

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 31, 2000

COUNTY FISCAL LETTER (CFL) NO. 00/01-34

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: SUPPLEMENTAL CLOTHING ALLOWANCE INFORMATION AND ASSISTANCE CLAIM FORM/INSTRUCTION REVISION FOR CA 800 FOSTER CARE FORM AND CA 800A FOSTER CARE FORM.

This CFL provides information concerning the supplemental clothing allowance, the associated assistance claim instructions, and revisions of the CA 800 FC (FED) Summary Report of Assistance Expenditures Federal Children in Foster Care and CA 800A FC, Summary Report of Assistance Expenditures NonFederal Children in Foster Care forms.

Pursuant to AB 2876 (chapter 108, statutes of 2000) and All County Letter No.00-64, effective July 1, 2000, each FC child shall be entitled to receive a supplemental clothing allowance of one hundred dollars (\$100) per year subject to the availability of funds. The clothing allowance shall be used to supplement, and not to supplant, the regular clothing allowance.

For both Federal and Non Federal children in FC, there will be no share of cost to counties for the supplemental clothing allowance. The Federal sharing ratio for these costs is subject to the Federal Medical Assistance Payment (FMAP) rate and therefore, the Federal/State ratios may fluctuate according to annual FMAP rate changes.

This means for Federally eligible FC cases from July 1, 2000 to September 30, 2000, using the Federal Fiscal Year (FFY) 99/00 FMAP ratio, the cost will be shared 51.67% Federal and 48.33% State General Fund (SGF). The Federally eligible cases from October 1, 2000 forward, using the new FFY 00/01 FMAP ratio, will be shared 51.25% Federal and 48.75% State. The NonFederal FC cases will be reimbursed with 100% State General Fund (SGF).

Because of the difference in the Federal/State sharing ratios for the clothing allowance versus the FC aid payments, it was necessary to add a separate funding line on both the Federal and NonFederal CA 800 FC forms. The revisions are as follows:

Line 18, on the Federal claim form has been added to claim the \$100 supplemental clothing allowance. On the NonFederal claim form, line 17 has been added. Specific instructions have also been added to the back of both forms.

Effective with the October 2000 Claiming month, all counties are required to complete and submit the revised CA 800 FC (FED) claim form and the CA 800A FC claim form. Please destroy all previous versions of these forms since they will no longer be accepted. Camera-ready copies of the revised forms are available on request by contacting:

California Department of Social Services.
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number (916) 657-1907

Please contact the Fiscal Policy Bureau at (916) 657-3440 if you have any questions or need further information.

***Original Document Signed by MARGE DILLARD
for MARY JANE ARCHER on 10/31/00***

MARY JANE ARCHER, Chief
Fiscal Systems and Accounting Branch

Attachments

C: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
NONFEDERAL CHILDREN IN FOSTER CARE**

For State Use DSS County Welfare County Auditor

COUNTY	DATE (MONTH, YEAR)
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A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
() ()		3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
() ()		7. Prior Months Cancellation Contra Roll
() ()		8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7,8,9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL

C
STATE
(Line 12B X .40)

D
COUNTY
(Line 12B minus
Line 13C)

				13.
GRAND TOTALS				14.
	(Line 12B)	(Line 13C)	(Line 13D)	
				15.
				16.
SUPPLEMENTAL CLOTHING ALLOWANCE			 	17.
FUNERAL COSTS (11-405.2)			 	18.
(FOR COUNTY USE)	PERS. CTS.		 	19.
				20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect 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 Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800A FC (NONFEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800A FC (Non-Federal) may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13C - Enter the state share: total aid paid (12B) multiplied by 40 percent
5. Line 13D - Enter the county share: total aid paid (12B) minus state share (13C).
6. Line 14 - Enter grand totals.
7. Lines 15 and 16 - Reserved for State Use.
8. Line 17C - Enter the State only cost of the supplemental clothing expenditure.
9. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with EAS Manual Section 11-405.2(see also Fiscal Handbook Section 25-753).
10. Lines 19 and 20 - Include at county request and use is optional. If adjustment are reported in Line 9 which affected total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE

For State Use → CDSS County Welfare County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A		B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
				(Line 11B - Line 12A) X .5125	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
GRAND TOTALS			(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	14.
							15.
							16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)			(Col. 17A) X .5	(Col. 17A - Col. 17D + Col. 17B) X .40	(Col. 17A - Col. 17D + Col. 17B) X .60	17.
SUPPLEMENTAL CLOTHING ALLOWANCE				(Col. 18C) X .5125	(Col. 18C - Col. 18D)		18.
FUNERAL COSTS (11-405.2)							19.
(FOR COUNTY USE ONLY)	PERS. CTS.						20.
							21.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

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 Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children 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 Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
- 1a. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 5 and 9 and the totals in Line 11.
4. Line 12A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services (FC 1 column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 13D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.67 percent.
6. Line 13E - Enter the state share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 40 percent.
7. Line 13F - Enter the county share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 60 percent.
8. Line 14 - Enter grand totals.
9. Line 15 and 16 - Reserved for state use.
10. Line 17A - Enter the Total Federal Administration Costs: FC1 column E3.
11. Lines 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
12. Line 17D - Enter the federal share: (17A) multiplied by .5.
13. Line 17E - Enter the state share: (17A minus (17D) plus 17B multiplied by 40 percent.
14. Line 17F - Enter the county share: (17A) minus (17D) plus 17B multiplied by 60 percent.
15. Line 18C - Enter the supplemental Clothing expenditure.
16. Line 18D - Enter the Federal share: (18C) multiplied by .5125.
17. Line 18E - Enter the State share: (18C) minus (18D) equals (18E).
18. Line 19 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
19. Lines 20 and 21 - Include at county request and use is optional. If adjustments are reported which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.