



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](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

April 21, 2014

COUNTY FISCAL LETTER (CFL) NO. 13/14-45

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

SUBJECT: UPDATED COUNTY ASSISTANCE (CA) 800 CLAIMING AND  
OVERPAYMENT INSTRUCTIONS FOR THE FEDERAL  
KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT  
(FED-GAP) PROGRAM

REFERENCE: [CFL NO. 13/14-30](#), DATED NOVEMBER 20, 2013;  
[CFL NO. 13/14-01](#), DATED JULY 16, 2013;  
[CFL NO. 12/13-02E](#), DATED JUNE 14, 2013;  
[CFL NO. 12/13-29E](#), DATED MARCH 22, 2013;  
[CFL NO.12/13-29](#), DATED FEBRUARY 25, 2013;  
[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 \(CHAPTER 559, STATUTES  
OF 2010\)](#); [SENATE BILL \(SB\) 1013 \(CHAPTER 35,  
STATUTES OF 2012\)](#); [WELFARE AND INSTITUTIONS CODE  
\(W&I\) SECTIONS 11385-11393 AND 11466.23](#)

This CFL provides updated claiming instructions for assistance costs claimed to the Fed-GAP Program. In addition, it provides counties with instructions for a one-time identification of overpayments made from October 1, 2011, through October 31, 2013.

**Background**

Per [CFL Nos. 12/13-29](#) and [12/13-29E](#), the California Department of Social Services developed interim claiming instructions to capture Fed-GAP assistance expenditures claimed to aid code 4T for the period January 1, 2011, through September 30, 2011. Since those expenditures have already been identified and paid with state General Fund (GF) as instructed in [CFL No. 12/13-02E](#), the claim has been updated to remove certain fields and is re-named. In addition, as noted in [CFL No. 13/14-30](#), Fed-GAP claiming instructions to identify overpayments made from October 1, 2011, through

October 31, 2013 pursuant to [W&IC section 11466.23](#) would be addressed in a subsequent CFL and are addressed in this letter.

### **Aid Code 4T Claim Changes**

The attachment below provides the instructions for changes to the Fed-GAP Summary Report of Assistance Expenditures:

Attachment 1A: INSTRUCTIONS FOR THE SUMMARY REPORT OF ASSISTANCE EXPENDITURES: FED-GAP  
(FED-GAP [02/14])

The attachment below is the claim that includes the changes:

Attachment 1B: SUMMARY REPORT OF ASSISTANCE EXPENDITURES:  
FED-GAP  
(FED-GAP [02/14])

- As displayed in Attachment 1B, the title of the Fed-GAP claim form has been changed from *Summary Report of Assistance Expenditures: Kin-GAP Federal*, to *Summary Report of Assistance Expenditures: Fed-GAP*. The reason for the title change is to be consistent with the program name.
- As displayed in Attachment 1B, columns identified as “4T (Prior Month Adj 10/01/11-forward)” and “4T (Adj prior to 10/01/11)” have been removed. These columns were added to identify prior month adjustments for the allowable and unallowable periods. Since aid code 4T prior month expenditures are allowable, counties can input any prior month adjustments on the current month Fed-GAP assistance claim subject to the 18-month claiming time limit. Any expenditures that exceed the 18-month claiming time limit need to be identified as an allowable abatement on the SOC 812B form as instructed in [CFL No. 13/14-01](#).
- As displayed in Attachment 1B, line 19 identified as “Kin-GAP (Cost Prior 10/01/11) Pending Federal Approval and Reimbursement” has been removed. Per [CFL No. 12/13-02E](#), federal approval was denied and counties were reimbursed with state GF. Therefore, this line is no longer needed.

## **Overpayments**

The attachment below provides the instructions for changes to the One-Time Summary Report of Overpayment Title IV-E Fed-GAP Federal Share Only Expenditures:

Attachment 2A: INSTRUCTIONS FOR THE ONE-TIME SUMMARY REPORT OF OVERPAYMENT TITLE IV-E FED-GAP FEDERAL SHARE ONLY: IDENTIFY OVERPAYMENTS CLAIMED FOR THE PERIOD 10/1/11-10/31/13  
(ONE-TIME SUMMARY OVERPAYMENTS FED [02/14])

The attachment below is the claim that includes the changes:

Attachment 2B: ONE-TIME SUMMARY REPORT OF OVERPAYMENTS TITLE IV-E FED-GAP FEDERAL SHARE ONLY: IDENTIFY OVERPAYMENTS CLAIMED FOR THE PERIOD 10/1/11-10/31/13  
(ONE-TIME SUMMARY OVERPAYMENTS FED [02/14])

- As instructed in [CFL No. 13/14-30](#), [SB 1013](#) revised the overpayment timeframes and responsibilities for the Fed-GAP program. As displayed in Attachment 2B, the one-time claim form will allow counties to identify overpayments that completed due process for the period October 1, 2011 through October 31, 2013. ***This claim form is due June 20, 2014.*** An overpayment identified after October 31, 2013, should be claimed on the Fed-GAP overpayment claim forms as instructed in [CFL No. 13/14-30](#).

Counties are reminded to submit the one-time claim form even if the county has no expenditures to report.

Questions regarding this CFL should be directed to [Assistance.Claims@dss.ca.gov](mailto:Assistance.Claims@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

LILIA A. YOUNG, Chief  
Fiscal Forecasting and Policy Branch

Attachments

**INSTRUCTIONS FOR SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (FED-GAP)****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, 4 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 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

For each column:

6. Lines 7: Enter the amounts shown on the integrated payroll summary. 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. 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 monetary amounts that were claimed in a prior month summary report.
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.

**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.

**Supplemental Clothing Allowance (SCA)**

12. Line 13: Enter the Supplemental Clothing Allowance (SCA) expenditures for the Fed-GAP 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.
13. Line 14: Enter number of children that received a Fed-GAP Non-Recurring Payment.

**Persons Count**

14. Line 15: Enter the persons count for the Fed-GAP program.

**Summary by Program**

15. Line 16 through 18 will calculate the Federal, County 2011 and County shares automatically.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES  
FED-GAP**

County	Date (Month/Year)
Claim Contact	Telephone

		FED-GAP
<b>Aid Code</b>		<b>4T</b>
1	Main Payroll	
2	Current Month Supplemental Payroll	
3	Current Month Cancellation Contra Roll	
4	Prior Month Supplemental Payroll	
5	Current Month Adjustment	
6	<b>Subtotal (Lines 1 - 5)</b>	
7	Prior Month Cancellation Contra Roll	
8	Recoveries of Aid	
9	Prior Month Negative Adjustment	
10	<b>Subtotal (Lines 7 - 9)</b>	
11	Prior Month Positive Adjustment	
12	<b>TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)</b>	
13	<b>Supplemental Clothing Allowance</b>	
14	<b>Number of Children Non-Recurring Payments</b>	
15	<b>Persons Count</b>	

SUMMARY BY FUNDING		Federal	County 2011	County	Total
16	<b>Fed-GAP</b>				
17	<b>Supplemental Clothing Allowance</b>				
18	<b>Total</b>				

**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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Updated 02/21/14

**INSTRUCTIONS**  
**ONE-TIME SUMMARY REPORT OF OVERPAYMENT TITLE IV-E FEDERAL**  
**KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (FED-GAP)**  
**FEDERAL SHARE ONLY: IDENTIFY OVERPAYMENTS**  
**CLAIMED FOR THE PERIOD 10/01/11-10/31/13**

**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 not allow cents, only dollar values.

**OVERPAYMENTS:**

**Federal Share of Overpayments COLLECTED & Reported FED-GAP FED**

4. Line 1: Enter the Federal Share of Overpayments COLLECTED that was reported as a Recoveries of Aid adjustment on the FED-GAP FED. Enter the overpayments under the appropriate time period when due process was completed. Enter only the Federal Share collected overpayments that were previously reported as uncollected identified overpayment.

**Federal Share of Uncollected Newly Identified Overpayments**

5. Line 2: Enter the Federal Share of Uncollected Newly Identified Overpayments that completed due process under the appropriate time period when due process was completed.

**Federal Share of Uncollectible Overpayments Identified**

6. Line 3: Enter the Federal Share of Uncollectible Overpayments Identified in the appropriate time period when due process was completed.

**Summary by Funding**

7. Lines 4 through 6 will automatically calculate Federal, County 2011 and County at the appropriate rates.

**Total Overpayments**

8. Line 7: Total share of overpayment for Federal, County 2011 and County.

**ONE-TIME SUMMARY REPORT OF OVERPAYMENT  
TITLE IV-E FED-GAP FEDERAL SHARE ONLY  
IDENTIFY OVERPAYMENTS CLAIMED FOR THE PERIOD 10/01/11-10/31/13**

County	Date (Month/Year)
Claim Contact	Telephone

		FED-GAP	
Aid Code		4T	
OVERPAYMENTS W&IC 11466.23		Identified Overpayments that completed due process between 10/01/11 and 06/30/12	Identified Overpayments that completed due process beginning 07/01/12 and 10/31/13
1	Federal Share of Overpayments COLLECTED & Reported on FED-GAP (Already Paid to Federal Government)		
2	Federal Share of Uncollected Newly Identified Overpayments (Due to Federal Government)		
3	Federal Share of Uncollectible Overpayments Identified W&IC 11466.23(c)(1) (Due to Federal Government)		

Summary by Funding		FED-GAP			
		Federal	County 2011 Responsibility	County Responsibility	Total
4	Overpayments Collected (Completion of Due Process )	-	-	-	0.00
5	Overpayments Identified (Completion of Due Process)	-	-	-	0.00
6	Uncollectible Overpayments	-	-		0.00
7	Total Overpayments	-	-	-	0.00

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Signature of County Welfare Director	Date
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Signature of County Auditor	Date
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