STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

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

October 15, 1997

COUNTY FISCAL LETTER (CFL) NO. 97/98-28

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

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS TO APPLY THE NEW FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP) TO FOSTER CARE AND ADOPTION ASSISTANCE PAYMENTS

Effective October 1, 1997, the FMAP will increase from 50.23% to 51.23%. The increase should be reflected begining with the October 1997 assistance claims. This letter addresses only those affected programs for which Fiscal Systems and Accounting Branch (FSAB) provides fiscal policy interpretation - these are the Adoption Assistance Program and Federal Foster Care Program. Assistance expenditures for these programs are reported on the following claims:

Program	Claim Number
Adoption Assistance Program	AD 800A (1/97)
Federal Children in Voluntary Foster Care	CA 800 (FED-Voluntary FC) (1/97)
Federal Children in Foster Care	CA 800 FC (FED) (1/97)

To apply the new FMAP, the .5023 used to calculate the Federal share on Line 14C of the claims will be replaced with .5123 (sample claims attached). The calculations for Lines 14D and 14E remain the same.

Revised camera-ready copies of the claims should be available from the California Department of Social Services, Forms Management Unit within the next month. Please continue to manually revise the existing claim form using the new 51.23% FMAP until you obtain the revised claims. The Forms Management Unit can be reached at:

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

The Department is continuing to review funding and claiming issues related to the Block Grant Programs and will be providing instructions in a separate letter. The affected Block Grant programs and corresponding claim forms for which the FSAB provides fiscal policy interpretation are:

Program	Claim Number
AFDC-Family Group	CA 800 Federal (7/91)
AFDC-Unemployed-Federal	CA 800 Federal (7/91)

For the In-Home Supportive Services (Personal Care Services) and Child Support Support Collections programs, the FMAP will also increase to 51.23% effective October 1, 1997. The Adult Services Management Branch and the Office of Child Support will be providing the necessary claiming instructions for their respective programs.

If you have questions regarding the claiming instructions in this letter, please call your Fiscal Policy Bureau county analyst at (916) 657-3440.

S Park FOR

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

c: CWDA

Enclosures

SUMMARY REPORT OF ASSISTANCE EXPENDITURES-ADOPTION ASSISTANCE PROGRAM/FEDERAL

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
	13. Amount not Reimbursable from Federal Funds.	

.5123

	B	C FEDERAL (Line 12B minus Line 13A) x .~~5923~~	D STATE (Line 12B minus Line 14C) x .75	E COUNTY (Line 12B minus Line 14C minus Line 14D)	
					14.
GRAND TOTALS	(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)	15.
(FOR STATE USE)					16.
(FOR COUNTY USE) Persons Count					17.
					18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official esponsible for the administration of the Adoption Assistance Program in and or aforesaid county; that I have not violated any of the provisions of Sections 090 to 1096, inclusive, of the Government Code; that the aid payments, nts for payments in kind, aid repayments and adjustments reflected ave been made in accordance with all provisions of the Welfare and nstitutions Code and the rules and regulations of the Department of Social ervices.

I HEREBY CERTIFY, under penalty, 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 the Adoption Assistance Program made by the county; that said amounts correctly reflect Federal and State Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein 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

INSTRUCTIONS FOR USE OF FORM AD 800A

1. Enter county name, month and year of claim in space provided.

2. Complete Lines 1 through 5 and 7 through 9 in accordance with amounts shown on the integrated payroll or contra roll.

3. Enter the subtotals in Lines 6 and 10, and totals in Lines 12A and 12B.

4. Line 13A - For children receiving AAP payments in excess of the foster family home rate enter the net amount not reimbursable from federal funds.

5. Line 14C - Enter the federal share: Subtract line 13A from line 12B, multiplied by ~~50.23~~ 51.23 percent.

6. Line 14D - Enter the State share: Subtract line 14C from line 12B, multiplied by 75 percent.

7. LIne 14E - Enter the county share: Subtract lines 14C and 14D from line 12B.

8. Line 15 - Enter grand totals.

9. Line 16 - Reserved for the application of adjustments: made by the state (Federal and/or State Field Audit Exceptions, etc.).

10. Lines 17 and 18 - Included at county request and use is optional. If adjustments are reported in line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FEDERAL CHILDREN IN VOLUNTARY 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 Adjustment (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Correction (for state use only)
		12. **TOTAL**

	13. Amount not Reimbursable from Federal Funds

		C FEDERAL (Line 12B minus Line 13A) x ~~.5028~~ .5123	D STATE (Line 12B minus Line 14C) x .40	E COUNTY (Line 12B minus Line 14C Minus Line 14D)	
					14.
GRAND TOTALS					15.
	(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)	
					16.
					17.
FUNERAL COSTS (11-405.2)					18.
(FOR COUNTY USE) PERS. CTS.					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 Section 1090 to 1096, inclusive, of the Government Code; that the aid [illegible]s, aid repayments and adjustments reflected herein have been made [illegible]rdance 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 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

INSTRUCTIONS FOR USE OF FORM CA 800 (FED-VOLUNTARY FC)

1. Enter county name and month and year of claim in space provided.

2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on this Form may be rounded to the nearer dollar.

3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.

4. Line 13A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services, interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).

5. Line 14C - Enter the federal share; total aid paid (12B) minus the amount not reimbursable from federal funds (13A) multiplied by ~~50.23~~ 51.23 percent.

6 Line 14D - Enter the state share: total aid paid (12B) minus federal share (14C) multiplied by 40 percent.

7. Line 14E - Enter the county share: total aid paid (12B) minus federal share (14C) (minus state share (14D)).

8. Line 15 - Enter grand totals.

9. Lines16 and 17 - Reserved for state use.

10. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).

11. Lines19 and 20 - Included at county request and use is optional. If adjustment are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

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**
		13. Amount not Reimbursable from Federal Funds

		C FEDERAL (Line 12B minus Line 13A) x ~~.5023~~ .5123	D STATE (Line 12B minus Line 14C) x .40	E COUNTY (Line 12B minus line 14C Minus Line 14D)	
					14.
GRAND TOTALS	(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)	15.
					16.
					17.
FUNERAL COSTS (11-405.2)					18.
(FOR COUNTY USE) PERS. CTS.					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.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE

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 AUDITOR OR CONTROLLER	DATE

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.

2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearer dollar. **Note:** Line 4(Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.

3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.

4. Line 13A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services, interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).

5. Line 14C - Enter the federal share: total and paid (12B) minus the amount not reimbursable from federal funds (13A) multiplied by ~~50~~ 51.23 percent.

6. Line 14D - Enter the state share: total aid paid (12B) minus federal share (14C) multiplied by 40 percent.

7. Line 14E - Enter the county share: total aid paid (12B) minus federal share (14C) minus state share (14D).

8. Line 15 - Enter grand totals.

9. Line 16 and 17 - Reserved for state use.

10. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).

11. Lines 19 and 20 - Include at county request and use is optional. If adjustments are reported in Line which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.