STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-4622

January 22, 1982

ALL-COUNTY INFORMATION NOTICE I-09-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISIONS TO THE DFA 327.7A AND B

REFERENCE:

As provided in All-County Letter No. 82-03, the County Administrative Claim has been revised to charge one-third of the non-federal AFDC FG/U continuing and quality control costs to the NAFS program. As a result, modifications to the DFA 327.7A and B have been necessitated.

The new forms will be renumbered as the DFA 327.8A, B, and C. A final revision to these forms should be completed for use in the March 1982 quarter. At that time it is anticipated that the DFA 327.8A, B, and C will be mandatory forms and will be included in the County Administrative Claim. These forms will not be available from the DSS warehouse until the forms are finalized. For your use in the interim, copies of the draft revised DFA 327.8A, B, and C are attached.

Any questions concerning this letter and/or forms should be directed to your County Administrative Expense Control Bureau analyst at (916) 322-5802.

Sincerely,

JAMES H. GOMEZ
Deputy Director
Administration

Attachment

cc: CWDA

Cost Distribution Report

DRAFT

Part 1. AID TO FAMILIES WITH DEPENDENT CHILDREN STATE SHARE DISTRIBUTION - FG/U

ost tegory	Eligibility Costs 1/	AFDC Intake Ratio Col. 2 x Col. 3 2/	Column 2 Less Column 3	Dist. of Non-Federal Share FG/U 3/ Ratio:	Column 2 Less Column 5	State Share .25 x Col. 6	Non-Federal Portion St. Share .50 x Column 5	Total State Share Col. 7 + Col. 8	State Use Only: AFDC Portion Non-Federal Share Col. 5 x .67	State Use Only: NAFS Portion Non-Federal Share Col. 5 x .33	State Use Only: Non-Federal Portion State Share .50 x Col 10	State Use Only: Total State Share Col. 7 +12
1	2	3	4	5	6	7	8	9	10	11	12	13
ntake												
Continuing												
QC												
taff Costs ubtotal												
pport Costs												
OP Costs												
rect Costs												
elfare Fraud												
TOTAL												

PART 2. AID TO FAMILIES WITH DEPENDENT CHILDREN STATE SHARE DISTRIBUTION - FOSTER CARE (FC)

ost tegory	Eligibility Costs 1/	AFDC Intake Ratio Col. 2 x 3 2/	Column 2 Less Column 3	Dist. of Non-Federal Share FC 3/ Ratio:	Column 2 Less Column 5	State Share .25 x Col. 6	Non-Federal Portion St. Share .50 x Column 5	Total State Share Col. 7 + Col. 8
1	2	3	4	5	6	7	8	9
ntake								
Continuing								
taff Costs ubtotal								
pport osts								
OP Costs								
rect osts								
TAL								

County	Quarter ending

DFA 327.8A

PART 1 (AFDC-FG/U)

1. (a) For Line D, transfer from DFA 327.2, Line A, Column 3.
   (b) For Lines A-C, multiply DFA 327.8A, Part 1, Column 2, Line D (subtotal-staff costs) by Function Ratios, DFA 327.8C Part 1, Column 4, as applicable.
   (c) For Lines E-G transfer from DFA 327.2, Line A, Columns 4-6 respectively. Do not include Staff Development costs.
   (d) For Line H, transfer from DFA 327.3, Part B, Column 4.

2. (a) Bring AFDC Intake Ratio forward from DFA 327.8C, Part 1, Line A1 Column 4.
   (b) Multiply the AFDC Intake Ratio times Column 2, Lines E and F.

3. (a) Bring FG/U ratio forward from DFA 327.5, Modification A, Part A, Line D, Column 3.
   (b) Multiply the FG/U ratio times Column 4, Lines B, C, E, and F.

PART 2 (AFDC-FG)

1. (a) For Line C, transfer from DFA 327.2, Line B, Column 3.
   (b) For Lines A and B, multiply DFA 327.8A, Part 2, Column 2, Line C (subtotal-staff costs) by Function Ratios, DFA 327.8C Part 2, Column 4, as applicable.
   (c) For Lines D-F transfer from DFA 327.2, Line B, Columns 4-6 respectively. Do not include staff development costs.

2. (a) Bring AFDC Intake Ratio forward from DFA 327.8C, Part 2, Line A1 Column 4.
   (b) Multiply the AFDC Intake Ratio times Column 2, Lines D and E.

3. (a) Bring FC ratio forward from DFA 327.5, Modification A, Part A, Line D, Column 4.
   (b) Multiply the FC ratio times Column 4, Lines B, D and E.

AFDC/NAFS COST DISTRIBUTION REPORT

DEPARTMENT OF SOCIAL SERVICES

COUNTY	QUARTER ENDING	PAGE 2 B

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PART 1A TOTAL AFDC STATE SHARE DISTRIBUTION (FC/U plus FC)

LINE	Cost Category	Eligibility Costs
	1	2
A	Staff Costs	1/
B	Support Costs	2/
C	EDP Costs	3/
D	Direct Costs	4/
E	Welfare Fraud	5/
F	Total	

PART 1B TOTAL AFDC STATE SHARE DISTRIBUTION (STATE USE ONLY)

LINE	Cost Category	Eligibility Costs
	1	2
A	Staff Costs	
B	Support Costs	
C	EDP Costs	
D	Direct Costs	
E	Welfare Fraud	
F	TOTAL	

PART 2. NON ASSISTANCE FOOD STAMPS COST DISTRIBUTION

LINE	Cost Category	Eligibility Costs	STATE SHARE .25 x Column 2	STATE SHARE .125 x Col. 2	STATE USE ONLY: NAFS Portion Non-Federal Share	STATE USE ONLY: Revised Eligibility Costs Col. 2 + Col. 5	STATE USE ONLY: STATE SHARE .25 x Col.6	STATE USE ONLY: STATE SHARE .125 x Col. 6
	1	2	3	4	5	6	7	8
A	Staff Costs	1/						
B	Support Costs	1/						
C	EDP Costs	1/						
D	Other Direct (Exclude Issuance)	2/						
E	Welfare Fraud	3/						
F	Sal. & Overhead Subtotal							
G	Issuance	4/						
H	Total							

PART 1A. (Total AFDC State Share - FG/U plus FC)

1. Add together Line D, Column 9 of DFA 327.8A Part 1 and Part 2 Line C, Column 9.

2. Add together Line E, Column 9 of DFA 327.8A Part 1 and Part 2 Line D, Column 9.

3. Add together Line F, Column 9 of DFA 237.8A Part 1 and Part 2 Line E, Column 9.

4. Add together Line G, Column 9 of DFA 327.8A Part 1 and Part 2 Line F, Column 9.

5. DFA 327.8A Part 1, Line H, Column 9.

PART 2 (Non-Assistance Food Stamps)

1. For Lines A-C transfer from DFA 327.2, Line F, Columns 3-5, respectively.

2. For Line D, transfer from DFA 325.2 Gr. III, B, other Direct NAFS costs. Do not include Issuance costs.

3. For Line E, transfer from DFA 327.3, Part B, Column 5.

4. For Line G, transfer from DFA 325.2 Gr. III, B, Food Stamp Direct costs associated with Issuance only.

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

AFDC/NAFS ELIGIBILITY WORKER AND STAFF COST DISTRIBUTION REPORT (Optional)

Effective December 1981 **Quarter**

COUNTY	QUARTER ENDING	PAGE 80.

REVISED

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PART 1. AFDC EW AND STAFF COST DISTRIBUTION – FG/U

LINE	Program/ Classification		Hours 1/	Classification Ratios 2/	Function Ratios	EW Distribution	Staff Cost Distribution
	1		2	3	4	5	6
A	AFDC		TOTAL	1.0000	1.0000	TOTAL 4/	TOTAL 5/
A1	INTAKE	EW					
		Sup					
		TOTAL			3/		
A2	CONT	EW					
		Sup					
		TOTAL			3/		
A3	Q/C	EW					
		Sup					
		TOTAL			3/		

PART 2. AFDC EW AND STAFF COST DISTRIBUTION – FOSTER CARE (FC)

LINE	Program/ Classification		Hours 1/	Classification Ratios 2/	Function Ratios	EW Distribution	Staff Cost Distribution
	1		2	3	4	5	6
A	AFDC		TOTAL	1.0000	1.0000	TOTAL 4/	TOTAL 5/
A1	INTAKE	EW					
		Sup					
		TOTAL			3/		
A2	CONT	EW					
		Sup					
		TOTAL			3/		

PART 3. AFDC EW AND STAFF COST DISTRIBUTION – TOTAL FG/U & FC

LINE	Program/ Classification		EW Distribution	Staff Cost Distribution
	1		2	3
A	AFDC		TOTAL 1/	TOTAL 2/
A1	INTAKE	EW		
		Sup		
		TOTAL		
A2	CONT	EW		
		Sup		
		TOTAL		
A3	Q/C	EW		
		Sup		
		TOTAL		

PART 4. NAFS EW AND STAFF COST DISTRIBUTION

LINE	Program/ Classification		Hours 1/	Classification Ratios 2/	Function Ratios	EW Distribution	Staff Cost Distribution
	1		2	3	4	5	6
F	NAFS		TOTAL	1.0000	1.0000	TOTAL 4/	TOTAL 5/
F1	INTAKE	EW					
		Sup					
		TOTAL			3/		
F2	CONT	EW					
		Sup					
		TOTAL			3/		

PART 5. WELFARE FRAUD STAFF DISTRIBUTION

LINE	Program/ Classification	Wel. Fraud Distribution
	1	2
A	Total Wel. Fraud	TOTAL 1/
B	Pure AFDC	2/
C	Joint AFDC/FS	3/
D	Total AFDC	
//		
E	Pure Food Stamp	4/
F	Joint FS/AFDC	3/
G	Total FS	

See Reverse for Instructions

NA 322.80

PART 1 (AFDC Staff/Costs — FG/U)

1. For Lines A1-A3, Column 2, bring forward hours from DFA 323 Section A, Lines A1-A3 respectively and accumulate on the total lines provided. Line A of Column 2 should reflect the total program hours and as a check should equal DFA 323 Section A, Line A4, total allocable hours.

2. Determine ratios by dividing hours for each classification (EW/Sup) by the total program hours for AFDC — FG/U (Line A, Column 2).

3. Enter total of classification ratios (by function) from Column 3.

4. (a) Determine the total number of quarterly EWs by multiplying DFA 403, Part B, Line 3c times the AFDC (FG/U) allocation ratio (DFA 323) times 3. Number should extend to one decimal place.

   (b) Enter figure obtained in (a) above and multiply times Column 3 ratios.

5. Transfer figures obtained in DFA 327.8A, Part 1, Lines A - D, Col. 9 as applicable.

PART 2 (AFDC Staff/Costs—FC)

1. For Lines A1 and A2, Column 2, bring forward hours from DFA 323, Section B, Lines B1 and B2 respectively and accumulate on the total lines provided. Line A of Column 2 should reflect the total program hours and as a check should equal DFA 323 Section B Line B3, total allocable hours.

2. Determine ratios by dividing hours for each classification (EW/Sup) by the total program hours for AFDC-FC (Line A, Column 2).

3. Enter total of classification ratios (by function) from Column 3.

4. (a) Determine the total number of quarterly EWs by multiplying DFA 403, Part B, Line 3c times the AFDC (FC) allocation ratio (DFA 323) times 3. Number should extend to one decimal place.

   (b) Enter the total obtained in (a) above and multiply times Column 3 ratios.

5. Transfer figures obtained in DFA 327.8A, Part 2, Lines A - C, Col. 9, as applicable.

PART 3 (Total AFDC Staff/Costs FG/U plus FC)

1. Combine (add together) Part 1 and Part 2, Lines A1-A3, Column 5, respectively.

2. Combine (add together) Part 1 and Part 2, Lines A1-A3, Column 6, respectively.

PART 4 (NAFS Staff/Costs)

1. For Lines F1 and F2 bring hours forward from Section 1, Lines F1 and F2 respectively and accumulate on the total lines provided. Column 2, Line F should reflect the total program hours and as a check should equal DFA 323, Section F, Line 4F, total allocable hours.

2. Determine ratios by dividing hours for each classification by the total NAFS program hours (Line F, Column 2).

3. Enter total of classification ratios, (by function) from Column 3.

4. (a) Determine the total number of quarterly NAFS EW's by multiplying DFA 403, Part B, Line 3c times the NAFS allocation ratio (DFA 323) times 3. Number should extend to one decimal place.

   (b) Enter total from (a) above and multiply by Column 3 ratios.

5. Enter state share figure obtained in Part 4, Line A, Column 3 of the DFA 327.8B and multiply times Column 4 ratios.

PART 5. WELFARE FRAUD STAFF DISTRIBUTION

1. Add lines A - C, DFA 327.3, Part A, Col. 3 (allocation ratios) and multipl times DFA 403, Part C, Line 3c, times 3. Number should extend to one decimal place.

2. DFA 327.3, Part A, Line A, Col. 3, multiply times DFA 403, Part C, Line 3c and multiply times 3. Number should extend to one decimal place.

3. DFA 327.3 Part A, Line C, Col. 3 multiply times DFA 403, Part C, Line 3c and multiply times 1.5 (same as .5 multiplied times 3 months). Number should extend to one decimal place.

4. DFA 327.3, Part A, Line B, Col. 3 multiply times DFA 403, Part C, Line 3c and multiply times 3. Number should extend to one decimal place.