

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



October 18, 1999

ALL-COUNTY INFORMATION NOTICE NO. I-76-99

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY IHSS PROGRAM MANAGERS  
ALL COUNTY FISCAL OFFICERS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: CHANGE TO THE CONTRACT EXPENDITURE (SOC 432) FORM AND THE PUBLIC AUTHORITY/NONPROFIT CONSORTIUM INVOICE (SOC 448) FORM FOR FUNDING REIMBURSEMENT TO IMPLEMENT THE INCREASE IN FEDERAL MEDICAL ASSISTANCE PERCENTAGE

The purpose of this letter is to transmit a revision to the Contract Expenditure (SOC 432) and the Public Authority/Nonprofit Consortium Invoice (SOC 448) forms. These revised forms reflect the increase in the percentage of federal financial participation for reimbursement for the Personal Care Services Program (PCSP) costs, as indicated in the County Fiscal Letter Number 99/00-26, dated September 16, 1999.

The federal sharing ratio will increase from 51.55 to 51.67 percent effective October 1, 1999. The sharing ratios for the non-federal portion of PCSP cost (48.33 percent of the total PCSP cost) will remain at 65 percent for the State and 35 percent for the County. The Non-PCSP sharing ratios for State and County remain the same. In addition, the SOC 448 has been modified to report the Public Authority (PA) Administrative Expenditures and Provider Benefits. For instructions on completing the SOC 448 form, please refer to All-County Letter (ACL) Number 99-68, dated September 21, 1999, and ACL Number 98-20, dated March 17, 1998. Copies of the revised forms are attached.

Also, counties contracting for services delivered in the In-Home Supportive Services (IHSS) Program are reminded of the need to forward a letter to the State with sample signatures of the person(s) authorized to sign both forms. This information allows the State to verify that the appropriate county personnel are certifying and approving the forms for auditing purposes. The persons authorized to sign must be the County Welfare Director or the Contract Administrator or their representative, as well as, the County Auditor or the County Controller or their representative. Counties should provide a new letter of authorized signatures whenever there is a change for the person(s) that are authorized to sign.

Please feel free to make copies and distribute these revised forms or contact the Department's Forms Management Branch, at (916) 657-1984 and request a "Camera Ready" copy. For further information or clarification on the contents of this notice, please contact your assigned Adult Programs Operations Analyst or your Adult Programs Fiscal and Administrative Analyst at (916) 229-4000.

Sincerely,

***Original Signed By***  
***Donna L. Mandelstam on October 18, 1999***

DONNA L. MANDELSTAM  
Deputy Director  
Disability and Adult Programs Division

Attachment:

[Claim for Reimbursement In-Home Supportive Services Program Contract Expenditure](#)

[In-Home Supportive Services Program Public Authority/Nonprofit Consortium Invoice  
Administrative Costs](#)