

County Priorities for Changes to Case Management Information and Payrolling System (CMIPS) II

The CMIPS II system is the case management and payroll system for the In Home Supportive Services (IHSS) program, and supports the work of county IHSS workers. As such, counties have a key role in informing requests to maintain and improve system functionality.

The CWDA CMIPS II County Advisory Board (CAB) develops and maintains a list of changes and improvements that counties want to see. Current CAB membership is comprised of the following counties: Contra Costa, Fresno, Los Angeles, San Bernardino, San Diego, San Francisco, San Joaquin, Sonoma, Stanislaus, Tehama, Tulare, Ventura, and Yolo.

In addition to the changes prioritized by CAB, the CWDA Information Technology Committee has identified two critical priorities to keep the CMIPS program modern. The first is support for mobility, so that IHSS social workers can access the system while doing home visits and other field work. The second is moving to an electronic timesheet system, to offer providers a faster way to submit their time records, without the risk of delays or loss present in the current paper process.

The CAB's current top priorities for changes are:

1. **Notice of Action Suppression and Reduction of NOA output from two copies to one (IMPLEMENTED DECEMBER 2015)**

BACKGROUND: This change requests that CDSS allow counties to suppress the system's production of unnecessary notifications (NOAs) caused by counties needing to build authorization segments. The NOAs do not serve a purpose in notifying recipients of authorization of services that have already been received in the past. Additionally, counties request that the number of NOAs being produced be reduced to sending only one copy instead of 2. The new CMIPS II NOAs are multiple pages - a minimum of four - and consumers are receiving multiple copies that are unnecessary. This causes consumer confusion and tremendous paper waste and paper cost and postage at the county level.

2. **Produce a new Management Statistics Summary Report that shows true end of month caseload counts and other key reporting statistics (as established by the counties) and restore statewide view of reports as counties previously had in Legacy CMIPS.**

BACKGROUND: Currently CMIPS II has the former Legacy Management Statistics Summary broken down into 5 different reports:

- Authorized Case Summary and Detail
- Caseload Summary Report
- Paid Case Summary & Detail Report

- Monthly Caseload Hours Paid and Expenditures - Total Report
- Warrants Issued

Counties have requested that key statistical data (such as true end of month caseload counts, key recipient demographic information, paid and authorized case counts, etc. are reported in one place for easy reference by county management staff. In addition, counties are requesting that CDSS restore access to view statewide report data as was previously provided in Legacy environment but is no longer accessible in CMIPS II environment.

3. PRIORITY 3 - Expand the number and types of tasks in the IHSS Service Task categories and record them appropriately on the SOC 293 form. (WORKGROUP BEGINS MARCH 2016)

BACKGROUND: There are 25 task categories that IHSS social workers must authorize. The 25 task areas are further broken down into more minute tasks by social workers in order to calculate the time that should be authorized daily, weekly and/or monthly. Counties are currently using various ancillary tools to be able to calculate time outside the CMIPS II system which is then input to CMIPS II. Counties would like to dispose of these ancillary tools and have the CMIPS II system meet all the necessary calculation needs the IHSS cases require. The SOC 293 form provides a report for counties on what has been authorized. It currently has problems that force some of the information to be cut off and not readable by counties.

4. Request that CDSS begin the Task and Notifications Workgroup to resolve county issues with tasks and notifications in CMIPS II.

BACKGROUND: Counties have requested improved functionality in CMIPS II related to handling of tasks and notifications. Examples of submitted change requests include “Allow workers to be able to move caseloads from one worker to another without having to deal with unresolved tasks” and “Counties be given the CMIPS II functionality to be able to close multiple redundant tasks at one time.” CDSS has denied these with the comment that there will be a future task and notifications workgroup. This workgroup effort has not begun.

5. Add additional county use fields to CMIPS II case information that allows counties to identify types and special issues related to case management.

BACKGROUND: Counties often sort cases by types of cases and special situations surrounding cases. There are currently not enough trackable and searchable fields in CMIPS II that allow counties to identify cases as they would like. Key to this feature is the ability for counties to search and sort on this information.

6. Increase the period of non-activity allowance in CMIPS II beyond the current 20 minutes to 30 minutes and/or develop functionality in CMIPS

It that will “auto-save” data the social worker has entered (without submitting data for approval).

BACKGROUND: Currently the CMIPS II system shuts down access after 20 minutes of inactivity by the social worker and the social worker must log in to CMIPS II all over again to access the case they were working on. CMIPS II also erases the data that was entered when it times out. Counties state that this time allowance is not sufficient and they would like to have it increased. Staff are often interrupted by phone calls and other things and they want more flexibility from the system to hold onto their work beyond the 20 minutes.

- 7. Request that CDSS translate IHSS Notices of Action (NOAs) and NOA messages into the 14 threshold languages that Medi-Cal Program does and place the translated forms into the CMIPS II system for use by counties. Once completed counties would like to see the same translation provided for State of California (SOC) IHSS forms.**

BACKGROUND: CDSS continues to identify only three languages (in addition to English) that constitute “state-required” threshold languages. These languages are Spanish, Armenian and Mandarin (Chinese). Counties would like CDSS to follow consistently with other Medi-Cal programs and provide IHSS forms in 14 threshold languages established by DHCS Medi-Cal program. Once translated, counties would like the forms automated and available in CMIPS II. Counties spend significant resources and time attempting to provide recipients with forms translations to ensure appropriate program access. CDSS locks existing state-generated forms so that counties cannot modify them for translation, causing counties to have to recreate forms from scratch.

- 8. Develop a statewide Interactive Voice Recognition (IVR) Provider Assistance Line**

BACKGROUND: Counties spend lots of time and resources responding to provider requests for status of timesheet receipt, processing of timesheet and warrant production and mailing. All of these pieces of information are recorded nightly in the CMIPS II data download. This information is readily available to populate an automated application to provide the providers with access to the information 24/7 via telephone. Some counties have developed local solutions and are now exploring online access.

- 9. Produce a Pending Evidence data download file for counties
(TENTATIVELY PLANNED FOR DECEMBER 2016)**

BACKGROUND: Each time a system-wide change is made such as legislation and/or a county-unique change like wage rate change, the CMIPS II system automatically deletes any pending evidence on any cases in CMIPS II. Pending evidence occurs when county staff has begun entering information

on a case assessment but have not submitted the assessment for approval. Until it is approved it remains in pending status. This information is inadvertently lost due to CMIPS II design changes such as the above. Counties must go in and rapidly resolve pending evidence before these changes occur, yet there is no report in CMIPS II that allows case managers to track cases that have pending evidence.

10. Add Scanning Functionality to CMIPS II

BACKGROUND: Enable CMIPS II to accept multiple scanning formats i.e., pdf, tif, gif, etc. from county scanning systems to place case-related document images in CMIPS II. Counties use a number of program forms to authorize services. Some are CDSS forms and others are county specific forms. All provide integral information on the recipient and/or provider that supports and clarifies their eligibility and/or understanding of program rules and requirements. CMIPS II does not contain all of the necessary CDSS forms in the system (providing them via the CDSS website only) nor does it contain county specific forms. It also does not reflect signed county forms in the system. Counties want the ability to make this information a part of the IHSS case that is viewable statewide.