

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



October 13, 2000

ALL-COUNTY INFORMATION NOTICE No. I-102-00

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IHSS PROGRAM MANAGERS
ALL COUNTY FISCAL OFFICERS

**REASON FOR THIS
TRANSMITTAL**

- State Law Change
 Federal Law or Regulation
Change
 Court Order
 Clarification Requested by
One or More Counties
 Initiated by CDSS

**SUBJECT: CHANGES TO THE CONTRACT EXPENDITURE (SOC 432) FORM AND
THE PUBLIC AUTHORITY/NONPROFIT CONSORTIUM INVOICE (SOC
448) FORM TO IMPLEMENT THE DECREASE IN FEDERAL MEDI-CAL
ASSISTANCE PERCENTAGE**

The purpose of this letter is to provide information about revisions to the Contract Expenditure (SOC 432) and the Public Authority/Nonprofit Consortium Invoice (SOC 448) forms. [Copies of the revised forms are attached.] These forms have been revised to reflect the decrease in the percentage of federal financial participation in the Personal Care Services Program (PCSP) costs.

The federal sharing ratio will decrease from 51.67 to 51.25 percent effective October 1, 2000. The sharing ratios for the non-federal portion for PCSP costs (48.75 percent of the total PCSP cost) will remain at 65 percent for the State and 35 percent for the County. The Non-PCSP sharing ratios for State and County remain the same. In addition, the SOC 448 has been modified to report the Public Authority (PA) Administrative Expenditures and Provider Benefits. For instructions on completing the SOC 448 form, please refer to All-County Letter (ACL) Number 99-68, dated September 21, 1999 and ACL Number 98-20, dated March 17, 1998.

Also, counties contracting for services delivered in the In-Home Supportive Services (IHSS) Program are reminded of the need to forward a letter to the State with sample signatures of the person(s) authorized to sign both forms. This information allows the State to verify that the appropriate county personnel are certifying and approving the forms for auditing purposes. The persons authorized to sign must be the county welfare director or the contract administrator or their representative, as well as the county auditor or the county controller or their representative. Counties should provide a new letter of authorized signatures whenever there is a change for the person(s) that are authorized to sign.

Please feel free to make copies of the forms. If counties would like a "Camera Ready" copy of the forms, please contact the Department's Forms Management Unit, at (916) 657-1984. For further information or clarification on the contents of this notice, please contact your Adult Programs Operations Analyst at (916) 229-4000.

Sincerely,

Original Signed By
DONNA L. MANDELSTAM ON 10/13/00

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

CLAIM FOR REIMBURSEMENT IN-HOME SUPPORTIVE SERVICES PROGRAM CONTRACT EXPENDITURES

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS 19-96
Sacramento, CA 95814

FROM:
COUNTY:
ADDRESS:
CONTACT PERSON:
PHONE NUMBER: ()

CONTRACT NUMBER	CONTRACTOR NAME	SERVICE MONTH/YEAR

CONTRACT SERVICE DELIVERY TOTALS FOR MONTH BY FUNDING SOURCE: WARRANT DATE _____
FISCAL YEAR/QTR. _____

FUNDING SOURCE	TOTAL CASES	TOTAL HOURS	GROSS EXP.	*ADJUSTMENTS	TOTAL NET EXP.
PCSP	_____	_____	_____	_____	_____
Non-PCSP	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

* If the actual PCSP and Non-PCSP adjustment amounts are not known, please estimate the PCSP and Non-PCSP amounts based on the PCSP and Non-PCSP hours to total hours ratio.

COST REIMBURSEMENT DETAIL BY FUNDING SOURCE:

FUNDING SOURCE	FEDERAL	STATE/COUNTY	STATE	COUNTY	TOTAL NET EXPENDITURE
PCSP	(51.25%) _____	(48.75%) _____	(65%) _____	(35%) _____	_____
Non-PCSP	_____	_____	(65%) _____	(35%) _____	_____
Total	_____	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Sections 1070 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR	DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE

Approved by: _____ Date _____
(State IHSS Program Manager)

SECTION I OVERPAYMENTS/UNDERPAYMENTS

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
A	PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
B	CONNECTED PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
C	ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)

SECTION II OTHER (COUNTY SPECIFIC)

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
D	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
E	ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)
F	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION III LIQUIDATED DAMAGES

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
G	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
H	ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)
I	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION IV PCSP / IHSS ADJUSTMENTS

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
J	NET ADJUSTMENT C + E + H (+ / =)	(1)	(2)	(3)	(4)	(5)	(6)
K	ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)
L	TOTAL NET ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)

SECTION V CONTRACTOR BILLING

SERVICE MONTH (1)	TOTAL PCSP CASES	TOTAL IHSS CASES	TOTAL PCSP HOURS	TOTAL IHSS HOURS	TOTAL PCSP GROSS	TOTAL IHSS GROSS	
M	INVOICE BILLED	(1)	(2)	(3)	(4)	(5)	(6)
N	NET ADJUSTMENT + / = C + E + H OR L	(1)	(2)	(3)	(4)	(5)	(6)
O	TOTAL NET ADJUSTMENT + / =	(1)	(2)	(3)	(4)	(5)	(6)
P							

**IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY/
NONPROFIT CONSORTIUM INVOICE
ADMINISTRATIVE COSTS**

To: Adult Programs Branch
California Department of Social Services
744 P Street, MS 19-96
Sacramento, CA 95814

FROM:
COUNTY:
ADDRESS:
CONTACT PERSON:
PHONE NUMBER: ()

INTERAGENCY AGREEMENT NUMBER	PUBLIC AUTHORITY/NONPROFIT CONSORTIUM NAME	SERVICE QTR.

PUBLIC AUTHORITY/NONPROFIT CONSORTIUM ADMINISTRATIVE COSTS BY FUNDING SOURCE FOR THE QUARTER: QTR/FISCAL YEAR _____

FUNDING SOURCE	TOTAL CASES	TOTAL HOURS	ADMIN. EXP.	BENEFITS	TOTAL EXP.
PCSP	_____	_____	_____	_____	_____
Non-PCSP	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

COST REIMBURSEMENT DETAIL BY FUNDING SOURCE:

FUNDING SOURCE	FEDERAL	STATE/COUNTY	STATE	COUNTY	TOTAL NET EXPENDITURE
PCSP	(51.25%) _____	(48.75%) _____	(65%) _____	(35%) _____	_____
Non-PCSP	_____	_____	(65%) _____	(35%) _____	_____
Total	_____	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Sections 1070 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR	DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE

Approved by: _____ Date _____
(State IHSS Program Manager)

PA Invoice
Federal/State/County Reconciliation

Base Hourly

		A	B	C
	PCSP	Approved Rate	Hours	Gross Expenditures
1	Total			
2	Admin			
3	Services			
4	Wages			
5	Benefits			
6	Taxes			

		A	B	C
	Non-PCSP	Approved Rate	Hours	Gross Expenditures
7	Total			
8	Admin			
9	Services			
10	Wages			
11	Benefits			
12	Taxes			

		A	B	C	D
	Admin. Total	Federal	State	County	Total
13	PCSP				
14	Residual				
15	Total				

Service Month:

Pass Through

		A	B
	PCSP	Pass Through Rate	Hours
16	Total		
17	Admin		
18	Services		
19	Wages		
20	Benefits		
21	Taxes		

		A	B
	Non-PCSP	Pass Through Rate	Hours
22	Total		
23	Admin		
24	Services		
25	Wages		
26	Benefits		
27	Taxes		

		A	B
	Admin. Total	Federal	State
28	PCSP		
29	Residual		
30	Total		

Admin. Total

		A	B
		Federal	State
31	PCSP		
32	Residual		
33	Total		

PA Invoice
Federal/State/County Reconciliation

Base Hourly

		A	B	C
	PCSP	Approved Rate	Hours	Gross Expenditures
1	Total			
2	Admin			
3	Services			
4	Wages			
5	Benefits			
6	Taxes			

		A	B	C
	Non-PCSP	Approved Rate	Hours	Gross Expenditures
7	Total			
8	Admin			
9	Services			
10	Wages			
11	Benefits			
12	Taxes			

		A	B	C	D
	Admin. Total	Federal	State	County	Total
13	PCSP				
14	Residual				
15	Total				

Service Month:

Pass Through

		A	B
	PCSP	Pass Through Rate	Hours
16	Total		
17	Admin		
18	Services		
19	Wages		
20	Benefits		
21	Taxes		

		A	B
	Non-PCSP	Pass Through Rate	Hours
22	Total		
23	Admin		
24	Services		
25	Wages		
26	Benefits		
27	Taxes		

		A	B
	Admin. Total	Federal	State
28	PCSP		
29	Residual		
30	Total		

Admin. Total

		A	B
		Federal	State
31	PCSP		
32	Residual		
33	Total		

PA Invoice
Federal/State/County Reconciliation

Base Hourly

		A	B	C
	PCSP	Approved Rate	Hours	Gross Expenditures
1	Total			
2	Admin			
3	Services			
4	Wages			
5	Benefits			
6	Taxes			

		A	B	C
	Non-PCSP	Approved Rate	Hours	Gross Expenditures
7	Total			
8	Admin			
9	Services			
10	Wages			
11	Benefits			
12	Taxes			

		A	B	C	D
	Admin. Total	Federal	State	County	Total
13	PCSP				
14	Residual				
15	Total				

Service Month:

Pass Through

		A	B
	PCSP	Pass Through Rate	Hours
16	Total		
17	Admin		
18	Services		
19	Wages		
20	Benefits		
21	Taxes		

		A	B
	Non-PCSP	Pass Through Rate	Hours
22	Total		
23	Admin		
24	Services		
25	Wages		
26	Benefits		
27	Taxes		

		A	B
	Admin. Total	Federal	State
28	PCSP		
29	Residual		
30	Total		

Admin. Total

		A	B
		Federal	State
31	PCSP		
32	Residual		
33	Total		