

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 324-8775



July 22, 1986

ALL-COUNTY INFORMATION NOTICE 1-67-86

TO: ALL COUNTY WELFARE DIRECTORS

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

It has come to our attention that some counties may be receiving copies of some payroll reports for which they have no use. To remedy this situation we have designed the attached CMIPS Payroll Report Distribution Update Questionnaire. Please complete and return it to us by August 8, 1986.

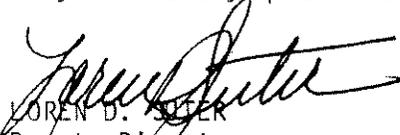
The questionnaire also asks each county if it wants to receive a copy of the County Interface Tape. This tape provides a month-end master file of recipients. It includes a warrant history (featuring the last 12 warrants issued), the last three eligibility assessments (including information from the grids of the SOC 293s) and the most current demographic information. The tape provides this data in a raw form. Each county would have to decide what data should be pulled from the tape and how it would be arrayed. The expense of programming the resulting report(s) would have to be borne by the county. Provider information could also be included on the tape but this would only be done if specifically requested by a county.

Each county should carefully evaluate its need for this tape by considering the availability of similar information from other sources thereby avoiding the expense of programming. If, however, it is found that the information on the tape is unique and useful enough to offset the resulting expense, then the tape can be requested by checking the appropriate spot on the table in the questionnaire.

The next portion of the questionnaire requests the name(s) of the individual(s) in the county that should receive a specific report or category of reports.

On an additional sheet we have listed the Payrolling Reports not covered in item #1 of the questionnaire and the reason for their exclusion.

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


LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

MAIL TO: Adult Services Bureau
 744 P Street, M/S 9-536
 Sacramento, CA 95814

CMIPS PAYROLL REPORT DISTRIBUTION UPDATE QUESTIONNAIRE

_____ COUNTY

Completed By _____
 NAME TELEPHONE NUMBER

1. Put an "X" in the appropriate space opposite each report to indicate how many copies you need (one or two), or that you do not need the report (zero).*

	Alpha Recipient Sequence			Social Worker Sequence		
	0	1	2	0	1	2
a) County Payment Voucher Report						
b) Reconciliation of Advance Payment Report						
c) Assessment Due Listing						
d) Overdue Assessment Listing						
e) Warning Message Alert Listing						
f) County Interface Tape						

*For Los Angeles County: Please complete this questionnaire individually for each district office.

2. Indicate the name, title, address and phone number of the individual who should receive the following:**

a) Management Statistical Summary.

b) All other payrolling reports.

c) All other management information reports.

**If more than one person is involved with a category of reports, indicate which person should receive each report. Be sure to provide the title, address and phone number of each person listed.

REPORTS NOT INCLUDED
IN QUESTION # 1

REASON

- | | |
|---|--|
| 1) Recipient/Provider
Change Report | Will be deleted after conversion.
Information will appear on turn-
around documents. |
| 2) Recipient/Provider
Eligibility Report | Going on microfiche for CRT counties
and hard copy for paper counties. |
| 3) Reason Code
Summary Report | Only one copy available to each
county (in the process of being
revised). |
| 4) Management Statistical
Summary Report | Only one copy available to each
county (in the process of being
revised). |
| 5) Provider Alpha
Listing | Only one copy available to each
county. |