



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

December 17, 2013

COUNTY FISCAL LETTER (CFL) NO. 13/14-34

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

SUBJECT: WORK INCENTIVE NUTRITIONAL SUPPLEMENT (WINS)
CLAIMING INSTRUCTIONS

REFERENCES: [ALL COUNTY LETTER \(ACL\) 13-71, DATED SEPTEMBER 10, 2013](#)
[SENATE BILL \(SB\) 1041 \(CHAPTER 47, STATUTES OF 2012\)](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 15525](#)

This CFL provides instructions for the claiming of WINS benefit assistance costs and WINS program administration costs. The WINS program will allow counties to provide a ten dollar (\$10) per month additional food supplement benefit for each WINS-eligible CalFresh and California Food Assistance Program (CFAP) household. The WINS claiming instructions for Transitional CalFresh and Transitional CFAP cases will be addressed in a subsequent CFL at a later date. Several new aid codes have been established to issue the WINS benefits to eligible households and a new assistance claim is included with this letter, along with new Program Codes for claiming administrative costs associated with the WINS program.

Issuance of WINS benefits to households shall not commence prior to January 1, 2014, with full implementation by all counties no later than July 1, 2014. Counties should begin using the new WINS aid codes as soon as they become available in the consortia systems.¹ At that time, counties must also use the new Program Codes (PCs) identified in this CFL to claim administrative costs of the WINS program. For further instruction on

¹ WINS benefits should not be claimed retroactively to January 1, 2014.

the implementation and eligibility requirements of the WINS program please see ACL 13-71, dated September 10, 2013.

Assistance Claiming Instructions:

Effective January 1, 2014, three new aid codes will be available on the new WORK INCENTIVE NUTRITIONAL SUPPLEMENT (WINS) BENEFITS monthly claim and certification page (WINS claim, Attachment I), which is separate from the regular County Assistance (CA) 800 monthly claim. The WINS claim will be available for download on the California Department of Social Services' (CDSS) [Extranet](#). Attachment II provides instructions for completing the new WINS claim, which will also be available on the CDSS Extranet. The WINS claim must be submitted monthly, within 20 calendar days after the end of the month.

Aid Codes:

As identified in ACL 13-71, the new aid codes for the WINS program household participants that will be added to the WINS claim are the following:

R4 - Work Incentive Nutritional Supplement for non-two parent/caretaker relative households receiving Non-Assistance CalFresh.

R5 - Work Incentive Nutritional Supplement for two parent/caretaker relative households receiving Non-Assistance CalFresh.

R6 - Work Incentive Nutritional Supplement for non-two or two parent/caretaker relative households receiving California Food Assistance Program benefits.

These three new aid codes issuing the WINS benefits are also identified to issue the CalFresh or CFAP food benefits. The \$10 WINS benefits are 100 percent funded with state General Fund dollars. It is necessary to claim the \$10 WINS benefits in association with their respective aid code because WINS benefits for CFAP households will not be used to help meet the state's Maintenance of Effort requirement for the Temporary Assistance to Needy Families block grant.

Administrative Claiming Instructions:

In consultation with the County Welfare Director's Association, one time study code (TSC) has been established to capture caseworker time for WINS activities. Additional steps outside of the County Expense Claim (CEC) will need to be taken to manually allocate the WINS administration costs for the CFAP cases to a second TSC. This manual shift for the WINS CFAP cases is similar to the CFAP singles and CFAP families shift that occurs automatically within the CEC. Using household caseloads

from the WINS claim (Attachment I), CWDs will calculate their own total quarterly WINS CFAP costs.

TSC 4561 - Work Incentive Nutritional Supplement (WINS) Administration

Allowable administrative activities include, but are not limited to, staff time dedicated towards the administration of the WINS program, such as, application intake for WINS-eligible Non-Assistance CalFresh (NACF) and Non-Assistance California Food Assistance Program (CFAP) cases to discuss the requirements of the WINS program and ongoing eligibility determination for work verification and documentation requirements of WINS participants.

TSC 8871 - Work Incentive Nutritional Supplement (WINS) CFAP Administration

Allowable administrative activities include, but are not limited to, staff time dedicated towards the administration of the WINS program, such as, application intake for WINS-eligible Non-Assistance California Food Assistance Program (CFAP) cases to discuss the requirements of the WINS program and ongoing eligibility determination for work verification and documentation requirements of WINS participants. Caseworkers will not directly time study to this code. Counties shall use instructions in CFL 13/14-34 to shift costs from TSC 4561 to this code.

Claiming Instructions:

Effective with the March 2014 quarter, the following Program Codes (PCs) and associated Program Identifier Numbers (PINs) are made available to counties to capture the administrative costs incurred in the operation of the WINS program. The same methodology for shifting cost for the WINS CFAP cases will be used for the PCs and their respective PINs.

PC	456	WINS Administration
TSC	4561	WINS Administration Case Management
PIN	456094	Start-up/Nonrecurring Costs
PIN	456093	Support Staff – OT/CTO Costs
PIN	456092	Casework – OT/CTO Costs
Costs will be funded at 00/100/00/00 (Federal/State/Health/County).		

PC	887	WINS CFAP Administration
TSC	8871	WINS CFAP Administration Case Management
PIN	887094	Start-up/Non recurring Costs
PIN	887093	Support Staff – OT/CTO Costs
PIN	887092	Casework – OT/CTO Costs
Costs will be funded at 00/100/00/00 (Federal/State/Health/County).		

Costs claimed in excess of each county’s WINS allocation, as described in CFL No. 13/14-14, will be shifted to county-only share using state-use-only (SUO) PC 455 – SUO WINS overmatch.

WINS CFAP Shift Instructions:

The WINS CFAP shift ratio is computed as follows and must be calculated every quarter based on the total caseload from the same three months of WINS assistance claims for the quarter:

Numerator: All CFAP cases receiving the WINS benefit (aid code R6) for the three months of the claiming quarter.

Divided by

Denominator: Total of all cases receiving the WINS benefit (aid codes R4, R5 and R6) for the three months of the claiming quarter.

Counties are required to take the following manual steps in allocating and claiming WINS CFAP Administration costs:

1. Caseworkers should time study WINS Administration activities to TSC 4561.
2. Take the total hours reported to TSC 4561 and multiply by the WINS CFAP ratio as calculated above, to provide resulting WINS CFAP hours.
3. Take the resulting WINS CFAP hours and report them to TSC 8871.
4. The total hours reported to TSC 4561 shall then be reduced by the WINS CFAP hours reported to TSC 8871.
5. Use the WINS CFAP shift ratio to allocate any direct costs associated with WINS Administration and claim costs to the proper code, accordingly.

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If you have questions regarding this letter, please direct your questions to fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

LILIA A. YOUNG, Chief
Fiscal Forecasting and Policy Branch

Attachments

EXPENDITURE CERTIFICATION FOR THE COUNTY WELFARE DEPARTMENT ASSISTANCE CLAIM EXPENDITURES FOR THE WORK INCENTIVE NUTRITIONAL SUPPLEMENT (WINS) BENEFITS

COUNTY
MONTH/YEAR

Total Allowable Welfare Costs as reported on the following claims:

		WINS CLAIM		
	Aid Codes	R4	R5	R6
1	Total Number Case Load Count Receiving WINS Benefit by Aid Code			
2	Total Obligations for Reimbursement by Aid Code for WINS Benefit			
3	Total Other Benefit Returns Including Expungements			
4	Total Net Obligation for Reimbursement			

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: 11/20/13

**INSTRUCTIONS FOR THE EXPENDITURE CERTIFICATION FOR THE COUNTY
WELFARE DEPARTMENT ASSISTANCE CLAIM EXPENDITURES FOR THE WORK
INCENTIVE NUTRITIONAL SUPPLEMENT (WINS) BENEFITS.**

General Information

1. Select from dropdown menu county name, and month and year of claim.

Total WINS CASE RECEIVING Benefit Issued

2. Line 1: Enter number case load count receiving WINS benefit by aid code.

Total Reimbursement by Aid Code for WINS Benefits

3. Line 2: Line 1 multiples by \$10.00. This amount will calculate automatically.

Total Other Benefit Returns

4. Line 3: Enter total expungement amounts (must enter a negative amount).

Total Net Obligation for Reimbursement

5. Line 4: Subtotal of Lines 2 and 3. This amount will calculate automatically.