

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



July 22, 1998

COUNTY FISCAL LETTER (CFL) NO. 98/99-12

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

**SUBJECT: SHARING RATIOS FOR CALIFORNIA WORK OPPORTUNITY
AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM
ASSISTANCE (JULY THROUGH SEPTEMBER 1998) AND
NEW CA 800 FC1 (FED) FORM**

Reference: CFL No. 97/98-41 dated December 19, 1997

This CFL is to transmit to counties information regarding the sharing ratios that shall be applied to the CalWORKs assistance expenditures for July through September 1998 report months and based on the county request, clarifying instructions on the Foster Care Facility Amounts Not Reimbursable From Federal Funds form (CA800 FC1 (FED)).

Assistance Sharing Ratios

Effective with the claiming period of July 1998 through September 1998, counties should apply the sharing ratios of 50/47.5/2.5 percent (federal/state/county) of the total cost for CalWORKs assistance expenditures. As discussed in CFL No. 97/98-41, dated December 19, 1997, the federal and state sharing ratios for assistance payments will fluctuate due to State budget assumptions. Counties will be informed of changes to these sharing ratios as they occur during the 1998/99 state fiscal year through subsequent CFLs. These sharing ratios apply to the expenditures reported on the CA 800 (FED), CA 800M, and CA 800D (FED), Summary Reports of Assistance.

At this time, there is no change to the sharing ratios of 95/5 percent (state/county) for the CalWORKs State Only Programs. Counties are instructed to continue applying these sharing ratios to the expenditures reports on the CA 800 (STATE), CA 800D (STATE), and the CA 800L (STATE) forms.

CA 800 FC1 (FED)

The instructions for the Foster Care Facility Amounts Not Reimbursable From Federal Funds, CA 800 FC1 (FED), form has been revised for clarification of Section C, Current or Revised, and Section D, Original (Prior Month(s)). The counties were instructed to: “*enter the amount paid to the facility in Columns C2 and D2*”. The following are the clarifying instructions:

- Column C2: Enter *the current or revised total benefit amount* that was paid to the facility/provider.
- Column D2: Enter *the original total benefit amount* that was paid to the facility/provider.

As there were only changes to the instructions of this report form, counties may exhaust their current supply of the CA 800 FC1 (FED) and begin using the revised form as soon as possible. (See Attachment #1.) The Assistance Claims – Required Support Documents has been updated to reflect the FC1 revision date. In addition, this document provides the most current list of assistance claim forms and the required back-up information for each claim. (See Attachment #2)

The CA 800 FC1 (FED) form is available only in camera-ready copy. To obtain a copy, 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

If you have any questions regarding the instructions or information provided in this CFL, please contact your Fiscal Policy Bureau at (916) 657-3440.

***Original Document Signed By
George E. Peacher, Jr. on July 22, 1998***

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)	
SAMPLE										

INSTRUCTIONS FOR USE OF FORM CA 800 FC.1 (FED)

1. Enter county name, month and year.
2. Column A – Enter facility name.
3. Column B – Enter the program number from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
4. Columns C1 and D1 – Enter persons count.
5. Columns C2 – Enter the current or revised total benefit amount paid to the facility. (Amounts above the State set rate must not be included.)
6. Column D2 – Enter the original total benefit amount paid to the facility (amounts above the State set rate must not be included).
7. Columns C3 and D3 – Enter the nonfed percentage from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
8. Columns C4 and D4 – Enter the total nonfed amounts: Columns C2 x C3, and Columns D2 x D3.
9. Column E – Enter the net nonfed total for each facility: Columns C4 minus D4.
10. Enter subtotal for columns C4, D4, and E on each page.
11. Enter the grand total for columns C4, D4, and E on the last page.
12. The grand total in column E should be the same as column 13A, CA 800 FC (Fed).

ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

INSTRUCTIONS: All Assistance Claims must be accompanied with a Payroll 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 (10/97)	Summary Report of Assistance Expenditures – Adoption Assistance Program/Federal	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). -----
		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 Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s).
CA 800A FC (7/91)	Summary Report of Assistance Expenditures – Nonfederal Children in Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). -----
		17B 17C	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 FC (FED) (10/97)	Summary Report of Assistance Expenditures – Federal Children in Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). Must reflect the approved nonfederal foster care rates. -----
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	
		18B 18D	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 (FED VOLUNTARY FC) (10/97)	Summary Report of Assistance Expenditures Federal Children in Voluntary Foster Care	9	Schedule of Adjustments	Prior Month Positive Adjustment Report	If prior month positive adjustment(s) reflected on this line, the report <u>must display</u> the initial issuance date(s). Must reflect the approved nonfederal foster care rates. -----
		13A	Amount not Reimbursable from Federal Funds	CA 800 FC1 (FED) (12/96)	
		18B 18D	Funeral Costs (Total) Funeral Costs (State)	ABCD 801 (Aid Payroll) - Contra Roll or equivalent form	
CA 800 FC1 (FED) (7/98)	Foster Care Facility Amounts Not Reimbursable from Federal Funds	C3 D3	Nonfed (%) Nonfed (%)	-----	Must reflect the approved nonfederal foster care rates.

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ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800 (FED) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - Federal	7A	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	-----
		13A	Amount Payable with State and County Funds Only (Prior Month Negatives) Prior Month Positive Adjustments	Payroll Summary	-----
		15A	Amount Payable with State and County Funds Only (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> initial issuance date(s).
		16A		Payroll Summary	-----
CA 800 (STATE) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - State-Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800D (FED) (1/98)	Summary Report of Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Diversion - Federal	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800D (STATE) (1/98)	Summary Report of Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Diversion - State Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800L (STATE) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) Legal Immigrants - State Only	11A	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).

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ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
CA 800M (MIXED) (4/98)	Summary Report of Assistance Expenditures for California Work Opportunity and Responsibility to Kids (CalWORKs) - Legal Immigrants (Mixed Cases)	7C	Amount Payable with State and County Funds Only (Current Month)	Payroll Summary	The amounts displayed on the Payroll Summary should be cumulative of the prorated amounts for all mixed cases by state and federal funding. The amounts displayed on the Payroll Summary should be cumulative of the prorated state amounts for all mixed cases by state and county funding. Report <u>must display</u> initial issuance date(s) and display federal and state amounts and persons counts for each mixed case. The amounts displayed on the Payroll Summary should be cumulative of the prorated state amounts for all mixed cases.
		13C	Amount Payable with State and County Funds Only (Prior Month Negatives)	Payroll Summary	
		15C	Prior Month Positive Adjustments	Prior Month Positive Adjustment Report	
		16C	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	
CA 800 EA (STATE) (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance (EA) Foster Care - State Only	11B	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> the initial issuance date(s).
CA 800 EA (10/93) Note: This form should be used for all claim adjustments for the months prior to July 1997. This form will be obsolete beginning January 1999.	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 <u>must display</u> the initial issuance date(s).
		18A	Amount Payable with State and County Funds Only (Prior Month Positives)	Payroll Summary	-----

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ASSISTANCE CLAIMS - REQUIRED SUPPORT DOCUMENTS

Form # and Date	Form Title/Program Name	Line	Line Item Description	Required Detail Support	Additional Instructions
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 <u>must display</u> the initial issuance date(s).
DFA 881 (2/98)	Summary Report of Assistance Expenditures for Emergency Assistance/General Assistance	17B	Prior Month Positive Adjustments (Prior Month Positives)	Prior Month Positive Adjustment Report	Report <u>must display</u> initial issuance date(s).
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 <u>must display</u> the initial issuance date(s).
		13	Unaccompanied Children (UC)	Payroll Summary	
		14	Refugees and Entrants (other and UC)	Payroll Summary	Separate Payroll Summary for UC and Refugees and entrants other than UC (adults).
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.