CFCO to IHSS-R and the Re-assessment Due Date is more than 12 months from the previous Assessment Home Visit Date reset the Re-assessment Date to 12 months from the Home Visit Date.	53	Program Evidence- Re-Assessment Due Date
16	12080	**CI-111304** - DSD BR FD 16 IMPLEMENTED	Case Event - Ready for Review	Submit for Approval	When a user requiring Supervisory Approval submits a case for Approval produce a case event to the Supervisor	54	Tasks-Task ID
85	16882	**CI-118143** - DSD BR FD 85 IMPLEMENTED	Allow Reassessment authorization when Medical Certification is Pending	When the current Assessment is Reassessment • and the current case status is Eligible or Leave • and the Medical Certification Reason is Pending • and the current date is less than 45 days from the Medical Certification Date	Allow the authorization	55	N/A
83	16879	**CI-118141** - DSD BR FD 83 IMPLEMENTED	Check Eligibility or Submit for Approval	When the Check Eligibility or Submit for Approval actions process and the Case Status results in Denied and a Denial (DN) NOA other than the following is triggered: • DN12 – No Assessed Need • DN13 – SOC Exceeds Need – IHSS-R • DN14 – Need met through Alt Resources, Voluntary Services, Refused Services And the following field indications exist: • Fingerprint Exemption – Pending In-Home Visit or other indication • Disaster Preparedness – Blank or other indication • Functional Rank – Blank or other indication • Medical Certification – Pending or other indication • Verified by Case Owner or Supervisor – Blank or checked	• Allow the denial action • Set the case Status to Denied • Trigger applicable denial NOA	57	Case Home-Status Authorization Summary-System Generated

40	12603	CI-111328 - DSD BR FD 40 IMPLEMENTED	Calculate Functional Index Score for Recipient	Check Eligibility Activate Evidence	For all service types excluding Memory, Orientation and Judgment, calculate new Functional Rank using the following formula: If Functional Rank = 6 then New Function Rank = 1 Else New Functional Rank = Functional Rank -1 If Service Type = "Housework" Functional Rank product = 0.038 * New Functional Rank If Service Type = "Laundry" Functional Rank product = 0.037 * New Functional Rank If Service Type = "Shopping and Errands" Functional Rank product = 0.040 * New Functional Rank If Service Type = "Meal Preparation and Clean-up" Functional Rank product = 0.222 * New Functional Rank If Service Type = "Mobility Inside" Functional Rank product = 0.079 * New Functional Rank If Service Type = "Bathing and Grooming" Functional Rank product = 0.095 * New Functional Rank If Service Type = "Dressing" Functional Rank product = 0.057 * New Functional Rank If Service Type = "Bowel, Bladder and Menstrual" Functional Rank product = 0.129 * New Functional Rank If Service Type = "Transfer" Functional Rank product = 0.094 * New Functional Rank If Service Type = "Eating" Functional Rank product = 0.127 * New Functional Rank If Service Type = "Respiration" Functional Rank product = 0.082 * New Functional Rank Functional Rank Sum = Sum of all Functional Rank Products Functional Index Score (Authorization Summary : Functional Index Score) = Functional Rank Sum + 1	58	Service Evidence-Functional Index
65		CI-111352 - DSD BR FD 65 IMPLEMENTED	Notice of Action	When the "submit for approval" processing results in a Case Status of Denied or Terminated	CMIPS shall print only the NOA message(s) pertinent to the Denial or Termination.	59	Authorization Summary-System Generated
60	16133	CI-111348 - DSD BR FD 60 IMPLEMENTED	No payment for Voluntary Services	Check Eligibility Activate Evidence	Shall not authorize payment for voluntary services.	60	N/A
68		CI-111358 - DSD BR FD 68 IMPLEMENTED	Activate Evidence	When the Check Eligibility or Submit for Approval actions occur and the Assessment Type is Initial Assessment and any of the following Manual NOA Codes are indicated: - DN02 - DN06 - DN07 - DN08 - DN09 - DN11 - DN15 - DN16 - DN17 - DN19 - DN20 - DN21 - DN22 - DN23 - DN24	Set the CaseStatus = Denied	61	Case Home-Status
21	12088	CI-111309 - DSD BR FD 21 IMPLEMENTED	IHSS application is Eligible.	When an application for IHSS services is eligible. When the Approve link is selected on the Evidence Workspace screen and the outcome is Eligible.	- Send IH20 to MEDS - Send S8 to SAWS, Only for the Recipient cases with a non-SSI/SSP (Medi-Cal Primary Aid Codes other than 10, 20 or 60)	62	Case Home-Status

| 87 | 16884 16886 18888 | CI-121660 - DSD BR FD
87 IMPLEMENTED | Provider Notification (SOC 858)

Activate Evidence

Authorization End Date Equal to or Greater than Current Month | When evidence is activated

AND the Assessment Type = Change, Reassessment, or State Hearing

AND the Previous case status was Eligible or Presumptive Eligible

AND the Current case status is Eligible or Presumptive Eligible

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

Starting Segment

If the first month in the Authorization Segment was previously assessed

AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the Previous Assessment

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

OR

If the first month in the Authorization Segment was not previously assessed

AND the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest Authorization Segment in the Previous Assessment

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

• Set the Provider Notification (SOC 858) Effective Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider or the current date
• Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 858)
• Save the Provider Notification (SOC 858) as Correspondence for the Recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence

Subsequent Authorization Segments

If the Service Types associated with the Authorization Segment are to the Service Types authorized in the previous Authorization Segment in Current Assessment

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

• Set the Provider Notification (SOC 858) Effective Date to the latter of the Authorization Segment Start Date or the Begin Date of the Provider
• Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 858)
• Save the Provider Notification (SOC 858) as Correspondence for the Recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence

Existing Pending Provider Notifications

If there are existing Provider Notifications (SOC 858) in a Pending status for this Provider with an Effective Date => a Provider Notification (SOC 858) generated above

• Inactivate the existing Provider Notifications (SOC 858) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 858) generated above. | 63 | N/A |
| 88 | 16884 16886 16888 | CI-121661 - DSD BR FD
88 IMPLEMENTED | Provider Notification (SOC 858)

Activate Evidence

Authorization End Date Prior to Current Month | When evidence is activated

AND the Assessment Type = Change, Reassessment, or State Hearing

AND the Previous case status was Eligible or Presumptive Eligible

AND the Current case status is Eligible or Presumptive Eligible

AND the Authorization End Date is < the current month

AND the Authorization End Date is = > the latest Authorization Segment End Date in the Previous Assessment | Evaluate the latest Authorization Segment in the Assessment in relation to each IHSS Provider assigned to the case as follows:

If the Service Types associated with the Current Authorization Segment are to the Service Types authorized in the latest segment in the Previous Assessment

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

• Set the Provider Notification (SOC 858) Effective Date to the latter of the Begin Date of the Provider or the current date
• Indicate each Service Type authorized in the Authorization Segment with an "X" on the Provider Notification (SOC 858)
• Save the Provider Notification (SOC 858) as Correspondence for the Recipient case in a Pending status to be printed in the next batch cycle on the CMIPS printer associated with the user who activated the evidence

Existing Pending Provider Notifications

If there are existing Provider Notifications (SOC 858) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 858) generated above

• Inactivate the existing Provider Notifications (SOC 858) in a Pending status for this Provider with an Effective Date => the Provider Notification (SOC 858) generated above. | 64 | N/A |

			When	Then		
66a	**CI-111353** - DSD BR FD 66a `IMPLEMENTED`	Activate Evidence	When evidence is activated: • And eligible Providers are associated with the case • And Current Assessment is indicated as Advance Pay • And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate • And the Current Auth to Purchase Hours are equal to the Previous Auth to Purchase Hours	If Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated: • "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case If the Provider record is **not** indicated as having "assigned hours" and no Provider segments within the authorization period are on Leave or Terminated • End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date • Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case	65.1	View Case Provider-Provider Hours

66b	**CI-111354** - DSD BR FD
	66b `IMPLEMENTED`
		Activate Evidence	When evidence is activated:
			
			• And eligible Providers are associated with the case
			• And Current Assessment is indicated as Advance Pay
			• And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate
			• And the Current Auth to Purchase Hours **are greater** than the Previous Auth to Purchase Hours
				If Auth to Purchase Hours have increased and the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated:
				
				• "End Date" the current Provider Hours record with the Authorization End date from the previous Recipient case Authorization Period Authorization End Date
				• Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case
				
				If the Provider record is **not** indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated:
				
				• End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date
				• Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the:
				  ○ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment
				  ○ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case
					65.2	View Case Provider-Provider Hours

66c	**CI-111355** - DSD BR FD
	66c `IMPLEMENTED`
		Activate Evidence	When evidence is activated:
			
			• And eligible Providers are associated with the case
			• And the Current Assessment is indicated as Advance Pay
			• And the Current Advance Pay Rate is not equal to the Previous Advance Pay Rate
			• And the Current Auth to Purchase Hours **are less** than the Previous Auth to Purchase Hours
				If the Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated:
				
				• and current Auth to Purchase is less than the Provider Assigned Hours do not update Provider Hours
				  ○ Produce Task "[case name] [case number] Change in Recipient Auth Hours; Verify Modes of Service"
				• Else the current Auth to Purchase is greater than the Provider Assigned Hours
				  ○ Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the same hours indicated on the previous Provider Hours record, set the Step and Grade associated with the Advance Pay Rate on the Recipient case
				
				If the Provider record is **not** indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated:
				
				• End Date the current Provider Hours record with the Authorization End date from the previous Authorization Period Authorization End Date
				• Create a Provider Hours record with the current Authorization Period Authorization Begin Date and set the Provider Hours to the:
				  ○ Set the Provider Hours to the Auth to Purchase Hours on the current Assessment
				  ○ Set the Step and Grade associated with the Advance Pay Rate on the Recipient case
					65.3	View Case Provider-Provider Hours

66d	**CI-111356** - DSD BR FD 66d `IMPLEMENTED`	Activate Evidence	When evidence is activated and eligible Providers are associated	An associated Provider record is indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated: • Do not update the Provider • If the Provider record is not indicated as having "assigned hours" and no Provider segments within the authorization period are On Leave or Terminated	65.4	View Case Provider-Provider Hours, Provider Assigned Hours Form
77		Removed with CR 919				
78		Removed with CR 919				
79		Removed with CR 611				
84		Removed with CR 718				
86		Removed with CR 651				
99		Removed with CR 1040				
100		Removed with CR 1040				

[1] Reduced Hours are stored in the database as a negative value and will display as a negative value. Therefore, the Reduced Hours must be added to the Total Auth to Purchase After LMA.

[2] The CMIPS system assessments through various processes and these processes have one of the following Assessment Types, Cost of Living Adjustment, Funding Source Update, Wage Rate Update, Funding Source Update or State Mandated Change. The CMIPS II system also generates assessments based user actions, for example Leave Case, Terminate Case or Rescind Case. When these user actions occur the system process the authorization and an associated Assessment Type, Change, is added to the system. Therefore, whenever the system generates an assessment, regardless of the Assessment Type this BR will be executed when the "When" conditions are encountered.

[3] System Generated Assessments include State Hearing, Conversion, Funding Source Update, Cost of Living Adjustment, Wage Rate Update and with CR 593 – State Mandated Change.