



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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GOVERNOR

March 14, 2016

ALL-COUNTY INFORMATION NOTICE NO.: I-20-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IHSS PROGRAM MANAGERS

SUBJECT: **MODIFICATIONS TO IN-HOME SUPPORTIVE SERVICES (IHSS)
TIMESHEETS TO ACCOMMODATE IHSS AND WAIVER PERSONAL
CARE SERVICES (WPCS) OVERTIME AND TRAVEL TIME
COMPENSATION RELATING TO IMPLEMENTATION OF
PROVISIONS OF SENATE BILLS 855 AND 873**

REFERENCE: **Senate Bills 855 and 873; [ALL-COUNTY LETTER \(ACL\) 14-103 \(December 19, 2014\); ACL 14-99 \(December 17, 2014\); ACL 16-01 \(January 7, 2016\); ALL-COUNTY INFORMATION NOTICE \(ACIN\) I-08-16 \(January 22, 2016\)](#)**

This All-County Information Notice (ACIN) provides counties with information regarding changes necessary to support the implementation of provisions of Senate Bill 855 and Senate Bill 873. This ACIN will provide information on:

- Modifications to the IHSS, WPCS and Large Font arrears timesheets (SOC 2261 and SOC 2261L)
- Travel Time Processing and Travel Claim Forms (SOC 2275)
- Modifications in CMIPS to Support Travel Claim Processing
- New Error Messages for Existing Screens in CMIPS

All new and modified forms referred to in this ACIN are available in Attachment A.

Background

Timesheet and CMIPS modifications were made to accommodate the payment of overtime implemented on February 1, 2016. Additionally, a provider who provides

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

services on the same workday for multiple recipients may be able to claim hours to be paid for travel time in accordance with Welfare and Institutions Code (WIC) section 12300.4(f). Beginning February 1, 2016, IHSS and WPCS Providers who meet the travel time eligibility criteria are eligible to be paid for travel time. System functionality to support travel time payment was implemented the evening of February 26, 2016.

Modifications to the IHSS, WPCS and Large Font Arrears Timesheets (SOC 2261 and SOC 2261L)

IHSS/WPCS Arrears Timesheet (SOC 2261) Modifications

The In-Home Supportive Services Arrears Timesheet (SOC 2261) modifications include Workweek labels and Claimed Hours labels. The labels for the workweeks will be titled as follows:

- Workweek #1
- Workweek #2
- Workweek #3
- Workweek #4

The Workweek labels are positioned above each corresponding workweek on the timesheet (SOC 2261) (see Figure 1). A Claimed Hours section is located just below each Workweek label. Each section will be populated with any prior claimed hours for that workweek or with zeroes if there are no prior claimed hours for that workweek (see Figure 1). Claimed hours are the total number of hours the provider has claimed across all recipients they serve.

Provider #:	000000000	Provider Name:	LASTNAME, FIRSTNAME		
Case #:	00 00 0000000	Recipient Name:	LASTNAME, FIRSTNAME		
Type:	IHSS	Timesheet No:	0000000000		
Pay From:	07/01/2015	Pay To:	07/15/2015	Hours:	52:30

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00

S	0	0	0	0	S 05	H	H	M	M	S 12	H	H	M	M	S	0	0	0	0
M	0	0	0	0	M 06	H	H	M	M	M 13	H	H	M	M	M	0	0	0	0
T	0	0	0	0	T 07	H	H	M	M	T 14	H	H	M	M	T	0	0	0	0
W 01	H	H	M	M	W 08	H	H	M	M	W 15	H	H	M	M	W	0	0	0	0
T 02	H	H	M	M	T 09	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 03	H	H	M	M	F 10	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 04	H	H	M	M	S 11	H	H	M	M	S	0	0	0	0	S	0	0	0	0
<i>Total</i> _____					<i>Total</i> _____					<i>Total</i> _____					<i>Total</i> _____				

Figure 1 – IHSS Timesheet (SOC 2261)

IHSS/WPCS Arrears Timesheet Important Instruction Modifications

The Important Instructions on the SOC 2261(see attached) have been modified to support the implementation of provisions of Senate Bills 855 and 873. The important instructions will be printed on the SOC 2261 with English printed on the front and Spanish, Armenian or Chinese, as applicable, on the back.

IHSS/WPCS Large Font Timesheet (SOC 2261L) Modifications

The In-Home Supportive Services Large Font Timesheet (SOC 2261L) modifications have been made to mirror the SOC 2261. These modifications include Workweek labels and Claimed Hours labels. The labels for the workweeks will be titled as follows:

- Workweek #1
- Workweek #2
- Workweek #3
- Workweek #4

The Workweek labels are positioned above each corresponding workweek on the timesheet (SOC 2261L) (see Figure 2). A Claimed Hours section is located just below

each Workweek label. Each section will be populated with any prior claimed hours for that workweek or with zeroes if there are no prior claimed hours for that workweek (see Figure 2). Claimed hours are the total number of hours the provider has claimed across all recipients they serve.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

IN-HOME SUPPORTIVE SERVICES (IHSS)

INDIVIDUAL PROVIDER TIMESHEET

YOUR COUNTY IHSS OFFICE
1234 SOMETHING AVENUE,
SAMPLE CA 00000

FIRST, LASTNAME
123 SOMETHING DR.
SAMPLE CA 00000 - 0000

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2261L (11/15)

Record your daily hours and minutes like these samples

Did not work

H	H	M	M
H	6	3	0
H	4	4	5
1	0	M	M

6 hours 30 minutes

H	6	3	0
---	---	---	---

4 hours 45 minutes

H	4	4	5
---	---	---	---

10 hours

1	0	M	M
---	---	---	---

Total 2 1 1 5

----- Cut along dotted line -----

Provider #	000000000	Provider Name	LASTNAME, FIRSTNAME		
Case #	00 00 0000000	Recipient Name	LASTNAME, FIRSTNAME		
Type	IHSS	Timesheet No	00000000000		
Pay From	01/16/2015	Pay To	01/31/2015	Hours	267:22

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
Claimed: 00:00	Claimed: 00:00	Claimed: 00:00	Claimed: 00:00
S 0 0 0 0	S 18 H H M M	S 25 H H M M	S 0 0 0 0
M 0 0 0 0	M 19 H H M M	M 26 H H M M	M 0 0 0 0
T 0 0 0 0	T 20 H H M M	T 27 H H M M	T 0 0 0 0
W 0 0 0 0	W 21 H H M M	W 28 H H M M	W 0 0 0 0
T 0 0 0 0	T 22 H H M M	T 29 H H M M	T 0 0 0 0
F 16 H H M M	F 23 H H M M	F 30 H H M M	F 0 0 0 0
S 17 H H M M	S 24 H H M M	S 31 H H M M	S 0 0 0 0
total _____	Total _____	Total _____	Total _____

Turn over and sign →

Figure 2 – IHSS Large Font Timesheet SOC 2261L

IHSS/WPCS Large Font Important Instructions Modifications

The Important Instructions for the SOC 2261L (see attached) have been modified to support the implementation of provisions of Senate Bills 855 and 873. The instructions will continue to be printed on a separate piece of paper. The Important Instructions will be available for the threshold languages of English, Spanish, Chinese and Armenian.

Advance Pay Timesheets (SOC 842)

Advance pay recipients and providers will continue to use the existing Advance Pay Reconciliation Timesheet (SOC 842). The current payment process will not be modified; the recipient will be paid an Advance Pay warrant at the beginning of the month for the case authorized hours at the current hourly wage rate. Overtime will be calculated for a workweek when the Advance Pay Reconciling Timesheet (SOC 842) is processed. If hours claimed result in overtime for any workweek(s), CMIPS will calculate the overtime rate (one half of the applicable hourly rate) and will issue a supplemental warrant directly to the respective provider.

Timesheet Printing

CMIPS will continue to have the ability to systematically generate the following types of timesheets:

- IHSS Initial/Replacement
- IHSS Supplemental
- Advance Pay – Initial/Replacement
- Advance Pay - Supplemental
- WPCS Initial/Replacement
- WPCS Supplemental

IHSS and WPCS timesheets will be generated in standard or large font based on system requirements.

A modification has been made to printing options. “Print in Nightly Batch” will no longer be available to print timesheets upon request for IHSS/WPCS arrears initial, replacement and supplemental. However, “Print in Nightly Batch” is still available for Advance Pay. The options available for printing remain:

- Print Now on CMIPS II Printer
- Print/Mail From a Centralized Print Center

Remittance Advice Changes

Overtime and travel time pay will be reported on the Remittance Advice (RA) (see Figure 3) when payment made to the provider includes overtime and/or travel time for either IHSS or the WPCS program.

Please contact your local IHSS county office for PAYMENT questions.

Recipient				ID#
Payee/Provider				ID#
Service Period: _____ to _____		Timesheet # _____		
Process Date: _____		Deductions Current YTD		
Pay Rate: \$ _____		Federal		
Hours Submitted	H	M	Addt Federal	
Hours Not Paid	H	M	State	
Total Hours Paid	H	M	Addt State	
Travel Hours	H	M	FICA	
Overtime Hours	H	M	Medicare	
			SD/DIEC	
			Share of Cost	
			Recovery	
			Lien	
			Health	
			Dues	
			Health Trust	
			COPE/PEOPLE	
			Initiation	
			Other Insurance	
Total Gross		Total Deductions		
Net Pay				

* Includes Overtime Hours at regular rate.

Figure 3 - Remittance Advice

Travel Time Processing and Travel Claim Forms (SOC 2275)

Travel Time

“Travel time” is defined as the time spent travelling directly from a location where authorized services are provided to one recipient, to another location where authorized services are to be provided to another recipient. This travel time rule will apply to providers travelling between recipients of either program (IHSS and WPCS) as of February 1, 2016 (see ACL 16-01 for a complete explanation).

In order to receive a Travel Claim Form, the provider must complete the IHSS Program Provider Workweek & Travel Time Agreement (SOC 2255) and a Travel Time Record must be entered into CMIPS by the county (see ACIN I-08-16). Once these conditions are met, providers will be mailed a Travel Claim Form (SOC 2275) (see attached) for each recipient they work for. The SOC 2255 must be updated and resubmitted when a change in circumstances causes a permanent change in any provider's work schedule.

Travel Time Hours

The statutory maximum for travel time pay is seven (7:00) hours per workweek across all recipients for both programs (IHSS and WPCS). Each provider must coordinate his/her work hours with his/her recipients to ensure that his/her travel time does not exceed the limit of seven hours per workweek. To pay travel hours the following is required:

- The provider must have an active Travel Time Record for that recipient and program for all or part of a workweek where travel is claimed.
- The provider must have an approved and paid timesheet with service hours for that recipient and program in the same workweek that travel is claimed.

If a provider claims in excess of 7:00 hours per workweek of travel across all recipients, the claimed travel hours will be paid and the associated payment(s) will be flagged as an Overtime Violation – Excess Travel Time.

If, at a later date, the county determines the travel hours in excess of 7:00 hours for the workweek should have been paid without a violation being incurred, the county will have the ability to rescind the violation. Details will be in a forthcoming ACL.

Travel Claim Form (SOC 2275)

Providers who are designated as travel-eligible in any portion of a pay period will receive a Travel Claim Form (SOC 2275). Travel Claim Forms are generated for a provider for each recipient they are eligible to travel to. The Travel Claim Form will be mailed to the provider in the same envelope with the provider's timesheet or it will be mailed separately, depending on whether the Travel Claim Form is an initial or supplemental.

In order to claim the travel time spent between recipients receiving services in different locations on the same day, providers must complete and submit a Travel Claim Form and the corresponding timesheet (SOC 2261, SOC 2261L or SOC 842) for each recipient they travelled to. A timesheet must be approved and paid with hours claimed for the same recipient, program and pay period as being claimed on a SOC 2275 before the Travel Claim can be processed for payment. Providers may mail the completed SOC 2275 and corresponding timesheet together or separately to the IHSS Timesheet Processing Facility (see address below).

In special situations where a provider travels to the same recipient twice in the same day, (i.e. special situation occurred and the provider had to travel back and forth from one recipient to another on the same day) the total amount of time travelled to the recipient for that day must be entered. A comment should be made in the comment section of the Travel Claim Form in this situation.

Retroactive Travel Time Pay

Beginning February 1, 2016, IHSS and WPCS Providers who meet the travel time eligibility criteria are eligible to be paid for travel time. System functionality to support travel time payment was implemented the evening of February 26, 2016. Travel Claim Forms will be issued automatically by the CMIPS system after IHSS Program Provider Workweek & Travel Time Agreements (SOC 2255), which include Travel Time schedules, are entered into CMIPS and a Travel Time Record is created in CMIPS (see ACL 14-99). Travel Claim Forms cannot be issued until these records are created.

Travel time claimed can be paid retroactively to February 1, 2016 for travel eligible providers. For those providers that had a Travel Time Record created in CMIPS as of February 28, 2016, retroactive Travel Claim Forms for February 2016 eligible pay periods were automatically generated in CMIPS and mailed to providers on March 1, 2016. For those providers that have a Travel Time Record created in CMIPS **after** February 28, 2016, Travel Claim Forms will not be automatically issued by CMIPS for prior pay periods. Instead, county users may request printing of a Travel Claim Form by the print vendor for the provider to claim travel time retroactively to February 1, 2016.

Travel Claim Form Printing

Travel Claim Form (SOC 2275) will only be printed by the centralized print vendor on CDSS approved stock. The centralized print vendor will mail the requested Travel Claim Form and a red bar Travel Timesheet envelope (see Figure 4) to the provider.

Travel Claim Form Envelopes

The TPF PO Box designated for travel address is:

IHSS Timesheet Processing Facility
IHSS Travel Timesheet
PO Box 272863
Chico, CA 95927-2863

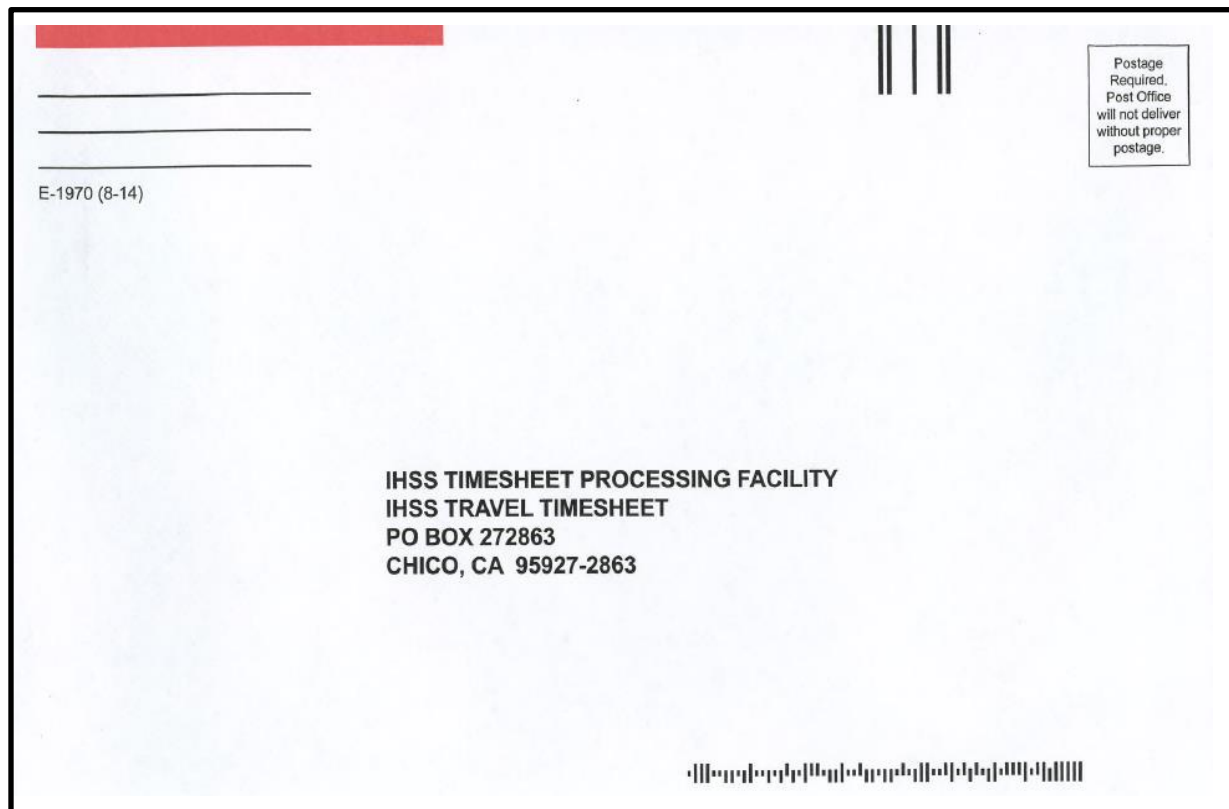


Figure 4 – Red Bar Travel Claim Form Envelope

Note: Remaining inventory of red bar Travel Timesheet envelopes purchased (but not used) for the planned 2015 implementation of overtime payment processing is being utilized now. When re-ordered, the following update will be made to the envelope:

New Name: red bar Travel Claim Form envelope

The TPF PO Box designated for travel address will be updated to reflect the form name:

IHSS Timesheet Processing Facility
IHSS Travel Claim Form
PO Box 272863
Chico, CA 95927-2863

Travel Claim Form Requests – Next Timesheet

During timesheet processing the timesheet for the next appropriate pay period is generated automatically by CMIPS. If the provider is also eligible for travel time for all or part of that pay period CMIPS will generate a Travel Claim Form request to be sent to the centralized print center.

For providers who receive the In-Home Supportive Services Arrears timesheet (SOC 261), the timesheet and Travel Claim Form request will be sent to the print vendor. The vendor will print both forms and mail them in the same envelope with a red bar return envelope.

For providers who receive the Large Font Arrears timesheet (SOC 2261L) the timesheet will be sent to the HPE print center and the Travel Claim Form request will be sent to the centralized print center. The timesheet and Travel Claim Form will be mailed to the provider separately with separate return envelopes. The timesheet will be mailed with a Large Font timesheet return envelope and the Travel Claim Form will be mailed with a red bar return envelope.

For Advance Pay providers when the Advance Pay Reconciling Timesheet (SOC 842) is generated a request for appropriate Travel Claim Forms(s) will also be generated. The timesheet will be sent to the HPE print center and the Travel Claim Form request(s) will be sent to the centralized print center. The timesheet will be mailed with an Advance Pay timesheet return envelope and the Travel Claim Form(s) will be mailed with a red bar return envelope. Based on the Travel Time Record eligibility dates, one or two semi-monthly Travel Claim Forms will be sent to the provider. If two Travel Claim Forms requests are generated those forms will be mailed separately to the provider but can be returned in a single red bar return envelope.

Travel Claim Form Processing

Only Travel Claim Forms that can be successfully entered into CMIPS for payment will be processed within 15 days of their receipt at the Timesheet Processing Facility (TPF). The 15 days processing is to allow enough time for Timesheets to be received and processed in CMIPS. The process is as follows:

When the SOC 2275 is first received by the vendor, the vendor will begin processing the SOC 2275 for payment.

- First attempt
 - If a corresponding timesheet has not been processed at the time of initial entry, the processing of the SOC 2275 will not be completed and will be held for seven days. After this time period, the vendor will make the:
- Second attempt
 - If a corresponding timesheet has not been processed at the time of this second attempt, the processing of the SOC 2275 will not be completed and will again be held for an additional seven days. After the additional seven days, the vendor will make the:
- Third attempt
 - If the SOC 2275 is still not able to be processed after the third attempt, the vendor will not complete processing and send the exceptioned Travel Claim Form to CDSS.

Payment for the Travel Claim Forms will be issued using a Special Transaction type of 'Travel Claim' or 'Travel Claim – Supplemental'. Only processed transactions will be included on the CMIPS generated *Special Transaction Summary* report for the corresponding county (see Figure 5). The county will be able to view these payments from the *View Special Transaction* screen (see Figure 6) and will be able to see the hours detail on the *View Travel Claim* screen for a Travel Claim in 'Processed' status (page 18, Figure 11).

STATE OF CALIFORNIA											
IN-HOME SUPPORTIVE SERVICES										PAGE: 1	
SPECIAL TRANSACTION SUMMARY REPORT										CYCLE DATE: 02/01/2016 TO 02/29/2016	
OFFICE:										RUN DATE: 02/18/2016 TIME: 10:45:26	
RECIPIENT / PROVIDER NAME	CASE IND NUMBER	PROVIDER NUMBER	SPECIAL TRANS TYPE	REASON	SERVICE FROM DATE	STATUS	WARRANT NUMBER	OPERATOR	RATE	HOURS	AMOUNT
	P		Travel Claim		01/16/2016	Processed	00000000		\$9.30	02:00	\$18.60
		TOTAL:	1								
	P		Travel Claim - Supplemental		01/16/2016	Processed	00000000		\$9.30	02:00	\$18.60
		TOTAL:	1								

Figure 5 - Special Transaction Summary Report with Travel Claim highlighted.

Figure 6 – View Special Transaction Screen

Travel Claim Form Processing – No Payment

Users will not be notified in CMIPS of travel claims that were submitted and not paid. If a SOC 2275 is submitted with no provider signature, the TPF will mail a letter on CDSS letterhead (see attached) and the SOC 2275 containing the missing signature back to the provider with a new red bar return envelope, allowing the provider to sign and

resubmit their Travel Claim Form. If a Travel Claim Form cannot be processed for any other reason, CMIPS payment processing staff will exclude the SOC 2275 from data entry and forward it to CDSS.

CDSS will capture, at a minimum, the Travel Claim Form number and provider number. This information will be tracked and a weekly report will be uploaded to the SFT server for each respective county. This report will identify the Travel Claim Forms received during the week that could not be processed. Further details regarding this data download and county responsibility will be provided in a forthcoming ACL.

Modifications in CMIPS to Support Travel Claim Processing

New Screens

Travel Claim Issuance Screen

To issue a new Travel Claim Form, a new *Travel Claim Issuance* screen has been created. This screen is accessed from the left navigation menu by selecting the 'Travel Claim Issuance' link found in the Travel Claim folder.

The *Travel Claim Issuance* screen (see Figure 7) allows the user to request an Initial/Replacement or Supplemental Travel Claim Form for a single service period or for multiple consecutive service periods for the specific recipient/provider relationship. The type of Travel Claim needed can be selected by the user via a drop-down menu. Because there will not be a CMIPS online version of this form, all travel claim requests will be sent to the centralized print vendor in the nightly batch cycle. The following travel claim types can be selected in CMIPS:

1. IHSS Travel Claim
2. WPCS Travel Claim
3. Supplemental – IHSS Travel Claim
4. Supplemental – WPCS Travel Claim

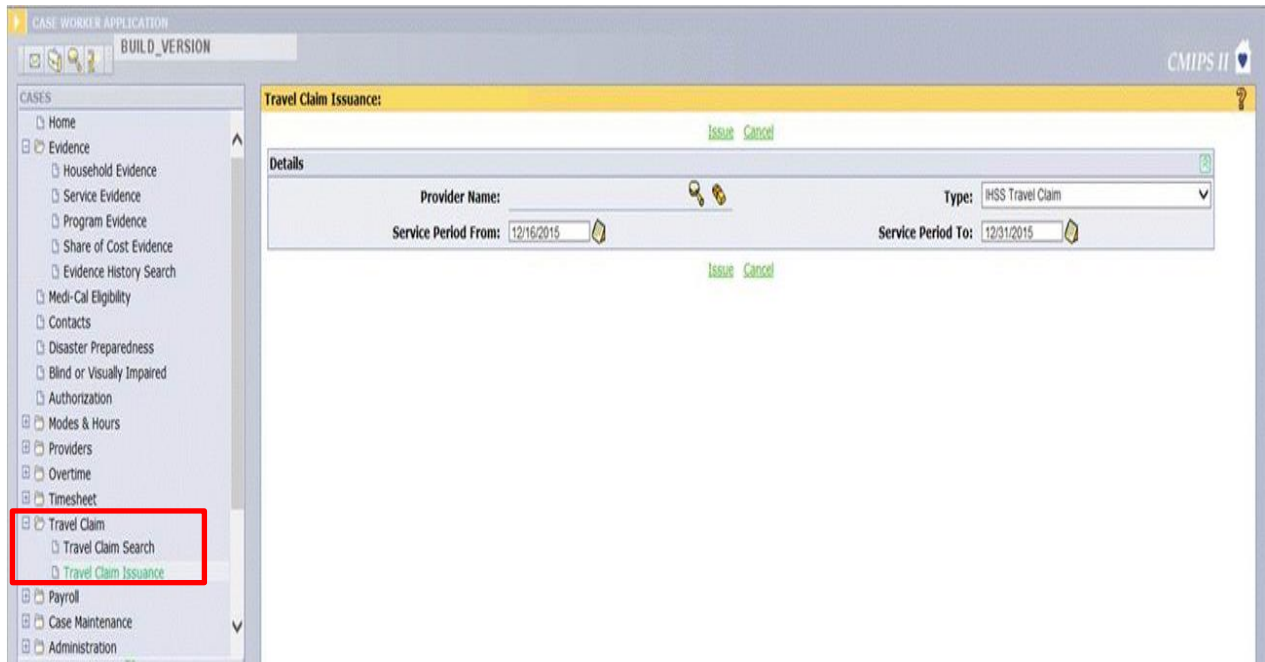


Figure 7 – Travel Claim Issuance Screen

Travel Claim Issuance Screen: New Error Messages

The following messages display on the *Travel Claim Issuance* screen under the following conditions:

<u>Condition</u>	<u>Error Message</u>
When a user selects the Travel Claim Search option to search for Travel Claims and a Travel Claim Number is entered that was not previously issued to the provider, the following message will display:	“No Travel Time records are present for this recipient.”
When a user attempts to issue Travel Claim form(s) and the ‘Service Period From’ Date (MM/DD/CCYY) was entered using a ‘day’ (DD) value other than the 1st or 16th, the following message will display:	“Service Period From Date must be the 1st or 16th of the month.”
When a user attempts to issue Travel Claim Form(s) and the ‘Service Period To’ Date (MM/DD/CCYY) was entered using a ‘day’ (DD) value other than the 15th or the last day of the month (MM) entered, the following message will display:	“Service Period To Date must be the 15th or the last day of the month.”

<u>Condition</u>	<u>Error Message</u>
When a user attempts to issue Travel Claim Form(s) and the 'Service Period To' Date is before the 'Service Period From' Date, the following message will display:	"Service Period To Date must be after the Service Period From Date."
When a user attempts to issue Travel Claim Form(s) and the "Provider Name" field is blank, the following message will display:	"A Provider must be selected for the Provider Name field."
When a user attempts to issue a Travel Claim Form for a program (WPCS or IHSS) and no timesheet for that program (Arrears or Advance Pay) has been issued for the pay period for this recipient/provider relationship, the following message will display:	"Pay Period MM/DD/CCYY to MM/DD/CCYY – Timesheet for this program for this pay period has not been issued. Travel Claim Form for this pay period not issued."
When a user attempts to issue a Travel Claim Form and there are not any Travel Time Records for the recipient/provider relationship that cover any portion of a pay period within the selected request dates, the following message will display:	"Pay Period MM/DD/CCYY to MM/DD/CCYY – Provider is not eligible for travel. Travel Claim Form for this pay period not issued."
When a user attempts to issue a Travel Claim Form and the 'Service From Date' is prior to the 'Travel Start Date' and not later than the 'Travel End' Date, the following message will display:	"The service from date cannot be prior to MM/DD/YYYY the start date for travel pay eligibility."
When a user attempts to issue a Travel Claim Form and the 'Service From Date' is after the 'Travel End Date', the following message will display:	"The service from date cannot be after MM/DD/YYYY the end date for travel pay eligibility."
<p>When a user attempts to issue a Travel Claim Form and the 'Type' selected is:</p> <ul style="list-style-type: none"> • IHSS Travel Claim • WPCS Travel Claim • And a travel claim for this recipient/provider relationship has already been processed (status of: Processed) for a pay period included in the selected service period range, the following message will display: 	"Pay Period MM/DD/CCYY to MM/DD/CCYY – Travel Claim Form for this pay period previously processed. Travel Claim Form for this pay period not issued."

<u>Condition</u>	<u>Error Message</u>
<p>When a user attempts to issue a Travel Claim Form and the 'Type' selected is:</p> <ul style="list-style-type: none"> • Supplemental – IHSS Travel Claim • Supplemental – WPCS Travel Claim • And a travel claim for this recipient/provider relationship has not been processed for a pay period included in the selected service period range, the following message will display: 	<p>“Pay Period MM/DD/CCYY to MM/DD/CCYY – No Travel Claim Form for this pay period has been processed. Travel Claim Form for this pay period not issued.”</p>
<p>When a user requests to issue the following travel claim type:</p> <ul style="list-style-type: none"> • IHSS Travel Claim • Supplemental – IHSS Travel Claim • WPCS Travel Claim • Supplemental – WPCS Travel Claim • And the 'Service Period From' and 'Service Period To' range is at least one pay period, • And the 'Service Period From' and 'Service Period To' range does not exceed six months, • And the request is processed without error, the following message will display: 	<p>“Travel Claim Form request for Period [MM/DD/YYYY] to [MM/DD/YYYY] has generated <dynamic – # of travel claim forms sent for print> travel claim form(s) to Print/Mail from a Centralized Print Center.”</p>

Travel Claim Search Screen

A county user may also search for and view travel claim details for requested, issued, received and processed travel claims, by selecting the new Travel Claim Search link from the Case, Person or Provider Management Left Navigation to access the *Travel Claim Search* screen (see Figure 8). This screen functionality is the same as Timesheet Search. The user can then select the View link for a specific travel claim to access the *View Travel Claim* screen and review the travel claim details or can search for additional travel claim records.

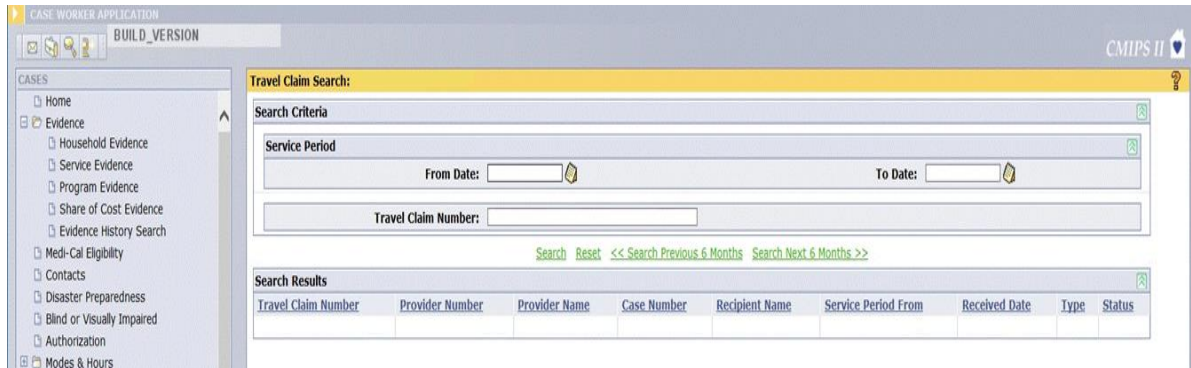


Figure 8 – Travel Claim Search Screen

Travel Claim Search Screen: New Error Messages

The following messages display on the *Travel Claim Search* screen under the following conditions:

<u>Condition</u>	<u>Error Message</u>
When a user attempts to search for travel claims and no entries were made in the 'Service Period From' Date or 'Service Period To' Date or Travel Claim Number fields, the following message will display:	"Entry of a Service Period Date range or a Travel Claim Number is required for the search."
When a user attempts to search for travel claims and the 'Service Period From' Date (MM/DD/CCYY) is entered using a 'day' (DD) value other than the 1st or 16th, the following message will display:	"'Service Period From Date' must be the 1st or 16th of the month."
When a user attempts to search for travel claims and a 'Service Period To' Date (MM/DD/CCYY) is entered using a 'day' (DD) value other than the 15th or the last day of the month (MM) entered, the following message will display:	"'Service Period To Date' must be the 15th or the last day of the month."
When a user attempts to search for travel claims and the 'Service Period To' Date is before the 'Service Period From' Date, the following message will display:	"'Service Period To' Date must be after the 'Service Period From' Date."

<u>Condition</u>	<u>Error Message</u>
When a user attempts to search for travel claims and the 'Service Period From' Date and 'Service Period To' Date range exceeds six months, the following message will display:	"Service Period From Date' and 'Service Period To' Date range cannot exceed six months."
When a user attempts to search for travel claims and the 'Service Period To' Date is entered without a 'Service Period From' Date, the following message will display:	"Service Period From' Date must be entered when a 'Service Period To' Date is entered."
When a user attempts to search for timesheets and a Travel Claim Number is entered that was not previously issued in CMIPS, the following message will display:	"Travel Claim Number - [insert travel claim number] Not Found."
When a user is accessing the 'Case Perspective' or 'Person Perspective' for a recipient and an attempt is made to search for travel claim and a Travel Claim Number is entered that was not previously issued to any providers for that recipient, the following message will display:	"Travel Claim Number - [insert travel claim number] not previously issued to a provider for this recipient."
When a user is accessing the 'Person Perspective' for a provider and an attempt is made to search for travel claims and a Travel Claim Number is entered that was not previously issued to the provider, the following message will display:	"Travel Claim Number - [insert travel claim number] not previously issued to this provider."

View Travel Claim Screen

Users will be able to view the paid travel claims as Special Transactions using the *View Travel Claim* screen (see Figure 9). The *View Travel Claim* screen is displayed when the 'Travel Claim Search' link is selected from the Case or Person Left Navigation. Users can view the Travel Claim once it is in "Processed" status and will be able to view:

- Total Hours Paid
- Total Cutback Hours
- Overtime paid related to Travel Claims

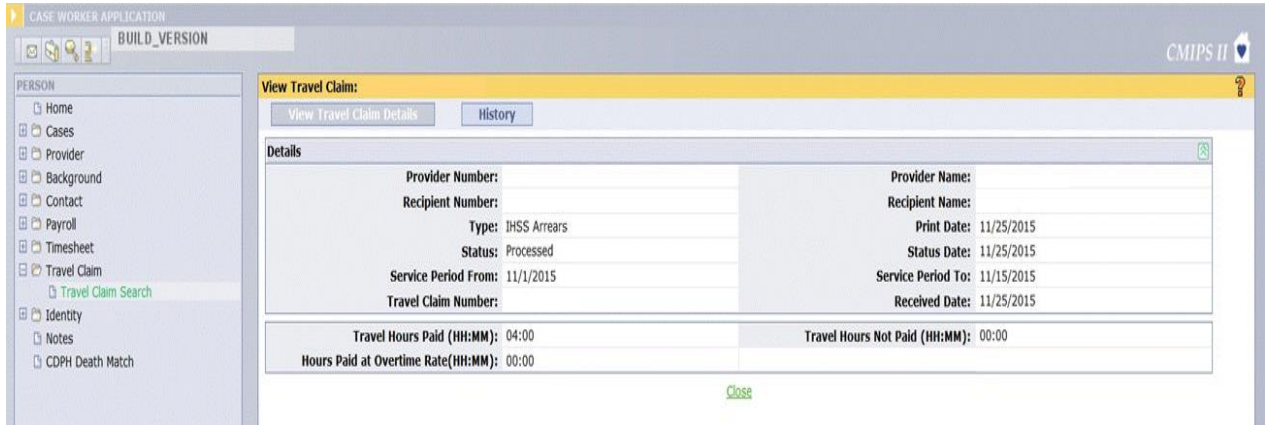


Figure 9 – View Travel Claim Screen

Travel Claim History Screen

Users will be able to view the history of the travel claims by accessing the *Travel Claim History* screen (see Figure 10) by selecting the History link from the *View Travel Claim* screen.

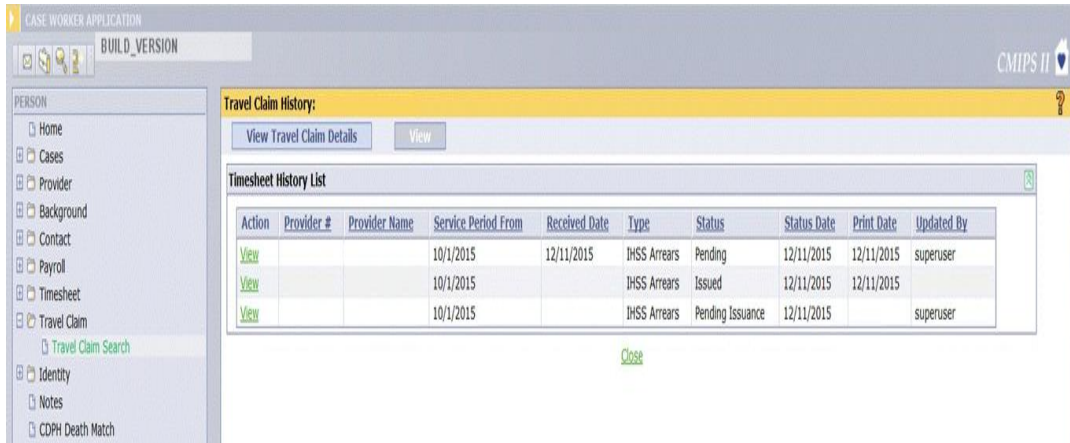


Figure 10 – Travel Claim History Screen

New Error Messages for Existing Screens in CMIPS

Assign Case Provider Screen: New Error Messages

The following message displays on the *Assign Case Provider* screen under the following conditions:

<u>Condition</u>	<u>Error Message</u>
<p>When a user saves information on the <i>Assign Case Provider</i> screen, and the recipient is not designated to receive Advance Pay,</p> <ul style="list-style-type: none">• And the 'Print in Nightly Batch' indicator was selected, the following message will display:	<p>"Print in Nightly Batch option is not available for standard timesheets – Select Print/Mail from a Centralized Print Center"</p>

Timesheet Issuance Screen: New Error Messages

The following messages display on the *Timesheet Issuance* screen under the following conditions:

<u>Condition</u>	<u>Error Message</u>
<p>When a user attempts to issue timesheets, and the recipient is not designated to receive Advance Pay,</p> <ul style="list-style-type: none">• And the 'Print in Nightly Batch' indicator was selected, the following message will display:	<p>"Print in Nightly Batch option is not available for standard timesheets – Select Print/Mail from a Centralized Print Center."</p>

<u>Condition</u>	<u>Error Message</u>
<p>When a user attempts to issue IHSS or WPCS initial timesheets, and the recipient is not designated to receive Advance Pay,</p> <ul style="list-style-type: none"> • And timesheet has not previously been issued for the selected pay period, • And 'Print/Mail from a 'Centralized Print Center' was selected, • And there is a Travel Time record for this recipient/provider which covers all or a portion of a pay period in the selected range, the following message will display: 	<p>"Travel Claim Request for Period [MM/DD/YYYY] to [MM/DD/YYYY] has been generated with the timesheet."</p>
<p>When a user attempts to issue IHSS or WPCS initial timesheets, and the recipient is not designated to receive Advance Pay,</p> <ul style="list-style-type: none"> • And a timesheet has not previously been issued for the selected pay period, • And the 'Print Now on CMIPS II Printer' indicator was selected, • And the timesheet request is processed without error, • And there is a Travel Time record for this recipient/provider which covers all or a portion of a pay period in the selected range, the following message will display: 	<p>"Travel Claim Request for Period [MM/DD/YYYY] to [MM/DD/YYYY] has been generated for the timesheet and will be sent to Print/Mail from a Centralized Print Center."</p>

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If you have questions or comments regarding this ACIN, please contact the Adult Programs Division CMIPS and Systems Operations Unit at (916) 551-1003 or via e-mail at: CMIPSII-Requests@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachments

c: CWDA

ATTACHMENT A

NEW FORMS FOR USE IN IMPLEMENTING SENATE BILL (SB) 855 AND SB 873

Number	Title	Intended Purpose
New Forms		
SOC 2261	IHSS Timesheet	To be used by IHSS/WPCS providers to claim the hours they worked for their recipient.
SOC 2261L	IHSS Large Font Timesheet	To be used by IHSS/WPCS providers to claim the hours they worked for their recipient.
SOC 2275	Travel Claim Form	To be used by IHSS/WPCS providers serving multiple recipients to document the travel time engaged for each recipient.
	Signature Request Letter	To be Mailed to providers if Travel Claim Form (SOC 2275) is missing provider's signature.

YOUR COUNTY IHSS OFFICE
1234 SOMETHING AVENUE,
SAMPLE CA 00000

IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes
like these samples.

FIRST, LASTNAME
123 SOMETHING DR.
SAMPLE CA 00000 - 0000

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below). Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

----- Cut along dotted line -----

Provider #: 000000000	Provider Name: LASTNAME, FIRSTNAME
Case #: 00 00 0000000	Recipient Name: LASTNAME, FIRSTNAME
Type: IHSS	Timesheet No: 0000000000
Pay From: 07/01/2015	Pay To: 07/15/2015
Hours: 52:30	

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
Claimed : 00:00	Claimed : 00:00	Claimed : 00:00	Claimed : 00:00

S	0	0	0	0	S 05	H	H	M	M	S 12	H	H	M	M	S	0	0	0	0
M	0	0	0	0	M 06	H	H	M	M	M 13	H	H	M	M	M	0	0	0	0
T	0	0	0	0	T 07	H	H	M	M	T 14	H	H	M	M	T	0	0	0	0
W 01	H	H	M	M	W 08	H	H	M	M	W 15	H	H	M	M	W	0	0	0	0
T 02	H	H	M	M	T 09	H	H	M	M	T	0	0	0	0	T	0	0	0	0
F 03	H	H	M	M	F 10	H	H	M	M	F	0	0	0	0	F	0	0	0	0
S 04	H	H	M	M	S 11	H	H	M	M	S	0	0	0	0	S	0	0	0	0

Total _____ Total _____ Total _____ Total _____

Turn over and sign. →



Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below). Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not fold the timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

----- Cut along dotted line -----

Detach Instructions Before Mailing.

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

--	--

Recipient's Signature

Date

--	--

Provider's Signature

Date

Mail Detached Timesheet To:

IHSS Timesheet Processing Facility • PO Box 272862 • Chico, CA 95927-2862

IN-HOME SUPPORTIVE SERVICES (IHSS)

INDIVIDUAL PROVIDER TIMESHEET

YOUR COUNTY IHSS OFFICE
1234 SOMETHING AVENUE,
SAMPLE CA 00000

Record your daily hours and minutes like these samples

FIRST, LASTNAME
123 SOMETHING DR.
SAMPLE CA 00000 - 0000

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	<u>2</u>	<u>1</u>	<u>1</u>	<u>5</u>

----- Cut along dotted line -----

Provider #	000000000	Provider Name	LASTNAME, FIRSTNAME		
Case #	00 00 0000000	Recipient Name	LASTNAME, FIRSTNAME		
Type	IHSS	Timesheet No	0000000000		
Pay From	01/16/2015	Pay To	01/31/2015	Hours	267:22

SAMPLE



<u>Workweek #1</u>					<u>Workweek #2</u>					<u>Workweek #3</u>					<u>Workweek #4</u>						
Claimed: 00:00					Claimed: 00:00					Claimed: 00:00					Claimed: 00:00						
S	0	0	0	0	S	18	H	H	M	M	S	25	H	H	M	M	S	0	0	0	0
M	0	0	0	0	M	19	H	H	M	M	M	26	H	H	M	M	M	0	0	0	0
T	0	0	0	0	T	20	H	H	M	M	T	27	H	H	M	M	T	0	0	0	0
W	0	0	0	0	W	21	H	H	M	M	W	28	H	H	M	M	W	0	0	0	0
T	0	0	0	0	T	22	H	H	M	M	T	29	H	H	M	M	T	0	0	0	0
F 16	H	H	M	M	F 23	H	H	M	M	F 30	H	H	M	M	F	0	0	0	0		
S 17	H	H	M	M	S 24	H	H	M	M	S 31	H	H	M	M	S	0	0	0	0		
Total	_____				Total	_____				Total	_____				Total	_____					

Turn over and sign →

Intentionally Left Blank

----- Cut along dotted line -----

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

SAMPLE

Recipient's Signature	Date
-----------------------	------

Provider's Signature	Date
----------------------	------

Mail Detached Timesheet To: IHSS Timesheet Processing Facility,
P.O. BOX 2380, Chico, CA 95927-2380

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday 12:00 AM to Saturday 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours (as shown in the "hours" field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. **You and your Recipient must sign and date the back of your timesheet.**
8. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.



000000001

DISTRICT OFFICE 1
1000 STREET, STE 1
SAMPLE CA 00000

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
SOC 2275 (02/16)

FIRSTNAME M LASTNAME
123 SOMETHING DR.
SAMPLE CA 00000-0000

TRAVEL CLAIM FORM INSTRUCTIONS

1. This Travel Claim Form must be submitted only after a timesheet with service hours for the same pay period has been submitted.
2. Time travelled from one recipient to another on the same day must be claimed on the Travel Claim Form for the recipient you travelled To.
3. In special circumstances where you travelled to the same recipient twice in the same day, enter the total amount of time travelled for that day. A comment is required in this situation.
4. Travel hours claimed cannot exceed the 7-hour weekly travel cap.
5. Use black ink only and press firmly. Numbers must be readable.
6. In the "Case # From" column, write the Recipient's case number you travelled from.
7. In the "Distance" column, write the distance you travelled from one recipient to another recipient on the same day.
8. Comments are required to explain the following:
 - If the total number of weekly Travel Hours exceed the allowed hours.
 - If a special circumstance occurred to cause the travel time to be longer than expected.
9. The Provider must sign and date the back of Travel Claim Form.
10. The Total line is optional.

Record your daily hours, minutes, case number, distance, and comments like this sample:

	Travel Week #1	Case # From:	Distance:	Comments:
S	0 0 0 0			
M 13	H H 1 5	0000000	1.1	
T 14	H H 2 0	0000000	1.7	Rerouted due to road construction.
W 15	H H 1 5	0000000	1.1	
T 16	H H 1 5	0000000	1.1	
F 17	H H 2 5	0000000	1.1	Traffic jam due to car accident.
S	0 0 0 0			
TOTAL	1 3 0			

TURN OVER AND COMPLETE →

Mail To:
IHSS Timesheet Processing Facility • PO Box 272863 • Chico, CA 95927-2863

TRAVEL CLAIM FORM

Provider Name:	LASTNAME, FIRSTNAME	Recipient Name:	LASTNAME, FIRSTNAME
Provider #:	000000000	Travel Claim #:	0000000000000000
Case #:	00 00 0000000		
Pay Period From:	02/16/2016	Pay Period To:	02/29/2016
Program Type:	IHSS		

	Travel Week #1	Case # From:	Distance:	Comments:
S	0 0 0 0			
M	0 0 0 0			
T 16	H H M M			
W 17	H H M M			
T 18	H H M M			
F 19	H H M M			
S 20	H H M M			
TOTAL				

	Travel Week #2	Case # From:	Distance:	Comments:
S 21	H H M M			
M 22	H H M M			
T 23	H H M M			
W 24	H H M M			
T 25	H H M M			
F 26	H H M M			
S 27	H H M M			
TOTAL				

	Travel Week #3	Case # From:	Distance:	Comments:
S 28	H H M M			
M 29	H H M M			
T	0 0 0 0			
W	0 0 0 0			
T	0 0 0 0			
F	0 0 0 0			
S	0 0 0 0			
TOTAL				

	Travel Week #4	Case # From:	Distance:	Comments:
S	0 0 0 0			
M	0 0 0 0			
T	0 0 0 0			
W	0 0 0 0			
T	0 0 0 0			
F	0 0 0 0			
S	0 0 0 0			
TOTAL				

I understand that any false claim relating to this travel claim form may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties. By signing as the provider, I declare that the travel time claimed on this travel claim form is true and correct.

Provider's Signature	Date





CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

Dear Provider,

This letter is in regard to the travel claim form you submitted. During the processing of your travel claim form we discovered the form is missing a signature.

Included with this letter is the incomplete travel claim form. Please sign and date the travel claim form in the appropriate area and return the form to:

Timesheet Processing Facility
P.O. Box 272863
Chico, CA 95927-2863

Your payment for travel between recipients cannot be processed until this form is completed correctly with a valid signature.

If you have any questions, please contact your local county office.

Sincerely,

In-Home Supportive Services
California Department of Social Services