STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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

March 28, 1997

COUNTY FISCAL LETTER (CFL) NO. 96/97-48

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

SUBJECT: ASSISTANCE CLAIM INSTRUCTIONS AND CLARIFICATION

The purpose of this CFL is to: (1) provide assistance claim instructions for reporting the aid codes assigned to Aid to Families with Dependent Children (AFDC) cases that are determined exempt from past grant reductions (Beno v. Shalala court case settlement), (2) introduce a revised CA 800 FC1 (Fed) (3/97), Foster Care Facility Amounts Not Reimbursable From Federal Funds, form, (3) forward clarification of required assistance claim support documentation, and (4) advise counties of the delegated signature authority.

1. Aid Codes for Exemptions from Past Reductions. All County Letters No. 96-13, dated April 3, 1996, and No. 96-28, dated May 23, 1996, provided AFDC program regulations for exempting certain assistance units (AU) from the statewide Maximum Aid Payment reduction of 2.3 percent. Counties were instructed to assign the aid codes: 3P, 3R, 3G, 3H, and 0A for those exempt AUs and to incorporate them with the parent aid codes (i.e., aid codes 35, 30, 32, 33, and 01, respectively) for assistance claiming. Counties are not required to submit this detail with the assistance claim. However, counties must retain sufficient documentation that identifies these AUs with exempt aid codes.

Counties should continue with this assistance claiming practice but are reminded that CFL 96/97-37, dated December 12, 1996, requires that counties provide distinction of these AUs by the exemption reasons on the ABCD 832, AFDC Exempt Caseload Monthly Data Report.

2. CA 800 FC1 (Fed) (3/97), Foster Care Facility Amounts Not Reimbursable From Federal Funds. The CA 800 FC1 (Fed) form has been simplified and revised to assist counties in calculating the appropriate nonfederal reimbursable share of Foster Care facility costs. (See Attachment 1.) Counties are reminded to use the annual nonfederal foster care rates that are approved and established by the California Department of Social Services (CDSS) Foster Care Rates Bureau for AFDC-FC funded group homes and foster family agencies. Counties shall complete and submit the revised CA 800 FC1 (Fed) (3/97) or an approved alternate form as a support document for Line 13.A on the CA 800 FC (Fed), Summary Report of Assistance Expenditures - Federal Children in Foster Care. Camera-ready copies of the revised form are available upon request. Please contact:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number: (916) 657-1907

3. Assistance Claim Support Documentation. The following clarifying assistance claim instructions and information are to assist counties with their efforts to submit the appropriate support data and to avoid processing delays of any county's assistance claims:

a) CFL No. 94/95-39, dated January 31, 1995, provided counties with instructions for submitting assistance claims for reimbursement. Counties were instructed to forward summary and detailed support documentation for specific line items within identified claims. Attachment 2 is a chart that identifies the current assistance claims for AFDC, AFDC-FC, Adoptions Assistance, Refugee Cash Assistance, and Emergency Assistance programs. It also describes the required support documentation necessary for identified line items within these claims.

Counties are requested to attach only one copy of the required support information to each related assistance claim. This procedure will assist the CDSS to promptly audit and process the claims.

b) CFL 94/95-47, dated June 19, 1995, forwarded claiming instructions to counties regarding Cal-Learn bonuses and sanctions. Counties are reminded to report these costs on the CA 800. Bonuses should be claimed as a current supplement and sanctions reflected as adjustments. The adjustments should be included and identified in the required supporting documentation for the CA 800.

c) Counties that participate in the California Work Pays Demonstration Project shall continue to submit separate CA 800s for these assistance costs. The CA 800s should be labeled "Control Group Claim" at the top and the appropriate supporting document should be attached. (See Attachment 2).

4. Delegated Signature Authority. CFL No. 96/97-26, dated September 30, 1996, advised counties that are interested in exercising the delegation of signature for the administrative expense claim, DFA 325.5, to submit a copy of the signature delegation from their auditor-controller. This process is also applicable for assistance claims. The delegation should include the names and signatures of those authorized to sign the certification of either the assistance claims or the administrative expense claim. Counties should send this information to:

California Department of Social Services
Financial Services Bureau, County Claims
744 P Street, MS 12-01
Sacramento, CA 95814

As the list of authorized signatures changes in your county, please submit an updated list to the CDSS as soon as possible in order to avoid return of claims.

The foregoing instructions are subject to change with the implementation of the California Temporary Assistance Program and Federal Temporary Assistance for Needy Families requirements.

Please contact the following CDSS offices if you have any questions or need further information:

Subject	Office	Telephone Number
ABCD 832	Information Services Bureau	(916) 653-5170
AFDC-FC Group Home and Foster Family Agency Rates	Foster Care Rates Bureau	(916) 323-1263
Assistance Claims Instructions	Fiscal Policy Bureau	(916) 657-3440
Delegated Signature Authority	Financial Services Bureau, County Claims	(916) 657-3390

George E. Peacher, Jr., Chief
Fiscal Systems and Accounting Branch

Attachments
c: CWDA

FOSTER CARE FACILITY
AMOUNTS NOT REIMBURSABLE FROM FEDERAL FUNDS

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

COUNTY	DATE (MONTH, YEAR)

A. FACILITY NAME	B. PROGRAM NUMBER	C. CURRENT OR REVISED				D. ORIGINAL (PRIOR MONTH(S))				E. MONTHLY NET NON-FED TOTAL
		1. PERSONS COUNT	2. AID PAID	3. NONFED (%)	4. NONFED AMT. (C2 X C3)	1. PERSONS COUNT	2. AID PAID	3. NONFED (%)	4. NONFED AMT. (D2 X D3)	

ATTACHMENT 1

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FISCAL POLICY BUREAU

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

INSTRUCTIONS: All Assistance Claims must be accompanied with a summary. The following chart displays the required detail support for specific line items within each assistance claim. (Note: The version date of the claim form is subject to change as a result of revisions to the form.)

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
AD 800A (1/97)	Summary Report of Assistance Expenditures - Adoption Assistance Program/Federal	13A	Amount not Reimbursable from Federal Funds	Payroll Detail	
AD 800B (7/91)	Summary Report of Assistance Expenditures - Adoption Assistance Program Nonfederal (Includes Aid for the Adoption of Children-AAC)	9	Schedule of Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s).
CA 800A FC (7/91)	Summary Report of Assistance Expenditures - Nonfederal Children in Foster Care	17B 17C	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 FC (FED) (1/97)	Summary Report of Assistance Expenditures - Federal Children in Foster Care	9	Schedule of Adjustment		If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s).
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	Must reflect the approved nonfederal foster care rates.
		18B 18D	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 (Federal) (7/91)*	Summary Report of Assistance Expenditures Aid to Families with Dependent Children	7A	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	
		14A	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	
		17	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	Report must display initial issuance date(s).
		18A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	
CA 800 (State Only) (7/91)	Summary Report of Assistance Expenditures Aid to Families with Dependent Children - State-Only	11	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report must display the initial issuance date(s).

*Support documentation requirements also apply to California Work Pays Demonstration counties.

ATTACHMENT 2

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800 (FED VOLUNTARY FC) (1/97)	Summary Report of Assistance Expenditures Federal Children in Voluntary Foster Care	9	Schedule of Adjustment	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s).
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (Fed), Foster Care Facility Amounts Not Reimbursable	Must reflect the nonfederal foster care rates approved and established by CDSS Foster Care Rates Bureau
CA 800 FC1 (FED) (3/97)	Foster Care Facility Amounts Not Reimbursable from Federal Funds	C3 D3	Nonfed (%) Nonfed (%)	---------	Must reflect the nonfederal foster care rates approved and established by CDSS Foster Care Rates Bureau
CA 800 EA (10/93)	Summary Report of Assistance Expenditures Emergency Assistance Foster Care	7A	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	
		14A	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	
		17	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	Report must display the initial issuance date(s).
		18A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	
CA 1019 (1/92)	Summary Report of Expenditures for Seriously Emotionally Disturbed Children	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s).
DFA 881 (7/94)	Summary Report of Assistance Expenditures Emergency Assistance General Assistance	17	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report must display the initial issuance date(s).

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
DFA 846 (7/91)	Summary Report of Assistance Expenditures for the Refugee Cash Assistance Program (RCA) (Includes Entrants)	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report must display the initial issuance date(s).
		13	Unaccompanied Children (UC)	Payroll Summary	Separate Payroll Summary for UC and Refugees and entrants other than UC (adults).
		14	Refugees and Entrants (other and UC)	Payroll Summary	
AD 800 (10/91)	Certification - Adoption Cost of Care Subvention Under W&I Code 16106				Submitted when necessary.
EL 800 (3/79)	Summary Report of Uncollected Loans				Submitted when necessary.
DFA 837 (9/80)	Summary Report of Assistance Expenditures (Old Age Security, Aid to the Blind, and Aid to the Disabled)				Submitted quarterly for aid recoveries only.