



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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ARNOLD SCHWARZENEGGER
GOVERNOR

September 12, 2008

COUNTY FISCAL LETTER (CFL) NO. 08/09-14

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS

SUBJECT: ELECTRONIC BENEFIT TRANSFER (EBT) EXPENDITURE CLAIMING
INSTRUCTIONS

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 01/02-27

The State of California received federal and state funding approval for the EBT Project transition from the J. P. Morgan Electronic Financial Services, Inc. EBT system to the ACS State and Local Solutions, Inc. (ACS) EBT system. This CFL supersedes CFL No. 01/02-27 noted above.

In order for the state to efficiently monitor and report EBT expenditures related to the ACS transition, it will be necessary to track all costs via a monthly county claim/invoice process. The county must submit claims using the attached EBT County Expenditure Claim form (EBT 413) for any approved costs. Instructions for claiming costs are attached to 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 procedure began May 1, 2008, the beginning of the implementation phase.

The EBT County Expenditure Claim (EBT 413) is to be submitted by the tenth 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
Fiscal Systems Bureau
744 P Street, M.S. 20-71
Sacramento, CA 95814

Send a duplicate copy of the original claim by fax, (916) 263-4170, or by mail to:

Office of Systems Integration
EBT Project
P. O. Box 138014
Sacramento, CA 95813-8014

There will be a delay in payment processing for all claims received after the tenth of the month. All claims submitted via this process must adhere to the same time limitations as the regular CEC process. 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 associated with one month's hours. 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 (EBT 413).

In addition, the indirect cost rate methodology is approved only for use with non-welfare activities. As a result, allocable overhead costs associated with EBT, except for travel, are not claimable on the EBT County Expenditure Claim form (EBT 413) and must continue to be reported as Allocable Support Operating Costs on the CEC.

As a result, 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. All costs claimed via this invoice process must be reflected as Extraneous on the CEC.

If you have any questions regarding approved EBT costs, please contact Ms. Dawn Strickler, Office of Systems Integration, EBT Project, at (916) 263-4906.

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

If you have any questions regarding the EBT County Expenditure Claim (EBT 413) form, please contact Ruth Van Den Berg, Fiscal System Bureau, at (916) 324-1656.

Sincerely,

Original Document Signed By:

ERIC FUJII
Deputy Director
Administration Division

Attachment

c: CWDA

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

| | |
|-------------------------------------|-----------------------|
| Name of County: | |
| Month/Year Service Rendered: | Date Prepared: |

| Monthly Expenditures | | | |
|--|-------------------------------|-------|------|
| Category | | Hours | Cost |
| Project Management Transition Costs | | | |
| • Project Manager | County Classification: | | \$ |
| • Transition Support | County Classification: | | \$ |
| • Travel and Per Diem | | | \$ |
| Technical Transition Costs | | | |
| • Interface Support | | | \$ |
| • Hardware & Software | | | \$ |
| • Site Preparation | | | \$ |
| Total | | | \$ |

| Preparer's Information | |
|--------------------------|-------------------------|
| Name: | Mailing Address: |
| Telephone Number: | Fax Number: |
| E-mail address: | |

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.

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 AUDITOR

 SIGNATURE OF COUNTY WELFARE DIRECTOR

 DATE

 DATE

**Electronic Benefit Transfer
County Expenditure Claim Instructions**

Name of County – Enter the county 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 Manager – Enter the county classification, number of hours, and cost (salary and benefits) of the project manager.

Transition Support – Enter the county classification, number of hours, and cost (salary and benefits) of the transition support resource.

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. Enter the cost for approved telecommunication hardware and/or software. These costs must be authorized 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.

Site Preparation – Enter the costs for approved site preparation tasks that may include installing network equipment, extending telecom circuits, adding additional cables, etc.

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

| | |
|---|--|
| <u>Send the original copy to:</u> California Department of Social Services Fiscal Systems Bureau 744 P Street, M.S. 20-71 Sacramento, CA 95814 | <u>Send a duplicate copy to:</u> Office of Systems Integration EBT Project P.O. Box 138014 Sacramento, CA 95813-8014 Fax: (916) 263-4170 |
|---|--|