



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](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

June 4, 2014

COUNTY FISCAL LETTER (CFL) NO. 13/14-53

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

SUBJECT: REVISED CLAIMING INSTRUCTIONS FOR THE COUNTY ASSISTANCE (CA) 800 AND THE COUNTY EXPENSE CLAIM (CEC) FOR EXTENDED FOSTER CARE (EFC)

REFERENCE: [ALL COUNTY LETTER NO. 13-100](#), DATED DECEMBER 13, 2013  
[CFL NO. 13/14-30](#), DATED NOVEMBER 20, 2013  
[CFL NO. 12/13-44](#), DATED JUNE 28, 2013  
[CFL NO. 12/13-41](#), DATED JUNE 28, 2013  
[CFL NO. 11/12-32E](#) DATED MARCH 2, 2012  
[CFL NO. 11/12-50](#), DATED APRIL 24, 2012  
[CFL NO. 11/12-24](#), DATED OCTOBER 13, 2011  
[CFL NO. 98/99-67](#), DATED JUNE 15, 1999  
[ASSEMBLY BILL \(AB\) 118](#) (CHAPTER 40, STATUTES OF 2011)  
[ABX1 16](#) (CHAPTER 13, STATUTES OF 2011-12, FIRST EXTRAORDINARY SESSION)

This CFL transmits new claiming instructions, claim revisions and funding changes to the CEC and CA 800 for EFC expenditures which were not included in previously released CFLs. These claiming instructions are in relation to group home monthly visits (GHMV) for EFC Probation youth, Non-Minor Dependent (NMD) Adoption cases, Title XX reimbursement, out-of-state placements and overpayments, specifically for EFC.

**CEC**

*EFC Probation GHMV*

The [CFL No. 12/13-44](#) transmitted claiming instructions to the counties for EFC Probation youth GHMV, instructing counties to claim non-federal probation costs to Program Identification Number (PIN) 818059 after the non-federal discount rate is

applied to Program Code (PC) 844. No claims were made to report costs for the March 2012 and June 2012 quarters. Counties are reminded to claim all non-federal probation costs (negative or positive) associated with GHMV for the period of September 2012 quarter and forward to PIN 818059. The CEC for retroactive costs for the EFC Probation GHMV may be submitted as follows:

- Any eligible over 18 costs previously reported to PC 579 – Probation GHMV for the September 2012 through June 2013 quarters must be shifted to PC 818. Counties will need to submit a request, via [Fiscal.Systems@cdss.ca.gov](mailto:Fiscal.Systems@cdss.ca.gov), by June 30, 2014, for the out-of-sequence claims. **No new costs shall be submitted for the retroactive periods. Counties that have not previously submitted any costs should begin using PC 818 on a prospective basis.**
- For the September 2013 through March 2014 quarters, counties will need to submit adjustment claims.

#### *NMD Adoption Cases*

The [ACL No. 13-100](#) provides information regarding the eligibility for Adoption Assistance Program (AAP) benefits for NMDs adopted through the juvenile court after age 18. Under Realignment 2011 (enacted by [AB 118](#) and [ABX1 16](#)), the California Department of Social Services (CDSS) AAP and State Operations General Fund budget related to the independent adoption agencies was realigned to the counties. The counties choosing to operate a licensed public adoption agency can claim administrative expenditures to the PCs 117 - Adoption Case Management for youth under age 18 and PC 892 - NMD Adoptions Case Management for youth over age 18. For adoptions for youth under age 18, please refer to [CFL No. 11/12-50](#) for additional claiming instructions. Effective with the September 2012 quarter, the following PC, PINs, and Time Study Code (TSC) are available for claiming administrative costs associated with cases for NMDs.

<b>PC 892</b>	<b>NMD Adoptions Case Management</b>
PIN 892003	Transportation-Assistance
892031	Contracted Activities-Unemployed
892088-091	Support Operating
892092	Caseworker OT/CTO Costs
892093	Support Staff OT/CTO Costs
892094	Start Up/Nonrecurring Costs
Direct to Program A72	NMD Adoptions

The sharing ratio for PC 892 is funded at 50/50/00/00 (Federal/State/Health/County). The non-federal discount rate will be applied to PC 892 based on the adoption caseload and shift to State Use Only code (SUO) 118, funded 00/100/00/00

(Federal/State/Health/County). Due to Realignment 2011, funding will shift to Local Revenue Funds via overmatch SUO 191.

### *Time Study Instructions*

Counties should claim time spent on administrative activities associated with NMD Adoptions to TSC 8921. The following is the description for the TSC 8921 - NMD Adoptions Case Management:

#### CODE 8921 NMD ADOPTIONS – CASE MANAGEMENT

This TSC includes activities directed to a NMD who is being adopted, such as advising and providing instruction on the process of obtaining his or her historical and psychosocial background information and allowable case management activities supportive of the county's AAP. Training activities include the following for all elements of the AAP:

- Preparing for or providing training to County Welfare Department staff;
- Participating in continuing training received after induction training;
- Participating in short-term training provided by outside agencies;
- Participating in training conferences; and
- Providing training to current or prospective adoptive parents or to adoption agency staff.

The CEC claims for retroactive costs for the NMD Adoptions PC may be submitted as follows:

- Any eligible over 18 costs claimed to PC 117 for the September 2012 through June 2013 quarters should be shift to PC 892. Counties will need to submit a request, via [Fiscal.Systems@cdss.ca.gov](mailto:Fiscal.Systems@cdss.ca.gov), by June 30, 2014, for the out-of-sequence claims. **No new costs shall be submitted for the retroactive periods. Counties that have not previously submitted any costs should begin using PC 892 on a prospective basis.**
- For the September 2013 through March 2014 quarters, counties will need to submit adjustment claims.

### **CA 800**

#### *Title XX*

As discussed in [CFL No. 11/12-24](#), Title XX consists of funds transferred from the Temporary Assistance for Needy Families (TANF) Block Grant and will be used in lieu of 2011 Realignment funds to pay for the non-federal social worker costs that are a

component of the Foster Family Agencies (FFA) and Group Home (GH) rates. Eligible expenditures for Title XX reimbursement are those which prevent or remedy neglect, abuse or exploitation of children or adults unable to protect their own interests or preserve, rehabilitate or reunite families. It has been determined that the social worker component of the FFA and GH rates for EFC youth with aid code 49 is eligible for Title XX reimbursement. To maximize federal funding, beginning with the Fiscal Year 2013-14, Title XX will be available to counties for reimbursement of the referenced non-federal social worker costs. There will be no augment to Title XX funds to support the EFC population; this change is to allow counties to maximize Title XX funds.

#### *Out-of-State Placements*

The EFC CA 800 claim is mirrored after the Foster Care CA 800 claim. The FC1B report was inadvertently omitted from the EFC claim. The FC1B report (Attachment 1B) will be used to track the out-of-state placement information and will be available on the EFC claim beginning with the May 2014 claiming month. This information is used by CDSS to ensure that no public funds, whether federal, state or county are paid to out-of-state facilities that have not been certified or determined by the federal Department of Health and Human Services to be a detention facility (refer to [CFL No. 98/99-67](#) for details).

The following attachment provides instructions for the FC1B for EFC:

ATTACHMENT 1A: INSTRUCTIONS FOR THE FORM FC1B OUT-OF-STATE FACILITY REPORT EXTENDED FOSTER CARE (EFC) (CA 800 FC1B [EFC TEMP] [06/14])

The following attachment is the FC1B Report for EFC:

ATTACHMENT 1B: FC1B OUT-OF-STATE FACILITY REPORT EXTENDED FOSTER CARE (EFC) (CA 800 FC1B [05/14])

For expenditures occurring between January 2012 and February 2014, counties will submit expenditures using the following “one-time” FC1B report (Attachment 2B). This revision was included on the March 2014 claim. Any counties that did not use this report for the March 2014 claiming month will need to report a prior period adjustment for March 2014 and April 2014 claims on the May 2014 claim.

The following attachment provides “one-time” instructions for the FC1B for EFC:

ATTACHMENT 2A: ONE-TIME INSTRUCTIONS FOR THE FC1B FORM

OUT-OF-STATE FACILITY REPORT EXTENDED FOSTER CARE  
(EFC) FOR THE PERIOD JANUARY 2012 THROUGH  
FEBRUARY 2014 (ONE-TIME FC1B INSTRUCTION [05/14])

The following attachment is the “one-time” FC1B Report for EFC:

ATTACHMENT 2B: FC1B ONE-TIME OUT-OF-STATE FACILITY REPORT  
EXTENDED FOSTER CARE FOR THE PERIOD JANUARY 2012  
THROUGH FEBRUARY 2014 (ONE-TIME FC1B [05/14])

*Title IV-E Waiver Overpayments*

The [CFL 13/14-30](#) released revised overpayment claims, one of which tracks the Title IV-E Waiver counties’ repayment of overpaid federal funds. The Title IV-E Waiver Demonstration Project does not include the EFC population. Since the EFC is outside of the waiver, the following claims and instructions have been revised to allow the waiver counties to report EFC overpayments.

The following attachment provides instructions for changes to the SUMMARY REPORT OF OVERPAYMENTS PRIOR TO 07/01/12:

ATTACHMENT 3A: INSTRUCTIONS FOR SUMMARY REPORT OF  
OVERPAYMENTS PRIOR TO 07/01/12 TITLE IV-E FOSTER  
CARE EFC, ADOPTION 18+ AND KINGAP 18+ FEDERAL SHARE  
ONLY TITLE IV-E WAIVER COUNTIES ONLY (CA800 EFC  
AAP18+ KING18+ TEMP WAIVER OP FED INST [06/14])

The following attachment is the claim that includes the changes:

ATTACHMENT 3B: SUMMARY REPORT OF OVERPAYMENTS PRIOR TO 07/01/12  
TITLE IV-E FOSTER CARE EFC, ADOPTIONS 18+ AND  
KIN-GAP 18+ FEDERAL SHARE ONLY TITLE IV-E WAIVER  
COUNTIES ONLY (CA800 EFC AAP 18+ KINGAP 18+ TEMP  
WAIVER OP FED [05/14])

The waiver counties are required to report costs in the corresponding cell for line 3 (Federal Share of Uncollectible Overpayments Prior to 07/01/12 W&IC 11466.23[c][1] [Due to Federal Government]), and the first column (FOSTER CARE [FC] EFC 49). This corresponding cell has been unblocked so waiver counties may report this information on the claim (Attachment 3B).

The following attachment provides instructions for changes to the SUMMARY REPORT OF OVERPAYMENTS BEGINNING 07/01/12:

ATTACHMENT 4A: INSTRUCTIONS FOR FORM CA 800 SUMMARY REPORT OF OVERPAYMENTS BEGINNING 07/01/12 TITLE IV-E FOSTER CARE EFC, ADOPTION 18+ AND KINGAP 18+, FEDERAL SHARE ONLY TITLE IV-E WAIVER COUNTIES ONLY (CA800 EFC AAP18+ KING18+ TEMP WAIVER OP FED BEG 07/01/12 INST [06/14])

The following attachment is the claim that includes the changes:

ATTACHMENT 4B: SUMMARY REPORT OF OVERPAYMENTS BEGINNING 07/01/12 TITLE IV-E FOSTER CARE EFC, ADOPTIONS 18+ AND KIN-GAP 18+ FEDERAL SHARE ONLY TITLE IV-E WAIVER COUNTIES ONLY (CA800 AAP18+ KINGAP18+ TEMP WAIVER OP FED BEG 07/01/12 [05/14])

The waiver counties are required to report costs in the corresponding cell for line 2 (Federal Share of Uncollected Newly Identified Overpayments Beginning 07/01/12 [Due to Federal Government]), and the first column (FOSTER CARE [FC] EFC 49). This corresponding cell has been unblocked so waiver counties may report this information on the claim (Attachment 4B).

These revisions were included on the March 2014 claim. Any counties that did not use these reports for the March 2014 claiming month will need to report a prior period adjustment for March 2014 and April 2014 claims on the May 2014 claim.

If you have any questions regarding the CEC instructions, please direct them to [fiscal.systems@dss.ca.gov](mailto:fiscal.systems@dss.ca.gov). If you have any questions regarding the CA 800 instructions, please direct them to [assistance.claims@dss.ca.gov](mailto: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:***

LILIA A. YOUNG, Chief  
Fiscal Forecasting and Policy Branch

Attachments

**INSTRUCTIONS FOR THE FORM FC1B  
OUT-OF-STATE FACILITY REPORT  
EXTENDED FOSTER CARE (EFC)**

The CA 800 FC1B form is to be submitted on a monthly basis as back-up to the CA 800 FC EFC FED and CA 800 FC EFC 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 800 FC1B does not need to be completed.

1. Enter county name and date (month and year).
2. Column A FACILITY NAME: Enter the facility name.
3. Column B LOCATION: Enter the state in which the facility is located.
4. Column C PROGRAM NUMBER: This column has been blocked. There are no program numbers for Foster Care out-of-state facilities.
5. Column D PAYMENT TYPE: Enter the payment type listed below:
  - R-Revised
  - C-Current
  - P-Prior
  - O-Original
6. Column E PERSONS COUNT: Enter the number of children placed in the facility.
7. Column F AID PAYMENT: Enter the total amount of aid paid to the facility.
8. The totals for Columns E and F will calculate automatically, at the top of the FC1B report.



**INSTRUCTIONS FOR THE FORM FC1B  
ONE-TIME OUT-OF-STATE FACILITY REPORT  
EXTENDED FOSTER CARE (EFC)  
FOR THE PERIOD JANUARY 2012 THRU FEBRUARY 2014**

The One-Time FC1B form is to be used to identify Foster Care Out-of-State Facility for the periods January 2012 through February 2014. This document will be used as back-up to the CA 800FC EFC FED and CA 800FC EFC NONFED that was claimed January 2012 through February 2014 for funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for January 2012 through February 2014, please indicate “zero” on the ONE-TIME FOSTER CARE OUT-OF-STATE FACILITY REPORT EXTENDED FOSTER CARE form and submit the form along with your monthly claim.

1. Enter county name and date (month and year).
2. Column A FACILITY NAME: Enter the facility name.
3. Column B LOCATION: Enter the state in which the facility is located.
4. Column C PAYMENT TYPE: Enter the payment type listed below:
  - R-Revised
  - C-Current
  - P-Prior
  - O-Original
5. Column D PERSONS COUNT: Enter the number of children placed in the facility.
6. Column E AID PAYMENT: Enter the total amount of aid paid to the facility.
7. Column F MONTH REPORTING OUT-OF-STATE FACILITY: Select from the drop-down the month payment for Out-of-State Facility.
8. The totals for Columns E and F will calculate automatically.



**INSTRUCTIONS FOR FORM CA 800  
SUMMARY REPORT OF OVERPAYMENTS PRIOR TO 07/01/12  
TITLE IV-E EFC, ADOPTION 18+ AND KINGAP 18+ FEDERAL SHARE ONLY  
TITLE IV-E WAIVER COUNTIES ONLY**

Prior to July 1, 2012, per W&IC section [11466.23\(d\)\(2\)](#), upon actual collection of overpayments from providers or recipients, the county has a duty to repay both the federal and state share of costs, and shall ensure that the total amount reimbursed to the state reflects the federal and state share of the overpayment costs. This form identifies the appropriate sharing ratios in accordance with this policy.

**General Information**

1. Enter county name, the 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 not to allow cents, only dollars.

**OVERPAYMENTS:**

**Federal Share of Overpayments COLLECTED & Reported on CA 800 EFC FED or CA 800 18+ FED or KIN-GAP 18+ FED prior to 07/01/12 (Already Paid to Federal Government)**

4. Line 1: Enter the federal share of Identified COLLECTED Overpayments that were reported on the "Recoveries of Aid" line on the CA 800 FC (EFC TEMP) FED or the CA 800A (18+ TEMP) FED or the CA 800 KINGAP (18+TEMP) FED in the current claiming month. Enter only the collected overpayments that were previously reported as uncollected newly identified overpayments prior to 07/01/12. Be sure to report the amount under the correct aid code.

**Federal Share of Uncollected Newly Identified Overpayments Prior to 07/01/12 in the Current Claiming Month (Due to Federal Government)**

5. Line 2: Enter the federal share of uncollected newly identified overpayments that completed due process prior to 07/01/12 in the current claiming month. Be sure to report the amount under the correct aid code.

**Federal Share of Uncollectible Overpayments Prior to 07/01/12 W&IC 11466.23 (c)(1) (Due to Federal Government)**

6. Line 3: For uncollected overpayments identified prior to 07/01/12 which have been deemed uncollectible, enter the federal share of the uncollectible amount. Be sure to report the amount under the correct aid code.

**Summary by Funding**

7. Lines 4 through 6 will automatically calculate the federal, County 2011 and county shares at the appropriate rates.

**Total Overpayments**

8. Line 7:  
Total share of overpayments for federal, County 2011 and county.

**SUMMARY REPORT OF OVERPAYMENT PRIOR TO 07/01/12**  
**TITLE IV-E EFC, ADOPTIONS 18+**  
**AND KIN-GAP 18+ FEDERAL SHARE ONLY**  
**TITLE IV-E WAIVER COUNTIES ONLY**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	FOSTER CARE (FC) EFC	ADOPTIONS (AAP) 18+	KIN-GAP 18+
	49	07	4S
OVERPAYMENTS W& IC 11466.23	Identified Overpayments that completed due process prior to 07/01/12 (AND PAID at 50% FMAP Rate)	Identified Overpayments that completed due process prior to 07/01/12 (AND PAID at 50% FMAP Rate)	Identified Overpayments that completed due process prior to 07/01/12 (AND PAID at 50% FMAP Rate)
1 Federal Share of Overpayments of COLLECTED & Reported on CA 800 EFC FED or CA 800 18+ FED or KIN-GAP 18+ FED Prior to 07/01/12 (Already Paid to Federal Government)			
2 Federal Share of Uncollected Newly Identified Overpayments Prior to 07/01/12 (Due to Federal Government)			
3 Federal Share of Uncollectible Overpayments Prior 07/01/12 W&IC 11466.23 (c) (1) (Due to Federal Government)			

Summary by Funding	FC EFC				AAP 18+				KIN-GAP 18+			
	Federal	County 2011 Responsibility	County Responsibility	Total	Federal	County 2011 Responsibility	County Responsibility	Total	Federal	County 2011 Responsibility	County Responsibility	Total
4 Overpayments Collected (Completion of Due Process)	-	-	-	-	-	-	-	-	-	-	-	-
5 Overpayments Identified (Completion of Due Process)	-	-	-	-	-	-	-	-	-	-	-	-
6 Uncollectible Overpayments	-	-		-	-	-		-	-	-		-
7 Total Overpayments	-	-	-	-	-	-	-	-	-	-	-	-

Last Modified: 03/01/14

**INSTRUCTIONS FOR FORM CA 800  
SUMMARY REPORT OF OVERPAYMENTS BEGINNING 07/01/12  
TITLE IV-E EFC, ADOPTION 18+ AND KINGAP 18+, FEDERAL SHARE ONLY  
TITLE IV-E WAIVER COUNTIES ONLY**

Beginning July 1, 2012, per W&IC section [11466.23\(d\)\(1\)](#), the county is responsible to repay the entire federal share of all uncollectible overpayments. There are no longer any exceptions to the county's obligation to pay the federal share of overpayments.

**General Information**

1. Enter county name, the 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 not to allow cents, only dollars.

**OVERPAYMENTS:**

**Federal Share of Overpayments COLLECTED & Reported on CA 800 EFC FED or CA 800 18+ FED or KIN-GAP 18+ FED completed due process beginning 07/01/12 (Already Paid to Federal Government)**

4. Line 1: Enter the federal share of identified overpayments COLLECTED that was reported on the "Recoveries of Aid" on the CA 800 FC (EFC TEMP) FED or the CA 800A (18+ TEMP) FED or the CA 800A (18+TEMP) FED BEGINNING 07/01/12 in the current claiming month. Enter only the collected overpayments that were previously reported as uncollected identified overpayments. Be sure to report the amount under the correct aid code.

**Federal Share of Uncollected Newly Identified Overpayments Beginning 07/01/12 (Due to Federal Government)**

5. Line 2: Enter the federal share of uncollected newly identified overpayments that completed due process BEGINNING 07/01/12 in the current claiming month. Be sure to report the amount under the correct aid code.

**Summary by Funding**

6. Lines 3 and 4 will automatically calculate federal and county share at the appropriate rates.

**Total Overpayments**

7. Line 5: Total share of overpayments for federal and county.

**SUMMARY REPORT OF OVERPAYMENT Beginning 07/01/12**

**TITLE IV-E EFC, ADOPTIONS 18+  
AND KIN-GAP 18+ FEDERAL SHARE ONLY  
TITLE IV-E WAIVER COUNTIES ONLY**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	FOSTER CARE (FC) EFC 49	ADOPTIONS (AAP) 18+ 07	KIN-GAP 18+ 4S
OVERPAYMENTS W& IC 11466.23	Identified Overpayments that completed due process between 07/01/12 - current (AND PAID at 50% FMAP Rate)	Identified Overpayments that completed due process between 07/01/12 - current (AND PAID at 50% FMAP Rate)	Identified Overpayments that completed due process between 07/01/12 - current (AND PAID at 50% FMAP Rate)
1 Federal Share of Overpayments COLLECTED & Reported on CA 800 EFC FED or CA 800 18+ FED or KIN-GAP 18+ FED Completed Due Process Beginning 07/01/12 (Already Paid to Federal Government)			
2 Federal Share of Uncollected Newly Identified Overpayments Beginning 07/01/12 (Due to Federal Government)			

Summary by Funding	FC EFC				AAP 18+				KIN-GAP 18+			
	Federal	County 2011 Responsibility	County Responsibility	Total	Federal	County 2011 Responsibility	County Responsibility	Total	Federal	County 2011 Responsibility	County Responsibility	Total
3 Overpayments Collected (Completion of Due Process)	-		-		-		-		-		-	
4 Overpayments Identified (Completion of Due Process)	-		-		-		-		-		-	
5 Total Overpayments	-		-		-		-		-		-	

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