



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

March 4, 2013

COUNTY FISCAL LETTER (CFL) NO. 12/13-30

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL COUNTY AUDITOR CONTROLLERS
ALL CONSORTIA REPRESENTATIVES
ALL QUALITY CONTROL COORDINATORS

SUBJECT: CALFRESH LOW INCOME HOME ENERGY ASSISTANCE
PROGRAM (LIHEAP) BENEFIT REIMBURSEMENT

REFERENCE: ALL COUNTY LETTER 12-61, DATED OCTOBER 30, 2012
ASSEMBLY BILL (AB) 6 (CHAPTER 501, STATUTES OF 2011)
WELFARE AND INSTITUTIONS CODE SECTION 18901.2

This letter provides instructions for the reimbursement of the CalFresh Heat and Eat Program’s LIHEAP benefit provided to all CalFresh households as authorized by AB 6. The LIHEAP benefit consists of a nominal \$0.10, funded through the LIHEAP block grant and issued annually via the Electronic Benefit Transfer system. The California Department of Social Services (CDSS) and the Department of Community Services and Development (CSD), the agency that administers the LIHEAP block grant, jointly implemented the LIHEAP program beginning January 1, 2013. The issuance of the LIHEAP benefit is estimated to begin between January and April 2013, depending on how quickly the Statewide Automated Welfare System (SAWS) Consortia is able to integrate LIHEAP into their systems. The CDSS’ reimbursement of claims will commence upon completion of an executed agreement between CDSS and CSD.

Reimbursement Instructions

As soon as the LIHEAP benefits are issued by the SAWS Consortia, counties may submit a request for the benefit reimbursement by doing the following:

1. Obtain the monthly LIHEAP benefit issuance report from the Issuance Reconciliation (Level 3A) report in the Statewide Automated Reconciliation System (SARS). This can be found by clicking on the Benefit Type Reconciliation (Level 2) link under the Reconciliation Reports menu and then selecting the LIHEAP benefit. On the next screen, check the “Report” box and click “Go” to create the report.

For more details on how to obtain the monthly LIHEAP benefit amounts, please contact the SARS Help Desk at sars@osi.ca.gov or (916) 263-4036.

2. Validate with county internal accounting records that the amounts appearing in SARS were actual payments issued by the county for LIHEAP benefits.
3. Use the LIHEAP certification page form (sample attached) to report the:
 - Total LIHEAP Benefit Amount Issued by the County (Vendor Reported Deposits).
 - Total Benefit Returns Including Expungements.
 - Total Net Obligations for Reimbursement (Vendor Reported Obligations).
 - Total Number of Households Receiving LIHEAP Benefit.

The form is located on the CDSS' Automated Assistance Claim Extranet web site at <http://www.cdsscounties.ca.gov/AAC/aac.htm>.

4. Attach the LIHEAP report to the cover sheet (certification page), sign and e-mail to assistance.claims@dss.ca.gov or fax to:

California Department of Social Services
Financial Services Bureau
744 P Street, MS 09-5-27
Sacramento, CA 95814
Fax: (916) 654-5993
Subject: LIHEAP

5. Requests for reimbursement must be submitted within 20 calendar days after the end of the month.
6. Counties must maintain the original reimbursement request and supporting documentation for audit purposes.

If you have questions regarding this letter, please direct your questions to fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

Fran Mueller
Deputy Director
Administration Division

Attachment

**EXPENDITURE CERTIFICATION FOR THE
 COUNTY WELFARE DEPARTMENT
 ASSISTANCE CLAIM EXPENDITURES
 FOR CALFRESH HEAT AND EAT PROGRAM'S
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) BENEFIT**

COUNTY
MONTH/YEAR

Total Allowable Welfare Costs as reported on the following claims:

	Report Title	Amount
1	Total LIHEAP Benefits Issued (Vendor Reported Deposit)	
2	Total Other Benefit Returns Including Expungements	
3	Total Net Obligations for Reimbursement (Vendor Reported Obligations)	
		Total Count
4	Total Number of Households Receiving LIHEAP Benefit	

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096 (inclusive) of the Government Code; that the amounts that the aid payments reflected herein have been made 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
--------------------------------------	------

COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096 (inclusive) of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect aid payments claimed and that warrants therefor have been issued according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
-----------------------------	------

**Claim Forms & CFL
 Updated Website:**

<http://www.cdsscounties.ca.gov/AAC/aac.htm>



Email: assistance.claims@dss.ca.gov