



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

June 6, 2016

ERRATA

COUNTY FISCAL LETTER NO. 15/16-39E

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

SUBJECT: ERRATA TO CHANGES TO THE EXTENDED FOSTER CARE CA 800 CLAIM FOR THE PAYMENT INCREASE TO NON-MINOR DEPENDENT PARENTS IN A SUPERVISED INDEPENDENT LIVING PLACEMENT WITH A COMPLETED PARENTING SUPPORT PLAN AND TO THE EXTENDED FOSTER CARE CA 800 PLACEMENT INFORMATION ADDENDUM CLAIM FORM INSTRUCTIONS

REFERENCE: [ALL COUNTY LETTER NO. 15-67](#), DATED SEPTEMBER 3, 2015;
[COUNTY FISCAL LETTER NO. 15/16-39](#),
DATED DECEMBER 23, 2015;
[ASSEMBLY BILL 2668 \(CHAPTER 770, STATUTES OF 2014\)](#)

The purpose of this erratum is to inform counties of an error in Attachment 3 of [County Fiscal Letter \(CFL\) No. 15/16-39](#) (Instructions for the form *CA 800 FC EFC PIA FED* - FOSTER CARE PLACEMENT INFORMATION ADDENDUM [PIA] EXTENDED FOSTER CARE FEDERAL) that was inadvertently communicated in the initial version of that letter. This erratum also communicates minor changes to the instructions for the following claim forms:

- *CA 800 FC EFC FED* - SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE EXTENDED FOSTER CARE (EFC) AND FOSTER CARE WRAPAROUND FEDERAL
- *CA 800 FC EFC NONFED* - SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE-EXTENDED FOSTER CARE (EFC) NONFEDERAL.

These instructions have been modified to clarify the difference in claiming the regular Supervised Independent Living Placement (SILP) costs and the \$200 SILP Parenting Support Plan (PSP) increase for both federal and non-federal cases.

Error in the CA 800 FC EFC PIA FED Instructions

In step 12 of the CA 800 FC EFC PIA FED instructions originally released with the letter, a reference linked the amount on Line 12 of the CA 800 PIA EFC FED to a corresponding amount on Line 6 of the CA 800 FC EFC FED. The correct reference on the CA 800 FC EFC FED should have been Line 13, and this has now been modified in the CA 800 FC EFC PIA FED instructions. As corrected, this reference is consistent with previously released instructions and does not represent a change in practice. The revised version was posted to both the original letter in place of the original attachment and to the online claim instructions page as of January 14, 2016, and therefore is not included with this letter.

Counties are reminded that the payroll amounts that are reflected in Line 12 (the sum of Lines 7-11) on the CA 800 FC EFC PIA FED include all current and prior month adjustments to the main payroll on the CA 800 FC EFC FED.

Clarification Regarding SILP PSP Costs

Step 15 of the instructions for CA 800 FC EFC FED and step 12 of the instructions for CA 800 FC EFC NONFED have been modified to clarify the claiming of SILP expenditures. These instructions reiterate that the regular SILP maintenance payment expenditures will continue to be claimed on Line 1 (Main Payroll) of both claim forms and SILP PSP increase maintenance payment expenditures will be claimed on Line 18 of the CA 800 FC EFC FED and Line 15 of CA 800 FC EFC NONFED claim forms. These updated instructions (Attachments 1B and 2B in the original letter) are included as Attachments One and Two to this erratum.

Contact Information

Questions regarding this erratum should be directed to fiscal.systems@dss.ca.gov.
Questions regarding assistance expenditure claiming should be directed to assistance.claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

**INSTRUCTIONS FOR FORM CA800 FC EFC FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE
EXTENDED FOSTER CARE (EFC) AND FOSTER CARE WRAPAROUND 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 Positive Adjustment

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: Enter the 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. Refer to [All County Information Notice I-67-03](#), dated October 16, 2003, and [County Fiscal Letter No. 03/04-20](#), dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically.
11. Line 14: Amount not reimbursable at federal FMAP Rate from FC1 column D6+E2 (FFAs) + J4 (Group Homes). This amount will populate automatically from the FC 1 form.
12. Line 15: Total – The net amount of Line 13 minus Line 14. This amount will calculate automatically.

Funeral Costs

13. Line 16: Enter funeral costs for EFC youth in accordance with the [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)).
Required detailed support: Aid payroll, contra-roll or equivalent form.

Educational Travel Reimbursement (ETR)

14. Line 17: Enter the ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) – Parenting Support Plan (Post-Realignment)

15. Line 18: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 18.

Total All Payments (Lines 13 + 16 + 17 + 18)

16. Line 19: This is the grand total of aid payments, Funeral Costs, ETR and SILP Parenting Support Plan expenditures. This amount will calculate automatically.

Person Count

17. Line 20: Enter the persons count for the federal EFC. The persons count on this line should equal Line 6 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) EXTENDED FOSTER CARE FEDERAL form.

Summary of Funding

18. Lines 21 through 31: The federal, State, County 2011 and county share will calculate automatically.

**INSTRUCTIONS FOR FORM CA 800 FC EFC NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOSTER CARE-
EXTENDED FOSTER CARE (EFC) NONFEDERAL**

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 Positive Adjustment

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 Payments, Current + Prior Month (Lines 6+10+11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically.

Funeral Costs

10. Line 13: Enter funeral costs for EFC children in accordance with [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also [MPP Section 25-753](#)). Required detailed support: Aid payroll, contra-roll or equivalent form.

Educational Travel Reimbursement (ETR)

11. Line 14: Enter ETR costs for EFC youth. Refer to [Education Code section 56040](#) and [Title 34, Code of Federal Regulation, section 300.24](#).

Supervised Independent Living Program (SILP) - Parenting Support Plan (Post-Realignment)

12. Line 15: Enter the SILP Parenting Support Plan increase expenditures.
REMINDER: Regular SILP expenditures continue to be claimed in the main payroll. SILP Parenting Support Plan increase expenditures must be excluded from the main payroll amount and included only on Line 15.

Total (Lines 12+13+14+15)

13. Line 16: This is the grand total of aid payments, Funeral Costs, ETR and SILP Parenting Support Plan expenditures. This amount will calculate automatically.

Persons Count

14. Line 17: Enter persons count for non-federal Extended Foster Care.

Summary by Funding/Program

15. Lines 18 through 22: The State, County 2011 and county shares will calculate automatically.