



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

February 25, 2013

COUNTY FISCAL LETTER (CFL) NO. 12/13-29

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS
ALL COUNTY PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: INTERIM COUNTY ASSISTANCE (CA) 800 CLAIMING
INSTRUCTIONS FOR THE FEDERAL KINSHIP GUARDIANSHIP
ASSISTANCE PAYMENT (FED-GAP) PROGRAM FOR PRIOR
MONTH ADJUSTMENTS

REFERENCE: CFL NO. 12/13-02, DATED JULY 30, 2012; CFL NO. 10/11-64,
DATED MAY 2, 2011; ALL COUNTY LETTER (ACL) NO. 11-15,
DATED JANUARY 31, 2011; ASSEMBLY BILL (AB) 12
(CHAPTER 559, STATUTES OF 2010); WELFARE AND
INSTITUTIONS CODE SECTIONS 11385-11393

This CFL provides interim claiming instructions for counties to identify previously reported prior month adjustments for Fed-GAP assistance expenditures for Aid Code 4T claimed from January 1 through September 30, 2011 and October 1, 2011 forward. Approval has not been received from the federal Department of Health and Human Services, Administration for Children and Families (ACF) for the period prior to October 1, 2011. Therefore, any expenditures claimed to Aid Code 4T for the January 1 through September 30, 2011 period will not be eligible for Title IV-E funds. Since costs claimed to Aid Code 4T for this period cannot be reimbursed with federal Title IV-E funding at this time, interim claiming instructions are needed to help counties identify allowable expenditures that were incurred to the appropriate claiming month.

Background

On January 1, 2011, AB 12 implemented the Fed-GAP program, which allows California to receive federal Social Security Act Title IV-E reimbursement for relatives who assume legal guardianship of foster youth. The California Department of Social Services (CDSS) informed counties in CFL No. 12/13-02 that ACF approved California's Title IV-E State Plan Amendment to claim Fed-GAP assistance expenditures beginning October 1, 2011. As a result, CDSS submitted a request to ACF that Title IV-E funds be made available for assistance expenditures retroactive to January 1, 2011. Pending ACF's decision on the request, CDSS has not paid any Aid Code 4T expenditures for costs claimed from January 1, 2011 through September 30, 2011.

Additionally, only current month payments have been reimbursed to counties since October 1, 2011, and not any prior period adjustments.

Interim Claiming Instructions

The following interim claim forms and corresponding instructions are included with this CFL and are summarized below. The claims and instructions will be posted on CDSS' Automated Assistance Claim Extranet web site, after the release of this CFL.

1. Attachment I: Interim Summary Report of Assistance Expenditures Kinship Guardianship Assistance Payment (Kin-GAP) Federal: Identify Monthly Cost Claimed as Prior Month Adjustments

This one-time interim claim form will allow the counties to identify previously reported Fed-GAP expenditures claimed as prior month adjustments for the claiming months October 2011 through December 2012 on the original Aid Code 4T claim transmitted in CFL No. 10/11-64. The interim claim form has been established to identify prior month adjustments by quarter in order to reconcile with federal reporting rules.

- *January 1, 2011 – March 31, 2011
- *April 1, 2011 – June 30, 2011
- July 1, 2011 – September 30, 2011
- October 1, 2011 – December 31, 2011
- January 1, 2012 – March 31, 2012
- April 1, 2012 – June 30, 2012
- July 1, 2012 – September 30, 2012
- October 1, 2012 – December 31, 2012

*For these adjustment periods, the Federal Medical Assistance Percentage (FMAP) rate was increased pursuant to the American Recovery and Reinvestment Act of 2009. The specified FMAP rate for each period is identified under the "Summary By Funding" line subsequent to Line 15. **This claim form is due 30 days after the issuance of this CFL.** As counties have already claimed these costs as prior month adjustments, documentation should be readily available.

2. Attachment II: Instructions for Interim Summary Report of Assistance Expenditures Kin-GAP Federal: Identify Cost Claimed as Prior Month Adjustments

This attachment provides detailed instructions to counties on how to properly enter expenditures by the identified quarter on the claim form identified as Attachment I. These instructions are specific to prior month adjustments and do not require counties to enter current month expenditures as those cells are blocked.

3. Attachment III: Summary Report of Assistance Expenditures: Kin-GAP Federal

Beginning with the February 2013 claiming month, counties should use this revised claim form to identify current and prior month Aid Code 4T expenditures for each claiming month. This claim form will be due on the 20th of each month, reflective of the CA 800 claim due date.

This claim form has been revised to include two new columns to identify prior month adjustments, "4T (Prior Month Adjustment October 1, 2011-Forward)" and "4T (Adjustment Prior to October 1, 2011)." Under the latter column on Line 12, the total of aid payments made for the entire adjustment period still pending for Title IV-E reimbursement will be displayed.

4. Attachment IV: Instructions for Summary Report of Assistance Expenditures: Kin-GAP Federal

This attachment provides detailed instructions to counties on how to properly enter expenditures on the claim form identified as Attachment III. These instructions shall replace the current instructions available to counties as posted on CDSS' Automated Assistance Claim Extranet web site.

Outstanding Claims

Expenditures claimed on the "Summary Report of Assistance Expenditures: Kin-GAP Federal" are reported to the federal government. Expenditures that have been reported from January 1 through September 30, 2011 are pending federal approval and reimbursement.

Questions regarding this CFL should be directed to Assistance.Claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

Attachments

**INTERIM SUMMARY REPORT OF ASSISTANCE EXPENDITURES Kin-GAP FEDERAL
Identify Cost Claimed as Prior Month Adjustments**

County	Date (Month/Year)
Claim Contact	Telephone

		Kin-GAP FED							
Aid Code		4T (Prior Month Adj 10/01/12- 12/31/12)	4T (Prior Month Adj 07/01/12- 09/30/12)	4T (Prior Month Adj 04/01/12- 06/30/12)	4T (Prior Month Adj 01/01/12- 03/31/12)	4T (Prior Month Adj 10/01/11- 12/31/11)	4T (Prior Month Adj 07/01/11 -09/30/11)	4T (Prior Month Adj 04/01/11 - 06/30/11)	4T (Prior Month Adj 01/01/11 - 03/31/11)
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 (Lines 7 - 9)	-	-	-	-	-	-	-	-
11	Prior Month Positive Adjustment								
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)	-	-	-	-	-	-	-	-
13	Supplemental Clothing Allowance								
14	Number of Children Non-Recurring Payments								
15	Persons Count								
SUMMARY BY FUNDING		Federal	Federal (ARRA)	State (ARRA)	State	County 2011	County/County ARRA	Total	
16	Kin-GAP (Cost claimed 10/01/11 forward)	-				-	-	-	
17	Kin-GAP (Cost for 07/01/11-09/30/11) FMAP 50% (Pending Federal Approval)	-				-	-	-	
18	Kin-GAP (Cost for 03/01/11-06/30/11) FMAP 51.2% (Pending Federal Approval)	-	-	-	-			-	
19	Kin-GAP (Cost for 01/01/11-03/31/11) FMAP 53.2% (Pending Federal Approval)	-	-	-	-			-	
20	Total	-	-	-	-	-	-	-	

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 that 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 Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs 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 California Department of Social Services.

Signature of County Auditor	Date
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**INSTRUCTIONS FOR INTERIM SUMMARY REPORT OF ASSISTANCE EXPENDITURES
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) FEDERAL
IDENTIFY COST CLAIMED AS PRIOR MONTH ADJUSTMENTS**

General Information

1. Enter county name, 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. Line 4: Enter the amounts shown on the integrated payroll summary in the appropriate prior adjustment columns.
5. Line 6: Subtotal of Line 4. This amount will calculate automatically.

Prior Month Negatives

For each column:

6. Lines 7: Enter the amounts shown on the integrated payroll summary in the appropriate prior month adjustment columns. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of all cash recovered in this month for aid paid in the appropriate prior month adjustment columns. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report in the appropriate prior month adjustment columns.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

10. 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 in the appropriate prior adjustment columns.

TOTAL AID PAYMENT, Current + Prior Months (Lines 6+10+11)

11. Line 12: Total Aid Payments, current and prior months. This amount will calculate automatically.

Summary by Funding

12. Lines 16 through 19 will calculate the appropriate share of cost for each entity including an increased Federal Medical Assistance Percentage due to the American Recovery and Reinvestment Act (ARRA). The columns identified as *Federal, Federal (ARRA), State (ARRA), State, County 2011 and County/County ARRA* will calculate the shares automatically by claiming period.
13. Lines 17 through 19 will be paid pending federal approval and reimbursement.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
Kin-GAP FEDERAL**

County	Date (Month/Year)
Claim Contact	Telephone

		Kin-GAP FED			
Aid Code		4T	4T (Prior Month Adj 10/01/11-forward)	4T (Adj prior to 10/01/11)	
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 (Lines 7 - 9)				
11	Prior Month Positive Adjustment				
12	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)				
13	Supplemental Clothing Allowance				
14	Number of Children Non-Recurring Payments				
15	Persons Count				
SUMMARY BY FUNDING		Federal	County 2011	County/County ARRA	Total
16	Kin-GAP				
17	Supplemental Clothing Allowance				
18	Total				
19	Kin-GAP (Cost Prior 10/01/11) Pending Federal Approval				

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 that 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 Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs 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 California Department of Social Services.

Signature of County Auditor	Date
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**INSTRUCTIONS FOR SUMMARY REPORT OF ASSISTANCE EXPENDITURES
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) FEDERAL**

General Information

1. Enter county name, 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, 2, 3 and 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 4: Enter the amounts shown on the integrated payroll summary in the appropriate *Prior Month Adjustment* columns.
6. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

For each column:

7. Line 7: Enter the amounts shown on the integrated payroll summary in the appropriate *Prior Month Adjustment* columns. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
8. Line 8: Enter the total of all cash recovered in this month for aid paid in the appropriate *Prior Month Adjustment* columns. This includes cash abatements or repayments of overpayments received during this report month.
9. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report in the appropriate *Prior Month Adjustment* columns.
10. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positives

11. 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 in the appropriate *Prior Month Adjustment* columns.

TOTAL AID PAYMENT, Current + Prior Months (Lines 6+10+11)

12. Line 12: Total Aid Payments, current and prior months. This amount will calculate automatically.

Supplemental Clothing Allowance (SCA)

13. Line 13: Enter the SCA expenditures for the Kin-GAP Federal program from county payroll records or other automated payroll system. REMINDER: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.
14. Line 14: Enter the number of children that received a Kin-GAP Federal Non-Recurring Payment.

Persons Count

15. Line 15: Enter the persons count for the Kin-GAP Federal program.

Summary by Funding

16. Line 16 through 18 will calculate the *Federal, County 2011, and County/County ARRA* shares automatically.
17. Line 19 will calculate the *Federal, County 2011, and County/County ARRA* share of costs prior to October 1, 2011, pending federal approval and reimbursement.