



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

January 6, 2017

COUNTY FISCAL LETTER (CFL) NO. 16/17-46

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS

SUBJECT: ELECTRONIC BENEFIT TRANSFER (EBT) EXPENDITURE CLAIMING
INSTRUCTIONS

REFERENCE: [CFL NO. 08/09-14, DATED SEPTEMBER 12, 2008](#)

The State of California received federal and state funding approval for the EBT Project transition from the Xerox State and Local Solutions, Inc. EBT system to the Fidelity Information Services, LLC. (FIS) EBT system. This CFL supersedes [CFL No. 08/09-14](#) dated September 12, 2008.

In order for the state to efficiently monitor and report EBT expenditures related to the FIS transition, it is necessary for counties to track all costs via a monthly county claim/invoice process. The county must submit claims using the attached EBT County Expenditure Claim form (EBT3 – 413) for any approved costs. Instructions for claiming costs are included with 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 process is February 1, 2017, the beginning of the implementation phase.

The EBT County Expenditure Claim (EBT3 – 413) is to be submitted by the twentieth of the month following the month costs are incurred. The original claim and a duplicate copy are to be mailed as follows:

Send the signed, approved original claim to:

California Department of Social Services
Financial Services Bureau 744 P Street, M.S. 9-5-27
Sacramento, CA 95814

Send a duplicate copy of the original claim by mail to:

Office of Systems Integration
EBT Project
2525 Natomas Park Drive, Suite 200
Sacramento, CA 95833

If the county would like to send the duplicate copy of the original claim to the EBT Project by email, please send the claim to EBT3Transition@osi.ca.gov with the subject line "EBT 3 Claim Form." In the body of the email, please address the message to Katie Ouyang and Lance DeLeon.

All claims received after the twentieth of the month will be processed during the next cycle. All claims submitted via this process must adhere to the same time limitations as the regular CEC process, excluding adjustments. 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 transition costs must be reported on a monthly basis, there is no appropriate methodology that can be used to allocate the overhead costs on a monthly basis. 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 (EBT3 – 413). Allocable overhead costs associated with EBT, except for travel, 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 monthly time studies for EBT activities. As previously stated, all costs claimed via this invoice process must be reflected as Extraneous on the CEC.

If you have any questions regarding approved EBT costs or completing the County Expenditure Claim (EBT3 – 413), please contact Katie Ouyang, Office of Systems Integration, EBT Project, at (916) 263-1841 or Katie.Ouyang@osi.ca.gov.

If you have any questions regarding claiming costs on the CEC, please contact Fiscal.Systems@dss.ca.gov.

If you have any questions regarding the status of your EBT County Expenditure Claim (EBT3 – 413), please contact Bob Ficenece, Financial Services Bureau, at (916) 657-3379 or Bob.Ficenece@dss.ca.gov.

Sincerely,

Original Document Signed By:

DIANNE OKAMOTO, Chief
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

ELECTRONIC BENEFIT TRANSFER (EBT) PROJECT
COUNTY EXPENDITURE CLAIM
 (EBT 3 - 413)

Number and Name of County:	
Month/Year Service Rendered:	Date Prepared:
Preparer's Information	
Name:	Mailing Address:
Telephone Number:	Fax Number:
E-mail address:	

Monthly Expenditures		
Category	Hours	Cost
Project Management Transition Costs		\$
Technical Transition Costs		\$
Travel and Per Diem		\$
Site Preparation		\$
Total		\$

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.

SIGNATURE OF COUNTY AUDITOR

DATE

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 WELFARE DIRECTOR

DATE

**Electronic Benefit Transfer
County Expenditure Claim Instructions**

Number and Name of County – Enter the county number and 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 Management Transition Costs – Enter the number of hours and cost (salary and benefits).

Technical Transition Costs – 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) develop, test and implement cash automated settlement and EBT reconciliation processes; and (3) produce conversion files. These costs must be authorized by the EBT 3 technical transition team 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. These costs must be authorized by the EBT 3 technical transition team prior to any claiming.

Site Preparation – Enter the costs for approved site preparation tasks that may include installing network equipment, extending telecom circuits, adding additional cables, etc. These costs must be authorized by the EBT 3 technical transition team prior to any claiming.

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 twentieth day of the month following the month costs are incurred. An original claim and duplicate copy must be submitted as follows:

<p><u>Send the original claim to:</u></p> <p>California Department of Social Services Financial Services Bureau 744 P Street, M.S. 9-5-27 Sacramento, CA 95814 Fax: (916) 654-5993</p>	<p><u>Send a duplicate copy to:</u></p> <p>Office of Systems Integration EBT Project 2525 Natomas Park Drive, Suite 200 Sacramento, CA 95833 Fax: (916) 263-4170 Email: EBT3Transition@osi.ca.gov and follow the instructions in CFL 16/17-46</p>
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