



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

December 29, 2016

COUNTY FISCAL LETTER (CFL) NO. 16/17-43

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

SUBJECT: CONTINUUM OF CARE REFORM ASSISTANCE RECONCILIATION  
METHODOLOGY

REFERENCE: [CFL NO. 16/17-41](#), DATED DECEMBER 19, 2016

EXECUTIVE SUMMARY

The purpose of this CFL is to describe the reconciliation methodology for the Continuum of Care Reform (CCR), developed in conjunction with County Welfare Directors Association (CWDA) and the Chief Probation Officers of California.

One of the goals of CCR is to reduce reliance on congregate care, moving youth from Group Homes to lower levels of care and creating a savings to be used on services for the youth. Additional General Fund was invested up front to support CCR implementation. Through a process of reconciliation, the General Fund expenditures as well as 2011 Realignment spent by counties for CCR will be reconciled to determine the cost or savings, taking into account the amount of upfront General Fund.

The reconciliation process information will also be used to provide monthly updates to the Legislature on ongoing costs and savings related to CCR implementation, as required by the Supplemental Report Language.

## RECONCILIATION METHODOLOGY

The reconciliation methodology will use expenditures from the County Assistance 800 (CA 800) claim and County Expense Claim (CEC) to calculate the amount of General Fund and 2011 Realignment required for CCR. Caseload data via the Statewide Automated Welfare Systems and the California 237 Foster Care (CA 237 FC) Form will be used to track caseload movement.

Savings are generated from the movement of current group home (GH) placements to lower levels of care (LOC) (i.e. family based settings). Cases that do not move to lower levels of care may enter a Short-Term Residential Treatment Program (STRTP), which should result in less time in congregate care than a traditional GH.

### Assistance Costs

#### Base Year - Comparison Purposes:

The CDSS will use actual expenditure data submitted via the CA 800 Assistance claims for Fiscal Year (FY) 2015-16 to calculate the average cost per case prior to CCR for each county for the following programs: Foster Care (FC), Adoption Assistance Program (AAP), Kinship Guardianship Assistance Program (Kin-GAP), Federal Kinship Guardianship Assistance Program (Fed-GAP), Extended Foster Care (EFC) and Emergency Assistance (EA).

Once the California Department of Social Services (CDSS) has determined each county's prior to CCR average cost per case the information will be submitted to counties for verification using the "Prior to CCR Base Calculation of Average Payment per Case for FY 2015-16" form. This form will be distributed to county agencies either directly through CDSS or CWDA. Upon verification of these amounts, each county's average cost per case will be programmed into the CA 800 templates and will auto-populate when a county name is chosen. Counties are required to verify that the average cost per case (with Wraparound services expenditures included) is accurate and provide data regarding all Wraparound services expenditures for FY 2015-16 as Wraparound is a separate program that is not impacted by CCR. Attachment I provides instructions on how to extract this data from the claims. A blank template of this form is included as Attachment II to this letter (and will be provided for counties electronically) as a tool for county agencies to assist in the verification of the data provided by CDSS and to provide a vehicle to them to report alternative base costs, if applicable.

Counties will be sent their FY 2015-16 base year information via email by January 3rd, 2016, and will be asked to check the calculations and provide any necessary changes to that information. Any questions regarding the base amount can be sent to the email below. Once the amounts are confirmed, counties are expected to send their signed verification (Attachment III of this letter) and either:

- The completed template provided by the state with Wraparound services expenditures entered by the county, or
- Their own template (if their base cost calculations differ from those the state has provided) with Wraparound services expenditures entered by the county.

These submissions and questions should be submitted to Jon Somma, Research Program Specialist III, in the CDSS Fiscal Forecasting and Policy Branch via email to [jon.somma@dss.ca.gov](mailto:jon.somma@dss.ca.gov) by January 24, 2017.

If providing alternative calculations, counties are strongly encouraged to resolve the discrepancies between their calculations and those the state has provided through communication with CDSS before submitting their certification. If a county does not provide a certification with alternative calculations before this deadline to the CDSS, the calculations for base costs provided by the state will be binding and cannot be altered in the future; however, this does not relieve that county of providing their Wraparound services expenditures for the applicable months. Without providing data regarding Wraparound expenditures for FY 2015-16 as part of that county's reconciliation process, processing of monthly assistance claims for January 2017 and onward and quarterly administrative claims for March 2017 and onward may be delayed until this data is available.

#### CA 800:

As outlined in [CFL No. 16/17-41](#), the CA 800 will contain two new tabs ("CCR Rate Adjustment Claim [CA 800 CCR Rate]" and "CCR Summary by Funding Report [CA 800 CCR Summary] [referred to as the "CCR reconciliation tab]") to be used for reconciliation. These tabs will be used as a reference for the General Fund versus the 2011 Realignment spent on CCR. In order to complete the new CCR reconciliation tab, the form "Prior to CCR Base Calculation of Average Payment per Case for FY 2015-16" will be used to calculate a prior to CCR assistance cost per case, which will then be used to populate the CCR reconciliation tab. A forthcoming CFL will address the determination of the base cost per case for counties whose caseload and cost data is insufficient to calculate the average monthly cost for one or more placement types.

Once the CA 800 templates are automated with the each county's individual cost per case average prior to CCR, the CCR reconciliation tab will populate data from the existing cells within the CA 800 claims. Counties will need to input Wraparound services costs monthly in the reconciliation tab during the reconciliation period.

The CCR reconciliation tab will result in a monthly reconciliation to address the general fund adjustments for CCR.

### Administrative Costs

Post CCR costs will be claimed using the new CCR program codes (PCs) and offset by subsumed activities (activities which were already funded during 2011 Realignment). The CCR administrative activities will be monitored and calculations will be done on a quarterly basis.

New administrative activity PCs for County Welfare Departments and County Probation Departments have been created for the new components of CCR. Please refer to the following letters for claiming instructions for the following components:

For claiming information regarding the Foster Parent Recruitment Retention and Support program, please refer to [CFL No. 15/16-37](#), dated December 30, 2015; [CFL No. 15/16-37E](#), dated February 19, 2016; and [CFL No. 15/16-48](#), dated February 16, 2016; and [CFL No. 16/17-20](#) dated November 18, 2016.

For claiming information regarding Child and Family Teams, please refer to [CFL No. 16/17-22](#), dated October 11, 2016.

For claiming information regarding the Resource Family Approval program and general CCR ledger information, please refer to [CFL No. 15/16-43](#), dated February 3, 2016 and [CFL No. 15.16-65](#), dated June 30, 2016.

Claiming instructions for Second Level Administrative Reviews will be released in a forthcoming CFL.

Assistance savings and administrative costs will be reconciled together for each county at the end of FY 2017-18. Any assistance savings will be used to offset costs in administration. Increases in administrative costs will be addressed during the budget cycle.

Please direct any questions regarding reconciliation to Jon Somma, Research Program Specialist III, in the CDSS Fiscal Forecasting and Policy Branch via email to [jon.somma@dss.ca.gov](mailto:jon.somma@dss.ca.gov). Any questions regarding the CA 800 claims may be directed to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov). Any other questions may be sent to [fiscal.systems@dss.ca.gov](mailto:fiscal.systems@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

SALENA CHOW, Chief  
Fiscal Forecasting and Policy Branch

Attachments

Instructions for Completion of the  
“Prior to Continuum of Care Reform (CCR) Base Calculation of Average Payment per  
Case for FY 2015-16” Form

The following data lines and cells are from the CA 800 claim forms used to complete the  
“Prior to CCR Base Calculation of Average Payment per Case for FY 2015-16” form.  
They are separated and organized by placement types and their associated aid codes.

**Placement type: Adoptions Assistance Program (AAP) – Federal**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC),  
REFUGEE CASH ASSISTANCE (RCA), FEDERAL

Claim Form Tab: CA800AFed

Aid Code: 03

Amount Line No. on Form: Line 14 (\*Ensure that Prior Period Adjustment Column is  
Added)

Amount Cells: F23 + G23

Persons Count Line No. on Form: Line 26

Persons Count Cell: F37

**Placement type: AAP – Federal (Portion Not Reimbursable with Federal Funds)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC),  
REFUGEE CASH ASSISTANCE (RCA), FEDERAL

Claim Form Tab: CA800AFed

Aid Code: 03

Amount Line No. on Form: Line 13 (\*Ensure that Prior Period Adjustment Column is  
Added)

Amount Cells: F22 + G22

Persons Count Line No. on Form: Line 26

Persons Count Cell: F37

**Placement type: Adoptions Assistance Program (AAP) – Federal (Wraparound)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC),  
REFUGEE CASH ASSISTANCE (RCA), FEDERAL

Claim Form Tab: CA800AFed

Aid Code: 03

\*Counties will need to identify Wraparound costs as they are included in the aid code 03  
(line 14) total. Once this amount and persons count has been entered, the line “Net  
less Wraparound” will automatically populate.

**Placement type: EA-FC**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC),  
REFUGEE CASH ASSISTANCE (RCA), FEDERAL

Claim Form Tab: CA800AFed

Aid Code: 5K

Amount Line No. on Form: Line 12

Amount Cell: H21

Persons Count Line No. on Form: Line 26

Persons Count Cell: H37

**Placement type: AAP – Non-Federal**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION AND TRAFFICKING & CRIME VICTIMS ASSISTANCE PROGRAMS,  
NONFEDERAL

Claim Form Tab: CA800ANonFed

Aid Code: 04

Amount Line No. on Form: Line 12

Amount Cell: E25

Persons Count Line No. on Form: Line 12

Persons Count Cell: D25

**Placement type: AAP – Non-Federal (Wraparound)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTION AND TRAFFICKING & CRIME VICTIMS ASSISTANCE PROGRAMS,  
NONFEDERAL

Claim Form Tab: CA800ANonFed

Aid Code: 04

\*Counties will need to identify Wraparound costs as they are included in the aid code 04 (line 12) total. Once this amount and persons count has been entered, the line "Net less Wraparound" will automatically populate.

**Placement type: FC – Federal (Federal Medical Assistance Percentage [FMAP])**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FOSTER CARE, FOSTER CARE SB 163, FEDERAL

Claim Form Tab: CA800FC

Aid Code: 42

Amount Line No. on Form: Line 15 (\*Ensure that Prior Period Adjustment Column is Added)

Amount Cells: J23 + K23

Persons Count Line No. on Form: Line 13

Persons Count Cell: H21

**Placement type: FC – Federal (Administration)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FOSTER CARE, FOSTER CARE SB 163, FEDERAL

Claim Form Tab: CA800FC

Aid Code: 42

Amount Line No. on Form: Line 23

Amount Cells: N32

Persons Count Line No. on Form: Line 13

Persons Count Cell: H21

**Placement type: FC – Federal (Portion Not Reimbursable with Federal Funds)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FOSTER CARE, FOSTER CARE SB 163, FEDERAL

Claim Form Tab: CA800FC

Aid Code: 42

Amount Line No. on Form: Line 14 – (subtract) Line 23

Amount Cells: (J22 + K22) – (subtract) N32

Persons Count Line No. on Form: Line 13

Persons Count Cell: H21

**Placement type: FC – Non-Federal**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE, NONFEDERAL

Claim Form Tab: CA800FC NonFed

Aid Code: 40

Amount Line No. on Form: Line 12

Amount Cell: C23

Persons Count Line No. on Form: Line 22

**Placement type: FC – Non-Federal (Wraparound)**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE, NONFEDERAL

Claim Form Tab: CA800FC NonFed

Aid Code: 40

\*Counties will need to identify Wraparound costs as they are included in the aid code 40 (line 12) total. Once this amount and persons count has been entered, the line "Net less Wraparound" will automatically populate.

**Placement type: Kin-GAP – Non-Federal**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CaWORKs)  
ASSISTANCE, CALWORKS DIVERSION, AND KinGAP, FEDERAL

Claim Form Tab: CA800FED

Aid Code: 4F

Amount Line No. on Form: Line 20

Amount Cell: M30

Persons Count Line No. on Form: Line 23

Persons Count Cell: M33

**Placement type: Kin-GAP – Non-Federal**

Claim Type: CA800 Automated Asst Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CaWORKs)  
ASSISTANCE, CALWORKS DIVERSION, AND KinGAP, NONFEDERAL

Claim Form Tab: CA800S

Aid Code: 4G

Amount Line No. on Form: Line 13

Amount Cell: L23

Persons Count Line No. on Form: Line 16

Persons Count Cell: L28

**Placement type: AAP 18+ – Federal**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTIONS 18+ FEDERAL

Claim Form Tab: CA 800A 18+ Fed

Aid Code: 07

Amount Line No. on Form: Line 12

Amount Cell: E21

Persons Count Line No. on Form: Line 19

Persons Count Cell: E29



**Placement type: AAP 18+ – Federal**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTIONS 18+ FEDERAL

Claim Form Tab: CA 800A 18+ Fed

Aid Code: 07

\*Counties will need to identify Wraparound costs as they are included in the aid code 07 (line 12) total. Once this amount and persons count has been entered, the line “Net less Wraparound” will automatically populate.

**Placement type: AAP 18+ – Federal (Portion Not Reimbursable with Federal Funds)**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
ADOPTIONS 18+ FEDERAL

Claim Form Tab: CA 800A 18+ Fed

Aid Code: 07

Amount Line No. on Form: Line 13

Amount Cell: E22

Persons Count Line No. on Form: Line 19

Persons Count Cell: E29

**Placement type: EFC – Non-Federal**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL

Claim Form Tab: CA 800FC EFC NonFed

Aid Code: 43

Amount Line No. on Form: Line 12

Amount Cell: C23

Persons Count Line No. and Cell No. on Form:

For claims July 2015 - November 2015 – Line 18 (cell C30)

For claims December 2015 - June 2016 – Line 17 (cell C29)

**Placement type: EFC – Non-Federal (Wraparound)**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL

Claim Form Tab: CA 800FC EFC NonFed

Aid Code: 43

\*Counties will need to identify Wraparound costs as they are included in the aid code 43 (line 12) total. Once this amount and persons count has been entered, the line “Net less Wraparound” will automatically populate.

**Placement type: EFC – Federal (FMAP)**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND  
FEDERAL

Claim Form Tab: CA 800FC EFC FED

Aid Code: 49

Amount Line No. on Form: Line 15

Amount Cell: H24

Persons Count Line and Cell No. on Form:

For claims July 2015 - November 2015 – Line 19 (cell H28)

For claims December 2015 - June 2016 – Line 20 (cell H29)

**Placement type: EFC – Federal (Administration)**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND  
FEDERAL

Claim Form Tab: CA 800FC EFC FED

Aid Code: 49

Amount Line No. and amount No. on Form:

For claims July 2015 - November 2015 – Line 21 (cell K31)

For claims December 2015 - June 2016 – Line 22 (cell K32)

Persons Count Line and Cell No. on Form:

For claims July 2015 - November 2015 – Line 19 (cell H28)

For claims December 2015 - June 2016 – Line 20 (cell H29)

**Placement type: EFC – Federal (Not Reimbursable with Federal Funds)**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FOSTER CARE EXTENDED FOSTER CARE (EFC) AND EFC WRAPAROUND  
FEDERAL

Claim Form Tab: CA 800FC EFC FED

Aid Code: 49

Amount Line No. and cell No. on Form:

For claims July 2015 - November 2015: Line 14 – (subtract) Line 21 (cell H24 –  
K31)

For claims December 2015 - June 2016: Line 14 – (subtract) Line 22 (cell H24 –  
K32)

Persons Count Line and Cell No. on Form:

For claims July 2015 - November 2015 – Line 19 (cell H28)

For claims December 2015 - June 2016 – Line 20 (cell H29)

**Placement type: Kin-GAP 18+ – Federal**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
Kin-GAP 18+ FEDERAL

Claim Form Tab: CA 800 Kin-GAP 18+ FED

Aid Code: 4S

Amount Line No. on Form: Line 12

Amount Cell: G20

Persons Count Line No. on Form: Line 14

Persons Count Cell: G22

**Placement type: Kin-GAP 18+ – Non-Federal**

Claim Type: EFC 18+NMD Temp

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
Kin-GAP 18+ AND CALWORKS NON-MINOR DEPENDENT (NMD) NONFEDERAL

Claim Form Tab: CA 800S 18+\_NMD NONFED

Aid Code: 4W

Amount Line No. on Form: Line 12

Amount Cell: F21

Persons Count Line No. on Form: Line 13

Persons Count Cell: F23

**Placement type: Kin-GAP – Federal (Fed-GAP)**

Claim Type: FED-GAP Claim

Claim Form Name: SUMMARY REPORT OF ASSISTANCE EXPENDITURES,  
FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Fed-GAP)

Claim Form Tab: CA 800 FED-GAP

Aid Code: 4T

Amount Line No. on Form: Line 12

Amount Cell: G20

Persons Count Line No. on Form: Line 15

Persons Count Cell: G23



California Department of Social Services (CDSS)

Assistance - Average Cost Per Case Calculation prior to implementation of CCR new rate structure on January 1, 2017

Please see CFL 16/17-43 for instructions and submit this form to CDSS by January 24, 2017. Please note that further instructions will follow for counties that have a base cost per case of zero (\$0). This information will be used to reconcile the assistance cost impact as a result of the implementation of the new CCR Home Base Family Care rate structure beginning January 1, 2017.

County:	Name
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I certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county, that I have reviewed the calculations regarding the average cost per case provided by the state, that (please check one):

- they are accurate and complete and that the Wraparound services expenditures data said county has provided are also accurate and complete, or
  
- the attached calculations, which have been prepared by said county, are accurate and complete and that the Wraparound services expenditures data said county has provided are also accurate and complete.

\_\_\_\_\_

County Welfare Director

\_\_\_\_\_

Date

Please submit this form (Attachment III of CFL No. 16/17-43), and either the template with state-provided numbers (and county Wraparound data) or the alternative completed template (Attachment II of CFL No. 16/17-43) if submitting alternative numbers (also with county Wraparound data), to Jon Somma, Research Program Specialist III, via email at [Jon.Somma@dss.ca.gov](mailto:Jon.Somma@dss.ca.gov). If you have any questions, please call (916) 654-1768.