



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

December 16, 2013

ERRATA

COUNTY FISCAL LETTER (CFL) NO. 12/13-30E

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL COUNTY AUDITOR CONTROLLERS
ALL CONSORTIA REPRESENTATIVES
ALL QUALITY CONTROL COORDINATORS

SUBJECT: UPDATES TO CLAIMING INSTRUCTIONS FOR THE
CALFRESH LOW INCOME HOME ENERGY ASSISTANCE
PROGRAM (LIHEAP)

REFERENCE: [CFL NO. 12/13-30](#), DATED MARCH 4, 2013; [ALL COUNTY LETTER \(ACL\) 12-61](#), DATED OCTOBER 30, 2012; [ASSEMBLY BILL \(AB\) 6 \(CHAPTER 501, STATUTES OF 2011\)](#); [WELFARE AND INSTITUTIONS CODE SECTION 18901.2](#)

This errata to CFL No. 12/13-30 provides counties with updated instructions regarding the LIHEAP claiming process. Counties have reported difficulties reconciling their LIHEAP expenditures. The issue has been investigated and it has been concluded to be a timing issue dependent on when the reports are obtained from the Statewide Automated Reconciliation System (SARS) and consortia systems. The timing difference does not result in any financial impact as long as only one source document is being used to complete the LIHEAP claim.

The instructions in CFL 12/13-30 have been revised to further clarify the LIHEAP claiming process and are as follows:

1. Obtain the monthly LIHEAP benefit issuance report from the Issuance Reconciliation (Level 3A) report in SARS. This can be found by clicking on the Issuance Reconciliation (Level 3A) link under the Reconciliation Reports menu, selecting the LIHEAP benefit, checking the "Report" box and clicking "Go" to create the report.
2. Use the EXPENDITURE CERTIFICATION FOR THE COUNTY WELFARE DEPARTMENT ASSISTANCE CLAIM EXPENDITURES FOR CALFRESH HEAT AND EAT PROGRAM'S LOW INCOME HOME

ENERGY ASSISTANCE PROGRAM (LIHEAP) BENEFIT certification page form (sample attached) to report the:

- **Total LIHEAP Benefit Amount Issued by the County (Vendor Reported Deposits):** Enter amount shown on the SARS report line titled Vendor Reported Deposit.
- **Total Benefit Returns Including Expungements (Vendor Reported Benefit Returns):** Enter the amount shown on the SARS report line titled Vendor Reported Benefit Returns. This entry must be a negative amount, otherwise a pop-up message will display informing the counties to *Enter Negative Amount for Benefit Returns*.
- **Total Net Obligations for Reimbursement (Vendor Reported Obligations):** This is a subtotal of Lines 1 and 2 and the amount will calculate automatically. The amount should reconcile to the SARS report line titled Vendor Reported Obligations.
- **Total Number of Households Receiving LIHEAP Benefit:** This amount is the total of Line 1 divided by the ten cent (\$0.10) LIHEAP benefit and will calculate automatically. Counties should use the SARS report as the source document to complete the LIHEAP assistance claim.

The form is located on the CDSS' Automated Assistance Claim Extranet web site at <http://www.cdsscounties.ca.gov/AAC/aac.htm>.

3. Submit the LIHEAP claim and cover sheet (certification page), sign and e-mail to assistance.claims@dss.ca.gov or fax to:

California Department of Social Services
Financial Services Bureau
744 P Street, MS 09-5-27
Sacramento, CA 95814
Fax: (916) 654-5993
Subject: LIHEAP

4. Requests for reimbursement must be submitted within 20 calendar days after the end of the month. Counties should begin using the revised form for their December 2013 claims. The claim is due each month on the same due date as the CA 800 whether or not costs are claimed for the month. Counties are no longer required to submit the SARS report with the claim.

5. Per [ACL 11-08](#), counties must maintain the original reimbursement request and the SARS report as supporting documentation for three years from the date the state submits the last expenditure report to the Federal agency.

These revisions to the original instructions were made in collaboration with the Office of Systems Integration and are meant to acknowledge the timing issue between SARS and the consortia systems and to reduce complications in completing the LIHEAP claim and certification page. If counties have any further questions concerning the SARS report or the specifics of the timing issue, please contact the SARS Help Desk at sars@osi.ca.gov or (916) 263-4036.

If counties have any questions regarding this CFL, please direct them to Assistance.Claims@dss.ca.gov.

Sincerely,

Original Document Signed By:

LILIA A. YOUNG, Chief
Fiscal Forecasting and Policy Branch

Attachment

**EXPENDITURE CERTIFICATION FOR THE
 COUNTY WELFARE DEPARTMENT
 ASSISTANCE CLAIM EXPENDITURES
 FOR CALFRESH HEAT AND EAT PROGRAM'S
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) BENEFIT**

COUNTY
MONTH/YEAR

Total Allowable Welfare Costs as reported on the following claims:

	Report Title	Amount
1	Total LIHEAP Benefit Issued (Vendor Reported Deposit)	
2	Total Other Benefit Returns Including Expungements (Vendor Reported Benefit Returns)	
3	Total Net Obligations for Reimbursement (Vendor Reported Obligations)	
		Total Count
4	Total Number of Households Receiving LIHEAP Benefit	

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 aforesaid 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 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 aid payments claimed and that warrants therefor 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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**Claim Forms & CFL
 Updated Website:**

<http://www.cdsscounties.ca.gov/AAC/aac.htm>



Email: assistance.claims@dss.ca.gov

Last Modified: 10/09/13