DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

October 23, 2007

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by one or More Counties
[X] Initiated by CDSS

ALL-COUNTY LETTER NO: 07-41

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

SUBJECT: CHANGE TO THE PUBLIC AUTHORITY/NONPROFIT CONSORTIUM ADMINISTRATIVE COST FORM (SPREADSHEET/SOC 448) TO IMPLEMENT THE INCLUSION OF THE IN-HOME SUPPORTIVE SERVICES (IHSS) PLUS WAIVER COSTS REIMBURSEMENT

The purpose of this All-County Letter (ACL) is to inform counties of changes made to the California Department of Social Services (CDSS) claiming process for the IHSS Plus Waiver (IPW) program quarterly reimbursement. This work around process will be used temporarily until the Case Management, Information and Payrolling System (CMIPS) can accommodate the three IHSS funding sources (Personal Care Services Program, IPW, IHSS-Residual).

The 56 counties currently submitting a quarterly SOC 448 claim will need to use this process beginning with the first quarter of Fiscal Year (FY) 2007-2008. The change in procedure is in response to requests from counties to receive reimbursement in a timelier manner.

To correctly calculate reimbursement costs for the IPW program, please see the attached documents:

Attachment A-1	CMIPS Management Statistics Report/PCSP
Attachment A-2	CMIPS Management Statistics Report/Residual
Attachment B(a)	Proposed County PA Excel Worksheet (county reference copy)
Attachment B	Proposed County PA Excel Worksheet (blank copy)
Attachment B-1	Instructions for the PA Mock Claim Calculations
Attachment B-2	"IHSS + Waiver/PCSP Adjustment Report"
Attachment C	Current Quarter SOC 448 Invoice Claim
Attachment D	IPW Quarter SOC 448 Invoice Claim

A new electronic version of the SOC 448 Excel Worksheet for the Fiscal Year 2007/08 will be sent to the counties in early October 2007. The new electronic version will include five additional "tabs", one for the counties' reference and four for data input. These tabs will be named "PA Excel Worksheet" (refer to attachments B(a), county reference copy & B, blank copy). Counties will now be required to submit two separate Public Authority Invoice Administrative Costs SOC 448 claims for reimbursement. The first SOC 448 copy will be submitted for the pre-Waiver PCSP and Residual paid hours and amounts for the appropriate quarter claim reimbursement costs. The second claim will be based on the information contained in this ACL and will include IPW costs.

The IPW SOC 448 Claim Excel Worksheet is the worksheet you will use to determine the appropriate information that will then be keyed into the PA Excel Worksheet tabs for the appropriate quarter. The attached procedures will assist you in calculating the figures for IPW reimbursement (refer to attachment B-1). This information then needs to be keyed into the IPW SOC 448 Claim data entry tab to determine the IPW reimbursement costs.

Please note: The total cost figures on both SOC 448 forms must match (refer to attachments C & D).

As part of this process, counties will need to print a copy of the 3rd Quarter "IHSS+ Waiver/PCSP Adjustment Report" (3rd Calendar Quarter) from the CMIPS Online Reports. Thereafter, counties will need to print the "IHSS+ Waiver/PCSP Adjustment Report" for the appropriate quarter (see attachment B-1, section B). The 3rd Quarter report (July-September) should be available for counties to access by October 19, 2007. CMIPS Online Reports website is located at https://cmips-reports.documentportal.com. This portal requires authorized login access. Contact EDS IHSS Help Desk at (916) 636-4280 to obtain the necessary information to obtain user identification.

If you have any questions regarding this ACL, please contact your Adult Programs Branch, Fiscal and Administrative Unit at (916) 229-3494.

Sincerely,

Original Document Signed By:

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments

c: CWDA

JOB -
COUNTY

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
MANAGEMENT STATISTICS SUMMARY

PAGE - 2
REPORT MONTH - JANUARY
RUN DATE - 02/12/2007

AUTHORIZED / PAID REPORT

TYPE	CATEGORY	TOTAL	INDV PROVIDER
PCSP TOTAL	AUTH CASES	1,534	1,534
	AUTH HOURS	139,505.7	139,505.7
	AUTH AMOUNT	1,464,809.85	1,464,809.85
	AUTH AVG HOURS	90.9	90.9
	AUTH AVG AMT	954.90	954.90
	AUTH SOC CASES	250	250
	AUTH SOC AMT	55,228.48	55,228.48
	PAID CASES	1,681	1,681
	PAID HOURS	127,197.7	127,197.7
	PAID AMOUNT	1,464,597.65	1,464,597.65
	PAID AVG HOURS	75.6	75.6
	PAID AVG AMT	871.27	871.27
	PAID SOC CASES	35	35
	PAID SOC AMT	10,908.78	10,908.78

TYPE	CATEGORY	TOTAL	INDV PROVIDER
PCSP SI	AUTH CASES	405	405
	AUTH HOURS	69,546.4	69,546.4
	AUTH AMOUNT	730,237.20	730,237.20
	AUTH AVG HOURS	171.7	171.7
	AUTH AVG AMT	1,803.05	1,803.05
	AUTH SOC CASES	60	60
	AUTH SOC AMT	19,588.08	19,588.08
	PAID CASES	384	384
	PAID HOURS	59,731.1	59,731.1
	PAID AMOUNT	686,771.48	686,771.48
	PAID AVG HOURS	155.5	155.5
	PAID AVG AMT	1,788.47	1,788.47
	PAID SOC CASES	12	12
	PAID SOC AMT	5,346.35	5,346.35

TYPE	CATEGORY	TOTAL	INDV PROVIDER
PCSP NSI	AUTH CASES	1,129	1,129
	AUTH HOURS	69,959.3	69,959.3
	AUTH AMOUNT	734,572.65	734,572.65
	AUTH AVG HOURS	61.9	61.9
	AUTH AVG AMT	650.64	650.64
	AUTH SOC CASES	190	190
	AUTH SOC AMT	35,640.40	35,640.40
	PAID CASES	1,297	1,297
	PAID HOURS	67,466.6	67,466.6
	PAID AMOUNT	777,826.17	777,826.17
	PAID AVG HOURS	52.0	52.0
	PAID AVG AMT	599.71	599.71
	PAID SOC CASES	23	23
	PAID SOC AMT	5,562.43	5,562.43

ATTACHMENT A 1

S T A T E O F C A L I F O R N I A
IN-HOME SUPPORTIVE SERVICES
MANAGEMENT STATISTICS SUMMARY

AUTHORIZED / PAID REPORT

TYPE	CATEGORY	TOTAL	INDV PROVIDER
RESIDUAL TOTAL	AUTH CASES	368	368
	AUTH HOURS	17,423.4	17,423.4
	AUTH AMOUNT	177,990.60	177,990.60
	AUTH AVG HOURS	47.3	47.3
	AUTH AVG AMT	483.67	483.67
	AUTH REST/M ALLOW	124.00	124.00
	AUTH SOC CASES	46	46
	AUTH SOC AMT	7,309.83	7,309.83
	PAID CASES	179	179
	PAID HOURS	18,193.2	18,193.2
	PAID AMOUNT	193,153.49	193,153.49
	PAID AVG HOURS	101.6	101.6
	PAID AVG AMT	1,079.07	1,079.07
	PAID REST/M ALLOW	124.00	124.00
	PAID SOC CASES	6	6
	PAID SOC AMT	2,781.12	2,781.12

TYPE	CATEGORY	TOTAL	INDV PROVIDER
RESIDUAL SI	AUTH CASES	42	42
	AUTH HOURS	8,145.6	8,145.6
	AUTH AMOUNT	85,528.80	85,528.80
	AUTH AVG HOURS	193.9	193.9
	AUTH AVG AMT	2,036.40	2,036.40
	AUTH REST/M ALLOW	0.00	0.00
	AUTH SOC CASES	7	7
	AUTH SOC AMT	2,354.73	2,354.73
	PAID CASES	97	97
	PAID HOURS	14,486.6	14,486.6
	PAID AMOUNT	154,443.30	154,443.30
	PAID AVG HOURS	149.3	149.3
	PAID AVG AMT	1,592.20	1,592.20
	PAID REST/M ALLOW	0.00	0.00
	PAID SOC CASES	3	3
	PAID SOC AMT	2,179.08	2,179.08

TYPE	CATEGORY	TOTAL	INDV PROVIDER
RESIDUAL NSI	AUTH CASES	326	326
	AUTH HOURS	9,277.8	9,277.8
	AUTH AMOUNT	92,461.80	92,461.80
	AUTH AVG HOURS	28.4	28.4
	AUTH AVG AMT	283.63	283.63
	AUTH REST/M ALLOW	124.00	124.00
	AUTH SOC CASES	39	39
	AUTH SOC AMT	4,955.10	4,955.10
	PAID CASES	82	82
	PAID HOURS	3,706.6	3,706.6
	PAID AMOUNT	38,710.19	38,710.19
	PAID AVG HOURS	45.2	45.2
	PAID AVG AMT	472.08	472.08
	PAID REST/M ALLOW	124.00	124.00
	PAID SOC CASES	3	3
	PAID SOC AMT	602.04	602.04

ATTACHMENT A 2

Proposed County PA Estimated Claim Worksheet

Used to calculate the Public Authority Claim

[ ] Entry Fields

Part 1 - Determine Waiver Adjustment for IP Wages

Instruction Section

A

Enter in (Yellow) fields data from "CMIPS Mgmt Report"		PCSP Paid Amount	Residual Paid Amount		Totals
Month 1	Jan-07	$1,464,597.65	$193,153.49		$1,657,751.14
Month 2	Feb-07	$1,445,619.38	$181,038.07		$1,626,657.45
Month 3	Mar-07	$1,554,624.25	$205,233.65		$1,759,857.90
Qtr Total		$4,464,841.28	$579,425.21		$5,044,266.49

B. **From the "IHSS+ Waiver/PCSP Adjustment Report", enter into the (Yellow) entry fields the Residual, PCSP and Waiver adjustments from the "Total Expense Column".**
(This report should be released a few days after the CMIPS report, allowing 2 weeks to submit the Public Authority Claim based on the waiver amount).

Qtr Totals forwarded from A-1	$4,464,841.28	$579,425.21		$5,044,266.49
	(1) - PCSP	(2) - Residual	(3) - Waiver	
Enter Adjustments	($54,427.56)	($531,833.28)	$586,260.84	
Reconciled Totals (Qtr Total+Adj)	$4,410,413.72	$47,591.93	$586,260.84	$5,044,266.49
County % Share	**17.50%**	**35%**	**17.50%**	
Reconciled Totals x Cty % Share	$771,822.40	$16,657.18	$102,595.65	$891,075.23
New Waiver Ratios	0.87434	0.00943	0.11622	1.00
Original Co. Share of Cost (A-1 paid amts x Org Co % Share(PCSP-17.5%; Res- 35%))				
Jan-07	$256,304.59	$67,603.72		$323,908.31
Feb-07	$252,983.39	$63,363.32		$316,346.72
Mar-07	$272,059.24	$71,831.78		$343,891.02
Qtr Total	$781,347.22	$202,798.82		$984,146.05
% to Total Costs	0.88513	0.11487		1.00
Difference/Waiver adjustment	($9,524.82)	($186,141.65)	$102,595.65	($93,070.82)

Part 2 - Determine Public Authority Admin Claim (Waiver Amount)

A.

Enter in (Yellow) fields data from "CMIPS Mgmt Report"	PCSP Paid Hours	Residual Paid Hours		Totals
Jan-07	127,197.70	18,193.20		145,390.90
Feb-07	125,686.20	17,193.90		142,880.10
Mar-07	135,423.20	19,381.20		154,804.40
C. Qtr Total	388,307.10	54,768.30		443,075.40

Enter this information into the regular SOC 448 as usual. Based on the Total Costs, the claim calculates the amount based on the sharing ratios. See "Attachment C"
Then apply the Waiver ratios to the Public Authority Claim.

C.

	PCSP	Residual		Totals
Jan-07	127,197.70	18,193.20		145,390.90
Feb-07	125,686.20	17,193.90		142,880.10
Mar-07	135,423.20	19,381.20		154,804.40
Qtr Total	388,307.10	54,768.30		443,075.40

Enter the following new hours into the IPW SOC448 and calculate the claim. (See Example D)
(The new total monthly hours x new ratios.)

New Waiver Ratios (From above)	0.87434	0.00943	0.11622	1.00

D.

	PCSP	Residual	Waiver Plus	Totals
Jan-07	127,121.36	1,371.74	16,897.80	145,390.90
Feb-07	124,926.06	1,348.05	16,605.98	142,880.10
Mar-07	135,351.98	1,460.56	17,991.86	154,804.40
Qtr Total - New Waiver Hours for IPW SOC 448	387,399.40	4,180.35	51,495.64	443,075.40

Refer to Attachment C & D

Original SOC 448 County share (Att. C)	$65,815.14
IPW SOC 448 County share - (Att. D)	$59,129.46
Difference = Waiver amount	$6,685.68

ATTACHMENT B[a]

Proposed County PA Estimated Claim Worksheet

Used to calculate the Public Authority Claim

[ ] Entry Fields

Part 1 - Determine Waiver Adjustment for IP Wages

Instruction Section	Enter in (Yellow) fields data from "CMIPS Mgmt Report"	PCSP Paid Amount	Residual Paid Amount		Totals
A	Month 1				$0.00
	Month 2				$0.00
	Month 3				$0.00
	Qtr Total	$0.00	$0.00		$0.00
B.	**From the "IHSS+ Waiver/PCSP Adjustment Report", enter into the (Yellow) entry fields the Residual, PCSP and Waiver adjustments from the "Total Expense Column".** ***(This report should be released a few days after the CMIPS report, allowing 2 weeks to submit the Public Authority Claim based on the waiver amount).***				
	Qtr Totals forwarded from A-1	$0.00	$0.00		$0.00
		(1) - PCSP	(2) - Residual	(3) - Waiver	
	Enter Adjustments				
	Reconciled Totals (Qtr Total+Adj)	$0.00	$0.00	$0.00	$0.00
	County % Share	17.50%	35%	17.50%	
	Reconciled Totals x Cty % Share	$0.00	$0.00	$0.00	$0.00
	New Waiver Ratios				-
	Original Co. Share of Cost (A-1 paid amts x Org Co % Share(PCSP-17.5%; Res- 35%))				
	Jan-00	$0.00	$0.00		$0.00
	Jan-00	$0.00	$0.00		$0.00
	Jan-00	$0.00	$0.00		$0.00
	Qtr Total	$0.00	$0.00		$0.00
	% to Total Costs				-
	Difference/Waiver adjustment	$0.00	$0.00	$0.00	$0.00

Part 2 - Determine Public Authority Admin Claim (Waiver Amount)

	Enter in (Yellow) fields data from "CMIPS Mgmt Report"	PCSP Paid Hours	Residual Paid Hours		Totals
A.	Jan-00				-
	Jan-00				-
	Jan-00				-
	C. Qtr Total	-	-		-
	Enter this information into the regular SOC 448 as usual. Based on the Total Costs, the claim calculates the amount based on the sharing ratios. See "Attachment C" Then apply the Waiver ratios to the Public Authority Claim.				
C.		PCSP	Residual		Totals
	Jan-00	-	-		-
	Jan-00	-	-		-
	Jan-00	-	-		-
	Qtr Total	-	-		-
	Enter the following new hours into the IPW SOC448 and calculate the claim. (See Example D) (The new total monthly hours x new ratios.)				
	New Waiver Ratios (From above)				-
D.		PCSP	Residual	Waiver Plus	Totals
	Jan-00				-
	Jan-00				-
	Jan-00				-
	Qtr Total - New Waiver Hours for IPW SOC 448	-	-	-	-

ATTACHMENT B

Instructions for the County PA Estimated Claim Calculations

A. CMIPS – Management Statistical Summary (for individual County and appropriate months for the quarter)
From "PCSP Total" column;
– Input Paid Hours and Paid Amounts into the yellow data entry fields of the "Proposed County PA Estimated Claim" worksheet.
From "Residual Total" column;
– Input Paid Hours and Paid Amounts into the yellow data entry fields of the "Proposed County PA Estimated Claim" worksheet
This will calculate the "Total Quarterly Hours and Paid Amounts" (formula driven cells).

B. CMIPS – IHSS + Waiver/PCSP Adjustment Report-County Summary
The Quarterly report is E-mailed and can be accessed through the following steps:

Go to https://cmips-reports.documentportal.com/servlet/data.
You will need a USER ID and PASSWORD to enter CMIPS

Choose Group: Management
Choose Document Type: IHSS + Waiver/PCSP Adjustment Report - County Summary

- Run Date: not empty
- Quarter: not empty
- County: is , click in right box and enter your county number
- Search Range: All
- Click Search button
- Click on the run date for the appropriate quarter, then click the link to view the report
  (This report is by calendar year, not FY i.e; Q-2 = Apr-Jun)
- Print report

Continue the following steps:
Input into Yellow data entry fields the Adjusted Amount Paid for Residual, PCSP, and Waiver (attachment B-2, items 1-3)
This will calculate the Reconciled Totals which includes the Waiver Amount
This calculation will assist in finding the IP Waiver wage amounts
County Shares: **PCSP 17.50%, Residual 35% and Waiver 17.50%**

C. SOC 448 In-Home Support Services Program – Public Authority Invoice – Administrative Costs
From the original Quarter claim, input the Original hours (same as in "A" above) into the Excel spreadsheet "Data Input Tab"

D. IPW-SOC 448 In-Home Support Services Program – Public Authority Invoice – Administrative Costs
Input the New Waiver hours for PCSP, Residual, and Waiver Plus from the "IPW Claim Worksheet" section D into "Data Input Tab".
These new hours are formula driven and determined by the new ratios from section B.

JOB - IH2LADJW
REPORT - IH2RADJW
COUNTY -

STATE OF CALIFORNIA
IN-HOME SUPPORTIVE SERVICES
IHSS+ WAIVER/PCSP ADJUSTMENT REPORT

FOR QUARTER 1 2007
RUN DATE 04/13/2007

TIME 15:18:28

		NET	TAX EXPENSE	TOTAL EXPENSE	COUNTY SHARE
COUNTY TOTAL	RESIDUAL	13,963.08-	154.31	13,808.77- 2	4,833.07-
	PCSP	162.40	265.90-	103.50- 1	18.11-
	WAIVER	13,800.68	111.59	13,912.27	2,434.65
	TOTAL	0.00	0.00	0.00 3	2,416.53-

IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS

To: Adult Programs Division
California Department of Social Services
744 P Street, MS19-96
Sacramento , CA 95814

County:	ABC County
Address:	ABC County 123 Avenue Somewhere US 90210
Contact:	Suzie Q
Phone:	(999) 999-9999
E-mail:	suzieq@abccounty.org

Fiscal Year: **2007/2008**

Public Authority Service Delivery Totals by Funding Source for the Quarter: **CURRENT QTR SOC 448**

FUNDING SOURCE	Hours	Admin. Costs Fed. & State Eligible	Admin. Costs Fed. Eligible Only	Benefit Costs Fed. & State Eligible	Benefit Costs Fed. Eligible Only	Total Costs
PCSP	438,895.1	$87,669.54	$0.00	$243,896.95	$0.00	$331,566.49
Waiver Plus	0.0	$0.00	$0.00	$0.00	$0.00	$0.00
Non-PCSP	4,180.4	$835.03	$0.00	$2,323.05	$0.00	$0.00
Total	443,075.4	$88,504.57	$0.00	$246,220.00	$0.00	$334,724.57

TOTAL COSTS FIGURE

COST REIMBURSEMENT BY FUNDING SOURCE:

Funding Source	Federal	State	County	Total Costs
PCSP	$165,783.25	$107,759.11	$58,024.14	$331,566.49
Waiver Plus	$0.00	$0.00	$0.00	$0.00
Non-PCSP		$2,052.75	$1,105.33	$3,158.08
Total	$165,783.25	$109,811.86	$59,129.47	$334,724.57

TOTAL COSTS FIGURE

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 medically needy and categorically 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.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR	DATE

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 medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; 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 AUDITOR OR CONTROLLER	DATE

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

SOC 448 (10/05)

ATTACHMENT C

IN-HOME SUPPORTIVE SERVICES PROGRAM
PUBLIC AUTHORITY INVOICE
ADMINISTRATIVE COSTS

To: Adult Programs Division
California Department of Social Services
744 P Street, MS19-96
Sacramento , CA 95814

County:	ABC County
Address:	ABC County 123 Avenue Somewhere US 90210
Contact:	Suzie Q
Phone:	(999) 999-9999
E-mail:	suziec@abccounty.org

Fiscal Year: **2007/2008**

Public Authority Service Delivery Totals by Funding Source for the Quarter: **IPW QTR SOC 448**

FUNDING SOURCE	Hours	Admin. Costs Fed. & State Eligible	Admin. Costs Fed. Eligible Only	Benefit Costs Fed. & State Eligible	Benefit Costs Fed. Eligible Only	Total Costs
PCSP	387,399.2	$77,383.50	$0.00	$215,281.15	$0.00	$292,664.66
Waiver Plus	51,484.2	$10,286.04	$0.00	$28,615.79	$0.00	$0.00
Non-PCSP	4,180.4	$835.03	$0.00	$2,323.06	$0.00	$0.00
Total	443,073.8	$88,504.57	$0.00	$246,220.00	$0.00	$334,724.57

TOTAL COSTS FIGURE

COST REIMBURSEMENT BY FUNDING SOURCE:

Funding Source	Federal	State	County	Total Costs
PCSP	$146,332.33	$95,116.01	$51,216.32	$292,664.66
Waiver Plus	$19,450.91	$12,643.09	$6,807.82	$38,901.83
Non-PCSP		$2,052.76	$1,105.33	$3,158.08
Total	$165,783.24	$109,811.86	$59,129.47	$334,724.57

TOTAL COSTS FIGURE

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 medically needy and categorically 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 medically needy and categorically eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; 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: _____ (State IHSS Program Manager) Date _____

SOC 448 (10/05)

ATTACHMENT D