

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 13, 1999

ERRATA

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

SUBJECT: ASSISTANCE CLAIM INSTRUCTIONS REVISION FOR CA 800 FC (FED)
AND CA 800 FC 1 (FED) FORMS

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 98/99-80

This errata transmits corrected interim instructions for the revision on the CA 800 FC (Fed), Summary Report of Assistance Expenditures-Federal Children in Foster Care Attachment 1), and the FC 1, Foster Care Facility Report (Attachment 2). Counties were informed that this revision was based on a federal audit finding relating to nonfederally eligible administration costs. This change is effective with the July 1999 reporting month.

The Fiscal Policy Bureau received many calls about the instructions issued in the above referenced CFL and were informed that not all counties had access to the rates letters that needed to be used in this calculation. If counties do not have copies of the appropriate FFA rates letters they should contact the provider or the Foster Care Rates Bureau at (916) 323-1263, or fax your request to (916) 324-9539. When the Foster Care Rates List is issued for Fiscal Year (FY) 1999/00 counties will need to adjust assistance reports from July 1999 based on the current FY information. The Foster Care Rates List for FY99/00 will contain the appropriate information to complete this calculation.

Attached are revised instructions for the calculation of the nonfederally eligible administrative cost using the FY 1998/99 FFA rate letter's (sample-Attachment 3). For questions about the rates letters call Brian Koepp at (916) 322-9197, questions about this errata, call the Fiscal Policy Bureau at (916) 657-3440.

INTERIM INSTRUCTIONS FOR COMPLETION OF
THE CA 800 FC (FED) and the FC1

Use tables A and B, sample attached, of the rates letters for Fiscal Year 98/99. If you do not have a copy, call the provider or Foster Care Rates Bureau. Instructions for Columns A through D2 have not changed.

- Column D3: By age group, see sample Table A, divide social work dollars by total rate paid (265 divided by 1362)
- Column D4: Column D3 X D2 equals D4
- Column E1: By age group, sample Table A, divide administrative dollars by total rate paid and multiply total aid paid by percentage (545 divided by 1362 equals percentage X Column D2)
- Column E2: By age group, sample Table B, enter the federal percentage (0-4 equals 68%)
- Column E3: Column E1 X E2 equals E3
- Column F1: By age group, sample Table B, enter the nonfederal percentage (0-4 equals 32%)
- Column F2: Column F1 X E1 equals F2

CA 800 FC (FED) - Use the instructions below for Lines 12A, 13E, 13F, and 17F. All other line instructions remain the same.

- Line 12A: Add the totals of Column D4 and E1 from the FC1
- Line 13E, CA 800 FC, state: line 11B minus line 13D and minus FC1 Column E1, multiply by .40
- Line 13F, CA 800 FC, county: line 11B minus line 13D minus FC1 Column E1, multiply by .60
- Line 17F: Enter the county share, column 17A minus column 17D plus column 17B, multiply by .60.

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 MINUS LINE 12A) X .5155	(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)		(COL. 17A) X .5	(COL. 17A - Col. 17D + Col 17B) X .40	(Col. 17A - Col. 17D + Col. 17B) X .60	17.
FUNERAL COSTS (11-405.2)						18.
(FOR COUNTY USE ONLY)	PERS. CTS.					19.
						20.

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

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
- 1a. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
2. 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). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 5 and 9 and the totals in Line 11.
4. Line 12A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services (FC 1 column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 13D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.55 percent.
6. Line 13E - Enter the state share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 40 percent.
7. Line 13F - Enter the county share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 60 percent.
8. Line 14 - Enter grand totals.
9. Line 15 and 16 - Reserved for state use.
10. Line 17A - Enter the Total Federal Administration Costs: FC1 column E3.
11. Lines 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
12. Line 17D - Enter the federal share: (17A) multiplied by .5.
13. Line 17E - Enter the state share: (17A minus (17D) plus 17B multiplied by 40 percent.
14. Line 17F - Enter the county share: (17A) minus (17D) plus 17B multiplied by 60 percent.
15. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
16. Lines 19 and 20 - Include at county request and use is optional. If adjustments are reported 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.

Page ____ of ____

COUNTY

DATE (MONTH, YEAR)

[illegible]

INSTRUCTIONS FOR USE OF FORM CA 800 FC.1 (FED)

1. Enter month, year and county name.
2. Column A – Enter facility name.
3. Column B – Enter the program number from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
4. Column C – Designate maintenance costs R-revised, C-current, P-prior, O-original.
5. Column D1 – Enter persons count.
6. Column D2 – Enter the total benefit amount paid to the facility (Amounts above the State set rate must not be included).
7. Column D3 – Enter the nonfed percentage from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
8. Column D4 – Enter the total nonfed amounts: Columns D2 x D3.
9. Column E1 – Enter the total administration costs: as calculated by applying administration ratio from FFA rate letter to total aid paid.
10. Column E2 – Enter the federal percentage from AFDC-FC Foster Family Agency Rate Listing or FFA rate letter.
11. Column E3 – Enter the total federal amount: Column E1 x E2.
12. Column F1 – Enter the nonfed percentage from AFDC-FC Foster Family agency Rate Listing.
13. Column F2 – Enter the total nonfed amount: Column E1 x F1.
14. Enter the grand total for columns D4, E1 and F2 on the last page.
15. The grand total in column D4 should be added to 12A, on the CA 800 FC (Fed) form.
16. Add the totals in columns E3 and F2 to the appropriate columns 17A and 17B on the CA 800 FC 1 (Fed) form.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 21, 1999

SUBJECT: FISCAL YEAR (FY) 1998-99 FOSTER FAMILY AGENCY – TREATMENT RATE NOTIFICATION

Dear Mr.

This letter is to notify you of your Foster Family Agency (FFA) treatment rates for FY 1998-99 under the Foster Care Program. Effective July 1, 1998, the following treatment rates have been established for placement of children in homes in which your FFA has certified for Program No.

<u>Age Group:</u>	<u>0-4</u>	<u>5-8</u>	<u>9-11</u>	<u>12-14</u>	<u>15-18</u>
<u>Total Rate:</u>	\$1,362	\$1,415	\$1,458	\$1,537	\$1,607

For FY 1998-99, the State Budget Act of 1998 and Senate Bill 933 (Chapter 311, Statutes of 1998), contain a provision for a six percent (6%) Cost of Living Adjustment increase in the basic rate and the other components used to calculate treatment rates for FFAs. Your rates were calculated using the three components, one of which is your social work component. In order to calculate your social work component, your actual reported annual social work costs were divided by your reported average occupancy. If your social work cost per child was less than \$265 or less than the cost per child for last year, your rates were adjusted to reflect the lower amount.

The effective date of July 1, 1998 was established for your FFA program rates pursuant to the Manual of Policies and Procedures (MPP) Section 11-403(f)(2), which states in part, July 1 shall be the effective date for the rates when the rate request is submitted on time or late with good cause.

Table A on the next page reflects the component amounts for each FFA treatment rate and highlights the minimum amount the FFA is required to pay the certified foster parents.

TABLE A

Age Group:	<u>0-4</u>	<u>5-8</u>	<u>9-11</u>	<u>12-14</u>	<u>15-18</u>
Basic Rate:	\$366	\$398	\$424	\$471	\$513
Child Increment:	<u>\$186</u>	<u>\$186</u>	<u>\$186</u>	<u>\$186</u>	<u>\$186</u>
Total Foster Parent Payment:	\$552	\$584	\$610	\$657	\$699
Social Work:	\$265	\$265	\$265	\$265	\$265
Administrative:	<u>\$545</u>	<u>\$566</u>	<u>\$583</u>	<u>\$615</u>	<u>\$643</u>
Total Rate:	\$1,362	\$1,415	\$1,458	\$1,537	\$1,607

The "child increment" of \$186 per month was established for children placed in a treatment FFA program. For children who are not placed in a treatment FFA program, the certified foster parent is entitled to the basic rate.

FOR COUNTY USE ONLY

Pending resolution of a recent federal FFA audit, the California Department of Social Services will suspend claiming federal reimbursement for administrative costs related to social work activities. In addition, counties will be required to report separately maintenance costs and administrative costs on the assistance and administrative claims. Separate claiming instructions will follow. Table B displays the federal and non-federal funding ratios for the FFA payment related to Maintenance and Administration and are provided for county use only. For claiming purposes, the ratios shown should be applied to both Maintenance and Administrative.

TABLE B

Age Group:	<u>0-4</u>	<u>5-8</u>	<u>9-11</u>	<u>12-14</u>	<u>15-18</u>
Maintenance:*	<u>\$817</u>	<u>\$849</u>	<u>\$875</u>	<u>\$922</u>	<u>\$964</u>
Administrative:	<u>\$545</u>	<u>\$566</u>	<u>\$583</u>	<u>\$615</u>	<u>\$643</u>
Federal:	68.00	69.00	70.00	71.00	73.00
Non-Federal:	32.00	31.00	30.00	29.00	27.00
*Maintenance Payment comprises the total payment paid to the certified foster parent in Table A plus a maximum of \$265 for social work for each age group.					
Total Rate:	\$1,362	\$1,415	\$1,458	\$1,537	\$1,607
The total rate comprises the maintenance payment plus administrative costs.					

The counties listed at the end of this letter have been notified of your treatment rates. You may provide a copy of this letter to other placing agencies, or they may contact this office for confirmation.

PROTEST PROCESS

If you disagree with your rates, you may file a protest. The protest must be filed within sixty (60) days from the date of the mailing of this notification. You must include the reason for the protest and full supporting documentation relevant to its resolution, as specified in the MPP Section 11-403.3. The protest must be sent to:

California Department of Social Services
Foster Care Funding and Rates Bureau
744 P Street, M.S. 19-74
Sacramento, CA 95814

If you have any questions regarding this letter, you may contact me at (916)

Sincerely,

Rates Consultant
Foster Care Funding and Rates Bureau

c: