



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

July 16, 2013

COUNTY FISCAL LETTER (CFL) NO. 13/14-01

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

SUBJECT: TIME LIMIT REMINDER FOR SUBMITTING CALIFORNIA
ASSISTANCE (CA) 800 AND COUNTY EXPENSE CLAIM (CEC)
ADJUSTMENT CLAIMS AND CHANGES TO THE
STATE OF CALIFORNIA (SOC) 812 FORM

REFERENCE: CFL NO. 02/03-12E, DATED OCTOBER 7, 2002; CFL NO. 02/03-12,
DATED AUGUST 27, 2002; CFL NO. 96/97-47, DATED
MARCH 13, 1997; CFL NO. 91/92-35, DATED APRIL 3, 1992;
WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 10604.5
AND 10604.6; CODE OF FEDERAL REGULATIONS (CFR),
TITLE 45, SECTIONS 95.4 AND 95.19; MANUAL OF POLICIES AND
PROCEDURES 25-400 and 25-410

This letter reminds counties of the time limitations for submitting prior period positive adjustments to expenditures claimed on the CA 800 and on the CEC. These time limitations were previously communicated in CFL No. 96/97-47 and have not changed.

There is no time limitation for negative adjustments made to either claim. However, if counties have negative adjustments that cannot be processed through the CEC or the CA 800 because they are outside of the time limits, an abatement (return of funds to the original source) process is available. This letter also provides counties with an updated SOC 812 form for processing abatements that cannot be processed through the CEC or the CA 800. The updated SOC 812 form (renamed to the SOC 812A [to be used for administrative expenditures]) and SOC 812B (to be used for assistance expenditures) will allow counties to return funds.

Time Limit For The CA 800 Adjustment Claim: 18 Months

The 18 month time limit to submit prior period positive adjustments to claims for assistance expenditures identified on the CA 800 is a requirement in state statute.

The W&IC section 10604.6 authorizes the department to reimburse federal and state assistance expenditures that are submitted by the county to the department within 18 months after the end of the calendar quarter in which the costs are paid.

Exceptions to this time limit only apply if the claim needs to be submitted *after* the 18 month time limit. Because they are outside of the normal time limit the reason must meet one of the criteria as specified in federal regulations (45 CFR 95.19), which are summarized below:

- 1) Any claim which contains a prior year adjustment of costs allocated in the countywide cost allocation plan.
- 2) Any claim resulting from an audit exception.
- 3) Any claim resulting from a court-ordered retroactive payment.
- 4) Any claim for which there was good cause. Good cause is defined as circumstances which are beyond the county's control, including acts of God and documented action or inaction by the state or federal government, as defined in W&IC section 10604.5(b)(2).

Time Limit For The CEC Adjustment Claim: Nine Months

State statute also includes a nine-month time limit to submit prior period positive adjustment claims for administrative expenditures identified on the CEC. The W&IC section 10604.5(a)(1) authorizes the department to reimburse federal and state CEC expenditures that are submitted by the county to the department within nine months of the end of the calendar quarter in which the costs are paid.

Exceptions may also be made to this time limit if an exception under federal law applies to that claim as outlined above. Exceptions to this time limit only apply if the claim is submitted *after* the nine-month time limit.

Revisions To The SOC 812 Form

The SOC 812 form allows counties to report abatements (refunds) of expenditures for a specific month or quarter. The original SOC 812 form allowed counties to process abatements for administrative expenditures only. The original form has been revised to reflect two separate documents (the SOC 812A for CEC costs and the SOC 812B for CA 800 costs) and instructions have been developed for both forms, as follows:

Attachment I: ABATEMENTS NOT PROCESSED THROUGH THE COUNTY EXPENSE CLAIM (CEC), identified as SOC 812A (6/13).

Attachment II: ABATEMENTS NOT PROCESSED THROUGH THE CALIFORNIA ASSISTANCE (CA) 800, identified as SOC 812B (6/13).

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Attachment III: INSTRUCTIONS FOR THE STATE OF CALIFORNIA (SOC) 812A
AND 812B FORMS, identified as SOC 812A and SOC 812B (6/13).

These forms should only be used for expenditures that qualify as an allowable abatement per CFL No. 02/03-12 and CFL No. 02/03-12E or if specifically permitted or directed by the California Department of Social Services (CDSS). These forms and instructions will be posted on CDSS' web site at <http://www.cdss.ca.gov/cdssweb/PG183.htm>.

Questions regarding assistance claim timelines should be directed to assistance.claims@dss.ca.gov and questions regarding CEC timelines should be directed to fiscal.systems@dss.ca.gov.

Sincerely,

Original Documents Signed By:

LILIA YOUNG
Acting Chief
Estimates Branch

Attachments

ABATEMENTS NOT PROCESSED THROUGH THE COUNTY EXPENSE CLAIM

CEC Reporting Period: Quarter: _____ YR _____

SECTION A:

COUNTY NAME: _____ COUNTY CONTACT PERSON: _____
TELEPHONE NUMBER: _____

Explanation: _____

SECTION B:

Abatement Details:

Program Name	Program Identifier Number (PIN) Code	Amounts (\$)				Total
		Federal	State/County 2011	Health	County	

Please submit this form to:
 California Department of Social Services
 Financial Services Bureau
 744 P Street, M.S. 9-5-27
 Sacramento, CA 95814
 FAX: (916) 654-1750

<p><i>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 7 CFR Part 3018 and 45 CFR Part 93, regarding lobbying restrictions, and sections 1090 and 1906, inclusive of the Government Code; that the amount(s) reported herein has been paid and is properly chargeable as an expenditure or credit to administration of welfare programs in accordance with all provisions of the Welfare and Institutions Code and rules and regulations of the California Department of Social Services.</i></p> <p>_____</p> <p>Signature of County Welfare Director Date</p>	<p><i>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 7 CFR Part 3018 and 45 CFR Part 93, regarding lobbying restrictions, and Sections 1090 and 1906. Inclusive of the Government Code; that the amount(s) reported herein has been authorized by the welfare director; and that warrants therefore have been issued or expenditures/credits otherwise incurred according to law.</i></p> <p>_____</p> <p>Signature of County Auditor-Controller Date</p>
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INSTRUCTIONS FOR COMPLETING THE STATE OF CALIFORNIA (SOC) 812A and SOC 812B FORMS

Only one abatement form can be submitted per abatement quarter or period. If multiple abatement quarters or periods exist, please fill out a separate form for each quarter and period.

1. County Expense Claim (CEC)/California Assistance (CA) 800 Reporting Period: Enter the quarter/month and year next to the claim selected.

Section A:

2. County Name: Enter the county name.
3. County Contact Person: Enter the county contact person that the California Department of Social Services may contact.
4. Telephone Number: Enter the telephone number of the county contact person.
5. Explanation: Provide a detailed explanation for the abatement. Reasons include, but are not limited to, discontinued program allocations and other situations where negative adjustments cannot be processed through the CEC or the CA 800 due to claiming periods no longer available or outside of the adjustment periods.

Section B:

For each column:

6. Program Name: Enter the program name where the abatement is being applied.
7. For SOC 812A - Program Identifier Number (PIN): Select this box if the abatement is for an administrative expenditure. Enter each six digit PIN code separately under this column.
8. For SOC 812B - Aid Code: Select this box if the abatement is for assistance expenditures. Enter each aid code separately under this column.
9. Amounts (\$): Enter the appropriate share of the abatement under each sub-column that identifies the federal, state, health, county and total shares. For abatements of programs identified with Local Revenue Funds (LRF), enter the LRF amount under the State/County 2011 sub-column.
10. County Certification: The county welfare director must sign and date on the line provided.
11. County Certification: The county auditor-controller must sign and date on the line provided.