



CDSS

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ACTING DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

January 14, 2019

ALL COUNTY LETTER NO. 18-149

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IN-HOME SUPPORTIVE SERVICES PROGRAM  
MANAGERS

SUBJECT: REMOVAL OF IN-HOME SUPPORTIVE SERVICES PROVIDER  
CRIMINAL OFFENDER RECORD INFORMATION DETAILS FROM  
THE CASE MANAGEMENT, INFORMATION AND PAYROLLING  
SYSTEM BY THE CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

REFERENCE: [WELFARE AND INSTITUTIONS CODE SECTION 12305.81](#);  
[WELFARE AND INSTITUTIONS CODE SECTION 12305.86](#);  
[WELFARE AND INSTITUTIONS CODE SECTION 12305.87](#); [ALL](#)  
[COUNTY LETTER 09-68](#); [ALL COUNTY LETTER 16-53](#); [ALL](#)  
[COUNTY LETTER 11-12](#); [PENAL CODE 17](#), [PENAL CODE 1203.4](#),  
[MANUAL OF POLICIES AND PROCEDURES SECTION 30-776](#)  
[ET.SEQ.](#)

This All County Letter (ACL) provides information and instructions for counties and public authorities (PA) to request removal of an In-Home Supportive Services (IHSS) current/prospective provider's Criminal Offender Record Information (CORI) details from the Case Management, Information and Payrolling System (CMIPS) by the California Department of Social Services (CDSS). This process is applicable when a county/PA has reviewed a CORI that was used to make a determination that a current/prospective provider was ineligible to be an IHSS provider and has subsequently determined that the information contained therein is no longer exclusionary. This ACL also transmits a new form counties must use to request removal of the CORI details from CMIPS.

Additionally, this ACL addresses removal of the CORI details from CMIPS when CDSS' review of a provider appeal determines the provider is eligible to be enrolled as an IHSS provider with no restrictions, contingent upon completion of all other IHSS provider enrollment requirements.

## **BACKGROUND**

Pursuant to [Welfare and Institutions Code \(WIC\) section 12305.86](#) and the Manual of Policies and Procedures ([MPP\) section 30-776.44](#), an applicant provider must submit fingerprints and undergo a criminal background check conducted by the California Department of Justice (DOJ). The DOJ provides the results of the provider's background check directly to the requesting county/PA, and the county/PA reviews it against established IHSS provider enrollment requirements to determine eligibility status.

Pursuant to [WIC sections 12305.81](#) and [WIC sections 12305.87](#), and as set forth in [MPP section 30-776](#) et. seq., an individual convicted of, or incarcerated following conviction for a Tier 1 or Tier 2 disqualifying crime within the previous ten years, is not eligible to be enrolled as an IHSS provider. When the county/PA determines that a current/prospective provider does not meet the IHSS program requirements due to an exclusionary conviction within the last ten years, specific details from the CORI must be entered into CMIPS.

If the county/PA learns that a current/prospective provider who was previously determined ineligible due to an exclusionary conviction now meets the IHSS criminal background check enrollment requirements, i.e. the exclusionary crime is no longer applicable, the county/PA is required to ensure that the provider completes all requirements of the provider enrollment process, and, upon completion, the individual is enrolled as an IHSS provider. However, a CORI detail entry in CMIPS prohibits the county/PA from completing the IHSS provider enrollment process until the CORI details are removed, specifically if the conviction date, as entered in CMIPS, is within the previous ten years. Since counties/public authorities are not granted permissions to remove CORI details from CMIPS, they would contact the CMIPS Help Desk to request removal of the CORI details.

## **COUNTY RESPONSIBILITIES**

When counties/public authorities become aware that an exclusionary conviction that previously made an individual ineligible for enrollment as an IHSS provider is no longer applicable, the county/PA must verify that the individual meets all other IHSS provider enrollment requirements prior to enrollment. Once the county/PA has verified that an individual is otherwise eligible to be an IHSS provider, they must submit the In-Home Supportive Services (IHSS) Program County or Public Authority (PA) Request to Remove Criminal Offender Record Information (CORI) from the Case Management, Information and Payrolling System (CMIPS) (SOC 2324) to CDSS, so that the county/PA can complete the provider enrollment process in CMIPS. If county/PA staff have questions or concerns about their review of court records/documentation to determine an individual's eligibility for enrollment, it is recommended that they consult with their county counsel prior to submitting the SOC 2324 to CDSS.

Only IHSS county/PA staff may request removal of the CORI details using the SOC 2324. This process cannot be used by current/prospective providers, an enrolled provider with a Tier 2 conviction who is working under an individual waiver, or IHSS recipients (or their Authorized Representative).

Effective immediately, counties/public authorities shall discontinue using the CMIPS Help Desk to request removal of the CORI details from CMIPS, and shall begin using the CORI details removal process outlined in this ACL.

### **CORI DETAILS REMOVAL PROCESS**

To request removal of the CORI details from CMIPS, the county/PA must complete, sign and date the SOC 2324 and send it as an attachment in an encrypted email to CDSS at [IHSSCORIremovals@dss.ca.gov](mailto:IHSSCORIremovals@dss.ca.gov). Given the confidential nature of the current/prospective provider information required on the SOC 2324, CDSS will only accept the SOC 2324 submitted according to this process.

Pursuant to [WIC Section 12305.86\(c\)\(4\)](#), counties/public authorities can only send a copy of the CORI to CDSS for review when CDSS requests it as part of the provider appeals review process. Therefore, no additional documentation shall be submitted with the SOC 2324, and CDSS will accept the signature on the SOC 2324 as validation that the county/PA has verified that the listed provider meets all IHSS provider enrollment requirements and is eligible to be enrolled. The county staff who signs the SOC 2324 must send the request to CDSS from his/her county email.

Upon CDSS' receipt of the SOC 2324 via the [IHSSCORIremovals@dss.ca.gov](mailto:IHSSCORIremovals@dss.ca.gov) mailbox, the county/PA staff who submits the request will receive an automatic reply confirming receipt. The CDSS will review and process a complete SOC 2324 within ten (10) business days from the day it is received and will send the county staff an email notification that the CORI details have been removed. The county/PA may then proceed with completing the provider enrollment process in CMIPS. If the SOC 2324 is determined to be incomplete, CDSS will email the county staff who submitted the request within five (5) business days from the day it was received with instructions to resubmit a completed, signed and dated form. Within ten (10) business days from receipt of a resubmitted and complete form, CDSS will proceed with the CORI details removal process.

### **CLARIFICATION FOR USING THE SOC 2324**

The circumstances for which the SOC 2324 must be used, includes but is not limited to the following:

- The county/PA entered the CORI details in CMIPS on a provider's file in error.
- The county/PA entered incorrect CORI details in CMIPS on a provider's file.
- A Tier 1 or Tier 2 exclusionary conviction has been vacated prior to the end of the ten-year exclusionary period. This circumstance could be applicable to a prospective provider who was previously determined ineligible due to a Tier 1 or

Tier 2 exclusionary conviction, and a current enrolled provider with a Tier 2 conviction who is working under an individual waiver.

- A Tier 2 exclusionary conviction has been reduced to a misdemeanor pursuant to [Penal Code Section 17](#).
- A Tier 2 exclusionary conviction has been dismissed/expunged pursuant to [Penal Code Section 1203.4](#) as specified in [ACL 11-12](#).
- A current/prospective provider convicted of a Tier 2 exclusionary crime has obtained a certificate of rehabilitation as specified in [ACL 11-12](#).

The county/PA may use their discretion to identify other circumstances for which they deem it appropriate to request removal of the CORI details, in accordance with provider enrollment statutes and regulations to complete the provider enrollment process.

### **LAPSE OF THE TEN-YEAR EXCLUSIONARY PERIOD**

The CORI details removal process is not intended for current/prospective providers whose exclusionary conviction date, as entered in CMIPS, is ten (10) years or older. For current/prospective providers in this circumstance, CMIPS allows the counties/public authorities to continue with the enrollment process or update a current provider's eligibility status without the need to remove the CORI details. For this reason, it is not necessary to send CDSS the SOC 2324 to request removal of the CORI details.

However, when the ten (10) year exclusionary period has lapsed for a current enrolled provider with a Tier 2 conviction who is working under an individual waiver, the counties/public authorities must follow the process outlined in [MPP section 30-776.8](#) through section [MPP section 30-776.82](#), and in [ACL 16-53](#).

### **COUNTY INELIGIBILITY DECISION OVERTURNED THROUGH CDSS APPEALS PROCESS**

As set forth in [ACL 09-68](#), current/prospective providers who have been determined ineligible to be an IHSS provider due to an initial or subsequent exclusionary conviction may file a written appeal request to CDSS if they disagree with the county's decision. If CDSS overturns the county's decision and determines the appellant is eligible to be an IHSS provider, CDSS will initiate and complete removal of the CORI details from CMIPS. In this situation, it will not be necessary for the county/PA to submit a request to CDSS to remove the CORI details. A copy of the appeal decision letter will be mailed to the county with instructions to grant or restore the appellant's eligibility to be an IHSS provider.

### **CAMERA READY COPY OF SOC 2324**

A camera-ready copy of the SOC 2324 referenced in this ACL is available on the [CDSS Forms-Brochures](#) web page.

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Questions regarding the content of this ACL may be directed to the Adult Programs Division's Appeals, Administrative Review and Reimbursement Bureau at (916) 651-3488.

Sincerely,

***Original Document Signed By:***

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachment

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM  
COUNTY OR PUBLIC AUTHORITY (PA) REQUEST TO REMOVE  
CRIMINAL OFFENDER RECORD INFORMATION (CORI) FROM THE  
CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS)****THIS FORM IS FOR COUNTY/PUBLIC AUTHORITY USE ONLY**

<b>County:</b>			
<b>Current/Prospective Provider Name:</b>		<b>Current/Prospective Provider #:</b>	
<b>Current/Prospective Provider Address:</b>			

I certify that I have reviewed the most current CORI provided by the California Department of Justice, and/or court records/documentation provided by a Federal, State or County government agency to make the determination that the above referenced current/prospective provider does not currently have an IHSS exclusionary conviction. I certify that the above referenced current/prospective provider has completed all requirements of the IHSS provider enrollment process set forth in the Manual of Policies and Procedures, Section 30 776 et. seq., and therefore, is currently eligible for enrollment as an IHSS provider without any restrictions. I have determined that the CORI details currently entered in CMIPS for the above referenced current/prospective provider are no longer valid and request removal of the CORI details from CMIPS in order to proceed with the IHSS provider enrollment process or to update a current provider's eligibility status.

**SEND ENCRYPTED E-MAIL WITH COMPLETED FORM TO THE ADULT PROGRAMS DIVISION, APPEALS AND ADMINISTRATIVE REVIEW UNIT AT [IHSSCORIremovals@dss.ca.gov](mailto:IHSSCORIremovals@dss.ca.gov).**

MY SIGNATURE CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. THE COUNTY/PUBLIC AUTHORITY ASSUMES ALL LIABILITY IN THE REVIEW OF THE CORI, COURT RECORDS/DOCUMENTATION AND CMIPS IN DETERMINING THAT THE ABOVE REFERENCED CURRENT/PROSPECTIVE PROVIDER DOES NOT HAVE AN EXCLUSIONARY CONVICTION AND IS CURRENTLY ELIGIBLE FOR ENROLLMENT AS AN IHSS PROVIDER WITHOUT ANY RESTRICTIONS.

<b>Signature:</b>		<b>Date:</b>	
<b>Printed Name:</b>		<b>Telephone #:</b>	
<b>County/PA Agency Name:</b>			
<b>Mailing Address:</b>			
<b>E-Mail Address:</b>			