



CDSS

JOHN A. WAGNER  
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)



ARNOLD SCHWARZENEGGER  
GOVERNOR

August 26, 2009

COUNTY FISCAL LETTER (CFL) No. 09/10-10

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY AUDITOR CONTROLLERS  
ALL COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS TO APPLY THE  
INCREASED FEDERAL MEDICAL ASSISTANCE PERCENTAGE  
(FMAP) RATE DUE TO THE AMERICAN RECOVERY AND  
REINVESTMENT ACT (ARRA) FOR THE FOSTER CARE AND  
ADOPTION ASSISTANCE PROGRAMS

This CFL provides information regarding the Foster Care and Adoption Assistance claims and payments due to the passage of the ARRA Public Law 111-5. This change increases the FMAP rate from 50 percent to 56.2 percent from October 1, 2008 through December 31, 2010. This 6.2 percent increase will be paid with ARRA IV-E funds and must meet reporting transparency requirements. The state and county savings due to the 6.2 percentage FMAP rate change is:

<u>6.2% Savings</u>	<u>Foster Care</u>	<u>Adoption Assistance</u>
County Share	3.72%	1.55%
State Share	<u>2.48%</u>	<u>4.65%</u>
Total	6.20%	6.20%

CDSS will implement this change in two phases.

**Retroactive Period (October 2008 through July 2009)**

Counties were issued their first adjustment payment on June 26, 2009, for the October 2008 through April 2009 claiming months. CDSS anticipates making a second payment for the May 2009 through July 2009 claiming months in September 2009. No action is required by the counties to receive these two payments.

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However, to ensure that the ARRA FMAP increase payment received was only for assistance payments back to October 1, 2008, and not prior, all counties will need to complete the PRIOR MONTH ADJUSTMENTS FMAP ARRA (8/09), "*Summary Report of Prior Month Adjustments Foster Care and Adoption Assistance Federal Medical Assistance Percentage (FMAP) American Recovery and Reinvestment Act of 2009 (ARRA)*" form.

Counties must identify and report any "prior month adjustments" before October 1, 2008 which were reported on the CA 800 FC FED and the CA 800A FED, from October 2008 through July 2009 claiming periods. If a county did not report any prior month adjustments before October 1, 2008, a zero claim must be filed. Please refer to Attachment I for additional instructions on completing this report. By September 21, 2009 counties must submit the completed and certified PRIOR MONTH ADJUSTMENTS FMAP ARRA (8/09), form to CDSS by fax, or email to:

FAX: (916) 654-5993  
Email: [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov)

**Prospective Period (August 2009 and forward)**

Beginning with the August 2009 claiming month, the new 56.2 percent FMAP rate will be reflected on the Foster Care (CA 800 FC FED) and Adoptions Assistance (CA 800A FED) claims. The 6.2 ARRA percentages will be segregated on the claiming forms to satisfy transparency requirements and will show the corresponding effect to the state and county share. In addition, the claiming forms have new columns to easily identify the prior month periods either within or outside of the ARRA period. This prior month adjustment change is in accordance with the Administration for Children and Families Program Instructions: ACYF-CB-PI-09-03 issued on March 16, 2009 and can be found at the following website:

[http://www.acf.hhs.gov/programs/cb/laws\\_policies/policy/pi/2009/pi0903.htm](http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2009/pi0903.htm).

If you have questions about this CFL, please use the [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov) email address, or contact Kathy Berreth at (916) 324-1631.

Sincerely,

***Original Document Signed By:***

Eric Fujii, Deputy Director  
Administration Division

Enclosures

**INSTRUCTIONS FOR FORM PRIOR MONTH ADJUSTMENTS FMAP ARRA  
SUMMARY REPORT OF PRIOR MONTH ADJUSTMENTS FOSTER CARE AND  
ADOPTION ASSISTANCE  
FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)  
AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)**

**GENERAL INFORMATION**

1. Enter county name, 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.

**PRIOR MONTH ADJUSTMENTS:**

**Prior Month Adjustments Before 10/1/08**

3. Line 1: Enter prior month adjustments claimed for periods prior to 10/1/08 that were previously reported on the CA 800 FC FED or the CA 800A FED from 10/1/08 to 7/31/09. Report the total combined amount of all positive and negative prior month adjustments. Be sure to report the totals under the correct aid code.

**SUMMARY REPORT OF PRIOR MONTH ADJUSTMENTS  
 FOSTER CARE AND ADOPTION ASSISTANCE  
 FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)  
 AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)**

County	Date (Month/Year)
Claim Contact	Telephone

PRIOR MONTH ADJUSTMENTS	FOSTER CARE	ADOPTIONS
<b>Aid Code</b>	<b>42</b>	<b>03</b>
1 Prior month adjustments claimed for periods prior to 10/1/08, reported on CA 800 FC FED or CA 800A FED from 10/1/08 - 7/31/09 (Total of positive & negative adjustments combined)		

**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 of 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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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