

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



COUNTY FISCAL LETTER (CFL) NO. 01 / 02-27

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS

SUBJECT: EBT EXPENDITURE CLAIMING INSTRUCTIONS

The State of California received funding approval for the implementation phase of the Electronic Benefit Transfer (EBT) Project. In order for the state to efficiently monitor and report EBT implementation expenditures, it will be necessary to track all costs via a monthly county claim/invoice process. If a county is claiming approved costs associated with implementation of the EBT system, the county must submit claims using the attached EBT County Expenditure Claim form. Instructions for claiming agreed-upon costs are attached to the form. All costs claimed via this process must also be reflected on the County Expense Claim (CEC) as extraneous costs. The effective date of this claiming procedure is July 1, 2001.

The EBT County Expenditure Claim is to be submitted by the tenth of the month following the month costs are incurred. The original and a duplicate copy are to be mailed as follows:

Send the signed original to:

California Department of Social Services
Fiscal Systems Bureau
744 P Street, M.S. 13-71
Sacramento, CA 94814

Send a duplicate copy of the original to:

Health and Human Services Data Center
EBT Project
1651 Alhambra Blvd.
Sacramento, CA 95816

There will be a delay in payment processing for all invoices received after the tenth of the month. All claims submitted via this process must adhere to the same time limitations as the regular county expense claim process. The time limitations for county claims are contained in Welfare and Institutions Code, Section 10604.5.

Normally, electronic data processing (EDP) staff would time study continuously throughout the quarter and appropriate overhead costs within the EDP cost pool would be allocated based on caseworker time study hours. However, because EBT costs must be reported on a monthly basis, there is no appropriate methodology that can be used to allocate the overhead costs associated with one month's hours. (The exception is travel costs that are usually part of the Allocable Support Operating Cost Pool, but are claimed directly to EBT on the County Expenditure Claim form). In addition, the indirect cost rate methodology is approved only for use with nonwelfare activities. As a result, allocable overhead costs associated with EBT, except for travel, are not claimable on the EBT County Expenditure Claim form and must continue to be reported as allocable support operating costs on the CEC.

All county project staff must maintain records of time spent on EBT activities on either the Generic Time Study (DFA 10) or the Support Staff Time Study (DFA 7) depending on their classification. Staff who normally time study on a mid-month basis must maintain continuous time studies for EBT activities. Once again, all costs claimed via this process must be reflected as extraneous on the CEC.

Any questions regarding the EBT County Expenditure Claim form should be directed to Bob Ficenc, Fiscal System Bureau, at (916) 654-1749.

Sincerely,

***Original Document
Signed By***

GLORIA MERK
Deputy Director
Administration Division

Attachments

c: CWDA

ELECTRONIC BENEFIT TRANSFER (EBT) PROJECT COUNTY EXPENDITURE CLAIM

Name of County:	
Month/Year Service Rendered:	Date Prepared:

Monthly Expenditures		
Category	Hours	Cost
Project Manager		\$
Assistant Project Manager(s)		\$
System Development		
• Salary & Benefits		\$
• Hardware & Software		\$
Travel and Per Diem		\$
Training Sites		\$
Total		\$

Preparer's Information	
Name:	Mailing Address:
Telephone Number:	Fax Number:
E-mail address:	

COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the Welfare Director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the Official in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the welfare programs in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY AUDITOR

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

DATE

**Electronic Benefit Transfer
County Expenditure Claim Instructions**

Name of County – Enter the county name.

Month/Year Service Rendered – Enter the month and year for which expenditures are being claimed.

Date Prepared – Enter the month/day/year this form was prepared.

Name of Preparer – Enter the Preparer’s name.

Mailing Address of Preparer – Enter the Preparer’s address.

Telephone Number of Preparer – Enter the Preparer’s telephone number.

Fax Number of Preparer – Enter the Preparer’s fax number.

E-mail address of Preparer – Enter the Preparer’s e-mail address.

Project Manager – Enter the number of hours, salary and benefits of the project manager.

Assistant Project Manager(s) – Enter the number of hours, salary and benefits of each assistant project manager.

System Development – Enter the number of hours and costs of county technical and/or vendor staff to: (1) develop, test and implement county eligibility system interfaces and connectivity to the EBT system; (2) support site preparation and telecommunication installation; (3) develop, test and implement cash automated settlement and EBT reconciliation processes; and (4) produce conversion files. Enter the cost for approved telecommunication hardware and/or software. These costs must be authorized prior to any claiming.

Travel and Per Diem – Enter the travel and per diem costs incurred by county staff to attend state-sponsored and approved EBT-specific meetings.

Training Sites – Enter the costs for the rental of training sites, furnishings, and facility operations during the conversion from the current benefit delivery system to EBT.

Total – Enter the total cost for all line items for the month.

Signatures – Obtain the signatures of the County Auditor and County Welfare Director.

The EBT County Expenditure Claim is to be submitted by the tenth day of the month following the month costs are incurred. An original and duplicate copy must be submitted as follows:

<p><u>Send the original copy to:</u></p> <p>California Department of Social Services Fiscal Systems Bureau 744 P Street, M.S. 13-71 Sacramento, CA 95814</p>	<p><u>Send a duplicate copy to:</u></p> <p>Health and Human Services Data Center Electronic Benefit Transfer Project 1651 Alhambra Blvd. Sacramento, CA 95816</p>
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