



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 30, 2015

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

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: [CFL 14/15-28](#), DATED OCTOBER 28, 2014
[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 \(P LAW.L.\) 113-79](#)

This erratum to CFL 14/15-28, dated October 28, 2014, provides updated instructions regarding the Low Income Home Energy Assistance Program (LIHEAP) and State Utility Assistance Subsidy (SUAS) claiming process found on the California Department of Social Services (CDSS) Automated Assistance Claim extranet site. Previously it was anticipated that the LIHEAP expungements would be completely purged from the Statewide Automated Reporting System (SARS) by July 2015 as noted in page 2 of CFL 14/15-28:

“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.”

Accordingly, the LIHEAP expungement cell was blocked on the July 2015 LIHEAP/SUAS claim. However, due to extenuating circumstances LIHEAP expungements have been and are anticipated to continue past the previous July 2015 claiming period. To address the extension of the LIHEAP expungements, the LIHEAP

expungement cell on the LIHEAP/SUAS claim (Attachment II) will be reopened until further notice. For counties that have already submitted their July 2015 and August 2015 claims please utilize the October 2015 claim for claiming the previous months' LIHEAP expungements. Updated claiming instructions are available on the CDSS Automated Assistance Claim Extranet, as well as Attachment I of this erratum. Counties should continue to contact the SARS Help Desk at sars@osi.ca.gov or (916) 263-4036 in order to separate LIHEAP and SUAS expungements.

It was also brought to the attention of CDSS that the footnote on page 2 of CFL 14/15-28, "1 The SARS report will have the benefit type renamed from LIHEAP to LIHEAP/SUAS by no later than November 1, 2014." is inaccurate. The SARS report was not renamed to LIHEAP/SUAS and will remain LIHEAP as indicated by OSI.

Claiming Instructions:

1. The LIHEAP/SUAS claim and cover sheet (certification page) should continue to be signed and e-mailed to assistance.claims@dss.ca.gov or faxed 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 updated claim is located on the CDSS Automated Assistance Claim Extranet web site at <http://www.cdsscounties.ca.gov/AAC/aac.htm>.

2. Requests for reimbursement should continue to be submitted within 25 calendar days after the end of the month.
3. 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.

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

Sincerely,

Original Document Signed By:

SALENA CHOW, Acting Branch Chief
Fiscal Forecasting and Policy Branch

Attachments

**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." Contact the SARS team at sars@osi.ca.gov or (916) 263-4036 for the correct break down of the SUAS and LIHEAP expungement amounts. 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.

**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: 10/19/2015