



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

March 13, 2013

ALL COUNTY INFORMATION NOTICE NO.: I-14-13

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 COUNTY IHSS PROGRAM MANAGERS

SUBJECT: PUBLIC AUTHORITIES ACCESS IN THE CASE MANAGEMENT,
INFORMATION AND PAYROLLING SYSTEM II (CMIPS II)

REFERENCES: All-County Letter (ACL) 12-68, dated December 4, 2012

The purpose of this All-County Information Notice (ACIN) is to provide counties with information on the access for Public Authorities (PA) in the Case Management, Information and Payrolling System II (CMIPS II).

Every user of CMIPS II is assigned a security role based upon their job description and duties. During the development of CMIPS II a security role was designed for counties that limit system access to their PA staff. This limited security role in CMIPS II was modeled after the existing "Level PA" found in Legacy CMIPS. PAs who currently utilize the limited "Level PA" access in Legacy CMIPS will have access to the same types of information in CMIPS II so they may continue their current duties as agreed upon with their county.

In CMIPS II the counties still have the flexibility to determine the level of access they wish to assign their PA staff based upon current agreements and business functions. As noted in ACL 12-68, PA users are allowed access but must have an authorized county approval signature from the county welfare department and identify the PA user name(s) and user roles. Since the User ID Request forms are no longer sent to the California Department of Social Services (CDSS) for processing, counties are now required to submit a CDSS CMIPS II User ID Confirmation Form (SOC 882) (Attached) to CDSS for all new users who are entered into CMIPS II by the county. 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 or faxed to (916) 651-5256.

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Camera-Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain these forms from the CDSS webpage at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Should you have any questions regarding the information provided in this letter, please contact the Fiscal, Administrative and Systems Bureau office at (916) 651-1069.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

COUNTY CMIPS II USER ID CONFIRMATION CDSS COPY

The **CDSS CMIPS II USER ID CONFIRMATION FORM** is used to inform CDSS when a user is added, modified or terminated in the CMIPS II. The information on this form must be kept current. It must be signed by the County/Public Authority Authorized Approver of person requesting access. It must also be signed by the user before he/she obtains access to CMIPS II. When an employee separates from the Department an updated copy of this form must be submitted to the CDSS CMIPS II Unit.

Counties can email completed forms to CDSS at CMIPSID@dss.ca.gov or fax to the CMIPS II Unit at (916) 651-5256.

USER INFORMATION

Action to be Taken

Add Modify Terminate Deactivate Reactivate

User's Name

First Name

Last Name

Mr. Mrs. Ms.

Duties

County

User Role

Effective Date (MM/DD/YYYY)

Authorizing Manager's Name

First Name

Last Name

Authorizing Manger's
Phone Number

Authorizing Manager's Email

I acknowledge that the above user has a business need to access CMIPS II and has been informed that they must use the access according to HIPAA Privacy Rules for appropriate business purposes and will take reasonable precautions to protect the confidential and sensitive data in these systems and applications.

Authorizing Manager's Signature

Date

User Acknowledgement: Must be signed by the user above prior to being granted access to CMIPS II

I acknowledge that I have a business need to access CMIPS II and have been informed that I must use this access, according to HIPAA Privacy Rules, for appropriate business purposes directly related to the administration of the IHSS program and will take reasonable precautions to protect the confidential and sensitive data in these systems and applications.

User Signature

Date

**INSTRUCTIONS ON FILLING OUT COUNTY CMIPS II USER ID CONFIRMATION FORM
CDSS COPY**

These instructions are to assist a requesting agency in completing the ID confirmation form. Please be sure to complete the form in its entirety. If you need assistance or have questions, please contact the CDSS Adult Programs Systems Unit at (916) 551-1003.

User Information

Action To Be Taken – Check appropriate box.

User's Name – Check appropriate box and then enter first and last name of User.

Duties – Enter title and the User's business need for access to CMIPS II
(e.g. Social Worker, Intake Worker).

County – Enter User's county name.

User Role – Enter User's Role.

Effective Date (MM/DD/YYYY) – Enter effective date. Month and day must have two digits
(e.g.01/05/2012).

Authorizing Manager's Name – Enter first and last name of Authorizing Manager.

Authorizing Manager's Phone Number – Enter Authorizing Manager's telephone number.

Authorizing Manager's Email – Enter Authorizing Manager's email address.

Read completely the acceptance statement

Authorizing Manager's Signature – Enter Authorizing Manager's signature.

Date – Enter date Authorizing Manager signed form.

User Acknowledgement: Must be signed by the user prior to being granted access to CMIPS II.

Read completely the acceptance statement.

User's Signature – Enter User's signature.

Date – Enter date User signed form.