



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

July 30, 2012

COUNTY FISCAL LETTER (CFL) NO. 12/13-03

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

SUBJECT: FINAL CLAIMING INSTRUCTIONS FOR EDUCATIONAL TRAVEL
REIMBURSEMENT (ETR)

REFERENCE: PUBLIC LAW (PL) 110-351, OCTOBER 7, 2008;
ASSEMBLY BILL (AB) 118, CHAPTER 40, STATUTES OF 2011;
ABX1 16, FIRST EXTRAORDINARY SESSION, CHAPTER 13,
STATUTES OF 2011; SENATE BILL 84, CHAPTER 177,
STATUTES OF 2007; ALL COUNTY LETTER (ACL) NO. 11-51,
DATED SEPTEMBER 23, 2011; CFL NO. 11/12-18, DATED
SEPTEMBER 16, 2011; CFL NO. 11/12-04, DATED
AUGUST 18, 2011; CFL NO. 11/12-05, DATED FEBRUARY 28, 2012

This CFL provides final claiming instructions for the implementation of ETR as established in PL 110-351, which allows reasonable travel to enable a child to remain in the school in which the child is enrolled at the time of placement as an allowable Foster Care maintenance cost. This CFL also provides one-time claiming instructions for Emergency Assistance-Foster Care (EA-FC).

Foster Care

As described in CFL 11/12-05, and in accordance with CFL 11/12-18, the state General Fund share of these costs is impacted by Realignment 2011. Therefore, the column on the County Assistance (CA) 800 claim that previously showed the state share is re-titled to "County 2011."

As mentioned in CFL 11/12-05, the CA 800 FC (FED) (Attachment I) and CA 800 FC NONFED (Attachment II) claim tabs have been revised to include ETR. Corresponding instructions have also been revised and are attached following each claim. Counties may now report eligible expenditures to these aid codes effective with the July 2012 claiming month. For claiming eligible ETR expenditures prior to May 2012, please refer to CFL 11/12-05.

Emergency Assistance-Foster Care

The ETR for EA-FC was inadvertently omitted from CFL 11/12-05. The EA-FC cases are eligible for ETR, assuming that all other eligibility conditions for EA-FC and ETR are met. Because EA-FC is not eligible for Title IV-E funding, the ETR will be funded with Temporary Assistance for Needy Families (TANF) funds. Please refer to ACL 11-51 for more information on ETR eligibility.

The California Department of Social Services (CDSS) has revised the CA 800A FED claim tab and instructions (Attachment III) to add ETR to EA-FC claims from July 2012 forward. For eligible ETR EA-FC county expenditures between October 1, 2011 and June 30, 2012, counties must report expenditures on a manual claim outside of the CA 800, titled "EA-FC ETR One-Time ADJ for the Period 10/01/11-06/30/12" (Attachment IV). The due date for this EA-FC ETR One-Time ADJ claim is August 20, 2012, to ensure that CDSS can access available TANF funds. Counties must send the original EA-FC ETR claim to the address below. If faxed, counties must maintain the original claim and supporting expenditure documentation for audit purposes.

The signed certified EA-FC ETR claim should be mailed or faxed to:

California Department of Social Services
Financial Services Bureau
744 P St, MS 09-5-27
Sacramento, CA 95814
Fax: 916-654-5993
Subject: Educational Travel Reimbursement

CFL No. 12/13-03
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The electronic version of the claims mentioned in this CFL will be available on the Financial Services Extranet site one week after this letter is posted. Any questions regarding assistance claiming can be directed to assistance.claims@dss.ca.gov. Any questions regarding Realignment 2011 can be directed to CDSSAB118@dss.ca.gov.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

Attachments

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE, FOSTER CARE SB 163,
FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Foster Care			SB 163			
Aid Code		Persons Count	Current	Prior Period Adjustments	Current	Prior Period Adjustments		
			42	42	42	42		
1	Main Payroll							
2	Current Month Supplemental Payroll							
3	Current Month Cancellation Contra Roll							
4	Prior Months Supplemental Payroll							
5	Current Month Adjustment							
6	Subtotal (Lines 1 - 5)	-	-	-	-	-		
7	Prior Months Cancellation Contra Roll							
8	Recoveries of Aid							
9	Prior Month Negative Adjustment							
10	Subtotals (Lines 7 - 9)	-	-	-	-	-		
11	Prior Month Positive Adjustment							
12	Office Audit Corrections							
13	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)	-	-	-	-	-		
14	Amount Not Reimbursable at Fed FMAP Rate [FC 1 & Adj Col D6+E2(FFAs)+J4(Grp Homes)]							
15	TOTAL - Line 13 - Line 14							
16	THPP Rate Increase							
17	Supplemental Clothing Allowance (50/0/50)							
18	IV-E Child Care							
19	Funeral Costs (100% State)							
20	Educational Travel Reimbursement (50/20/30)							
21	TOTAL ALL PAYMENTS (Lines 13+16+17+18+19+20)	-	-	-	-	-		
Summary by Funding		Federal	Federal (ARRA)	State	State (ARRA)	County 2011	County/Co. ARRA	Total
22	Foster Care	-	-		-	-	-	-
23	Fed Adm Costs (FC1 & Adj Col E4)	-				-	-	-
24	Non Fed. Admin Costs (FC1 & Adj Col F2)					-	-	-
25	THPP Rate Increase	-				-	-	-
26	Supplemental Clothing Allowance	-				-		-
27	IV-E Child Care	-					-	-
28	Funeral Costs			-				-
29	Educational Travel Reimbursement	-				-	-	-
30	Total Payment Federal Foster Care	-	-	-	-	-	-	-
31	SB 163-Basic	-	-					-
32	Fed Adm Costs (FC1_SB163 & Adj Col E4)FFAs x 50%	-						-
33	Total Payment SB 163	-	-					-
34	Total Foster Care and SB 163	-	-	-	-	-	-	-

Last Modified: 07/24/12

**INSTRUCTIONS FOR FORM CA 800 FC FED
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE AND FOSTER CARE-SB 163**

General Information

1. Enter county name and 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.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month**For each current column:**

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**For each current column:**

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 Positives**Prior Period Adjustments column:**

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: Office audit corrections. Enter the persons count and 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. Please refer to All County Information Notice I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information

Total

10. Line 13: Total Payroll, current and prior period months (Line 6+10+11+12). This amount will calculate automatically. The persons count on this line should equal Line 5 on the CA 800 FC FED Placement Information Addendum (PIA); the total payment amount should equal Line 10 of the CA 800 FC FED PIA.
11. Line 14: Amount not reimbursable from federal FMAP Rate from FC1 Column D6+E2 (FFAs) J4 (Group Homes).
12. Line 15: Total – (Line 13 – Line 14) Total is linked to the American Recovery Reinvestment Act (ARRA) Adoption assistance Payments (AAP) Foster Care (FC)

ARRA AAP/FC FED tab Line 1. The ARRA AAP/FC FED tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

Transitional Housing Placement Program (THPP)

13. Line 16: Enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)

14. Line 17: Enter the SCA expenditures for FFA placements only from the county payroll records or other automated payroll systems. **REMINDER:** SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

IV-E Child Care

15. Line 18: Enter the costs associated with providing child care services in accordance with Section 475(4) of the Social Security Act, Welfare and Institutions Code (W&I) 11460(b) and Senate Bill 1612, Chapter 181, Statutes of 2008.

Funeral Costs

16. Line 19: Enter funeral costs for foster care 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)

17. Line 20: Enter the ETR expenditures. Please refer to Education Code section 56040, Chapter 34 Code of Federal regulations (CFR) 300.24 and 34 CFR 300. Funding is 50 percent federal, 20 percent county 2011 and 30 percent county.

Totals

18. Line 21: Grand total of aid payments, persons count, THPP, SCA, Child Care, Funeral Costs and ETR (Lines 13+16+17+18+19+20).

Summary of Aid Payments, THPP, SCA, IV-E Child Care, Funeral Costs and ETR by Program and by Funding

19. Lines 22-34 will calculate automatically at the appropriate rates.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES

FOSTER CARE, NONFEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	Foster Care 40		TOTAL
1 Main Payroll			-
2 Current Month Supplemental Payroll Payroll			-
3 Current Month Cancellation Contra Roll			-
4 Prior Months Supplemental Payroll			-
5 Current Month Adjustment			-
6 Subtotal (Lines 1 - 5)	-	-	-
7 Prior Months Cancellation Contra Roll			-
8 Recoveries of Aid			-
9 Prior Month Negative Adjustment			-
10 Subtotals (Lines 7 - 9)	-	-	-
11 Prior Month Positive Adjustment			-
12 TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-	-
13 County 2011 (40%)	-	-	-
14 County Share (60%)	-	-	-

15 THPP Rate Increase			-
16 County 2011 (40%)	-	-	-
17 County Share (60%)	-	-	-

18 Supplemental Clothing Allowance (100% County 2011)			-
19 Funeral Costs (100% State)			-
20 Educational Travel Reimbursement (40% County 2011 / 60% County)			-
21 TOTAL ALL PAYMENTS	-	-	-
22 Persons Count			-

<i>County Use Only (non-add line)</i>			-
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Summary by Funding/Program	State	County 2011	County	Total
23 Foster Care		-	-	-
24 SED		-	-	-
25 THPP		-	-	-
26 Supplemental Clothing Allowance		-	-	-
27 Funeral Costs	-			-
28 Educational Travel Reimbursement		-	-	-
29 Total	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800 FC NONFED
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE NONFED**

General Information

1. Enter county name and 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.
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

For each column:

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 Positives

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

9. Line 12: Total Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.

Summary by Funding

10. Lines 13 and 14 summarize total aid payments by funding sources. The County 2011 and county shares will calculate automatically at the appropriate rates
11. Line 13: County 2011 Share: Line 12 x 40 percent
12. Line 14: County Share: Line 12 x 60 percent

Transition Housing Placement Program (THPP)

13. Line 15: Enter the total THPP rate increase paid.
14. Line 16: County 2011 Share: Line 15 x 40 percent
15. Line 17: County Share: Line 15 x 60 percent

Supplemental Clothing Allowance

16. Line 18: Enter the SCA expenditures for FFA placements only from the county payroll records or other automated payroll systems. **REMINDER:** SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

Funeral Costs

17. Line 19: Enter funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP 25-753).
Required detailed support: Aid payroll, contra-roll or equivalent form. Funding is 100 percent state or County 2011.

Educational Travel Reimbursement (ETR)

18. Line 20: Enter the ETR expenditures. Please refer to Education Code section 56040, Chapter 34 Code of Federal regulations (CFR) 300.24 and 34 CFR 300. Funding is 40 percent County 2011 and 60 percent county.

Totals

19. Line 21: Grand total of aid payments, THPP, SCA, Funeral and ETR Costs (Lines 12+15+18+19+20).

Persons Count

20. Line 22: Enter persons count for each program.

Summary by Program

21. Lines 23 through 29: The state, County 2011 and county shares will calculate automatically by program.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
ADOPTION ASSISTANCE, EMERGENCY
ASSISTANCE-FOSTER CARE (EA-FC)
REFUGEE CASH ASSISTANCE (RCA),
FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

		Adoptions	Adoptions Prior Period Adjustments	EA-FC	RCA	Totals		
Aid Code		03	03	5K	01/08			
1	Main Payroll						-	
2	Current Month Supplemental Payroll						-	
3	Current Month Cancellation Contra Roll						-	
4	Prior Month Supplemental Payroll						-	
5	Current Month Adjustment						-	
6	Subtotal (Lines 1 - 5)	-	-	-	-		-	
7	Prior month cancellation Contra Roll						-	
8	Recoveries of Aid						-	
9	Prior Month Negative Adjustment						-	
10	Subtotal (Line 7 - 9)	-	-	-	-		-	
11	Prior Month Positive Adjustment						-	
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)	-	-	-	-		-	
13	Amount Not Reimbursable with Federal Funds						-	
14	Net Amount Payable (Lines 12 - 13)	-	-	-	-		-	
<i>Sharing Ratios (Federal/State/County 2011/County)</i>		FMAP Rate (50/37.5/12.5)	ARRA FMAP Rate	(70/0/30)	Federal: 100% of Line 14 State: 100% of Line 13			
15	Federal	-	-	-	-		-	
16	State/County 2011	-	-		-		-	
17	County Share	-	-	-			-	
18	THPP Rate Increase						-	
19	Educational Travel Reimbursement (70/0/30)						-	
<i>Sharing Ratios (Federal/State/County)</i>				(70/0/30)				
20	Federal Share			-			-	
21	County 2011						-	
22	County Share			-			-	
23	Supplemental Clothing Allowance						-	
24	Federal Share (100%)			-			-	
25	Total All Payments	-	-	-	-		-	
26	Persons Count						-	
<i>County Use Only</i>								
SUMMARY BY PROGRAM		Federal	Federal (ARRA)	State	State (ARRA)	County 2011	County/Co ARRA	Total
27	Adoptions-Federal	-	-		-	-	-	-
28	EA-FC	-						-
29	RCA/Hardship (State is Hardship cases)	-		-				-
30	THPP	-						-
31	Educational Travel Reimbursement	-						-
32	Total Federal Programs	-	-	-	-	-	-	-

Last Modified: 07/24/12

**INSTRUCTIONS FOR FORM CA 800A FED SUMMARY REPORT OF ASSISTANCE
EXPENDITURES
ADOPTION ASSISTANCE, EMERGENCY ASSISTANCE-FOSTER CARE, AND
REFUGEE CASH ASSISTANCE**

General Information

1. Enter county name, and 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.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:

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 Adjustments

For each column:

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 Positives

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

9. Line 12: Total Aid Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.
10. Line 13: Enter amounts not reimbursable from federal funds. For Adoption Assistance Payments (AAP), these are costs in excess of the foster family home rate.
11. Line 14: Net Amount Payable with federal funds: Line 12 - Line 13. This amount will calculate automatically. Total is linked to the American Recovery Reinvestment Act (ARRA) AAP Foster Care (FC) ARRA AAP/FC FED tab. Line 1. The ARRA AAP/FC FED tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

Sharing Ratios

12. Lines 15 through 17 summarize total aid payments by funding source. The current rate and the ARRA AAP/FC summary tab for federal, state/County 2011, and county shares will calculate automatically at the appropriate rates by aid code and by program/reporting category.

Transitional Housing Placement Program (THPP)

13. Line 18: Enter the THPP rate increase amount for the EA-FC program only.

Educational Travel reimbursement (ETR)

14. Line 19: To be used for claiming ETR. Please refer to Education Code Section 56040, Chapter 34 Code of Federal Regulations (CFR) 300.24 and 34 CFR 300. Funding is 70 percent federal and 30 percent county.

15. Lines 20 through 22: The sharing ratios will calculate automatically at the appropriate rates.

Supplemental Clothing Allowance (SCA)

16. Line 23: For the EA-FC program, enter the SCA expenditures reported on the county payroll records, Statewide Automated Welfare System, Case Data System, or other automated systems used by the county.

REMINDER: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

17. Line 24: The federal share (100 percent) of the SCA will calculate automatically.

Totals

18. Line 25: Total All Payments (Lines 15+16+17). This amount will calculate automatically.

Persons Count

19. Line 26: Enter the persons count for the Adoption Assistance, EA-FC, and RCA programs.

Summary by Program, AAP, EA-FC and THPP

20. Lines 27 through 32: The federal, federal ARRA, state, state ARRA, County 2011 and county/co ARRA shares will calculate automatically by aid code and by program.

**SUMMARY REPORT OF EMERGENCY ASSISTANCE-FOSTER CARE (EA-FC)
 EDUCATIONAL TRAVEL REIMBURSEMENT ONE-TIME PAYMENT CLAIM
 FOR THE PERIOD 10/01/11 - 06/30/12
 FY 2012/13 FEDERAL/COUNTY**

County	Claiming Month
Claim Contact	Telephone

EA-FC Educational Travel Reimbursement	
Aid Code	5K
EA-FC Educational Travel Reimbursement FY 12/13	Total Educational Travel Reimbursement
1 Total	
2 Federal Share 70%	
3	
4 County Share 30%	
5	
6 Total (Line 1 minus Line 2, 4)	
7 Total Federal Share Educational Travel Reimbursement	
8 Total County Share Educational Travel Reimbursement	

Sample

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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**INSTRUCTIONS FOR FORM
SUMMARY REPORT OF EMERGENCY ASSISTANCE-FOSTER CARE
EDUCATIONAL TRAVEL REIMBURSEMENT PAYMENT
One Time Adjustment Claim for the Period 10/01/11-06/30/12
FY 2011/12 FEDERAL/ COUNTY**

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed not to accept cents; enter the amount rounded to the nearest dollar.
4. Line 1: Enter the total amount of Educational Travel Reimbursement (ETR) for the period 10/01/11-06/30/12.
5. Lines 2 and 4: This line will automatically calculate the federal and county share claimed on line 1.
6. Line 6: Calculation crosscheck, line 1 must equal lines 2 and 4.
7. Line 7: This line will automatically calculate the federal share ETR.
8. Line 8: This line will automatically calculate the county share ETR.