



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

October 28, 2014

COUNTY FISCAL LETTER (CFL) NO. 14/15-28

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 AND STATE UTILITY
ASSISTANCE SUBSIDY BENEFIT

REFERENCE: [ALL COUNTY LETTER \(ACL 14-66\)](#), DATED
SEPTEMBER 19, 2014;
[ACL 14-54](#), DATED MAY 29, 2014;
[CFL 12/13-30E](#), DATED DECEMBER 16, 2013;
[PUBLIC LAW \(P.L.\) 113-79](#)

This CFL provides counties with updated instructions regarding changes to the Low Income Home Energy Assistance Program (LIHEAP) and State Utility Assistance Subsidy (SUAS) claiming process. Due to the Agricultural Act of 2014 (P.L. 113-79), as outlined in ACL 14-54, the LIHEAP energy assistance benefit amount of ten cents (\$0.10) is ending and will be replaced by the SUAS benefit (\$20.01). This change ensures that certain CalFresh households continue to qualify for the Standard Utility Allowance (SUA) in the computation of their CalFresh benefits. The new SUAS program will be solely state funded and the California Department of Social Services (CDSS) will no longer be using the LIHEAP Block Grant to fund the former LIHEAP benefit. For additional information about the SUAS program, please see ACL 14-66.

Claiming Instructions:

In order to be consistent with previous instructions contained in CFL 12/13-30E for claiming LIHEAP benefits, the Statewide Automated Reporting System (SARS) report will continue to be the source documentation for claiming costs of the LIHEAP and SUAS benefits. The SARS report will have the benefit type renamed from LIHEAP to LIHEAP/SUAS by no later than November 1, 2014. The claim entitled, "EXPENDITURE

CERTIFICATION FOR THE COUNTY WELFARE DEPARTMENT ASSISTANCE CLAIM EXPENDITURES FOR CALFRESH HEAT AND EAT PROGRAM'S LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND STATE UTILITY ASSISTANCE SUBSIDY (SUAS) BENEFITS" (Attachment I) has been created in order to appropriately identify and claim SUAS benefit amounts and returned or expunged LIHEAP benefit amounts. Instructions on how to fill out the new claim are available in this CFL and Attachment II entitled, "INSTRUCTIONS FOR 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) AND STATE UTILITY ASSISTANCE SUBSIDY (SUAS) BENEFITS."

Updated instructions for completing the attached claim are as follows:

1. Obtain the monthly LIHEAP/SUAS 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 and selecting the options of *Month*, *Cash Benefits* and *LIHEAP*¹ from the drop downs to create the report.
2. Use the LIHEAP/SUAS claim (Attachment I) to report the:

Line 1: Total SUAS Benefit Amount Issued by the County (Vendor Reported Deposits) – Enter the amount shown on the SARS report line titled *Vendor Reported Deposit*. This line will only contain SUAS benefit amounts because LIHEAP benefits were not issued beyond July 2014.

Line 2: Total Benefit Returns (Vendor Reported Benefit Returns) – This is the sum of Lines 2-A and 2-B and is automatically calculated on the claim.

Line 2-A: Expungements – Enter the amounts shown on the SARS report line titled *Expungements*. This entry must be a negative amount, otherwise a pop-up message will display informing the counties to "Enter Negative Amount for Expungements."

Note: The box for SUAS Expungements is blocked (grayed out) because SUAS Expungements will not be issued until July 1, 2015. Therefore, simultaneous expungements of ten cents (\$0.10) for LIHEAP and twenty dollars and one cent (\$20.01) for SUAS will not occur.

¹ The SARS report will have the benefit type renamed from LIHEAP to LIHEAP/SUAS by no later than November 1, 2014.

Line 2-B: All Other Benefit Returns (i.e., Host to Host, Administrative Repayments, etc.) – Check the SARS report lines *Administrative Coupon Conversions, Administrative Repayments, Host to Host Coupon Conversions and Host to Host Repayments*. If the sum of these categories exceeds (\$20.01), counties will need to contact the SARS Help Desk at sars@osi.ca.gov or (916) 263-4036 directly for the breakdown of LIHEAP and SUAS repayment amounts. This breakdown must be obtained before the claim can be completed.

Line 3: Total Net Obligations for Reimbursement (Vendor Reported Obligations) – This is a total of Lines 1 and 2, and the amount in the “Total” column should reconcile to the SARS report line titled *Vendor Reported Obligations*.

Line 4: Total Number of Households Receiving SUAS Benefit – This is the Line 1 Total SUAS Benefit Amount Issued divided by \$20.01. This amount will calculate automatically.

Note: The box for LIHEAP households is blocked (grayed out) because LIHEAP is no longer being issued.

3. Submit the LIHEAP/SUAS 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
Fiscal Systems and Accounting Branch
744 P Street, MS 09-5-27
Sacramento, CA 95814
Fax: (916) 654-5993
Subject: LIHEAP/SUAS

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

4. Requests for reimbursement must be submitted within 25 calendar days after the end of the month. Counties should begin using the new LIHEAP/SUAS claim retroactive to July 2014. For the months of July, August and September 2014, a specific drop down option will be available on the new claim form for a one-time claim of those three months. Costs for July, August and September 2014, are due on November 25, 2014, on a consolidated, one-time claim. Beginning with the October 2014 claiming month, the claim is due on the 25th day after the end of each month whether or not costs are claimed for the month. Five extra days have been allotted to provide counties time to contact the SARS Help Desk for the breakdown of repayments. Counties are not required to submit the SARS report with the claim.

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

If counties have any further questions concerning the SARS report or how to determine whether a returned amount is a LIHEAP or SUAS benefit, 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

Attachments

**EXPENDITURE CERTIFICATION FOR THE
 COUNTY WELFARE DEPARTMENT
 ASSISTANCE CLAIM EXPENDITURES
 FOR CALFRESH HEAT AND EAT PROGRAM'S
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
 AND STATE UTILITY ASSISTANCE SUBSIDY (LIHEAP/SUAS) BENEFITS
 Total Allowable Welfare Costs as reported on the following claims:**

COUNTY
MONTH/YEAR

	Report Title	SUAS Amount	LIHEAP Amount	TOTAL
1	Total Benefit Issued (Vendor Reported Deposit)			
2	Total Benefit Returns:			
	A. Expungements			
	B. All Other Benefit Returns (i.e., Host to Host, Administrative Repayments, etc.)			
3	Total Net Obligations for Reimbursement (Vendor Reported Obligations)			
4	Total Number of Households Receiving 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: 10/22/14

**INSTRUCTIONS FOR 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) AND STATE UTILITY ASSISTANCE
SUBSIDY (SUAS) BENEFITS**

General Information

1. Select the county name, month and year of claim from the drop down menus.

Total LIHEAP/SUAS Benefit Issue

2. Line 1: Enter the current month's amount shown on the SARS report line titled "Vendor Reported Deposit."

Total Other Benefit Returns

3. Line 2: Is the sum of Line 2A and Line 2B and is calculated automatically on the claim.
4. Line 2A: Enter the amounts shown on the SARS report line titled "Expungements." A negative amount must be entered on this line.
5. Line 2B: Check the sum of the SARS report lines titled "Administrative Coupon Conversions, Administrative Repayments, Host to Host Coupon Conversions and Host to Host Repayments." If the total amount is greater than (\$20.01), contact the SARS team at sars@osi.ca.gov or (916) 263-4036 for the correct break down of the SUAS and LIHEAP repayment amounts. A negative amount must be entered on this line.
6. Line 3: Is the sum of Line 1 and Line 2. This amount will calculate automatically.

Total Number of Households Received SUAS Benefit

7. Line 4: Is the Line 1 Total SUAS Benefit Amount Issued divided by \$20.01. This amount will calculate automatically.