



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

June 28, 2013

COUNTY FISCAL LETTER (CFL) NO. 12/13-41

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS
ALL CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: REVISED TEMPORARY COUNTY ASSISTANCE (CA) 800 CLAIMS
FOR EXTENDED FOSTER CARE (EFC)

REFERENCE: CFL NO. 12/13-08, DATED AUGUST 28, 2012; ALL COUNTY LETTER
(ACL) NO. 11-77, DATED NOVEMBER 11, 2011;
ASSEMBLY BILL (AB) 12 (CHAPTER 559, STATUTES OF 2010);
SENATE BILL (SB) 163 (CHAPTER 795, STATUTES OF 1997);
WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 11212
and 11466.23

This CFL provides claiming information regarding the temporary CA 800 Claim for the EFC, federal Kinship Guardianship Assistance Payment (Fed-GAP) Program, state Kinship Guardianship Assistance Payment (Kin-GAP) Program, Adoption Assistance Program (AAP) and California Work Opportunity and Responsibility to Kids (CalWORKs) aid codes established as a result of program changes in AB 12. This letter informs counties that the temporary claims described in CFL No. 12/13-08 have been revised to include funeral costs and costs for SB 163 (Wraparound) and Educational Travel Reimbursement (ETR) pertaining to EFC, Fed-GAP, Kin-GAP and AAP. The mechanism for claiming the costs was inadvertently left off the claims. Counties that incurred costs for these components can claim back to January 2012. Counties should begin using the revised claim with the June 2013 claiming month.

Claiming Instructions

Funeral Costs

The EFC temporary federal claims have been revised to include costs for funeral costs. Counties are to report funeral costs on the following EFC temporary claims:

- SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE

EXTENDED FOSTER CARE (EFC) AND FOSTER CARE SB-163 (EFC) FEDERAL
(CA800 FC [EFC TEMP] FED [08/12]) (Attachment I)

SB 163 (Wraparound)

The EFC temporary federal claims have been revised to include costs for Wraparound. Counties are to report Wraparound costs on the following EFC temporary claims:

- SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) AND FOSTER CARE SB-163 (EFC) FEDERAL (CA800 FC [EFC TEMP] FED [08/12]) (Attachment I)
- INSTRUCTIONS FOR FORM CA 800 FC EFC TEMP FED SUMMARY REPORT OF EXPENDITURES FOSTER CARE (EFC) AND FOSTER CARE-SB 163 (EFC) FEDERAL (CA 800 FC [EFC TEMP] FED [03/13]) (Attachment II)
- FOSTER CARE FACILITY REPORT SB-163 EXTENDED FOSTER CARE (EFC) (CA 800 FC1 SB-163 [EFC TEMP] FED [08/12]) (Attachment III)
- INSTRUCTIONS FOR FORM CA 800 FC1 SB163 EFC FED FOSTER CARE FACILITY REPORT (CA 800 FC1 SB163 EFC FED [03/13]) (Attachment IV)

ETR

The EFC temporary claims have been revised to include ETR costs. Counties are to report ETR costs on the following EFC temporary claims:

- SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) AND FOSTER CARE SB-163 (EFC) FEDERAL (CA800 FC [EFC TEMP] FED [08/12]) (Attachment I)
- SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) NONFEDERAL (CA800 FC [EFC TEMP] NONFED [08/12]) (Attachment V)
- INSTRUCTIONS FOR FORM CA 800 FC EFC TEMP NONFED SUMMARY REPORT OF EXPENDITURES (CA 800 FC [EFC TEMP] NONFED [03/13]) (Attachment VI)

Prior Period Adjustments

As a reminder, all positive adjustments paid in the current period in accordance with cash basis accounting are reported as current payments on the main EFC CA 800 using

the link titled "EFC, 18+, NMD, FY 12/13". Any positive prior period adjustments must be made within the 18-month claiming adjustment period. However, there is no time limit for any negative prior period adjustment. All positive adjustments must be identified by quarter.

Counties will report any EFC costs incurred between January 1, 2012 and May 31, 2013 on the following one-time EFC assistance claim located on the California Department of Social Services' (CDSS) Extranet:

- ONE-TIME CLAIM FOR EXTENDED FOSTER CARE (EFC) EDUCATIONAL TRAVEL REIMBURSEMENT, SB 163 AND FUNERAL COSTS FOR THE PERIOD 01/01/12-05/31/13 (ONE-TIME CLAIM EFC FED/NONFED ETR SB 163 FUNERAL [05/13]) (Attachment VII)
- INSTRUCTIONS FOR THE ONE-TIME CLAIM FOR EXTENDED FOSTER CARE (EFC) EDUCATIONAL TRAVEL REIMBURSEMENT FED/NONFED (ETR) SB 163 AND FUNERAL COSTS FOR THE PERIOD 01/01/12-05/31/13 (ONE-TIME CLAIM EFC FED/NONFED ETR SB 163 AND FUNERAL COST [06/13]) (Attachment VIII)

The link to access the claim on the CDSS Financial Services Extranet will be titled "ONE-TIME EFC, 18+, NMD, SB163, ETR, FUNERAL, FY 12/13". The one-time EFC assistance claim and corresponding detailed claiming instructions will be posted to the CDSS Automated Assistance Claims Extranet within one week after the posting of this CFL. The due date for the one-time EFC assistance claims will be 60 days after the posting of the claims.

If you have any questions regarding this CFL, please direct them to assistance.claims@dss.ca.gov. Please indicate in the subject line of the e-mail that the questions are related to this CFL.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

SUMMARY REPORT OF ASSISTANCE EXPENDITURES

FOSTER CARE EXTENDED FOSTER CARE (EFC) AND FOSTER CARE SB-163 (EFC) FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code		EFC FED	SB 163 EFC
		49	49
1	Main Payroll		
2	Current Month Supplemental Payroll		
3	Current Month Cancellation Contra Roll		
4	Prior Months Supplemental Payroll		
5	Current Month Adjustment		
6	Subtotal (Lines 1 - 5)	-	-
7	Prior Months Cancellation Contra Roll		
8	Recoveries of Aid		
9	Prior Month Negative Adjustment		
10	Subtotals (Lines 7 - 9)	-	-
11	Prior Month Positive Adjustment		
12	Office Audit Corrections		
13	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)	-	-
14	Amount Not Reimbursable at Fed FMAP Rate [FC 1 Col D6+E2(FFAs)+J4(Grp Homes)]	-	-
15	TOTAL - Line 13 - Line 14	-	-
16	Funeral Costs (100% State)		
17	Educational Travel Reimbursement (50/20/30)		
18	TOTAL ALL PAYMENTS (Lines 13+16)	-	-
19	Person Count		

Summary by Funding	Federal	State	County 2011	County	Total
20 Foster Care / Extended Foster Care	-		-	-	-
21 Fed Adm Costs (FC1 Col E4)	-		-	-	-
22 Non Fed. Admin Costs (FC1 Col F2)			-	-	-
23 Funeral Costs		-			-
24 Educational Travel Reimbursement	-		-	-	-
25 Total Payment Extended Foster Care	-	-	-	-	-
26 SB 163 EFC	-				-
27 Fed Adm Costs (FC1_SB163 Col E4)FFAs x 50%	-				-
28 Total Payment SB-163 Extended Foster Care	-				-
29 Total EFC and SB-163 EFC	-	-	-	-	-

Last Modified: 06/06/13

**INSTRUCTIONS FOR FORM CA 800 FC EFC TEMP FED
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE (EFC) AND FOSTER CARE-SB 163 (EFC) FEDERAL**

General Information

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

4. Lines 1 through 5: Enter the amounts 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 Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

Office Audit Corrections

9. Line 12: Office audit corrections. Enter the person's count and adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Please refer to All County Information Notice I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information

Total

10. Line 13: Total Aid Payments, current and prior period months (line 6+10+11+12). This amount will calculate automatically. The persons count on this line should equal Line 5 on the CA 800 FC (EFC TEMP) FED PIA.
11. Line 14: Amount not reimbursable from federal FMAP Rate from FC1 Column D6+E2 (FFAs) J4 (Group Homes).
12. Line 15: Net Total – amount reimbursable with Federal Funds (line 13 – line 14)

Educational Travel Reimbursement (ETR)

13. Line 16: To be used for claiming ETR. Please refer to Education Code Section 56040, Chapter 34 Code of Federal Regulations (CFR) 300.24 and 34 CFR 300. Funding is 50 percent federal, 20 percent County 2011 and 30 percent county.
14. Line 17: Total Aid Payments, current and prior months (lines 13+16). This amount will calculate automatically.

Person Count

15. Line 18: Enter the persons count for the Foster Care EFC program. The persons count on this line should equal line 5 on the CA 800 FC (EFC TEMP) FED PIA.

Summary of Funding

16. Lines 19 through 27: The federal, County 2011 and county share will calculate automatically at the appropriate rates.

**INSTRUCTIONS FOR FORM CA 800 FC1 SB163 EFC FED
FOSTER CARE FACILITY REPORT**

Foster Family Agencies (FFA's) and Group Homes

1. Enter County Name and Date (Month and year).
2. Columns A (FFA's) and G (Group Homes): Enter the facility name.
3. Columns B (FFA's) and H (Group Homes): Enter the Program Number from the AFDC FFA or Group Home Rate Letters.
4. Columns C (FFA's) and I (Group Homes): Designate maintenance costs as: R-Revised, C-Current, P-Prior, O-Original.
5. Columns D1 (FFA's) and J1 (Group Homes): Enter persons count.
6. Column D2 (FFA's) and J2 (Group Homes): 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: The Maintenance Ratio will enter automatically.
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 Foster Family Agency 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: The Administrative Cost Nonfederal ratio will enter automatically.
16. Column F2: Nonfederal share (Columns E2 x F1). This amount will calculate automatically. 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 14 on the CA 800FC EFC Fed form.
21. If any amount, other than zero, appears on the "check calculation" row, this indicates an error. Please correct before submitting.
22. Comments have been inserted in the "Calculation Checked" cells. Point the cursor to the cells and a formula will be displayed to help check for error.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE-EXTENDED FOSTER CARE (EFC) NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	EFC NONFED	TOTAL
1 Main Payroll	43	-
2 Current Month Supplemental Payroll		-
3 Current Month Cancellation Contra Roll		-
4 Prior Months Supplemental Payroll		-
5 Current Month Adjustment		-
6 Subtotal (Lines 1 - 5)	-	-
7 Prior Months Cancellation Contra Roll		-
8 Recoveries of Aid		-
9 Prior Month Negative Adjustment		-
10 Subtotals (Lines 7 - 9)	-	-
11 Prior Month Positive Adjustment		-
12 TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-
13 County 2011 (40%)	-	-
14 County Share (60%)	-	-
15 Funeral Cost (100% State)		-
16 Educational Travel Reimbursement (40% County 2011 / 60% County)		-
17 Total	-	-

18 Persons Count		
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County Use Only (non-add line)		-
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Summary by Funding/Program	State	County 2011	County
19 Extended Foster Care		-	-
20 Funeral Cost			
21 Educational Travel Reimbursement		-	-
22 Total		-	-

**INSTRUCTIONS FOR FORM CA 800 FC EFC TEMP NONFED
SUMMARY REPORT OF EXPENDITURES**

General Information

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

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 6: Subtotal of lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

Total

9. Line 12: Total Aid Payments, current and prior months (lines 6+10+11). This amount will calculate automatically.

Summary by Funding

10. Lines 13 and 14 summarize total aid payments by funding sources. The County 2011 and county shares will calculate automatically at the appropriate rates.
11. Line 13: County 2011 Share: Line 12 x 40%
12. Line 14: County Share: Line 12 x 60%

Educational Travel Reimbursement (ETR)

13. Line 15: To be used for claiming ETR. Please refer to Education Code Section 56040, Chapter 34 Code of Federal Regulations (CFR) 300.24 and 34 CFR 300. Funding is 40 percent County 2011 and 60 percent county.

Totals

14. Line 16: Grand total of aid payments and ETR Costs. (Lines 13+14+15)

Persons Count

15. Line 17: Enter persons count for the Foster Care EFC program.

Summary by Program

16. Line 18 through 20: The County 2011 and county shares will calculate automatically.

**ONE-TIME CLAIM FOR EXTENDED FOSTER CARE (EFC) EDUCATIONAL TRAVEL REIMBURSEMENT, SB 163 AND FUNERAL COST
FOR THE PERIOD 01/01/12-06/30/13**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	EXTENDED FOSTER CARE FED			EXTENDED FOSTER CARE NONFED		
	Period	EDUCATIONAL TRAVEL REIMBURSEMENT	SB 163 EFC	Funeral Cost	EDUCATIONAL TRAVEL REIMBURSEMENT	Funeral Cost
1	Period 01/01/12-03/30/12					
2	Period 04/01/12-06/30/12					
3	Period 07/01/12-09/30/12					
4	Period 10/01/12-12/31/12					
5	Period 01/01/13-03/30/13					
6	Period 04/01/13-06/30/13					
7	Total					

Summary by Funding					
Summary by Funding /Program	EFC FED/NONFED				
	Federal	State	County 2011	County	Total
8 Educational Travel Reimbursement					
9 Wraparound					
10 Funeral Cost					
11 Total					

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 said 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, aid repayments and adjustments 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
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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 Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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**INSTRUCTIONS FOR THE ONE-TIME CLAIM FOR EXTENDED FOSTER CARE
(EFC) EDUCATIONAL TRAVEL REIMBURSEMENT FED/NONFED (ETR) SB 163
AND FUNERAL COSTS FOR THE PERIOD 01/01/12-06/30/13**

GENERAL INFORMATION

1. Enter county name, month and year of claim by selecting the dropdown menu.
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 not to allow cents and only dollars.

EFC, ETR Fed/NonFed, SB163 and Funeral Cost

Report Total ETR, SB163 and Funeral Cost

4. Line 1 through 6: Enter the total ETR, SB163 and Funeral monthly cost by quarter. Be sure to put the amounts under the correct program title column and aid code.

Total

4. Line 7: Will automatically calculate the total cost reported as ETR Fed, ETR Non-Fed, SB-163, and Funeral Cost by column.

Summary by Funding

6. Line 8 through 11: The federal, state, County 2011 and county share will calculate automatically.