



CDSS

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DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

December 4, 2012

ALL-COUNTY LETTER NO.: 12-68

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

SUBJECT: CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM II  
(CMIPS II) NEW USER ID FORMS

The purpose of this All County Letter is to inform counties of the change to processes related to managing users in the new Case Management, Information and Payrolling System II (CMIPS II) and to transmit copies of the three (3) new California Department of Social Services (CDSS) forms for CMIPS II users.

**BACKGROUND:**

The In-Home Supportive Services (IHSS) program is a Medi-Cal benefit, with the exception of residual cases. As such, all state and county staff must adhere to the Health Insurance Portability and Accountability Act (HIPAA) requirements with regard to maintaining the privacy and security of each recipient's medical records and any other personal health information. HIPAA requires safeguards for storing medical information electronically, as well as, setting limits and conditions on the uses and disclosures that may be made without authorization from the individual. HIPAA requirements restrict the right to review or copy any of the individual's health records in whatever format they may be stored. These rules include the personal information stored in CMIPS II that is viewed by state and county staff administering the IHSS program.

**GENERAL INFORMATION:**

CDSS, the Department of Health Care Services, Hewlett Packard (HP) Enterprise Services, LLC, the CMIPS II vendor, and county staff will have access to information in the CMIPS II system. The primary system functions are processing payroll for IHSS

and the Waiver Personal Care Services (WPCS) providers, maintaining case information for IHSS recipients and producing IHSS program reports.

### **CMIPS II USERS:**

CMIPS II usage is restricted to staff who have a business need to review information contained in CMIPS II strictly for the purpose of administering IHSS benefits. For example, this includes county staff that process IHSS intakes, assessments, payroll, and provider enrollment; IHSS social workers and their supervisors; and Quality Assurance staff.

Auditors, district attorney and county investigators, Medi-Cal eligibility workers, income verification staff or CalFresh staff and all other users who are not directly affiliated with the IHSS program are not allowed access to CMIPS II. If information is needed pertaining to a particular case, the information should be requested from the IHSS office in the county. If the request is lengthy, the county should continue to send their request to CDSS who will work with the CMIPS II vendor to fulfill the request. Other uses or release of the information contained in CMIPS II are prohibited and any exceptions must be approved by CDSS in advance.

### **PUBLIC AUTHORITIES:**

Public Authority (PA) users will have continued access as long as they are authorized by the county. Counties will continue to choose the level of access for their PAs based on their business functions.

### **CMIPS II User ID Forms**

Prior to the CMIPS II implementation, counties sent their User Request forms to CDSS to be reviewed and then forwarded on to HP for processing. With the implementation of CMIPS II, the process of obtaining or making a change to a User ID will now be handled by a county appointed Security Officer who will be responsible for managing all requests to add, modify, deactivate and reactivate users in their county.

CDSS has created and attached the following forms for county use:

- COUNTY CMIPS II USER REQUEST FORM – ADD/MODIFY USER (SOC 884)
- COUNTY CMIPS II USER REQUEST FORM - DEACTIVATE/REACTIVATE USER (SOC 883)
- CDSS CMIPS II USER ID CONFIRMATION FORM (SOC 882)

### **Camera Ready Copies**

For a camera-ready copy in English, contact the [Forms Management Unit](#).

These forms follow the layout of the corresponding CMIPS II screens in order to aid county Security Officers with user management. All forms must be filled out in their entirety including:

Approving Manager and Security Officers' Signatures  
Workers' Name  
4-Digit Worker Number  
Phone Number  
Birthdate  
Access and Sensitivity Level  
County and Location

Signatures of both the Approving Manager and the Security Officer are required before a user can be added or modified. These signatures certify that the person has a business need to access CMIPS II and view confidential IHSS information.

The PA users are allowed access but must have an authorized county approval signature from the local county welfare department and identify PA username(s) and user roles. Since the User ID Request forms are no longer sent to CDSS for processing, **counties are now required to submit the new CDSS CMIPS II User ID Confirmation Form to CDSS**. This will aid CDSS with identifying the users in the CMIPS II system and tracking the number of licenses used by each county. This form may be e-mailed to CDSS at [CMIPSID@dss.ca.gov](mailto:CMIPSID@dss.ca.gov) or faxed to (916) 651-5256.

Should you have questions regarding the information provided in this letter, please contact the Adult Programs Systems Units' County Assistance line at (916) 551-1003.

Sincerely,

***Original Document Signed By:***

EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Attachments

[County CMIPS II User ID Confirmation CDSS Copy \(SOC 882\)](#)

[County CMIPS II User Request Form Deactivate/Reactivate User \(SOC 883\)](#)

[County CMIPS II User Request Form Add/Modify User \(SOC 884\)](#)

c: CWDA  
Department of Health Care Services