

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 26, 1986



ALL-COUNTY INFORMATION NOTICE NO. 1-57-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) CASE MANAGEMENT
INFORMATION PAYROLLING SYSTEM (CMIPS) MULTIPURPOSE
UPDATE QUESTIONNAIRE

Attached you will find a CMIPS multipurpose update questionnaire. Please complete and return it within 10 working days. It is designed to solicit information which will be used to increase the efficiency of selected aspects of CMIPS. The first four questions request the name of the county person who should receive the IHSS Case Management, Information and Payrolling System Newsletter and the EDS-F Payrolling Schedule, as well as the number of each required. It should be noted that effective for the July-September, 1986 Quarter, the Payrolling Schedule will be sent under separate cover. It will be mailed a week before the quarter to which it applies. This is being done to increase its timeliness and usefulness to county staff.

Questions 5 and 6 request the names of county contact people for various program functions. Careful consideration should be given to selecting the appropriate people in order to maximize efficient and effective communication between county and state staff. Questions 7 and 8 request the name of the county person who should receive the CMIPS User's Manual(s) and the number of manuals each county will require, respectively.

Your cooperation in the timely completion and return of the questionnaire will be appreciated. If you have any questions please call Bruce Lerner at (916) 324-8775.

A handwritten signature in cursive script, appearing to read "Loren D. Suter".

LOREN D. SUTER
Deputy Director
Adult & Family Services

Attachment

cc: CWDA

6. Name, title, address and telephone number of CMIPS equipment contact person(s). Individual(s) would be contacted to facilitate equipment repair, adaptation or upgrade. Please specify one supervisory/responsible person(s) at/for each equipment site. Attach a separate list if necessary.

_____	_____
(Name)	(Title)
_____	_____
(Address)	(Telephone Number)

7. Name, title, address and telephone number of individual responsible for distribution of the forthcoming CMIPS User's Manual.

_____	_____
(Name)	(Title)
_____	_____
(Address)	(Telephone Number)

8. How many copies of the forthcoming CMIPS User's Manual will your county need to assure reasonable availability to the users? The current contract allows 250 copies for statewide distribution. _____

Send completed questionnaires to:

Adult Services Bureau
 Department of Social Services
 744 P Street, M.S. 9-536
 Sacramento, CA 95814

Completed by: _____

(Name)	(Telephone Number)
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