

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 2, 2004

COUNTY FISCAL LETTER (CFL) NO. 03/04-55

COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERSSUBJECT: CLARIFYING CLAIMING INSTRUCTIONS FOR REPORTING ADJUSTMENTS AS THE
RESULT OF RELATIVE/NONRELATED EXTENDED FAMILY MEMBER (NREFM)
APPROVAL MONITORING PROCESS, ON THE CA 800 FC FED, FEDERAL
CHILDREN IN FOSTER CARE CLAIM FORMREFERENCES: All County Letter No. (ACL) 01-85
All County Information Notice (ACIN) No. I-17-03
CFL No's. 01/02-61, 02/03-49, 02/03-50 and 03/04-20
Adoptions and Safe Families Act (ASFA) Public Law, Statutes of 1997
Assembly Bill (AB) 1695, Chapter 653, Statutes of 2001

The purpose of this CFL is to issue clarifying claim adjustment instructions pertaining to the monitoring review findings associated with the relative/NREFM placements Monitoring Review Process, and to provide an updated version of the supporting documentation format. This CFL also provides information concerning the actions the California Department of Social Services (CDSS) will take if counties do not adjust their claims or do not provide the necessary documentation to support the adjustment.

BACKGROUND

The CDSS', Children's Services Operations Bureau (CSOB), has begun reviewing county compliance with the application of AB 1696 standards for assessing and approving relative/NREFM homes. If the result of this monitoring activity discovers cases out of compliance to one or more of the standards, counties are required to adjust their claims for those cases to county-only costs. The following information further clarifies the steps counties must take to provide claim adjustment and backup documentation information for those cases to the CDSS.

The CDSS Financial Services Bureau (FSB) issued CFL 03/04-20, dated October 14, 2003, to instruct counties on the claiming and reporting of adjustments on the CA 800 FC FED resulting from cases found to be ineligible for Title IV-E funding during the Relative/NREFM monitoring review process.

REVISED CLAIM ADJUSTMENT PROCESS

The FSB has developed a new Adjustment Worksheet that is required to be submitted with the CA 800 FC FED and CA 800 FC FED Placement Information Addendum (PIA) forms, when

adjustments are due to monitoring review findings.

As stated in CFL 03/04-20, within 30 days of receiving CSOB's Relative Assessment and Approval Oversight Report, the FSB will notify each county via an Adjustment Request Letter regarding the number of ineligible cases that are required to be listed on the CA 800 FC Fed Adjustment Worksheet (Attachment I). The letter will identify the specified assistance claiming month in which the adjustment will be made, and request any documentation that would be used to support the information outlined below for **each** case listed on the county's Report. In addition, the total amount of this adjustment shall be reflected on the CA 800 FC FED, and the CA 800 FC FED PIA.

The Adjustment Worksheet shall be submitted electronically as a separate document with the monthly CA 800 Consolidated Assistance Claim. The additional information listed on the Adjustment Worksheet includes the sample audit number that is taken from the Relative Assessment and Approval Oversight Report, and the following information detail that must be reported for each case including:

- A. Placement Date - The actual placement date for all cases (as listed in the Final Oversight Report).
- B. CWS/CMS Aid Code - The aid code that is identified on the Final Oversight Report.
- C. Payment System Aid Code - The aid code that is included in the county's payment system (e.g. CDS, SAWS, etc).
- D. Date Adjustment Begins - The reassessment date (See Attachment II) or the date of placement, whichever is later. If this date is missing, the CDSS will assume the reassessment date.
- E. Date Adjustment Ends - The date in which the case no longer needs to be adjusted for IV-E funding. If this date is missing, CDSS will assume it is the current claiming month. Also, check the reason(s) for the Date Adjustment Ends. The options include:
 - Case is compliant;
 - Case is no longer Aid Code 42;
 - Case is closed; or
 - Other (describe in comments).
- F. Number of Months out of Compliance - This should be the difference between the Beginning and Ending dates of the adjustment.
- G. Claiming Month for Adjustment - The claiming month in which the CA800 FC FED is adjusted.
- H. Adjustment Amount per case - The total adjustment amount for the case being out of compliance.
- I. Comments - Include any comment(s) to further explain the boxes checked in Item (E).

The total amount for adjusted Column (H) on the Worksheet must match the amount on Line 12 of the CA 800 FC FED, for Aid Code 42, and the PIA, Lines 12 and 13. The PIA has been updated to reflect the change in the reporting of Negative Adjustment Amounts due to the Monitoring Process. The updated PIA is included in the April CA 800 Assistance Claim workbook.

Attachment III represents a sample of a completed Adjustment Worksheet, with the information as required above.

Note: Counties have had the opportunity to provide documentation that an ineligible case was in fact eligible for Title IV-E funding during the monitoring review process rebuttal period (30 days). If a case is placed on the Final Case Status List that is included with the FSB Adjustment Request Letter, there is no further opportunity for counties to provide additional documentation to assert that the case was eligible for FFP.

ADJUSTMENTS MADE BY THE CDSS

If any of the Adjustment Worksheet information is absent, the FSB will calculate the final adjustment amount for each case by multiplying the number of months the case is out of compliance by the rates described below. The final adjustment amount will be reported on the CA 800 FC FED, Line 12, as the current month claim adjustment, and the PIA will be amended. The CDSS will use the following for calculating the final adjustment amount:

- The period impacted considers the number of months that a case is out of compliance from the Reassessment Date or the placement date (see D above), whichever occurred last, through the current claiming month.
- The data used to determine the cost rate per case includes the Foster Family Home regional rate plus the Specialized Care Increments.

For those cases in which the current claiming month was used as the ending "Adjustment Date", the CDSS will continue to adjust subsequent Assistance Claims until the case meets one of the criteria listed in item (E) above. Should the county determine that the calculated adjustment exceeds the actual costs claimed, the county may include the difference as a prior-period adjustment on subsequent claims.

Reminder: Cases that are adjusted for noncompliance will shift to 100 percent county share pursuant to CFL 02/03-50, dated April 22, 2003, as there is no Federal or State foster care program for Relative/NREFM cases that do not meet the AB 1695 approval standards.

AID CODES REPORTED IN THE FINAL OVERSIGHT REPORT

Although multiple aid codes may be listed for ineligible cases included in the Relative Assessment and Approval Oversight Report, each case is presumed to be an Aid Code 42 case (federally eligible), and in need of adjustment, until identified otherwise by the County. The FSB requests that each county verify the Aid Codes for all cases listed in the above mentioned Report, and only adjust the Aid Code 42 cases.

CONCLUSION

For more information on the Relative/NREFM Approval Monitoring Process, please contact the Children's Services Operations Bureau at (916) 651-8100. Questions concerning claiming instructions or fiscal adjustments made as the result of the Relative/NREFM Approval Monitoring Process may be sent to assistance.claims@dss.ca.gov. To review the ACLs, CFLs, and the ACIN listed above, please visit the CDSS webpage at www.dss.cahwnet.ca.gov.

Sincerely,

DOUGLAS D. PARK, Chief
Fiscal Systems and Accounting Branch

Enclosures

CA 800 FC FED ADJUSTMENT WORKSHEET
LINE 12 - AID CODE 42

County: _____

Date: _____

Item #	Audit #	(A) Placement Date	(B) CWS/CMS Aid Code	(C) Payment System Aid Code	(D) Date Adjustment Begins	(E) Date Adjustment Ends*	Compliant	Not 42	Closed	Other	(F) Number of Months out of Compliance	(G) Claiming Month for Adjustment	(H) Amount of Adjustment	(I) Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Total Amount Adjusted

CDSS Use Only:

Approved By	Date

**Check Reason in next boxes and include explanation in comment section.*

**COUNTY REASSESSMENT COMPLETION DATES
AND ADJUSTMENT MONTH**

County	Month Reassessment Completed	Month of Adjustment
Alameda	December-02	January-03
Alpine	December-02	January-03
Amador	December-02	January-03
Butte	December-02	January-03
Calaveras	December-02	January-03
Colusa	December-02	January-03
Contra Costa	September-02	October-02
Del Norte	December-02	January-03
El Dorado	December-02	January-03
Fresno	December-02	January-03
Glenn	September-02	October-02
Humboldt	December-02	January-03
Imperial	December-02	January-03
Inyo	December-02	January-03
Kern	December-02	January-03
Kings	September-02	October-02
Lake	December-02	January-03
Lassen	December-02	January-03
LA-DCFS	December-02	January-03
Madera	December-02	January-03
Marin	December-02	January-03
Mariposa	December-02	January-03
Mendocino	September-02	October-02
Merced	September-02	October-02
Modoc	December-02	January-03
Mono	December-02	January-03
Monterey	December-02	January-03
Napa	December-02	January-03
Nevada	September-02	October-02
Orange	September-02	October-02
Placer	September-02	October-02
Plumas	December-02	January-03
Riverside	Not Surveyed	January-02
Sacto – DHA	December-02	January-03
San Benito	December-02	January-03
S. Bernardino	Not Surveyed	January-02
San Diego	December-02	January-03
San Francisco	December-02	January-03
San Joaquin	December-02	January-03
San Luis Obispo	December-02	January-03
San Mateo	December-02	January-03
Santa Barbara	December-02	January-03
Santa Clara	December-02	January-03
Santa Cruz	December-02	January-03
Shasta	September-02	October-02
Sierra	September-02	October-02
Siskiyou	December-02	January-03
Solano	December-02	January-03
Sonoma	December-02	January-03
Stanislaus	September-02	October-02
Sutter	December-02	January-03
Tehama	December-02	January-03
Trinity	December-02	January-03
Tulare	December-02	January-03
Tuolumne	September-02	October-02
Ventura	December-02	January-03
Yolo	December-02	January-03
Yuba	December-02	January-03

LINE 12 - AID CODE 42

County: _____

Date: _____

Item #	Audit #	(A) Placement Date	(B) CWS/CMS Aid Code	(C) Payment System Aid Code	(D) Date Adjustment Begins	(E)* Date Adjustment Ends	Compliant	Not 42	Closed	Other	(F) Number of Months out of Compliance	(G) Claiming Month for Adjustment	(H) Amount of Adjustment	(I) Comments
1	15	Mar-03	40	42	Mar-2003	Aug-2003			x		5	Apr-2004	3,485.00	Case Closed-8/15/2003
2	18	Jan-03	42	42	Jan-2003	Dec-2003	x				12	Apr-2004	7,164.00	Compliant-12/12/2003
3	22		42	40				x					-	Never paid FC
4	25		3d					x		x				Never paid FC; Case denied
5	26	Oct-02	42	42	Oct-2002	Sep-2003	x		x		11	Apr-2004	6,567.00	Case Compliant-9/10/03; Case Closed 11/15/2003
6	28		40	40				x						Never paid FC
7														
8														
9														
10														

SAMPLE

\$ 17,216.00
Total Amount Adjusted

CDSS Use Only:

Approved By	Date

* Check Reason in next boxes and include explanation in comment section.