

December 23, 2015

COUNTY FISCAL LETTER NO. 15/16-39

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
TITLE IV-E AGREEMENT TRIBES

SUBJECT: CHANGES TO THE EXTENDED FOSTER CARE CA 800 CLAIM FOR
THE PAYMENT INCREASE TO NON-MINOR DEPENDENT
PARENTS IN A SUPERVISED INDEPENDENT LIVING PLACEMENT
WITH A COMPLETED PARENTING SUPPORT PLAN AND TO THE
EXTENDED FOSTER CARE CA 800 PLACEMENT INFORMATION
ADDENDUM CLAIM FORM INSTRUCTIONS

REFERENCE: [ALL COUNTY LETTER NO. 15-67,](#)
DATED SEPTEMBER 3, 2015;
[ASSEMBLY BILL 2668 \(CHAPTER 770, STATUTES OF 2014\)](#)

This County Fiscal Letter (CFL) transmits claiming instructions for the assistance payment increase available to non-minor dependent (NMD) parents residing in a Supervised Independent Living Placement (SILP) with a completed Parenting Support Plan (PSP), as established by Assembly Bill (AB) 2668, effective July 1, 2015. The claiming instructions for administrative costs associated with this assistance payment increase will be issued in a subsequent CFL. This CFL also informs counties of a minor change to the Extended Foster Care (EFC) CA 800 Placement Information Addendum (PIA) form instructions in regards to Transitional House Placement Plus Foster Care (THP+FC) placements.

Claiming Instructions for the SILP NMD PSP Payment Increase

As described in All County Letter No. 15-67, AB 2668 authorizes an additional \$200 in payment to NMD parents currently residing in a SILP upon completion and approval of a PSP. This amount is an increase to the SILP placement payment and should be paid with the SILP payment that the NMD parent receives. This increase in payment is Title IV-E eligible for federally-eligible cases; the non-federal portion of federally-eligible payment increases and the entirety of non-federally eligible payment increases will be funded by 100 percent General Fund.

Therefore, depending on each case's eligibility, the payment increase will be claimed either on the CA 800 claim, Line 18 of the *Summary Report of Assistance Expenditures, Foster Care Extended Foster Care (EFC) and EFC Wraparound Federal* (CA 800 FC EFC FED tab) or on the EFC 18 + NMD Temp claim, Line 15 of the *Summary Report of Assistance Expenditures, Foster Care Extended Foster Care (EFC) Nonfederal* (CA 800 FC EFC NONFED tab), included with this letter as Attachments 1A and 2A respectively. These lines are titled "Supervised Independent Living Placement (SILP) -Parenting Support Plan (Post-Realignment)." The instructions for these forms have also been updated and are included with this letter as Attachments 1B and 2B, respectively.

Update to the CA 800 FC EFC TEMP FED PIA Claim Form Instructions

Previously, the *Foster Care Placement Information Addendum (PIA) Extended Foster Care Federal* (CA 800 FC EFC TEMP FED PIA tab) claim form was updated to include THP+FC placement information; however, the claim form instructions were not updated. Therefore, a minor revision is being made to the corresponding claim form instructions (Attachment 3) as follows:

- For Line 1, enter the total number of persons in Group Homes and THP+FC placements.
- For Line 7, enter the total maintenance payments for Group Homes and THP+FC placements.

No changes are being made to the claim form itself at this time.

Contact Information

Questions regarding the rates information for the SILP NMD PSP Payment can be directed to the Foster Care Audits and Rates Bureau at (916) 651-9152. Questions regarding claiming should be directed to assistance.claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Acting Chief
Fiscal Forecasting and Policy Branch

Attachments

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		EFC FED	EFC WRAPAROUND		
Aid Code		49	49		
1	Main Payroll				
2	Current Month Supplemental Payroll				
3	Current Month Cancellation Contra Roll				
4	Prior Months Supplemental Payroll				
5	Current Month Adjustment				
6	Subtotal (Lines 1 - 5)	-	-		
7	Prior Months Cancellation Contra Roll				
8	Recoveries of Aid				
9	Prior Month Negative Adjustment				
10	Subtotals (Lines 7 - 9)	-	-		
11	Prior Month Positive Adjustment				
12	Office Audit Corrections				
13	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)	-	-		
14	Amount Not Reimbursable at Fed FMAP Rate [FC 1 & Adj Col D6+E2(FFAs)+J4(Grp Homes)]	-	-		
15	TOTAL - Line 13 - Line 14	-	-		
16	Funeral Costs (100% State)				
17	Educational Travel Reimbursement (50/20/30)				
18	Supervised Independent Living Placement (SILP) - Parenting Support Plan (Post-Realignment)				
19	TOTAL ALL PAYMENTS (Lines 13+16+17+18)	-	-		
20	Person Count				
Summary by Funding		Federal	State	County 2011	Total
21	Foster Care / Extended Foster Care	-		-	-
22	Fed Adm Costs (FC1 & Adj Col E4)	-		-	-
23	Non Fed. Admin Costs (FC1 & Adj Col F2)			-	-
24	Funeral Costs		-		-
25	Educational Travel Reimbursement	-		-	-
26	SILP - Parenting Support Plan (Post-Realignment)	-	-		-
27	Total Payment Extended Foster Care	-	-	-	-
28	SB 163 EFC	-			-
29	Fed Adm Costs (FC1, SB163 & Adj Col E4)FFAs x 50%	-			-
30	Total Payment SB-163 Extended Foster Care	-			-
31	Total EFC and SB-163 EFC	-	-	-	-

INSTRUCTIONS FOR FORM CA800 FC EFC FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE
EXTENDED FOSTER CARE (EFC) AND FOSTER CARE WRAPAROUND FEDERAL

General Information

1. Enter county name, month and year of the claim in the space provided
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been claimed on a prior month summary report.

Office Audit Corrections

9. Line 12: Enter the adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Refer to [All County Information Notice I-67-03](#), dated October 16, 2003 and [County Fiscal Letter No. 03/04-20](#), dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically.
11. Line 14: Amount not reimbursable at federal FMAP Rate from FC1 column D6+E2 (FFAs) + J4 (Group Homes). This amount will populate automatically from the FC 1 form.
12. Line 15: Total – The net amount of Line 13 minus Line 14. This amount will calculate automatically.

Funeral Costs

13. Line 16: Enter funeral costs for EFC youth in accordance with the [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)). Required detailed support: Aid payroll, contra-roll or equivalent form.

Educational Travel Reimbursement (ETR)

14. Line 17: Enter the ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) – Parenting Support Plan (Post-Realignment)

15. Line 18: Enter the SILP Parenting Support Plan expenditures. **REMINDER:** SILP Parenting Support Plan expenditures must be excluded from the main payroll amount which is entered on Line 1.

Total All Payments (Lines 13 + 16 + 17 + 18)

16. Line 19: This is the grand total of aid payments, Funeral Costs, ETR and SILP Parenting Support Plan expenditures. This amount will calculate automatically.

Person Count

17. Line 20: Enter the persons count for the federal EFC. The persons count on this line should equal Line 6 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) EXTENDED FOSTER CARE FEDERAL form.

Summary of Funding

18. Lines 21 through 31: The federal, state, county 2011 and county share will calculate automatically.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES**FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

	EFC NONFED	TOTAL
Aid Code	43	
1 Main Payroll		-
2 Current Month Supplemental Payroll		-
3 Current Month Cancellation Contra Roll		-
4 Prior Months Supplemental Payroll		-
5 Current Month Adjustment		-
6 Subtotal (Lines 1 - 5)	-	-
7 Prior Months Cancellation Contra Roll		-
8 Recoveries of Aid		-
9 Prior Month Negative Adjustment		-
10 Subtotal (Lines 7 - 9)	-	-
11 Prior Month Positive Adjustment		-
12 TOTAL PAYROLL, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-
13 Funeral Cost (100% State)		-
14 Educational Travel Reimbursement (40% County 2011 / 60% County)		-
15 Supervised Independent Living Placement (SILP) - Parenting Support Plan (Post-Realignment)		-
16 TOTAL PAYMENTS (Lines 12 - 15)	-	-
17 Persons Count		

County Use Only (non-add line)		-
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Summary by Funding/Program	State	County 2011	County	Total
18 Extended Foster Care		-	-	-
19 Funeral Cost				-
20 Educational Travel Reimbursement		-	-	-
21 SILP - Parenting Support Plan (Post-Realignment)	-	-	-	-
22 Total	-	-	-	-

Last Modified: 12/21/2015

**INSTRUCTIONS FOR FORM CA 800 FC EFC NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE-
EXTENDED FOSTER CARE (EFC) NONFEDERAL**

General Information

1. Enter county name, month and year of the claim in the space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month summary report.

Total Payments, Current + Prior Month (Lines 6+10+11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically.

Funeral Costs

10. Line 13: Enter funeral costs for EFC children in accordance with [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)). Required detailed support: Aid payroll, contra-roll or equivalent form.

Educational Travel Reimbursement (ETR)

11. Line 14: Enter ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) - Parenting Support Plan (Post-Realignment)

12. Line 15: Enter the SILP Parenting Support Plan expenditures. **REMINDER:** SILP Parenting Support Plan expenditures must be excluded from the main payroll amount which is entered on Line 1.

Total (Lines 12+13+14+15)

13. Line 16: This is the grand total of aid payments, Funeral Costs, ETR and SILP Parenting Support Plan expenditures. This amount will calculate automatically.

Persons Count

14. Line 17: Enter persons count for non-federal Extended Foster Care.

Summary by Funding/Program

15. Line 18 through 22: The state, county 2011 and county shares will calculate automatically.

**INSTRUCTIONS FOR THE FORM CA800 FC EFC PIA FED
FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA)
EXTENDED FOSTER CARE FEDERAL**

Persons Count

1. Line 1: Enter the total number of persons in Group Homes and Transitional Housing Placement Plus Foster Care (THP+FC) placements.
2. Line 2: Enter the total number of persons in Foster Family Agency (FFA) Homes.
3. Line 3: Enter the total number of persons in Licensed Foster Family Homes.
4. Line 4: Enter the total number of persons in Approved Relative Homes (ARH). The persons count for Non-Related Extended Family Members (NREFM) should be included on this line.
5. Line 5: Enter the total number of persons in a Supervised Independent Living Placement (SILP).
6. Line 6: Total Persons Count (Lines 1 - 5). This amount will calculate automatically and should match the total Foster Care 'Persons Count' on Line 20 of the CA 800 FC EFC FED.

Main Payroll

7. Line 7: Enter the total maintenance payments for Group Homes and THP+FC placements.
8. Line 8: Enter the total maintenance payments for FFA Homes.
9. Line 9: Enter the total maintenance payments for Licensed Foster Family Homes.
10. Line 10: Enter the total maintenance payments for ARHs. Maintenance payments for NREFMs should be included on this line.
11. Line 11: Enter the total maintenance payment for SILPs.
12. Line 12: Total Main Payroll (Lines 7 - 11). This amount will calculate automatically and should match the amount on Line 13 the CA 800 FC EFC FED.

Prior Period Negative Adjustments

13. Line 13: Enter the Total Prior Period Negative Adjustment amount.
14. Line 14: Enter the Total Prior Period Negative Adjustment for all ARHs.
15. Line 15: Reserved for State Use.
16. Line 16: Total Prior Period Negative Adjustments. This amount will calculate automatically and should match the amount on Line 9 of the CA 800 FC EFC FED.

Monitoring Adjustments

17. Lines 17 through 22 are intended to be left blank and are reserved for future use.