DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

January 26, 2004

COUNTY FISCAL LETTER (CFL) NO. 03/04-40

TO: COUNTY WELFARE DIRECTORS
        COUNTY FISCAL OFFICERS
        COUNTY AUDITOR CONTROLLERS
        COUNTY PROBATION OFFICERS

SUBJECT: FISCAL INFORMATION AND INSTRUCTIONS FOR SUBMISSION OF
            SUPPORTING DOCUMENTATION FOR THE AUTOMATED
            ASSISTANCE CLAIMS

REFERENCES: CFL No. 97/98-41, dated December 19, 1997, CFL No. 03/04-38,
dated January 9, 2004, CFL No. 03/04-39, dated January 26, 2004.

The purpose of this CFL is to provide reporting information and instructions for the
automated assistance claims supporting documentation beginning with the January
2004 claiming month.

The California Department of Social Services (CDSS) has developed the following
procedures to assist counties with their efforts to submit the appropriate supporting
documentation and to help avoid any processing delays of counties' assistance claims
during the transition to the new automated assistance claim process.

1. Supporting documentation will continue to be submitted as hardcopy with an
    attached copy of the claim.
2. Due dates for submission of the assistance claims and supporting documentation
    will remain the same (The 20th calendar day following the end of the claiming
    month).
3. The supporting documentation, automated claim forms, and the signed Expenditure
    Certification for the County Welfare Department Assistance Claim Expenditures are
    all required from each county prior to the CDSS processing any assistance claims.
4. Summary and detailed support documentation shall be provided for specific line
    items within each claim. Attachment I provides a chart identifying the new
    automated assistance claim forms, and describes the required support
    documentation necessary for identified line items within these claims. All programs
    require a Payroll Summary, Prior Month Positive Adjustment Report and Aid Code
    Transfer Report/Information (if transfer is made).

5. Four of the required supporting documents are provided on the CDSS Extranet website as part of the Assistance Claims Excel Workbook (Attachment II):

    - CA 800 FC1, Foster Care Facility Report (Document has been revised);
    - CA 800 FC1B, Foster Care Out-of-State Facility Report;
    - CA 800 FC (FED) PIA, Placement Information Addendum;
    - CA 800M1, California Work Opportunity and Responsibility to Kids (CalWORKs) Assistance, Recent Non-Citizens Mixed Cases - Case Count Information (New addendum created to collect case count information).

    These documents shall be submitted to the CDSS electronically as well as in hardcopy. As with the automated assistance claims, counties will download the templates to their desktops, input the necessary data, and e-mail the completed document to CDSS' assistance claims central electronic mailbox at assistance.claims@dss.ca.gov.

6. All supporting documentation shall:

    - Clearly identify the aid code and assistance claim it represents;
    - Be organized by aid code and attached to the hardcopy of the individual claim;
    - Include only one copy of the required support documentation for each related assistance claim; and
    - Be submitted together as one claim package.

7. Counties can submit the original signed "Expenditure Certification for the County Welfare Department Assistance Claim Expenditures (CA 800 CERT)" by attaching it to the front of the hardcopy support documentation claim package. A copy of the signed original CA 800 CERT should be maintained within the County Welfare Department (CWD) for audit purposes. If counties choose to submit the CA 800 CERT to CDSS by fax, it should be sent to (916) 654-1750, Attention: County Assistance Payment Unit. If the CA 800 CERT is faxed, the original signed document shall also be maintained within the County Welfare Department for audit purposes.

If you have any questions regarding this information, please submit your concerns to the CDSS assistance claims electronic mailbox at assistance.claims@dss.ca.gov or contact the Financial Services Bureau at (916) 657-3390.

Sincerely,

Original Document Signed By
Terrie O'Connor on January 26, 2004

TERRIE O'CONNOR, Chief
Financial Services Bureau

Attachments

C: CWDA

ASSISTANCE CLAIMS – REQUIRED SUPPORT DOCUMENTS

The following chart displays the required detail support for specific line items within each assistance claim.

FORM # AND DATE	SUMMARY REPORT OF ASSISTANCE EXPENDITURES FORM TITLE/PROGRAM NAME	LINE	LINE ITEM DESCRIPTION	SPECIFIC REQUIRED DETAIL SUPPORT*	ADDITIONAL INSTRUCTIONS
CA 800 FED (1/04)	CalWORKs Assistance, CalWORKS Diversion, and KinGAP, Federal	15	Prior Month Positive Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		16	Grant-Based On-the-Job Training	Payroll Summary	
		19	Total Aid Payment	Payroll Summary and Aid Code Transfer Report/Information	
CA 800S NonFed (1/04)	CalWORKs Assistance, CalWORKs Diversion and KinGAP, NonFederal	11	Prior Month Positive Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		12	Grant-Based On-the-Job Training	Payroll Summary	
		13	Total Aid Payment	Payroll Summary and Aid Code Transfer Report/Information	
CA 800M (1/04)	CalWORKs Assistance, Recent Non-Citizens Mixed Cases	11	Prior Month Positive Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		12	Grant-Based On-the-Job Training	Payroll Summary	
		13	Total Aid Payment	Payroll Summary and Aid Code Transfer Report/Information	
		17	Number of Federal Assistance Units	CA 800M1	CA 800M1 Line 16

*All Programs Require a Payroll Summary, Prior Month Positive Adjustment Report and Aid Code Transfer Report/Information (If transfer is made).

Effective Date: (1/04)
Revised Date: (1/30/04)

ASSISTANCE CLAIMS – REQUIRED SUPPORT DOCUMENTS

FORM # AND DATE	SUMMARY REPORT OF ASSISTANCE EXPENDITURES FORM TITLE/PROGRAM NAME	LINE	LINE ITEM DESCRIPTION	SPECIFIC REQUIRED DETAIL SUPPORT*	ADDITIONAL INSTRUCTIONS
CA 800L NonFed (1/04)	CalWORKs Assistance, Recent Non Citizens – State Only	11	Prior Month Positive Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		12	Grant-Based On-the-Job Training	Payroll Summary	
		13	Total Aid Payment	Payroll Summary and Aid Code Transfer Report/Information	
CA 800A FED (1/04)	Federal Childrens Programs – Adoption Assistance/General Assistance (EA-GA), Emergency Assistance/Foster Care (EA-FC), Refugee Cash Assistance (RCA)	8	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		10	Total Aid Payments	Payroll Summary and Aid Code Transfer Report/Information	
CA 800A NonFed (1/04)	NonFederal Program: Adoption Assistance Program	8	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		10	Total Aid Payments	Payroll Summary and Aid Code Transfer Report/Information	
CA 800FC Fed (1/04)	Federal Foster Care, Foster Care SB 163	8	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		11	Total Aid Payments	Payroll Summary, Aid Code Transfer Report/Information, CA 800 FCIB, PIA	
		12	Amount not Reimbursable from Federal Funds	CA 800 FC1	FC1 (Col D6+E2)
		19	Federal Amount Costs	CA 800 FC1	FC1 (Col E4)
		20	Non Federal Admin Costs	CA 800 FC1	FC1 (Col F2)
		26	Federal Admin Costs	CA 800 FC1	FC1 (Col E4)

*All Programs Require a Payroll Summary, Prior Month Positive Adjustment Report and Aid Code Transfer Report/Information (If transfer is made).

Effective Date: (1/04)
Revised Date: (1/30/04)

ASSISTANCE CLAIMS – REQUIRED SUPPORT DOCUMENTS

FORM # AND DATE	SUMMARY REPORT OF ASSISTANCE EXPENDITURES FORM TITLE/PROGRAM NAME	LINE	LINE ITEM DESCRIPTION	SPECIFIC REQUIRED DETAIL SUPPORT*	ADDITIONAL INSTRUCTIONS
CA 800FC NonFed (1/04)	NonFederal Programs: Foster Care, Seriously Emotionally Disturbed Children (SED)	8	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		11	Total Aid Payments	Payroll Summary and Aid Code Transfer Report/Information	
CA 800STEP (1/04)	Supportive Transitional Emancipation Program (STEP) and the Transitional Housing-Plus Program (THP-Plus)	8	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		11	Subtotal	Payroll Summary and Aid Code Transfer Report/Information	
CA 800CAPI (1/04)	Cash Assistance Program for Immigrants (State Only)	10	Schedule of Adjustment (Positive/Negative)	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s) and be within 18 months after the end of the calendar quarter in which the costs are paid.
		12	Total	Payroll Summary and Aid Code Transfer Report/Information	

*All Programs Require a Payroll Summary, Prior Month Positive Adjustment Report and Aid Code Transfer Report/Information (If transfer is made).

Effective Date: (1/04)
Revised Date: (1/30/04)

FOSTER CARE FACILITY REPORT

*Use the appropriate Foster Care Rate Letter for Foster Family Agencies (FFAs) and Group Homes for Calculations.

County:	Date:

Foster Family Agencies (FFAs)

A	B	C	D Maintenance Costs						*E Total Administrative Costs				F Social Work Admin. Costs		G	H	I	J Maintenance Costs			
Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Maint. Ratio	4. Total Cost (Col D2 x Col D3)	5. NonFed. Ratio	6. Total Nonfed Share of Cost (Col D4 x Col D5)	1. Admin. Ratio*	2. Total Admin. Costs (Col. D2 x Col E1)	3. Fed. Admin Ratio	4. Total Federal Share of costs (Col E2 x Col E3)	1. Nonfed Admin Ratio	2. Nonfed Share (Col E2 x Col F1)	Facility Name	Program Number	R-Revised C-Current P-Prior O-Original	1. Persons Count	2. Total Aid Paid	3. Nofed Ratio	4. Total Nonfed Share of Cost (Col J2 x Col J3)
Totals FFAs			-	-						-				-	**Total Group Homes**			-	-		-
Calculation Checked																					
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Foster Family Agencies (FFA's) and Group Homes

1. Enter County Name and Date (Month and year).

2. Columns A and G: Enter the facility name.

3. Columns B and H: Enter the Program Number from the AFDC FFA or Group Home Rate Letters.

4. Columns C and I: Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.

5. Columns D1 and J1: Enter persons count.

6. Column D2 and J2: Enter the total benefit amount paid to the facility (amounts above the State set rate must not be included).

FFA's Only

7. Column D3: Enter the Maintenance Ratio from the appropriate Foster Family Agency Rate Letter.

8. Column D4: Total Maintenance Costs (Column D2 x Column D3). This amount will calculate automatically.

9. Column D5: Enter the Nonfederal Maintenance Ratio from the appropriate rate letter.

10. Column D6: Nonfederal share (Column D4 x Column D5). This amount will calculate automatically.

11. Column E1: Enter the Administrative Cost Ratio from the appropriate FFA Rate Letter.

12. Column E2: Total Administrative Cost (Column D2 x Column E1). This amount will calculate automatically. Columns D4 plus E2 should equal Column D2 Total Aid Paid.

13. Column E3: Enter the Federal Administrative Cost Ratio from the appropriate FFA Rate Letter.

14. Column E4: Total Federal share (Column E2 x Column E3). This amount will calculate automatically.

15. Column F1: Enter the Administrative Cost Nonfederal ratio from the appropriate rate letter.

16. Column F2: Nonfederal share (Columns E2 x F1). Columns E4 plus F2 should equal the total of Column E2.

Group Homes Only

17. Column J3: Enter the Non-federal Maintenance ratio from the appropriate Group Home rate letter.

18. Column J4: Nonfederal share of maintenance costs (Columns J2 x J3). This amount will calculate automatically.
General Instructions
19. The Totals for Columns D1, D2, D4, D6, E2, E4, F2, J1, J2, J4 will calculate automatically.

20. The Total of Columns D6, E2, (FFAs) and J4 (Group Homes) should match Line 15 on the CA 800FC Fed form.

21. The total of Column E4 should match the total of Line 22 on the CA 800FC Fed form.

22. If any amount, other than zero, appears on the "check calculation" row, this indicates an error. Please correct before submitting.

FOSTER CARE OUT-OF-STATE FACILITY REPORT

County	Date (Month/Year)				
A. FACILITY TYPE	**B. LOCATION**	**C. PROGRAM NUMBER**	**D. PAYMENT TYPE**	**E. PERSONS COUNT**	**F. AID PAYMENT**
TOTALS				-	-

INSTRUCTIONS FOR THE FORM CA 800 FC1B
FOSTER CARE OUT-OF-STATE FACILITY REPORT

The CA 800FC1B is to be submitted on a monthly basis as back-up to the CA 800FC FED and CA 800FC NONFED when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the CA 800FC1B does not need to be completed.

1. Enter County Name and Date (Month and year).

2. Column A: Enter the facility name.

3. Column B: Enter the state in which the facility is located.

4. Column C: Enter the facility program number.

5. Column D: Enter the payment type listed below:

   - R-Revised
   - C-Current
   - P-Prior
   - O-Original

6. Column E: Enter the number of children placed in the facility.

7. Column F: Enter the total amount of aid paid to the facility. Highlight in bold or identify with an asterisk the placement costs paid with county only funds.

8. The totals for Columns E and F will calculate automatically.

FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) FEDERAL- PERSONS COUNT

COUNTY NAME	CLAIMING MONTH

	CATEGORY	TOTALS
	Persons Count	
1	Group Homes	
2	Foster Family Agency (FFA) Homes	
3	Licensed Foster Family Homes	
4	Approved Relative Homes	
5	**Total Persons Count (Lines 1-4)**	**-**

	Main Payroll	
6	Group Homes	
7	FFA Homes	
8	Licensed Foster Family Homes	
9	Approved Relative Homes	
10	**Total Main Payroll (Lines 6-9)**	**-**

11	Total Prior Period Negative Adjustments for the Month	
12	Total Prior Period Negative Adjustments for Approved Relative Homes included in Line 11.	
13	Prior Period Negative Adjustments for Approved Relative Homes - Unallowable Placements Costs Reported January 1 through December 31, 2002	
14	**Total Adjustments (Line 13 - Line 11)**	**-**

INSTRUCTIONS FOR THE FORM CA 800 FC FED PIA
PLACEMENT INFORMATION ADDENDUM

Enter County Name and Date (Month and year).

Persons Count

Line 1:   Enter the total number of persons in Group Homes.

Line 2:   Enter the total number of persons in Foster Family Agency (FFA) homes.

Line 3:   Enter the total number of persons in Licensed Foster Family Homes.

Line 4:   Enter the total number persons in Approved Relative Homes.

Line 5:   Total Persons Count for the Month (Lines 1 through 4). This amount will calculate automatically.

Main Payroll

Line 6:   Enter the total maintenance payments for Group Homes.

Line 7:   Enter the total maintenance payments for FFA's.

Line 8:   Enter the total maintenance payments for Foster Family Homes.

Line 9:   Enter the total maintenance payments for Approved Relative Homes.

Line 10: Total Maintenance Payments for the Month (lines 6 through 9). This amount will calculate automatically.

Prior Period Adjustments

Using the Prior Months Adjustments from Lines 9 of the CA 800FC FED:

Line 11: Enter the total Prior Months Negative Adjustments for the current month.

Line 12: Enter Total Prior Months Negative Adjustments for Approved Relative Homes that are included on Line 11 above and that represent relative placement costs that are not eligible for Federal Financial Participation (FFP).

Line 13   Enter the total amount of Prior Period Negative Adjustment for Approved Relative Homes that are included in Line 12 above that represent unallowable placements costs for January 1 through December 31, 2002.

Calculation

Line 14   Net Prior Period Adjustment (Lines 13 – 11). This amount will calculate automatically. This amount should go on the CA 800 FC, line 9 and the county associated person counts should be backed out.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
ASSISTANCE, RECENT NON-CITIZENS MIXED CASES
CASE COUNT INFORMATION

County	Date (Month/Year)
Claim Contact Person	Telephone

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
		All Families				Zero Parent Families				Two Parent Families				TANF Timed Out				TOTALS			
Aid Code		3E				3H				3U				3W				3E, 3H, 3U, and 3W			
		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count		Federal Person Count		State Person Count	
		Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children
	Current Month																				
1	Main Payroll																	-	-	-	-
2	Current Month Supplemental Payroll																	-	-	-	-
3	Current Month Cancellation Contra Roll																	-	-	-	-
4	Prio Month Supplemental Payroll																	-	-	-	-
5	Current Month Adjustment																	-	-	-	-
6	Subtotal (Lines 1-5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prior Month																				
7	Prior month cancellation Contra Roll																	-	-	-	-
8	Recoveries of aid																	-	-	-	-
9	Prior Month Negative Adjustment																	-	-	-	-
10	Subtotal (Lines 7 - 9)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Prior Month Positive Adjustment																	-	-	-	-
12	Grant-Based On-the Job Training (OJT) (Wage Subsidy)																	-	-	-	-
13	TOTAL PERSONS COUNT, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	Total Number of Federal Assistance Units																	-	-	-	-

	Aid Code	3E		3E		3H		3H		3U		3U		3W		3W		Total		Total	
	DISTRIBUTION OF GRANT PAYMENTS	Federal		State		Federal		State		Federal		State		Federal		State		Federal		State	
15	Federal Cases																	-			
16	State Cases																			-	

		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal (97.5/2.5)		State (95/5)		Federal		State	
	Grant-Based OJT (Wage Subsidy)	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount	AUs	Amount
17	Distribution of Grant Payment																	-	-	-	-
18	Federal		-				-				-				-				-		
19	State				-				-				-				-				-
20	County		-		-		-		-		-		-		-		-		-		-

INSTRUCTIONS FOR FORM CA 800M1
CALWORKS ASSISTANCE,
RECENT NON-CITIZENS MIXED CASES
CASE COUNT INFORMATION

General Information

1. Enter county name, and month and year of claim in 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

For each column:
4. Lines 1 through 5: Enter the persons count 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

For each column:
6. Line 7: Enter the persons count shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the persons count information related to all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the persons count information for all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

10. Line 11: Enter the persons count shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
11. Line 12: Enter persons count paid for grant based OJT (Wage Subsidies). Persons count information related to residual payments, if any, should be reported to the appropriate category in Lines 1 through 9.

Totals

12. Line 13: Total persons count, current and prior months. This amount will calculate automatically.
13. Line 14: Enter the total number of federal assistance units (AUs) represented in Line 13. The numbers in this line should match the numbers on Line 17 of the CA 800M.
14. Line 15: Enter the total grant payments for federally-eligible cases
15. Line 16: Enter the total grant payments for state only cases. These amounts should match the amounts on Line 14 of the CA 800M.

Grant Based OJT (Wage Subsidy)

16. Line 17: Enter the number of AUs and payment amounts represented in Line 12. The total federal, state, and county shares will calculate automatically at the appropriate rates. The total federal and state shares should match the amounts on Line 12 of the CA 800M.