



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

November 10, 2011

COUNTY FISCAL LETTER (CFL) NO. 11/12-25

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

SUBJECT: CLAIMING INSTRUCTIONS FOR THE FOSTER FAMILY HOME (FFH)
RATE INCREASE AS A RESULT OF *CALIFORNIA STATE FOSTER
PARENT ASSOCIATION vs. WILLIAM LIGHTBOURNE, et al.*

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION (§) 11461
ALL COUNTY LETTER (ACL) NO. 11-42E, DATED JUNE 14, 2011

This letter transmits a one-time payment adjustment claim form and claiming instructions for the increase in FFH rates as the result of the court order issued on May 27, 2011, in the case of the *California State Foster Parent Association vs. William Lightbourne, et al.* In accordance with instructions in ACL No. 11-42E, dated June 14, 2011, the increased rates are effective May 1, 2011.

Claiming Instructions for CA 800 Foster Care

The forms reflecting the FFH rate increase for both Federal (42) and Non Federal (40) Claims are included with this CFL:

Attachment I Foster Family Home Rate Increase, One-Time Payment Adjustment for May 2011 – June 2011 Claim Form (FFH Pay ADJ [8/11])

Attachment II Instructions for Form “Foster Family Home Rate Increase,” One-Time Payment Adjustment for May 2011 – June 2011 (FFH ADJ [8/11])

The signed certified claim form must be submitted to the California Department of Social Services within 60 days from the date of this CFL. Counties should retain the original signed claim form (if faxed) and supporting documents for the claimed costs for audit purposes.

CFL No. 11/12-25
Page Two

The claim form should be mailed or faxed to:

California Department of Social Services
Financial Services Bureau
Re: FFH Rate Increase
744 P Street, MS 9-5-27
Sacramento, CA 95814

Fax: (916) 654-5993
Re/Subject: FFH Rate Increase

If you have any questions regarding this CFL, please direct them to
assistance.claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

**FOSTER FAMILY HOME RATE INCREASE
ONE-TIME PAYMENT ADJUSTMENT FOR MAY 2011 - JUNE 2011**

County	Date
Claim Contact	Telephone

AID CODE		FOSTER CARE	FOSTER CARE
		42	40
ADJUSTMENT MONTH		May -June 2011	May -June 2011
1	Enter only the net difference between the previous rate and the new additional rate increase for both Aid Code 42 and Aid Code 40.		
2	Federal Share Aid Code 42 (50%)	-	-
3	Federal ARRA Share Aid Code 42 (1.2%)	-	-
4	State Share Aid Code 42/40 (20%/40%)	-	-
5	State ARRA Share Aid Code 42 (0.48%)	-	-
6	County Share Aid Code 42/40 (30%/60%)	-	-
7	County ARRA Share Aid Code 42 (0.72%)	-	-
8	Total (Line 1 minus Line 2,3,4,5,6,7)	-	-
9	Total Federal Share	-	-
10	Total State Share	-	-
11	Total Federal and State Share	-	-

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
--------------------------------------	------

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
-----------------------------	------

**INSTRUCTIONS FOR “FOSTER FAMILY HOME RATE INCREASE”
ONE-TIME PAYMENT ADJUSTMENT FOR MAY 2011 - JUNE 2011**

1. Enter county name and month.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Line 1: Enter **only** the net difference between the previous rate and the new additional rate increase for both Aid Code 42 and Aid Code 40.
4. Lines 2-7 will automatically calculate the shares for federal, federal American Recovery Reinvestment Act (ARRA), state, state ARRA, county, and county ARRA at the appropriate rates.
5. Line 8: Calculation crosscheck, Line 1 must equal with Lines 2 through 7 (for state use only).
6. Line 9: This line will automatically calculate the federal share.
7. Line 10: This line will automatically calculate the state share.
8. Line 11: This line will automatically calculate total federal and state share.