



CDSS

JOHN A. WAGNER
DIRECTOR

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

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ARNOLD SCHWARZENEGGER
GOVERNOR

September 18, 2008

COUNTY FISCAL LETTER (CFL) NO. 08/09-17

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY CMIPS II SINGLE POINTS OF CONTACT
COUNTY CMIPS II PROJECT MANAGERS

SUBJECT: CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM II
(CMIPS II) COUNTY IMPLEMENTATION INVOICE FORM AND
EXPENDITURE PAYMENT PROCESSES

REFERENCES: COUNTY WELFARE DIRECTOR'S PACKET DATED MAY 23,
2008

The purpose of this letter is to provide each county with the CMIPS II County Implementation Invoice form and instructions (See Attachment I). These forms define the processes the Office of Systems Integration (OSI) and the California Department of Social Services (CDSS) will utilize to pay county expenditures associated with the design, development, and implementation (DD&I) costs for implementing CMIPS II.

CMIPS II County Implementation Invoice Form

The counties should send the original invoice to Rolonda Moen at CDSS, 8745 Folsom Blvd, Suite 230, Sacramento, CA 95826 and a copy to OSI, Attention Fiscal Analyst, 8745 Folsom Blvd, Suite 100, Sacramento, CA 95826.

This invoice will be completed for each month with the signed hardcopy due on or before the 10th of the following month. Should the 10th fall on a weekend, the due date is the first working day following the 10th. Effective upon approval of the state budget, the counties will be allowed to claim for all completed months worked from the current date back to July 2008. The final invoice is due annually, no later than July 30th, and should include all adjustments to close out the prior state fiscal year.

Additionally, please complete the Signature and Delegated Authority Authorization form (Attachment II) and send it with the first invoice. Please note all Delegated Authority Authorization forms must be on file with the Adult Programs Branch before payment can be authorized.

County Implementation Allocation and Payment Process

Each county has been issued a project allocation for costs associated with implementing CMIPS II. The details of that allocation were mailed in May 2008. Counties will report expenditure totals on the CMIPS II County Implementation Invoice form. The OSI will review each submitted claim against each county's approved allocation for that category. These approvals will be forwarded to CDSS for final review. Approved county expenditures will be reimbursed up to the total level of the allocation. Please note each county is responsible to adhere to the state issued funding levels. There will not be the ability to allocate additional funds above each County's total allocation.

As soon as the rollout schedule is determined, OSI will send a letter to counties breaking out their CMIPS II implementation allocations by fiscal year. This is important because county approved allocations cannot be rolled over between fiscal years.

Questions

Any questions regarding acceptable expenditures for various categories should be directed to OSI, attention Ms. Trisha Edgerton, at (916) 229-4480.

Any other questions regarding the CMIPS II Expenditure Claim process should be directed to the Adult Programs Division, attention Ms. Rolonda Moen, at (916) 229-4598. Any questions regarding the claiming of normal administrative costs should be directed to fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

DIDI OKAMOTO, Acting Branch Chief
Fiscal Systems and Accounting Branch

Attachments

c:

**CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEMS PROJECT
(CMIPS II)**

COUNTY IMPLEMENTATION INVOICE

Name of County:	
Month/Year Service Rendered:	Date Prepared:

Monthly Expenditures		
Category	Hours	Cost
Project Management		\$
Data Conversion		\$
IT Support/Help Desk		\$
Training		\$
Total		\$

Preparer's Information	
Name:	Mailing Address:
Telephone Number:	Fax Number:
E-mail address:	

COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the Welfare Director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR

DATE
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COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the welfare programs in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE
=====

CMIPS II**County Implementation Invoice Instructions**

Name of County – Enter the county name.

Month/Year Service Rendered – Enter the month and year for which expenditures are being claimed.

Date Prepared – Enter the month/day/year this form was prepared.

Name of Preparer – Enter the Preparer's name.

Mailing Address of Preparer – Enter the Preparer's address.

Telephone Number of Preparer – Enter the Preparer's telephone number.

Fax Number of Preparer – Enter the Preparer's fax number.

E-mail address of Preparer – Enter the Preparer's e-mail address.

Project Management – Enter the number of hours and costs for project management, communication, public outreach, and business process management.

Data Conversion – Enter the number of hours and costs for data conversion/clean-up of provider and recipient cases.

IT Support/Help Desk - Enter the number of hours and costs for technical and network support activities to 1) ensure that county equipment meets the vendor's minimum specifications and that all CMIPS II users are connected to the State infrastructure, and 2) provide IT help desk support to end users.

Training – Enter the number of hours and costs of county specific training processes.

Total – Enter the total cost for all line items for the month.

Signatures – Obtain the signatures of the County Auditor and County Welfare Director.

The CMIPS II County Implementation Invoice is to be submitted by the tenth day of the month following the month costs are incurred. An original and duplicate copy must be submitted as follows:

<p><u>Send the original copy to:</u></p> <p>California Department of Social Services Rolonda Moen, APD 8745 Folsom Blvd, Suite 230 Sacramento, CA 95826</p>	<p><u>Send a duplicate copy to:</u></p> <p>Office of Systems Integration CMIPS II Project Attn: Fiscal Analyst 8745 Folsom Blvd, Suite 100 Sacramento, CA 95826</p>
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On _____ County Letterhead, please provide the following information:

TO: ROLONDA MOEN, Manager
California Department of Social Services
Adult Programs Branch
744 P Street, MS 19-96
Sacramento, California 95814

SUBJECT: AUTHORIZED SIGNATURES

Ms. Moen:

The employees listed below are authorized to sign the monthly CMIPS II county implementation invoices for _____ County, as certification for the County Welfare Director. The authorized signatures are shown below.

Name, Director

Name, Deputy Director

Name, Senior Accounting Manager

Name, Senior Accounting Manager

The employees listed below are authorized to sign the monthly CMIPS II county implementation invoices for _____ County, as certification for the County Auditor-Controller. The authorized signatures are shown below.

Name, Director of Finance

Name, Assistant Auditor-Controller

Name, Deputy Auditor-Controller

Name, Deputy Auditor-Controller

Sincerely,

Name, Director