

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 323-0267



April 2, 1981

ALL-COUNTY LETTER NO. 81-32

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY WELFARE DEPARTMENT ADMINISTRATIVE EXPENSE CLAIM

REFERENCE:

This is to provide claiming instructions for the January - March 1980-81 quarter. Included are instructions applicable to Public Law 96-272, Emergency Response, Cuban Program Phasedown, Cuban/Haitian Entrants (status pending), Time-Expired Refugees and Staff Development. In addition, time study changes have been made on the DFA 43 for the April - June 30, 1981 quarter to include quality control/quality assurance applicable to the AFDC-Foster Care program.

The following claim forms are to be utilized for the January - March 1980-81 quarter claim and have been forwarded to the counties under separate cover.

Form	Revision Date	Form	Revision Date
DFA 325.1	7/78	DFA 327.7	4/81*
DFA 325.1A	10/78	DFA 327.7A	(optional)
DFA 325.2	1/81	DFA 327.7B	(optional)
DFA 325.3	7/79	DFA 46	1/81
DFA 325.4	1/81	DFA 47	10/80
DFA 327.1	10/80	DFA 43	4/81
DFA 327.2	4/81*	DFA 323	1/81
DFA 327.3	7/80	DFA 403	8/80
DFA 327.4	10/80	DFA 50	7/79
DFA 327.5	4/81*	DFA 419	7/78
DFA 327.6	4/81*	DFA 394	7/79
		DFA 396	7/80

\* The April 1, 1981 revisions for the DFA 327.2, 327.5, 327.6 and 327.7 are to be used for the third quarter (January - March 1981).



### Limitations on Claiming

All-County Information Notice I-130-80, dated December 5, 1980, instructed counties of provisions within Public Law 96-272 which established limitations on filing claims for federal reimbursement under Titles 1, IVA, IVB, IVD, V, X, XIV, XVI, and XX. The Department of Health and Human Services (DHHS) issued interim final regulations, 45 CFR Part 95 (copy attached), implementing these provisions. These regulations clarify certain provisions reflected in Public Law 96-272 in a fashion which will impact upon federal reimbursement and the future submission of prior year claims. (We also have been informed that the Title IVC WIN program will be substantially the same as these regulations.)

First, the regulations clarify those types of claims which will be excluded from the limitations. Public Law 96-272 specifically excluded adjustments, audits, and court ordered retroactive payments from the application of the limitations. However, Section 95.4 of the regulations defines each of these exclusions in a very restrictive fashion. Taken literally, only FMC 74-4 claims would qualify under the definition of "adjustment to prior year costs". Additionally, the definition of "audit exception" may be interpreted to exclude positive adjustments resulting from an audit.

Although DSS has commented regarding these definitions, strongly recommending modification, we recommend that counties be aware of these potential restrictions when reviewing claims requiring submission subject to these provisions.

Second, the two-year limitation on expenditures incurred after October 1, 1979 has been maintained; however, regulations specifically state that the limitation will be effective two years from the end of the quarter in which the payment was made. As an example, an expenditure incurred May 15, 1980 must be claimed to the Federal Government by June 30, 1982 to receive federal reimbursement. This provision will require a change in the existing claiming process. All prior year adjustments must be identified and submitted on a quarterly basis, rather than summarized on one fiscal year claim. These instructions supersede the - "PRIOR FISCAL YEAR ADJUSTMENT" instructions in All-County Letter 76-92.

Lastly, the regulations provide states with an extended time frame for submitting claims for expenditures incurred prior to October 1, 1979. The original December 31, 1980 deadline (as noted in ACIN I-130-80) has been extended to May 15, 1981.

In order to provide DSS with sufficient time to process and file claims by this date, counties are recommended to expedite the filing of any claims impacted by these provisions. DSS will not process any claims which are not identified on a quarterly basis. All claims will be processed on a first-come-first-serve basis.

### AFDC-FC Staff Development

All-County Letter No. 80-62, notified counties that Public Law 96-272 (HR 3434) is requiring the separate identification of the foster care program costs from the AFDC-FG/U program costs. This requirement is applicable to training costs as well as normal administrative expenses. Therefore, effective with the January - March quarter, the DFA 325.4 - Staff Development Distribution, has been revised to separately identify AFDC-Foster Care training costs from the AFDC-FG/U Program.

It should be noted that for allocation purposes, these costs will continue to be offset against your FY 1980-81 Staff Development - Eligibility/Nonservice (Title IVA) allocation.

### Staff Development

As a result of federal concern relative to staff development, effective with the January - March 1981 quarter the administrative expense claim has been revised as follows:

The DFA 325.2 Group IV, Staff Development has been modified to require counties to direct charge purchase of service costs that can be identified to a specific function (social services/eligibility). The services purchased for general training, i.e., interviewing techniques, affirmative action, etc., will continue to be allocated to function based on the trainer's time study (DFA 50). This change is reflected on the DFA 325.2, Group IV, Staff Development 4, Purchase of Services and the DFA 325.4, Staff Development Distribution.

Additionally, DFA 325.2, Group IV, has been modified to provide for the separate claiming of allowable salaries and benefits of trainees attending full-time training programs. Counties are to indicate the program in which the training is provided when claiming trainee costs (AFDC, AFDC-FC, Medi-Cal, Social Services).

Listed below are the appropriate claiming areas for allowable staff development expenditures. This is to provide claiming areas only. For specific instructions on allowable costs refer to ACL 79-37, dated June 25, 1979.

### Staff Development - DFA 325.2, Group IV

#### 1. Staff Development Personal Services

Included in this subgroup are:

- a. Salaries and benefits for bona fide staff development personnel including clerical staff assigned to the staff development office.

#### 2. Direct Trainee Personal Services

Included in this subgroup are:

- a. Salaries and benefits, stipends and dependency allowances of trainees in long-term full-time training programs (identify specific training program, i.e., Medi-Cal AFDC, AFDC-FC, Social Services).

#### 3. Operating Costs

Included here:

- a. Teaching supplies, postage, audio visual aids for the staff development office.
- b. Travel and per diem of bona fide staff development personnel and trainees in full-time training.

- c. Educational expenses (tuition and books) for staff attending full-time and part-time training.
- d. Space costs if separate and apart from the welfare office.

#### 4. Purchase of Services

Included here are:

- a. Costs for contracted outside experts and consultants.
- b. Costs purchased for developing and/or providing training.
- c. Cost of provider agency staff development personnel providing training to contracted direct service providers.

#### Emergency Response

Based on input provided by counties, the definition of what constitutes an emergency response has been expanded to include time spent by social service staff in assessing those cases when a child is brought to an emergency shelter care facility by law enforcement or another person. It was not intended that emergency response funds be utilized to fund routine shelter intake and record keeping. Only the time spent by the social worker on the following activities is allowable.

1. Determining the circumstances which prompted the removal of the child.
2. Determining the immediate needs of the child and the resources available.
3. Consider and/or arrange for services which may provide an alternative to emergency shelter care.
4. Development of case records including assessment and service plan.

It should be understood that this activity is recognized as an emergency response activity only when it includes face-to-face contact with the available parent or caretaker by a social worker. It is intended to address those limited emergency situations where contact by a social worker is not possible prior to the child's arrival at the emergency shelter, and the county has fully implemented the basic emergency response program.

#### Time-Expired Refugees

As you are aware, beginning April 1, 1981, a number of refugees will become time-expired for the federal reimbursement of the normal nonfederal share of cash and medical assistance and Child Welfare Services (Title IVB). Unaccompanied minors and Social Services, (Title XX), however, are exempt from the three-year time limit.

Counties are therefore instructed to charge time spent on time-expired cases to existing time study instructions on the DFA 43 for the categorical aid for which they are applying. Time spent providing Child Welfare Services, (Title IVB), to time-expired refugees should be claimed on the DFA 46, line H. All activities spent prior to a refugee's time expiration date should continue to be charged to the appropriate Refugee Resettlement program category on the DFA 43, lines J, K, or L and DFA 46, line I.

Cuban/Haitian Entrants (Status Pending)

The Refugee Education Assistance Act of 1980 (PL 96-422) provided federal funding for the nonfederal share of cash and medical assistance and social services for Cuban/Haitian Entrants (status pending). The funding was made retroactive to October 1979. All-County Information Notice I-80-80 provided claiming instructions for identifying and reporting county welfare department administrative costs related to Cuban/Haitian Entrants (status pending).

The Department has now received the federal funds for costs associated with Cuban/Haitian Entrants (status pending). However, it appears from administrative claims currently in the Department, that counties have not noted Cuban/Haitian time as instructed in All-County Information Notice I-80-80. Please be reminded that if your county spent time providing cash or medical assistance or social services, you must submit amended claims in order to be reimbursed. In terms of the ongoing costs, counties should continue to note time associated with Cuban/Haitian Entrant (status pending) cases to the appropriate categorical aid in the margin of the DFA 323 and 47 until otherwise advised or a form revision is received by your county.

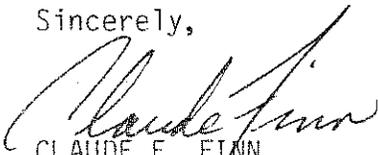
Because of limited funds for retroactive costs and the uncertainty of the continued availability of federal funds, it is recommended that counties submit amended claims as soon as possible and to note time in the margins of the DFA 323 and 47 on these cases on a continuing basis.

Cuban/Program Phasedown

DFA 327.6, Column 4, Line 0 has been revised to reflect the current available funding for Cuban Program Phasedown - General Relief. Please keep in mind that depending upon the FFY 1982 actual costs compared to the FFY 1977 adjusted costs, the funding ratio for FFY 1982 may change. However, we will notify you as soon as possible if that occurs.

All questions concerning refugee program issues should be directed to the Office of Refugee Services at (916) 322-3141. Any other questions regarding this letter, should be referred to your Fiscal Consultant at (916) 323-0270.

Sincerely,



CLAUDE E. FINN  
Deputy Director

Attachment

cc: CWDA

DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

Office of the Secretary

45 CFR Part 95

Time Limits for States To File Claims

AGENCY: Office of the Secretary, HHS.

ACTION: Final rule with a comment period.

**SUMMARY:** HHS will pay a State the Federal share of a State expenditure, under a State plan approved under any of several titles of the Social Security Act, only if the State files a claim with HHS for that expenditure within 2 years (15 months in some cases) after the calendar quarter in which the State made the expenditure. This rule implements section 306 of the "Adoption Assistance and Child Welfare Act of 1980."

**EFFECTIVE DATE:** January 1, 1981.

**COMMENT DATE:** Your comments will be considered if we receive them no later than March 16, 1981.

**ADDRESSES:** Send your written comments to the Social Security Administration, Department of Health and Human Services, P.O. Box 1585, Baltimore, Maryland 21203.

Copies of all comments we receive can be seen at the Washington Inquiries Section, Office of Governmental Affairs, Social Security Administration, Department of Health and Human Services, Room 1212, Switzer Building, 330 C Street, S.W., Washington, D.C. 20201.

**FOR FURTHER INFORMATION CONTACT:** For financial assistance programs under Titles I, IV-A, X, XIV and XVI (AABD): Kent Dickson—(202) 245-2055. For child support enforcement programs under Title IV-D: Pera P. Daniels—(301) 443-2910. For child welfare services

programs under title IV-B and foster care and adoption assistance programs under Title IV-E: Jim Rich—(202) 755-7583. For social services programs under Titles I, IV-A, X, XIV, XVI (AABD) and XX: Bettye Mobley—(202) 472-3075. For medical assistance programs under Title XIX: Miles McDermatt—(301) 594-5726. For general legal questions: Richard K. Wulff—(202) 245-6733.

SUPPLEMENTARY INFORMATION:

Regulatory Procedural Requirements

We have determined that under E.O. 12044 these regulations are significant but no Regulatory Analysis is required.

We are publishing them as a final rule without prior Notice of Proposed Rulemaking (NPRM) and opportunity for public comment because they are necessary to implement section 306 of Pub. L. 96-272, which imposes a deadline of December 31, 1980 for States to file certain claims. Public Law 96-272 was enacted June 17, 1980, leaving insufficient time for us to publish an NPRM, allow time for public comment, consider the comments, and publish final regulations before January 1, 1981. Therefore, we find that notice and comment on these regulations before they take effect would be impracticable and contrary to the public interest.

Nonetheless, we wish to have the advantage of the information and opinions we may receive through public comments, and we will consider any comments we receive by the stated date. After we consider any comments we receive, we will make changes in these regulations as we deem appropriate.

We also find good cause for issuing these regulations with an effective date less than 30 days after issuance, because the statutory effective date is January 1, 1981.

Because this regulation applies only to States and imposes no conditions and requirements on small entities, the Secretary certifies that the regulation will not have a significant economic impact on a substantial number of small entities as defined by the Regulatory Flexibility Act, Pub. L. 96-354.

Statutory Basis

Section 306 of Pub. L. 96-272, the "Adoption Assistance and Child Welfare Act of 1980," adds a new section 1132 to the Social Security Act (the Act). Its intent is to enable HHS to know the total amounts of its obligations for each fiscal year within a reasonable time after the end of the year. The provision prohibits HHS from paying Federal financial participation (FFP) for a State expenditure made after September 30, 1979, under a State plan approved under certain titles of the Act,

unless the State files a claim with HHS for that expenditure within 2 years after the calendar quarter in which the State made the expenditure. For State expenditures made before October 1, 1979, section 306(b) of Pub. L. 96-272 requires the State to file the claim before January 1, 1981. However, in accordance with the provisions of the attached regulations, we are waiving the January 1, 1981 filing date and extending it to May 15, 1981, without States having to request a waiver. We find good cause for this waiver because States will need additional time to comply with these regulations.

The law applies these time limits to State expenditures under State plans approved under the following titles of the Act: I, IV, V, X, XIV, XVI, XIX and XX. The law also applies these time limits to State expenditures under any other provision of the Act which may be enacted in the future that provides, on an entitlement basis, for FFP in expenditures made under State plans or programs.

The law provides four exceptions to the time limits: (1) Adjustments to prior year costs;

(2) Audit exceptions;  
(3) Court-ordered retroactive payments; and

(4) Any claim for which the Secretary decides there was good cause for the State's not filing it within the time limit. Lateness of a claim attributable to a State's neglect or administrative inadequacies is not considered good cause. When the Secretary decides there was good cause for not filing within the time limit, the time for filing will be extended only for the time period the State reasonably needs.

#### Programs Not Affected by the Regulations

The list of titles contained in section 306 of Pub. L. 96-272 includes Titles V and XVI. However, not all of the programs funded under these titles are affected by the requirements of section 306.

Title XVI "Supplemental Security Income for the Aged, Blind and Disabled" (SSI) is a Federal income maintenance program and does not have a State plan requirement. Consequently, the SSI program is not affected by section 306 or the regulations contained herein. Title XVI (AABD), however, is covered by the statutory provision and our regulations.

The Supplemental Security Income/Disability Children's Program and Vocational Rehabilitation Program established under SSI does contain a

State plan requirement as does the Title V "Maternal and Child Health and Crippled Children's Services" program. However, these programs are formula grant programs that operate in the following manner. Once the State plan is approved, funds are made available to States in advance of expenditures on the basis of a predetermined formula. Claims are not made against the Federal program for reimbursement of expenditures. Consequently, we do not believe that the provisions of section 306 have an impact on these programs and we have not included them in our regulations.

The programs funded under Title IV are covered by section 306, i.e., Titles IV-A, IV-B, IV-C, IV-D and IV-E. These regulations apply to all except the Title IV-C program. The Work Incentive (WIN) program established under section 402(a)(19)(G) and Title IV-C of the Act involves coordination between this Department and the Department of Labor. We have decided to prepare a separate regulation under section 306 for the WIN program to allow full consideration by both Departments.

#### Administrative Interpretations and Rules

These regulations contain the following provisions—

(1) "Claim" is a request for FFP in the manner and format required by our program regulations, and instructions or directives issued thereunder;

(2) "Adjustment to prior year costs" is an adjustment in the amount of a particular cost item that was previously claimed under an interim rate concept and for which it is later determined that the cost is greater or less than that originally claimed;

(3) "Audit exception" is a proposed adjustment by the responsible Federal agency to any expenditure claimed by a State by virtue of an audit;

(4) "Court-ordered retroactive payment" is either a retroactive payment a State makes to an assistance recipient or other individual, under a Federal or State court order, or a retroactive payment we make to a State under a Federal court order. While we will accept claims based on Court-ordered retroactive payments as timely, we do not necessarily agree to be bound by a State or Federal decision when we were not a party to the action.

An "adjustment to prior year's costs" is limited to claims for services or medical assistance based on interim rates that subsequently are determined to be higher or lower than originally claimed. It has been our experience that in these areas subsequent adjustments

are unforeseen and unavoidable. Consequently, we believe they should not be subject to the time limits. We believe that a broader exception would render the statutory provision a nullity. However, we would welcome comments based upon the actual experience of the commenters as to the desirability of expanding this exception.

"Good cause" for late filing in these regulations is lateness due to circumstances beyond the control of the State. We specifically exclude from these circumstances, neglect or administrative inadequacies of the State legislature, as well as by offices of the State's executive branch, and local agencies as appropriate. We have included examples of "good cause" i.e., acts of God or documented action or inaction of the Federal government. We believe that these examples constitute valid instances of "good cause" for a late claim that are beyond the State's control, but we recognize that there may be other situations that are equally valid. The regulation is sufficiently flexible to accommodate these situations. Nonetheless, we would welcome comments on the desirability of expanding examples based upon the actual experience of the commenters.

The State programs under the affected titles of the Act are administered at the Federal level by four different agencies of HHS: the Health Care Financing Administration, the Office of Child Support Enforcement, the Office of Human Development Services, and the Social Security Administration. A State that wants to request waiver of the time limit for "good cause" ordinarily should file its request with the appropriate HHS agency. When a request affects the programs of more than one of these agencies, the submission should be sent to the Director, Division of Cost Allocation in the appropriate HHS Regional Office. The decision whether to grant or deny the waiver request will be made by the Secretary.

Part 95 of Subtitle A of 45 CFR is amended as follows:

1. The authority citation for Part 95 is revised to read as follows:

Authority: Sec. 452(a), 83 Stat. 2351, 42 U.S.C. 652(a); sec. 1102, 49 Stat. 647, 42 U.S.C. 1302; sec. 7(b), 68 Stat. 658, 29 U.S.C. 37(b); sec. 139, 64 Stat. 1323, 42 U.S.C. 2577b; sec. 144, 61 Stat. 529, 42 U.S.C. 2678; sec. 1132, 94 Stat. 530, 42 U.S.C. 1320b-2; sec. 306(b), 94 Stat. 530, 42 U.S.C. 1320b-2 note.

2. A new Subpart A is added to read as follows:

(b) Any claim resulting from an audit exception.

(c) Any claim resulting from a court-ordered retroactive payment.

(d) Any claim for which the Secretary decides there was good cause for the State's not filing it within the time limit.

**§ 95.22 Meaning of good cause.**

(a) Good cause for the late filing of a claim is lateness due to circumstances beyond the State's control.

(b) Examples of circumstances beyond the State's control include:

(1) Acts of God;

(2) Documented action or inaction of the Federal government.

(c) Circumstances beyond the State's control do not include neglect or administrative inadequacy on the part of the State, State agencies, the State legislature or any of their offices, officers, or employees.

**§ 95.25 When to request a waiver for good cause.**

The State should request a waiver in writing as soon as the State recognizes that it will be unable to submit a claim within the appropriate time limit.

**§ 95.28 What a waiver request for a good cause must include.**

The State's request for waiver must include a specific explanation, justification or documentation of why the claim is or will be late. This request must establish that the lateness in filing the claim is for good cause as defined in § 95.22 and not due to neglect or administrative inadequacy. If the claim has not been filed, the State must also tell us when the claim will be filed.

**§ 95.31 Where to send a waiver request for good cause.**

(a) A request which affects the program(s) of only one HHS agency (the Health Care Financing Administration, or the Office of Child Support Enforcement, or the Office of Human Development Services, or the Social Security Administration) and does not affect the programs of any other agency or Federal Department should be sent to the appropriate HHS agency.

(b) A request which affects programs of more than one HHS agency or Federal Department should be sent to the Director, Division of Cost Allocation in the appropriate HHS Regional Office.

**§ 95.34 The decision to waive the time limit for good cause.**

The Secretary will make a decision after reviewing the State's request for waiver. If the Secretary decides that good cause exists, the State will be notified of the extended due date. If the Secretary decides that good cause does

not exist or that a request for waiver does not provide enough information to make a decision, the State will be so advised.

(Catalog of Federal Domestic Assistance Program Nos. 13.642, Social Services for Low Income and Public Assistance Recipients; 13.644, Social Services Training Grants—Title XX; 13.645, Child Welfare Services—State Grants; 13.679, Child Support Enforcement; 13.714, Medical Assistance Program; 13.775, State Medicaid Fraud Control Units; 13.777, State Health Care Providers Survey Certification; 13.808, Assistance Payments—Maintenance Assistance (State Aid); and 13.810, Assistance Payments—State and Local Training)

Dated: January 2, 1981.

Joan Z. Bernstein,  
General Counsel

Approved: January 8, 1981.

Patricia Roberts Harris,  
Secretary of Health and Human Services.

[FR Doc. 81-1543 Filed 1-14-81; 8:45 am]

**PART 95—GENERAL  
ADMINISTRATION—GRANT  
PROGRAMS (PUBLIC ASSISTANCE  
AND MEDICAL ASSISTANCE)**

**Subpart A—Time Limits for States To File  
Claims**

Sec.

95.1 Scope.

95.4 Definitions.

95.7 Time limit for claiming payment for expenditures made after September 30, 1979.

95.10 Time limit for claiming payment for expenditures made before October 1, 1979.

95.13 In which quarter we consider an expenditure made.

95.19 Exceptions to time limits.

95.22 Meaning of good cause.

95.25 When to request a waiver for good cause.

95.28 What a waiver request for good cause must include.

95.31 Where to send a waiver request for good cause.

95.34 The decision to waive the time limit for good cause.

**Subpart A—Time Limits for States To  
File Claims**

**§ 95.1 Scope.**

(a) This subpart establishes a two year time limit (15 months in some cases) for a State to claim Federal financial participation in expenditures under State plans approved under the following titles of the Social Security Act:

Title I—Grants to States for Old-Age Assistance and Medical Assistance for the Aged.

Title IV-A—Grants to States for Aid and Services to Needy Families with Dependent Children (except for Section 402(a)(19)(G) of the Act).

Title IV-B—Child Welfare Services.

Title IV-D—Child Support and Establishment of Paternity.

Title IV-E—Foster Care and Adoption Assistance.

Title X—Grants to States for Aid to the Blind.

Title XIV—Grants to States for Aid to the Permanently and Totally Disabled.

Title XVI—Grants to States for Aid to the Aged, Blind, or Disabled (AABD), or for Such Aid and Medical Assistance for the Aged.

Title XIX—Grants to States for Medical Assistance Programs.

Title XX—Grants to States for Services.

(b) This subpart also applies to claims for Federal financial participation by any State which are based on any provision of the Act that is enacted after issuance of these regulations and that provides, on an entitlement basis, for Federal financial participation in expenditures made under State plans or programs.

(c) This subpart explains under what conditions the Secretary may decide to extend the time limit for filing claims when a State believes it has good cause for not meeting the time limit.

**§ 95.4 Definitions.**

In this subpart—

*Adjustment to prior year costs* means an adjustment in the amount of a particular cost item that was previously claimed under an interim rate concept and for which it is later determined that the cost is greater or less than that originally claimed.

*Audit exception* means a proposed adjustment by the responsible Federal agency to any expenditure claimed by a State by virtue of an audit.

*Claim* means a request for Federal financial participation in the manner and format required by our program regulations, and instructions or directives issued thereunder.

*Court-ordered retroactive payment* means either a retroactive payment the State makes to an assistance recipient or an individual, under a Federal or State court order or a retroactive payment we make to a State under a Federal court order. Although we may accept these claims as timely, this provision does not mean that we necessarily agree to be bound by a State or Federal decision when we were not a party to the action.

*Federal financial participation* means the Federal government's share of an expenditure made by a State agency under any of the programs listed in § 95.1.

*State agency* for the purposes of expenditures for financial assistance under title IV-A and for support enforcement services under title IV-D means any agency or organization of the State or local government which is authorized to incur matchable expenses; for purposes of expenditures under title XIX, means any agency of the State, including the State Medicaid agency, its fiscal agents, a State health agency, or any other State or local organization which incurs matchable expenses; for purposes of expenditures under all other titles, see the definitions in the appropriate program's regulations.

*State* means the 50 States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa and the Trust Territories of the Pacific.

*The Act* means the Social Security Act, as amended.

*We, our, and us* refer to HHS's Health Care Financing Administration, Office of Child Support Enforcement, Office of Human Development Services, or the

Social Security Administration, depending on the program involved.

**§ 95.7 Time limit for claiming payment for expenditures made after September 30, 1979.**

Under the programs listed in § 95.1, we will pay a State for a State agency expenditure made after September 30, 1979, only if the State files a claim with us for that expenditure within 2 years after the calendar quarter in which the State agency made the expenditure. Section 95.19 lists the exceptions to this rule.

**§ 95.10 Time limit for claiming payment for expenditures made before October 1, 1979.**

Under the programs listed in § 95.1, we will pay a State for a State agency expenditure made before October 1, 1979, only if the State filed or files a claim with us for that expenditure before January 1, 1981. Section 95.19 lists the exceptions to this rule.

**§ 95.13 In which quarter we consider an expenditure made.**

In this subpart—

(a) We consider a State agency's expenditure for assistance payments under title I, IV-A, IV-E, X, XIV, or XVI (AABD) to have been made in the quarter in which a payment was made to the assistance recipient, his or her protective payee, or a vendor payee, even if the payment was for a month in a previous quarter.

(b) We consider a State agency's expenditure for services under title I, IV-A, IV-B, IV-D, IV-E, X, XIV, XVI (AABD) or XIX to have been made in the quarter in which any State agency made a payment to the service provider.

(c) For purposes of title XX, the date of expenditure is governed by 45 CFR § 1396.52(d).

(d) We consider a State agency's expenditure for administration or training under title I, IV-A, IV-B, IV-D, IV-E, X, XIV, XVI (AABD), or XIX to have been made in the quarter payment was made by a State agency to a private agency or individual; or in the quarter to which the costs were allocated in accordance with the regulations for each program. We consider a State agency's expenditure under these titles for non-cash expenditures such as depreciation to have been made in the quarter the expenditure was recorded in the accounting records of any State agency in accordance with generally accepted accounting principles.

**§ 95.19 Exceptions to time limits.**

The time limits in §§ 95.7 and 95.10 do not apply to any of the following—

(a) Any claim for an adjustment to prior year costs.