

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



March 26, 1999

COUNTY FISCAL LETTER (CFL) NO. 98/99-69

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

REFERENCE: COUNTY FISCAL LETTER (CFL) NO. 98/99-13, DATED  
AUGUST 10, 1998, ALL COUNTY LETTER (ACL) Nos. 97-55 Dated  
SEPTEMBER 17, 1997 and 98-33, DATED MAY 15, 1998.

SUBJECT: BASS V. ANDERSON ADDITIONAL ASSISTANCE CLAIMING  
INSTRUCTIONS

The Bass v. Anderson lawsuit concerns the recovery of non-fraudulent overpayments related to child ineligibility in the AFDC-FC program. The original claiming instructions only included the federal foster care cases under Aid Codes 42 and 4C. This CFL transmits additional assistance claiming information for the lawsuit that was not included in the above-referenced CFL. Specifically, it has now been determined that Aid Codes 40, 4K, 5K, and 05 for the State only, Emergency Assistance (EA), EA Probation, and Seriously Emotionally Disabled (SED) cases must also be included for retroactive reimbursement payments. This CFL provides claiming instructions for these additional populations. For those counties who have submitted claims for reimbursement which included the codes described above, those claims will now be processed. For those counties who have already submitted claims for reimbursement that did not include the above Aid Codes, additional claims covering those specific aid codes will need to be provided.

**Aid Code 40**

Include retroactive payments for aid code 40, nonfederal children in foster care, on the monthly CA 800FC (FED) (1/97), Summary Report of Assistance Expenditures – Federal Children in FC (with Aid Codes 42 and 4C) in the same manner described in CFL No. 98/99-13. We have combined federal and nonfederal children onto one form for claiming purposes for this lawsuit only. Payments for these children are not eligible for federal funding.

## Aid Codes 4K and 5K

For those cases originally assigned to aid codes 4K and 5K at the time of the overpayment, the retroactive reimbursement payments issued to these claimants will be claimed on the CA 800 EA (STATE) (1/98), Summary Report of Assistance Expenditures for CalWORKs EA FC – State Only. Sharing ratios of 70/30 (state/county) shall be applied to these expenditures. (Reference the attached sample)

The following are the instructions for completing the CA 800 EA (STATE) for purposes of the lawsuit:

1. Identify the claim form with “Bass v. Anderson Lawsuit” at the top of the form.
2. Column A: Do not enter persons count.
3. Lines 1B through 3B: Do not enter any amounts.
4. Line 4B: Enter the total client retroactive reimbursement as a result of Bass v. Anderson.\*
5. Line 5B: Do not enter any amounts.
6. Line 6C: Enter total of line 4B.
7. Lines 7B through 9B: Do not enter any amounts.
8. Line 10C, 11B, 12C, and 13A: Do not enter any amounts or persons count.
9. Line 13B: Enter the total amount from Line 6C.
10. Line 13C: Enter the State share – multiply Line 13B x .70 percent.
11. Line 13D: Enter the County share – multiply Line 13B x .30 percent.
12. Line 13E: Enter countable TANF MOE – Line 13C + Line 13D.

\*Note: Line 4B is normally used to report expenditures due to aid payments. For the purpose of lawsuit settlement, this line facilitates the reporting of client reimbursement of overpayment collections.

## Aid Code 05

The California Department of Social Services has determined that children receiving benefits under the SED Program (aid code 05) must also be included for retroactive reimbursement payments. Accordingly, counties should approve any claims under the Bass v. Anderson where the aid code was 05.

The following are the instructions for completing the CA 1019 for purposes of the Bass v. Anderson Lawsuit:

1. Identify the claim form with “ Bass v. Anderson Lawsuit” at the top of the form.
2. Column A: Do not enter persons count.
3. Lines 1 B through 3B: Do not enter any amount.
4. Line 5 B: Enter the total client retroactive reimbursement as a result of Bass v. Anderson.\*
5. Line 6B through 11 B: Do not enter any amount.
6. Line 12 B: Enter the amount from Line 5B.
7. Line 13 C : Enter the state share – Multiply 12B x .40 percent.
8. Line 13 D: Enter the county share – Total aid paid (12B) minus state share (13C)
9. Line 14: Enter Grand Totals.

\*Note: Line 5B is normally used to report expenditures due to aid payments. For the purpose of lawsuit settlement, this line facilitates the reporting of client reimbursement of overpayment collections.

Counties, as always, shall submit a Payroll Summary of costs claimed to aid codes 4K and 5K on the CA 800 EA (STATE) and aid code 05 on the CA 1019 with the claim and should maintain proper documentation at the county level identifying all Bass cases/payments to ensure a proper audit trail for any future reviews.

We regret any inconvenience this additional claiming information may cause. If you have any questions, please contact your Fiscal Policy Analyst at (916) 657-3440.

Sincerely,

***Original Document Signed By  
GEORGE E. PEACHER, JR. on 3/26/99***

GEORGE E. PEACHER, JR., Chief  
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

# BASS V. ANDERSON

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE**  
*(Instructions on Reverse Side of Form)*

For State Use →  DSS  County Welfare  County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ( )

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
( )	( )	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
( )	( )	7. Prior Months Cancellation Contra Roll
( )	( )	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7,8,9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL

SAMPLE

**AID CODES**  
**40, 42, 4C**

		C FEDERAL (Line 12B minus Line 14C) x .5123	D STATE (Line 12B minus Line 14C) x .40	E COUNTY (Line 12B minus line 14C minus Line 14D) X .60	
					14.
					15.
					16.
					17.
					18.
					19.
					20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

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 claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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# BASS V. ANDERSON

## SUMMARY REPORT OF EXPENDITURES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN

For State Use  DSS  County Welfare  County Auditor

COUNTY \_\_\_\_\_ DATE (MONTH, YEAR) \_\_\_\_\_

A SHARES COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
( )	( )	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
( )	( )	7. Prior Months Cancellation Contra Roll
( )	( )	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL

**SAMPLE**

		C STATE (Line 12B x .40)	D COUNTY (Line 12B minus Line 13C)	AID CODE 05
				13.
GRAND TOTALS				14.
		(Line 12B)	(Line 13C)	
				15.
				16.
(FOR COUNTY USE)	PERS. CTS.			17.
				18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for Seriously Emotionally Disturbed Children payments, repayments and adjustments and the amounts reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Seriously Emotionally Disturbed Children; that said amounts correctly reflect State and County Shares in the payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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