

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

September 10, 2002

COUNTY FISCAL LETTER (CFL) No. 02/03-16

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS TO APPLY THE NEW
FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP) TO
FOSTER CARE AND ADOPTION ASSISTANCE PAYMENTS

Effective October 1, 2002, the FMAP rate will be decreased from 51.40 percent to 50 percent. The decrease is reflected on the October 2002 assistance claims. Programs/claims affected by the rate decrease for which the Fiscal Systems and Accounting Branch provides policy/claiming instructions are:

<u>Program</u>	<u>Claim Form Number</u>
Adoption Assistance Program	AD 800A (10/02)
Federal Children in Foster Care	CA 800 (FC) (FED) (10/02)
Federal Children in FC – SB 163 Wraparound	CA 800 FC (SB 163) (Fed)(10/02)

Line 14C of the Adoption Assistance Program/Federal form, Lines 13D and 18D of the Federal Children In Foster Care form, and Line 13D of the Federal Children in Foster Care-SB 163 Wraparound form have been revised to reflect the new FMAP rate (see attachments). The calculations of lines 13E, 13F, 14D, and 14E will remain the same. Revised camera-ready copies of the claim forms are available from the California Department of Social Services (CDSS) Forms Management Unit. You may contact the Forms Management Unit at:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, California 95814
Telephone: (916) 657-1907
Fax: (916) 653-7395

You may also place an order for camera-ready copies at the following e-mail address: fmudss@dss.ca.gov.

The October 1, 2002 FMAP rate decrease also affects the In-Home Supportive Services, Personal Care Services, and the Child Support Collections programs. The Adult Services Fiscal and Systems Bureau and the Department of Child Support Services will provide revised claiming instructions for their respective programs. Block grant programs are not subject to the FMAP rate.

If you have questions regarding this letter, please call your Fiscal Policy Bureau county analyst at (916) 657-3440.

Sincerely,

***Original Signed By Marge Dillard
On September 5, 2002***

MARGE DILLARD, Chief
Fiscal Systems and Accounting Branch

Attachments

c: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES-
ADOPTION ASSISTANCE PROGRAM/FEDERAL**

For State Use DSS County Welfare County Auditor

COUNTY	Date (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
()	()	7. Prior Months Cancellation Contra Roll
()	()	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL
		13. Amount not Reimbursable from Federal Funds.

	B	C FEDERAL (Line 12B minus Line 13A) x .50	D STATE (Line 12B minus Line 14C) x .75	E COUNTY (Line 12B minus Line 14C minus Line 14D)	
					14.
	GRAND TOTALS				15.
		(Line 12B)	(Line 14C)	(Line 14D)	
	(FOR STATE USE)				16.
	(FOR COUNTY USE) Persons Count				17.
					18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Adoption Assistance Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Adoption Assistance Program made by the county; that said amounts correctly reflect Federal and State Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM AD 800A

1. Enter county name, month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with amounts shown on the integrated payroll or contra roll.
3. Enter the subtotals in Lines 6 and 10, and totals in Lines 12A and 12B.
4. Line 13A - For children receiving AAP payments in excess of the foster family home rate enter the net amount not reimbursable from federal funds.
5. Line 14C - Enter the federal share: Subtract line 13A from line 12B, multiplied by 50 percent.
6. Line 14D - Enter the State share: Subtract line 14C from line 12B, multiplied by 75 percent.
7. Line 14E - Enter the county share: Subtract lines 14C and 14D from line 12B.
8. Line 15 - Enter grand totals.
9. Line 16 - Reserved for the application of adjustments: made by the state (Federal and/or State Field Audit Exceptions, etc.).
10. Lines 17 and 18 - Included at county request and use is optional. If adjustments are reported in line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE

For State Use → CDSS County Welfare County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A		B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
				(Line 11B - Line 12A) X .50	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
GRAND TOTALS			(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	14.
							15.
							16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)			(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
SUPPLEMENTAL CLOTHING ALLOWANCE				(Line 18C) X .50	(Line 18C - Line 18D)		18.
FUNERAL COSTS (11-420.2)							19.
THPP	PERS. CTS.						20.
(FOR COUNTY USE ONLY)	PERS. CTS.						21.
							22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Enter name and telephone number of county staff persons to be contacted if there are any questions regarding the claim.
3. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll).
Please note: Since the \$100 Supplemental Clothing Allowance is a separate fund source, with a different sharing ratio than other costs on the Assistance Claim form, counties must back out these expenditures from line 1b of the main payroll prior to any amount being added.
4. Enter the subtotals in Lines 5 and 9 and the totals in Line 11. Required detail support for schedule of adjustment: Prior month positive adjustment report
5. Line 12A - Enter the net amount not reimbursable from federal funds. (Example: Social worker services (FC1 column F2), interest on original acquisition mortgages and costs incurred for leaseback in accordance with the AFDC - Foster Care Group Home Rate Listing). Required detail support: CA 800 FC (FED)
6. Line 13D - Enter the Federal share: total aid paid (11B) minus Line 12A multiplied by 50 percent.
7. Line 13E - Enter the State share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 40 percent.
8. Line 13F - Enter the County share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiple by 60 percent.
9. Line 14 - Enter Grand Totals.
10. Line 15 and 16 - Reserved for State use.
11. Line 17A - Enter the Total Federal Administration cost: FC1 column E3.
12. Line 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
13. Line 17D - Enter the federal share: (17A) multiplied by .5.
14. Line 17E - Enter the State share: (17A plus [17B] minus (17D) multiplied by 40 percent.
15. Line 17F - Enter the county share: (17A) plus [17B] minus (17D) multiplied by 60 percent.
16. Line 18C - Enter the supplemental clothing allowance expenditures from the county payroll records or other automated payroll system. **REMINDER:** Clothing allowance expenditures must be backed out of the main payroll costs before the main payroll total is listed on Line 1column B.
17. Line 18D - Enter the Federal share: (18C) multiplied by 50 percent.
18. Line 18E - Enter the State share: (18C) minus (18D) equals (18E).
19. Line 19 - To be used for the claiming for reimbursement of funeral costs for foster care children in accordance with MPP Handbook Section 11 - 420.2 (see also MPP Handbook Section 25 -753). Required detailed support: ABCD 801 (AID payroll) - contra roll or equivalent form.
20. Line 20B - Enter the persons count (total number of Federal Children in Foster Care in the Transitional Housing Placement Program (THPP)).
21. Line 20C - Enter the total THPP cost: total rate increase paid.
22. Line 20D - Enter the Federal share of costs for THPP: Total rate increase paid x 50 percent.
23. Line 20E - Enter the State share of costs for THPP: Total rate increase paid minus 20D x 40 percent.
24. Line 20F - Enter the County share of cost for THPP: Total rate increase paid minus 20D and 20E.
25. Lines 21 and 22 - Included at county request and use is optional. If adjustments are reported that affect total aid paid, this space may be used for reconciling total expenditures as reported by the County welfare department and the county auditor's records of expenditures.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE - SB 163 WRAPAROUND

For State Use → CDSS County Welfare County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A		B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
				(Line 11B - Line 12A) X .50	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
GRAND TOTALS			(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	14.
							15.
							16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)			(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
SUPPLEMENTAL CLOTHING ALLOWANCE				(Line 18C) X .50	(Line 18C - Line 18D)		18.
FUNERAL COSTS (11-420.2)							19.
THPP	PERS. CTS.						20.
(FOR COUNTY USE ONLY)	PERS. CTS.						21.
							22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (SB 163) (FEDERAL) SB 163 WRAPAROUND

Counties may claim Title IV-E placement costs at the current FMAP rate when serving a federally eligible child in the SB 163 Wraparound Services Project.

These instructions clarify what steps must be taken to claim federally eligible placement costs for a federally eligible child with concurrent placement costs.

Attach this form to the CA 800 FC (FED) completed for federally eligible children on a monthly basis.

Only fill out the lines listed below. You will not complete the entire form.

1. Enter the county name, month and year in the space provided.
- 1a. Enter the name and telephone number of the county staff person to be contacted should there be any questions regarding this claim.
2. DO NOT complete Part A - Lines 1 through 11.
3. Complete Part B - Lines 1 through 4 and 6 through 8 in accordance with amounts shown on the integrated payroll summary. All money amounts on the Form CA 800 FC (SB 163) (FED) may be rounded to the nearest dollar. The required detail support for the Schedule of Adjustment is the Prior Month Positive Adjustment Report.
4. Complete the CA 800 FC 1 (FED) for any federally eligible child placed in a Group Home or Foster Family Agency. If the child is in a Foster Family Home, that child should not be listed on the CA 800 FC 1 (FED).
5. Part A Line 12 A - Enter the net amount not reimbursable from federal funds.
6. Line 13 D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) and multiply the result by the current FMAP rate.
7. Enter Grand Totals on Line 14D.
8. Line 17A - Enter the total Federal Administration Costs: CA 800 FC 1 (FED) column E3.
9. Line 17B - Enter the total Non-federal Administration Costs: CA 800 FC 1 (FED) column F2.
10. Line 17D - Enter the federal share (17A) multiplied by .5.