

DEPARTMENT OF SOCIAL SERVICES

September 13, 2005

County Fiscal Letter (CFL) No. 05/06-22

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

SUBJECT: FOSTER PARENT CHILD CARE PROGRAM

REFERENCES: All County Information Notice (ACIN) No. I-21-05
All County Letter (ACL) Nos. 03-41, and 04-49, and 05-23
Senate Bill (SB) 1612 (Chapter 845, Statutes of 2004)

The purpose of this CFL is to provide funding information and assistance claiming instructions for Foster Parent Child Care Program expenditures.

BACKGROUND

ACL No. 04-49, dated January 31, 2005, notified counties that the passage of SB 1612, added to Welfare and Institutions (W&I) Code Section 11410, which allows counties to request federal financial participation (FFP) for costs associated with foster parent child care services, provided that the California Department of Social Services (CDSS) receives the necessary federal approvals. The CDSS requested approval, from the Department of Health and Human Services (DHHS), of changes in California's Federal Title IV-E State Plan that included foster parent child care services. Subsequently, the DHHS notified the Department that it was not necessary to change the State Plan in order to provide child care funds to foster parents.

After receiving clarification from the DHHS, the CDSS issued ACIN No. I-21-05, dated May 19, 2005, informing counties of the process pertaining to the pass-through of federal foster care funds to child care providers. After finalizing the pass-through process, the Children and Family Services Division, Foster Care Services Bureau, released ACL No. 05-23, dated August 19, 2005, that set forth final instructions, pending regulation development concerning eligibility requirements and contracting with child care providers in the Foster Parent Child Care Program. No State funds have been appropriated for this program. Funding for child care on behalf of nonfederally eligible foster children will be the responsibility of the county.

ALLOWABLE CHILD CARE COSTS

Allowable costs for foster care programs include payments for the costs of (and providing) food, clothing, shelter, daily supervision, school supplies, personal incidentals for a child, liability insurance with respect to a child, and reasonable travel to the child's home for visitation [Social Security Act, Title IV-E, Section 475(4) and Welfare and Institutions Code Section 11460(b)]. Child care is considered to fall under the term "daily supervision", as set forth in California Code of Regulations, Title 22, Division 12, Section 101152(c)(3). Under the Foster Parent Child Care Program, child care is available for children age thirteen and under in foster care placement. However, costs are not reimbursable while children are in school. Child care costs incurred during the following activities are reimbursable through the program:

1. Foster Parent Training;
2. Child care during work hours;
3. Attendance at judicial reviews/administrative hearings; and
4. Attendance at case conferences or team meetings.

FOSTER PARENT CHILD CARE CLAIMING PROCESS

Child care costs eligible for reimbursement are to be claimed on the CA 800FC Fed claim form beginning with the August 2005 claiming month, due September 20, 2005. Lines 18 and 26 have been added to the claim to capture the maintenance payment costs associated with child care. The revised claim page and related claiming instructions are attached. This revision will be included on the CA800 Consolidated Claim template as of September 1, 2005.

Maintenance payments are funded at the Federal Medical Assistance Percentage (FMAP) rate, currently at 50 percent, but are subject to change. The costs are shared at 50/0/0/50 (Federal/State/Health/County). Any child care costs associated with State Foster Care placements are reimbursed at 100 percent county share, and should not be claimed.

For more information concerning the Foster Parent Child Care Program, please contact the Foster Care Services Support Bureau at (916) 651-7465. Funding or claiming questions may be forwarded to assistance.claims@dss.ca.gov.

Sincerely,

***Original Document Signed By
Doug Park on September 13, 2005***

DOUGLAS D. PARK, Chief
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
FOSTER CARE; FOSTER CARE SB 163,
FEDERAL**

| | |
|---------------|-------------------|
| County | Date (Month/Year) |
| Claim Contact | Telephone |

| Aid Code | Foster Care | | | SB 163 |
|----------------------------------------------------------------------------------|----------------|--------------|---------------|--------------|
| | Persons Count | 42 | | 42 |
| 1 Main Payroll | | | | |
| 2 Current Month Supplemental Payroll | | | | |
| 3 Current Month Cancellation Contra Roll | | | | |
| 4 Prior Months Supplemental Payroll | | | | |
| 5 Current Month Adjustment | | | | |
| 6 Subtotal (Lines 1 - 5) | - | - | - | - |
| 7 Prior Months Cancellation Contra Roll | | | | |
| 8 Recoveries of Aid | | | | |
| 9 Prior Month Negative Adjustment | | | | |
| 10 Subtotals (Lines 7 - 9) | - | - | - | - |
| 11 Prior Month Positive Adjustment | | | | |
| 12 Office Audit Corrections | | | | |
| 13 TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12) | - | - | - | - |
| 14 Amount Not Reimbursable at Fed FMAP Rate [FC 1 Col D6+E2(FFAs)+J4(Grp Homes)] | | | | |
| 15 TOTAL - Line 13 - Line 14 | | | | |
| 16 THPP Rate Increase | | | | |
| 17 Supplemental Clothing Allowance | | | | |
| 18 IV-E Child Care | | | | |
| 19 Funeral Costs (100% State) | | | | |
| 20 TOTAL ALL PAYMENTS (Lines 13+16+17+18+19) | - | - | - | - |
| Summary by Funding | Federal | State | County | Total |
| 21 Foster Care FMAP Rate (50/20/30) | - | - | - | - |
| 22 Fed Adm Costs (FC1 Col E4) FFAs | - | - | - | - |
| 23 Non Fed. Admin Costs (FC1 Col F2) FFAs | | - | - | - |
| 24 THPP Rate Increase (Line 16) | - | - | - | - |
| 25 Supplemental Clothing Allowance (Line 17) | - | - | | - |
| 26 IV-E Child Care (Line 18) | - | | - | - |
| 27 Funeral Costs (Line 19) | | - | | - |
| 28 Total Payment Federal Foster Care | - | - | - | - |
| 29 SB 163 - Basic (Line 15 x 50%) | - | | | - |
| 30 Fed Adm Costs (FC1_SB163 Col E4) FFAs x 50% | - | | | - |
| 31 Total Payment SB 163 | - | | | - |
| 32 Total Foster Care and SB 163 | - | | | - |

**INSTRUCTIONS FOR FORM CA 800 FC
SUMMARY REPORT OF EXPENDITURES
FOSTER CARE AND FOSTER CARE-SB 163, FEDERAL**

General Information

- 1.eeEnter county name, and month and year of claim in space provided.ee
- 2.eeEnter name and telephone number of county staff person to be contacted if there are any questionsee regarding the claim.ee
- 3.eeThis form is pre-programmed to round all amounts to the nearest dollar.ee

Current Month

- 4.eeLines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integratedee payrolls, enter the grand totals shown for each payroll. Only current month adjustments should beee entered on Line 5.ee
- 5.eeLine 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.ee

Prior Month Negatives

For each column:ee

- 6.eeLines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integratedee payrolls, enter the grand totals shown for each contra-roll.ee
- 7.eeLine 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.ee

Prior Month Positives

- 8.eeLine 11: Enter the amounts shown on the separate listing for prior month positive adjustments whichee were or should have been claimed on a prior month Summary Report.ee

Office Audit Corrections

- 9.eeLine 12: Office audit corrections. Enter the person's count and adjustment amount for relativeee placements that have been determined to be out of compliance with Assembly Bill 1695 and threee Federal Adoptions and Safe Families Act requirements. Please refer to All County Information Noticeee I-67-03 and County Fiscal Letter No. 03/04-20 for detailed information.ee

Total

- 10.eeLine 13: Total Aid Payments, current and prior months (Line 6+10+11+12). This amount will ee calculate automatically. The persons count on this line should equal Line 5 on the CA 800FC PIA;ee the total payment amount should equal Line 10 of the CA 800FC PIA.ee
- 11.eeLine 14: Amount not reimbursable from federal FMAP Rate from FC.1 Column D6+E2 (FFAs) J4ee (Group Homes).ee
- 12.eeLine 15: Net Total – amount reimbursable with Federal Funds (Line 13 – Line 14)ee

Transition Housing Placement Program (THPP)

- 13.eeLine 16: Enter the total THPP rate increase paid.ee

Supplemental Clothing Allowance (SCA)

- 14.eeLine 17: Enter the SCA expenditures from county payroll records or other automated payroll system.ee
REMINDER: SCA expenditures must be excluded from the main payroll amount which is entered onee Line 1.ee

IV-E Child Care

- 15.eeLine 18: Enter the costs associated with providing child care services in accordance with Sectionee 475(4) of the Social Security Act, Welfare and Institutions Code (W&I) 11460(b) and Senate Bill 1612.ee

Funeral Costs

- 16.eeLine 19: Enter funeral costs for foster care children in accordance with Manual of Policies andee Procedures (MPP) Section 11-420.2 (see also MPP Section 25-753). Required detailed support: Aidee payroll, contra roll or equivalent form.ee

Totals

- 17.eeLine 20: Grand total of aid payments, THPP, SCA, Child Care, and Funeral Costs (Linesee 13+16+17+18+19).ee

Summary of Aid Payments, THPP, SCA, IV-E Child Care and Funeral Costs by Program and by Funding

- 18.eeLines 20-32 will calculate automatically at the appropriate rates.ee