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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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EDMUND G. BROWN JR.  
GOVERNOR

**RESIDENTIALLY BASED SERVICES (RBS) LETTER NO. 01-11**

**TO:** SELECTED COUNTY WELFARE DIRECTORS  
SELECTED COUNTY FISCAL OFFICERS  
SELECTED COUNTY CHILD WELFARE SERVICES  
PROGRAM MANAGERS  
SELECTED RBS PROVIDERS

**SUBJECT:** RESIDENTIALLY BASED SERVICES (RBS) ADVANCE  
REQUESTS; CLAIM/TRACKING/BRIDGE FORMS AND  
INSTRUCTIONS; CLAIM SUBMISSION AND FISCAL POLICY  
VALIDATION PROCEDURES

**REFERENCE:** WELFARE AND INSTITUTIONS CODE (W&IC) SECTION  
18987.7; RBS LETTER NO. 05-10 DATED AUGUST 6, 2010;  
RBS MEMORANDUM OF UNDERSTANDING (MOU) WITH CDSS

The purpose of this letter is to:

1. Provide RBS counties with instructions to request advance funds for operating the RBS project, as set forth in the MOU.
2. Provide RBS counties with the RBS Foster Care (FC) claim forms and instructions necessary to claim federal and state reimbursement of RBS costs, as set forth in the MOU.
3. To inform RBS counties of the claim submission procedures to use in submitting the RBS claims, as set forth in the MOU.
4. Inform RBS counties of the California Department of Social Services (CDSS) operated RBS Case Validation Procedures and highlight the roles of RBS provider and county staff should an RBS case be selected for claim validation.

**BACKGROUND**

With the implementation of RBS, children who would have otherwise been served by the current FC provider system are now being served by RBS providers under a special state/county MOU and specific local county/provider contracts. Previously, costs of

providing FC for these children would have been claimed by the county using the standard CA 800 federal and non-federal FC assistance claims. Due to the unique rates approved for RBS and the need to perform fiscal evaluations on RBS costs, CDSS has prepared special advance procedures, claim forms and instructions, claim submission procedures, and claim validation procedures specifically for assistance claims in the RBS project.

Because county welfare department staff will serve RBS children in the same manner and degree as other children in the Child Welfare Services/Case Management (CWS/CMS)/FC system, there are no changes to the county procedures for calculating, reporting, or claiming the administrative costs for RBS children in the County Expense Claim (CEC). No additional Program Codes were added to the CEC to capture administrative costs for RBS.

### **RBS ADVANCE PROCEDURES**

Due to the higher operating costs in the early months of treatment of an RBS youth, rates paid to the provider by the county will be higher than normal FC rates. In developing the state/county MOU, RBS counties requested the ability to request advance funds from CDSS to help with county cash flow needs in operating RBS.

To request an advance, counties are required to submit an RBS Advance Request, providing the month and quarter of the request, amount requested, and the signature of the appropriate approving party. The CDSS has provided a template for use in requesting advances for up to three months, although, per the MOU, any advance will only fund a thirty day need.

- Advance requests are due to CDSS 45 days prior to the first working day of the beginning quarter for which the advance is requested.
- Advances will be issued by the state on the last business day of the month for which funds will be advanced.
- Future advances are contingent upon submission of timely claims since those future advances will be based on actual claims. The CDSS may adjust any advance accordingly.

Due to restrictions under the federal Cash Management Improvement Act, CDSS can advance funds only for the thirty day need. The advances will be reconciled with the corresponding quarter's audited RBS FC claim. Any offset, whether a positive or negative amount, will be adjusted in the next month's advance, similar to a normal FC advance process. As actual expenditures become available, advances will be based on those actual expenditures.

Please submit the RBS Advance request by using one of the following two procedures.

1. Electronically submit to the assistance mail box, [assistance.claim@dss.ca.gov](mailto:assistance.claim@dss.ca.gov)  
Please insert the subject line, RBS Advance Request.
2. Or, submit by fax to (916) 654-5993.

Subject Line: RBS Advance Request  
Attention: Kathy Berreth, Manager  
Financial Services Bureau  
Contracts/County Assistance Payment Unit

### **RBS CLAIM FORMS AND INSTRUCTIONS**

Attached are new RBS FC claim instructions (Attachment I) and claim forms (Attachment I-A) that have been developed to identify RBS costs and provide a method to claim those costs that are eligible for federal and state reimbursement. The attached claim forms are effective for the 2010 September and December claim quarter **only**. New claims and claiming instructions for the American Recovery and Reinvestment Act phased down rates and overpayments will be forthcoming in a future RBS letter for the March quarter.

With the exception of the RBS Approved Rate Table 2011 (Attachment II), these forms and instructions parallel the current format and use of the CA 800 Assistance Claims form for federal and non-federal children. The various FC1 Facility Reports currently used for federal children only in the CA 800 claiming process will be replaced. The new RBS claim forms (Attachment I-A) are listed below.

- RBS Advance Request Form (1/11).
- Expenditure Certification – RBS FC Cert (12/10).
- Summary Report of Assistance Expenditures–Quarterly Claim-federal–RBS FC federal (12/10).
- RBS Fiscal Tracking Sheet federal.
- FC-1 Bridge Report for Foster Family Agencies (FFA) and Group Home (GH) Costs-federal.
- Summary Report of Assistance Expenditures-Quarterly Claim-Non-federal-RBS FC non-federal.
- RBS Fiscal Tracking Sheet non-federal.
- FC-1 Bridge Report for FFA's and GH Costs-non-federal.

Each of the fiscal tracking sheets has a section entitled, “for RBS use only.” The content in this section will isolate the state and county funded expenditures from the total costs presented for comparison to the regular costs of FC, to satisfy the legislatively required

evaluation. Further instructions on how to utilize this information in the evaluation and annual reporting will be provided at a later date.

It is important to note that, as outlined in the RBS MOU, counties will provide a detailed report of RBS costs by month, via a monthly RBS Fiscal Tracking Sheet. Only a quarterly claim will be submitted, however, combining the claims for all the months in the quarter.

### **RBS CLAIM SUBMISSION PROCEDURES**

As noted in the instructions to the claim forms, each county will prepare a fiscal tracking sheet for each month within a calendar quarter, and the sum of the three fiscal tracking sheets will equal the amounts entered on the Summary Report of Assistance Expenditures-quarterly claim, RBS FC-federal and RBS FC non-federal claims.

The county will need to electronically submit to CDSS the following documents each quarter as part of the RBS quarterly claim submission.

1. The RBS FC Certification form signed by the appropriate county official.
2. Summary Report of Assistance Expenditures - Quarterly Claim RBS FC federal and RBS FC non-federal claims.
3. The RBS-Fiscal Tracking Sheets and FC-1 Bridge Report for federal **and** non- federal children.

The RBS claiming templates may be downloaded from  
<http://www.cdsscounties.ca.gov/AAC/aac.htm>

The RBS quarterly claims are due to CDSS no later than thirty calendar days after the end of the claiming quarter. Submit completed claims to the assistance electronic mail box at [assistance.claim@dss.ca.gov](mailto:assistance.claim@dss.ca.gov). Email or fax the signed certification form to the same location under the RBS advance procedures.

### **RBS CASE VALIDATION PROCEDURES BY CDSS**

The CDSS is also implementing new procedures for RBS claims to ensure that appropriate rates are applied for these children as they move through the RBS program. These procedures have been developed to satisfy state audit oversight requirements and will serve to validate eligible expenditures. These procedures are only applicable to RBS FC claims for assistance costs and do not apply to other FC assistance claims.

The RBS Project Assistance Claim Validation Procedures (Attachment III) are specific instructions that have been developed to implement the RBS Claim Validation process.

The CDSS staff will initiate this new process based on a case sampling methodology. If a case cannot be validated at the state level using information from the CWS/CMS, additional action will be required by both the RBS Program Liaison and the RBS Fiscal Liaison to complete the validation process. The specific steps for local staff to follow have been highlighted in the attached document. County and provider cooperation in completing these steps on a timely basis is requested to avoid reductions in RBS FC claims on a desk audit basis.

### **FISCAL PROVISIONS**

Per the signed MOU, in the event of a federal or state review/audit that results in an exception, disallowance, or deferral, the state and county shall participate in the repayment of the exception, disallowance, or deferral in accordance with W&IC Section 15200. In no case shall the state assume financial liability for the county share of federal or state review/audit exception(s), disallowance(s), or deferral(s). Counties are reminded that in RBS, just as in regular FC, they are required to report any overpayment the county owes the moment an overpayment is identified. The RBS MOU provisions are:

- In the event an audit finding determines a cost to be allowable but not eligible for federal funding, the county shall repay the ineligible federal portion and the state shall participate in the repayment of the state's portion pursuant to W&IC Section 15200.
- In the event an audit finding determines a cost is not allowable for claiming, the county shall be responsible for refunding the federal and state share.

If the state determines, based on an audit or review, that an RBS provider has misused Title IV-E funds, as defined in the Manual of Policies and Procedures 11-400(m)(6), the county shall collect from the RBS provider an amount equal to the total amount of misused funds.

The CDSS is currently working to develop the Summary Report of Title IV-E RBS FC Assistance Overpayment Federal claim form to report county overpayments. The new claim form and instructions will be forthcoming in a future RBS letter.

### **QUESTIONS:**

If you have any questions regarding the RBS claim form or instructions, please contact Priscilla Duverseau, Fiscal Policy Bureau at (916) 651-1090. If you have any questions regarding the RBS claim validation process, please contact Megan Stout, RBS Program

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Consultant at (916) 654-1883. If you have any questions regarding the advance request or electronic claim submission, please contact Kathy Berreth, Financial Services Bureau at (916) 651-9058.

Sincerely,

A handwritten signature in cursive script that reads "Jane Christopher".

JANE CHRISTOPHERSON, Branch Chief  
Estimates Branch

Attachments

c: CWDA

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

**FORMS**

For the purposes of claiming RBS assistance costs to CDSS, and for payment of state and federal funds, there are six (6) claim forms discussed within this document that a participating RBS county must submit.

The following two (2) forms, traditionally used in claiming Foster Care (FC) Assistance costs to the state, are not used in RBS due to the fact that the information included on these reports is present on the RBS Fiscal Tracking Sheets or the RBS FC-1 Bridge Report:

1. FC-1 Federal – Facility Report for Foster Family Agencies (FFA's) and Group Home (GH) costs.
2. Facility Report Non-Federal – Non-Federal.

**SUBMISSION TIMEFRAMES**

As specified in the RBS State/County Memorandum of Understanding (MOU), the RBS FC Claim, federal and non-federal, forms will be submitted on a quarterly basis for reimbursement processing. Each quarterly RBS FC Claim form will be completed based on the total of the two (2) RBS Fiscal Tracking Sheets completed for each month of the quarter.

The sequence of claim preparation is:

1. On a monthly basis complete an RBS Fiscal Tracking Sheet for all children, federal and/or non-federal, for which a payment is made to an RBS provider.
2. When all three months have been completed, total the amounts for the federal children and transfer to the RBS FC Claim Federal Children then total the amounts for the non-federal children and transfer the RBS FC Claim Non-Federal Children.
3. When submitting the claim to CDSS via the electronic process provided, please transmit the RBS Claim Certification form, RBS FC Claim forms (federal and non-federal), the RBS Fiscal Tracking Sheets, and FC-1 Bridge Report Federal Children (federal and non-federal), that these claim forms are based on.

As specified in the MOU, these claim forms should be submitted within 30 days of the end of the calendar quarter.

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

**INSTRUCTIONS FOR EACH FORM**

**Important Note:** It is assumed that each county will have two documentation sources to use in completing the RBS claiming process. One will be a listing of payments, or net payments, made directly to the RBS providers for each child enrolled in the RBS program for a specific month. The second will be the FC payroll costs made directly to each FC provider [INTENSIVE TREATMENT FOSTER CARE (ITFC), FFA, Foster Family Home (FFH)] for placement costs of an RBS child placed in an intermediate FC setting. The county pays these FC costs directly to the provider. However, they are not to be claimed on the normal FC CA 800 claims. There are fields in the fiscal tracking sheets to record these as RBS costs for claiming purposes. There may also be other payments made on behalf of an RBS child, such as the supplemental clothing allowance. These costs are not included as part of main payroll on the fiscal tracking sheets. These costs must be compiled from the county source documents and recorded directly onto the RBS FC Claim forms in the sections indicated, as discussed in the instructions below.

Instructions for completing each form are found below:

**RBS Summary Report of Assistance Expenditures Quarterly Claim - Federal**

- Instructions for completing this claim form are found in the Instruction Box to the right of the form, below the Summary by Funding fields. The main payroll is carried over from the corresponding Fiscal Tracking sheets. Main payroll in an RBS program does not include any amounts paid for Supplemental Clothing allowance, so any amounts paid for this must be added into the claim on Line 12. All other adjustments and treatment of FFA administrative and non-IV-E eligible costs are similar to the normal FC CA 800 claim. Definitions are the same.
- All positive or negative adjustments made on the claim must be documented in a manner for CDSS to understand the significance of the adjustment.
- Any claim adjustments made as a result of the claim validation process outlined in the RBS Claim Letter must be clearly identified and documented by case, month affected and dollar amount so that CDSS will be able to clear the case from the claim validation log.

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

**RBS Fiscal Tracking Sheet and RBS FC-1 Bridge Report Federal Children**

**The two pages of this report are combined on the same sheet and spreadsheet protected. Only the input cells in mint green are unlocked.**

**RBS Fiscal Tracking Sheet Federal:**

- Cells in which information or costs are to be entered are shaded mint green.
- Start by ensuring the information in the RBS Approved Rate Table (lower left area) is correctly displayed. This information is transferred from the RBS Approved Rate Table document posted by CDSS as part of the RBS claiming instructions. Information is entered here for reference. None of these cells are linked to any other cells in the spreadsheet, with the exception of the county name. There is a footnote section that explains the approach used for the last column in this table. With one exception, all participating counties' RBS costs are eligible for normal state and county funding. The exception is Los Angeles County, whose approved RBS Funding Model contains a feature that allows for an additional payment that is 100% county funded, with no state general fund participation. In order to accommodate the special treatment of funding this cost as county only, the last column displays a digit of "1" or "0" for each line of approved cost. A "1" reminds the user that this cost item is normal sharing. A "0" reminds the user that special cost treatment is needed for county-only funding. The use of this feature allows a single tracking sheet to be used for all RBS counties. These reminders of "1" and "0" are not hard-coded into any other cells or macros in the spreadsheet.
- Next, enter the county name, the date for completing this form, and the claiming month in the fields in the upper right.
- The majority of information pertaining to an RBS child is entered in the main body of the RBS Fiscal Tracking Sheet, in columns B through P. Most of this is self-explanatory and follows similar procedures used in the regular FC CA 800 claim forms.
- Child Identifier – Please enter the unique Foreign Client Index identifier assigned to each RBS child as used in the CWS/CMS. This is necessary so that a given child's history of costs can be matched up with their program history in RBS.
- Person Count this Month – Same definition as used for regular FC claiming.

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

- Program Number and Name of RBS Provider – These are assigned as part of the RBS approval process.
- Residential Payment, Crisis Stabilization Payment – These are amounts authorized by the RBS funding model for payment to the RBS provider, as summarized in the RBS Approved Rate Table.
- Community Services ITFC – Placement costs paid to the ITFC provider while the child is in the ITFC are recorded in Col. H, and any supplemental RBS payments paid to the RBS provider to supplement service is recorded in Col. I. Currently only Los Angeles County has a supplement to ITFC approved as a county-only cost.
- Community Services FC Bridge Care – Record the authorized RBS provider rate in Col. J, and then record any FC payment made directly to the FC provider in Col. K, Col. L, or Col. M, as appropriate. Col N. calculates the net payment to the provider by subtracting the direct FC payment from the total authorized payment.
- Community Services with Family – Enter the amount paid to the provider while the child is in Community Care in Col. O. If the county program has authorized a follow-on support rate, enter amounts paid under this feature in Col. P. Currently, only Los Angeles County has an authorized follow-on rate funded as a county-only cost.
- The amounts in the blue fields will be automatically calculated.
- Enter Title IV-E Rate from Table: The Federal IV-E % Factor Federal Eligible from the RBS Approved Rate Table must be transferred into the appropriate column in this line (Line 40). These must be transferred manually, as they are not hard coded to reference the table.
- Enter State General Fund (SGF) Rate from RBS Approved Rate Table: The SGF Participation Factor from the Approved RBS Rate Table must be transferred into the appropriate column in this line (Line 41). These are reminders of how costs are treated for funding, as the total dollars in Columns I and P are treated specially in the funding calculations as 100% county funded. The process to achieve this is hard-coded into the total cost calculations and the funding calculations.
- Enter Federal Medical Assistance Payments (FMAP) Rate: Enter the appropriate FMAP rate based on the rate to be used for this month.

**RESIDENTIALLY BASED SERVICES (RBS)  
FISCAL CLAIMING INSTRUCTIONS TO ACCOMPANY RBS CLAIM FORMS**

- Transfer the total amount of main payroll onto the RBS FC Claim Federal Children in Line 38.

RBS FC-1 Bridge Report for FFA's and GH Costs Federal (to the right of RBS Fiscal Tracking Sheet Federal Children):

- This form serves the same purpose as the normal Foster Care FC-1 Facility Report. The purpose is to isolate various components of costs for proper federal reimbursement, and in the case of county only costs, for proper state reimbursement. There are minor formatting changes to accommodate RBS needs, but essentially the instructions and definitions used in the normal FC-1 process are applicable to this form as well.
- Provided the RBS FC-1 Bridge Report remains linked to the RBS Fiscal Tracking Sheet, there will be minimal input required to complete this form.
- Ensure that the county name, date completed, and claim month have transferred correctly to this form.

FFA Section:

- This section is used to isolate FFA administrative costs and social work costs for separate treatment in the federal funding calculations. Entry areas are mint green.

Enter:

Column A: Facility Name – Name of FFA as recognized by CDSS  
 Column B: Program Number – As assigned by CDSS  
 Column C: For RBS, assumed to be current  
 Column D.1: Child Identifier (same as Fiscal Tracking sheet information)  
 Column D.2: Total aid paid to the FFA as listed in Col. L of the Fiscal Tracking sheet for that child  
 Column E.1: Administrative Ratio for FFA as assigned by CDSS  
 Column E.3: Federal Admin Ratio for FFA as assigned by CDSS

- Transfer totals from Columns E.4 and F.2 (light blue) into RBS FC Claim, as indicated in instruction.
- Transfer total from Column D.4 to Group Section, Column J.3.

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

GH Section (Transfer information from the RBS Fiscal Tracking Sheet):

- Provided the RBS FC-1 Bridge Report remains linked to the RBS Fiscal Tracking Sheet Federal Children, no date entry is necessary. All amounts should transfer and calculate accordingly.
- Transfer the total in Column L.5 to the RBS FC Claim Federal Children, as indicated in the instruction.
- Transfer the total in Column K.4, to the RBS FC Claim Federal Children, as indicated in the instruction.

**RBS Summary Report of Assistance Expenditures Quarterly Claim -  
Non-Federal**

- Instructions for completing this claim form are found in the Instruction Box in the lower part of the form, below the Summary by Funding fields. The main payroll is carried over from the corresponding RBS Fiscal Tracking sheets. Main payroll in an RBS program does not include any amounts paid for Supplemental Clothing allowance, so any amounts paid for this must be added into the claim on Line 14. Procedures for completing the claim, including the treatment of certain county-only funded costs follow the same approach modeled in the RBS FC Claim Federal Children. Definitions are the same.
- There are no THPP or THP-Plus costs for RBS. There are no funeral costs for RBS.
- If the situation for funeral costs should arise in RBS, the costs must be entered in the regular FC CA 800 Federal or Non-Federal claim.
- All positive or negative adjustments made on the claim must be documented in a manner for CDSS to understand the significance of the adjustment.
- Any claim adjustments made as a result of the claim validation process outlined in the RBS Claim Letter must be clearly identified and documented by case, month affected and dollar amount so that CDSS will be able to clear the case from the claim validation log.

**Residentially Based Services (RBS)  
Fiscal Claiming Instructions to Accompany RBS Claim Forms**

**RBS Fiscal Tracking Sheet – Non-Federal Children**

**This one page report is spreadsheet protected. Only the input cells in mint green are unlocked.**

Please follow the instructions for the RBS Fiscal Tracking Sheet – Federal Children for completing the input sections of this form, which are also identified in mint green. The two differences are:

1. For the Title IV-E Rate from RBS Approved Rate Table- The rates are hard-coded as 0% since there are no eligible federal funds to claim for a non-federal child.
2. For the FMAP Rate: The rate is hard-coded as 0% since there are no eligible federal funds to claim for a non-federal child.

Transfer the Main Payroll total in Column C to the RBS FC Claim Non-Federal Children, Line 38.

Transfer any total of County Only costs in Column R to the RBS FC Claim Non-Federal Children, Line 16.

The following forms are attached (Attachment I-A):

1. RBS Advance Request Form
2. RBS Claim Certification – RBS Cert
3. RBS Summary Report of Assistance Expenditures Quarterly Claim, Federal Children
4. RBS Fiscal Tracking Sheet Federal Children
5. RBS FC-1 Bridge Report for FFA's and GH Costs, Federal
6. RBS Summary Report of Assistance Expenditures Quarterly Claim, Non-Federal Children
7. RBS Fiscal Tracking Sheet Non-Federal Children

**RESIDENTIALLY BASED SERVICES (RBS) CLAIM FORMS**

1. RBS Advance Request Form
2. RBS Claim Certification – RBS Cert
3. RBS Summary Report of Assistance Expenditures Quarterly Claim, Federal Children
4. RBS Fiscal Tracking Sheet Federal Children
5. RBS FC-1 Bridge Report for Foster Family Agencies and Group Home Costs, Federal Children
6. RBS Summary Report of Assistance Expenditures Quarterly Claim, Non-Federal Children
7. RBS Fiscal Tracking Sheet Non-Federal Children

**RESIDENTIALLY BASED SERVICES (RBS)  
REQUEST FOR ADVANCE FUNDS**

COUNTY	QUARTER
COUNTY CONTACT	TELEPHONE

Month of the Request:	Amount Requesting:
<b>Quarterly Total</b>	<b>\$ -</b>

Please submit the RBS Advance Request Form to the Financial Services Bureau (FSB) using one of the following:  
Subject line: RBS Advance Request.

1. Electronically to the FSB Assistance e-mail box: [assistance.claim@dss.ca.gov](mailto:assistance.claim@dss.ca.gov)
2. Or by fax to the FSB, Attention: Kathy Berreth: (916) 654-5993

*This request must be received by FSB 45 days prior to the first working day of the beginning of the quarter.*

REQUESTED BY:		
SIGNATURE	PLEASE PRINT OR TYPE NAME	DATE

**EXPENDITURE CERTIFICATION FOR THE  
COUNTY WELFARE DEPARTMENT  
RESIDENTIALLY BASED SERVICE EXPENDITURES**

COUNTY
MONTH/YEAR

**Enter Total Allowable Welfare Costs as Reported on the following claims:**

	<b>Form Number</b>	<b>Form Title</b>	<b>Amount</b>
1	RBS FC FED	RBS Foster Care Federal	-
2	RBS FC NONFED	RBS Foster Care Nonfederal	-
		<b>Total</b>	<b>-</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, 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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**SUMMARY REPORT OF ASSISTANCE EXPENDITURES - QUARTERLY CLAIM  
RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE  
FEDERAL**

County	Quarter Ending:
0	January 1904
Claim Contact	Telephone

Aid Code	Description	Foster Care		
		Persons Count	State (ARRA)	Total
1	Main Payroll - RBS	42	-	-
2	Current Month Adjustment - RBS	-	-	-
3	Subtotal (Lines 1-2)	0.00	-	-
4	Recoveries of Aid	-	-	-
5	Prior Month Negative Adjustment	-	-	-
6	Subtotals (Lines 4-5)	0.00	-	-
7	Prior Month Positive Adjustment	-	-	-
8	Claim Validation Adjustment	-	-	-
9	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 3+6+7+8)	0.00	-	-
10	Amount Not Reimbursable at Fed FMAP Rate [FiscalTracking, cell AE43]	0.00	-	-
11	TOTAL - Line 9 - Line 10	0.00	-	-
12	Supplemental Clothing Allowance	-	-	-
13	FFA Administrative Costs for 50% FFP	-	-	-
14	FFA Administrative Costs not eligible for FFP.	-	-	-
15	County Share Only (100% County Funds)	-	-	-
16	TOTAL ALL PAYMENTS (Lines 9+12)	-	-	-
	Summary by Funding			
	Federal	-	-	-
	Federal (ARRA)	-	-	-
17	Foster Care FMAP Rate (50/6.2/20/-2.48/30/-3.72)	-	-	-
18	Fed Adm Costs Line 13 (50/0/20/0/30/0)	-	-	-
19	Non Fed. Admin Costs Line 14 (0/0/40/0/60/0)	-	-	-
20	Supplemental Clothing Allowance (50/6.2/50/-6.2/0/0)	-	-	-
21	County Costs (0/0/0/100/0)	-	-	-
22	Total Payment Federal Foster Care	-	-	-



A		B		C		D		E		F				
Facility Name From Col. E2	Program Number From Col. E1	R- Revised C- Current P- Prior O- Original	Child Identifier from Fiscal Tracking	Total Aid Paid From Col. I	3. Maint. Ratio	4. Total Cost (Col D2 x Col P3)	5. NonFed. Ratio	6. Total Nonfed Share of Cost (Col 6 x Col 5)	1. Admin. Ratio =	2. Total Admin. Costs (Col. D2 x Col 1)	3. Fed. Admin Ratio	4. Total Federal Share of Costs (Col E2 x Col E3)	1. Nonfed Admin Ratio	2. Nonfed Share (Col E2 x Col F1)
Totals FFAs														
Calculation Checked														

Enter total of Group Home Section below, Col. J.3.

Enter amount into RBS Foster Care Claim General, cell J25, Line 13.

Enter amount into RBS Foster Care Claim General, cell J26, Line 18.

Group Homes - Transfer information from the Fiscal Tracking Sheet.

G	H	I	J	K	L
Facility Name	Program Number	1. R- Revised C- Current P- Prior O- Original	2. Total Aid Paid From Col. T	4. Federal County Only Costs From Reconciliation	5. Total Nonfed Share of Cost (Col J2-33-34)
Refer to names in Col. E1	Refer to names in Col. E2	Not Used			
				amount = \$0	

Amount to use as federally eligible costs:

Federal amount paid to RBS providers (a36\* q40+h36+h40): \$

Federal amount paid to FFA,ITFC, Relieve: (338\*\*40+138\*\*40+n38\*\*40) \$

Federal assistance paid to FFA (m38\*\*40): \$

Total federally eligible costs for RBS: \$

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES - QUARTERLY CLAIM  
RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE  
NONFEDERAL**

County	0	Quarter Ending	January 1904
Claim Contact	0	Telephone	0

Aid Code	Foster Care
	40
1 Main Payroll	
2 Current Month Adjustment	
3 Subtotal (Lines 1 - 2)	-
4 Recoveries of Aid	
5 Prior Month Negative Adjustment	
6 Subtotals (Lines 4 - 5)	-
7 Prior Month Positive Adjustment	
8 Claim Validation Adjustment	
9 TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 3+6+7)	-
10 less: amount to be funded 100% County	-
11 NET PAYMENTS FOR FUNDING:	-
12 State Share (40%)	-
13 County Share (60%)	-

14 Supplemental Clothing Allowance (100% State)	
15 Total	-
16 Persons Count	

17 County Only (100% County Funded RBS Costs - Los Angeles Only)	0
--	---

Summary by Funding/Program	State	County	Total
18 Foster Care	-	-	-
19 County Only Funds	-	-	-
20 Supplemental Clothing Allowance (Line 13)	-	-	-
21 Total	-	-	-

COMPLETE A MONTHLY FISCAL TRACKING SHEET FOR EACH MONTH IN QUARTER - TRANSFER TO QUARTER TOTAL TO RBS CA 800 NON-FEDERAL

Line #	A. Child Identifier - Use Foreign Client Key. Do not use any personal identifying info.	B. Person Count	C. Program Number	D. Name of RBS Provider	E1. Residential Rate Payment	E2. Crisis Stabilization Payment	F. ITFC Rate for Placement	G. Family Support Rate	H. Authorized Provider Rate	I. FFA	J. Other	K. Net Provider Payment (N=J-K-L-M)	L. Authorized Family Rate	M. Follow-on Family Rate	N. Total RBS Payments Made to RBS Providers (Q=F+G+H+I+J+K+L+M)	O. Total RBS Payments Made Care/Relative Care (R=H+K+L+M)	P. Total Payments For RBS For January, 04 (S=O+R)
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
NF RBS FC, Line 16 Total Net Payments to RBS Providers: \$ _____ Total FC Direct Payments to Providers/Relatives: \$ _____ Enter Title IV-E Rate From Table: 0.00% Enter SGF Rate From Table: 1																	

County of:	Approved RBS Rate Table:	LINE #	CHILD 1 TO 25	Federal IV-E % Factor	Non-Fed Elig	SGF Participation Factor
				40	1	41
				0.00%	0.00%	0.00%
				88.70%	0.00%	1
				88.70%	0.00%	1
				60.00%	0.00%	0
				0.00%	0.00%	0
				100.00%	0.00%	1
				70.64%	0.00%	1
				36.50%	0.00%	1
				0%	0%	1
				0%	0%	1
				0%	0%	0

Component Description	Rate	Federal IV-E % Factor	Non-Fed Elig	SGF Participation Factor
Residential Rate	\$ 10,194.00	0.00%	1	0
Crisis Stabilization	\$ 4,184.00	0.00%	1	0
Community Services - ITFC Provider	\$ 4,028.00	0.00%	1	0
Community Services - ITFC Support	\$ 1,250.00	0.00%	0	0
Community Services Rate	\$ 4,184.00	0.00%	0	0
Comm Serv with approved provider placement	\$ 627.00	0.00%	1	1
Comm Serv with standard FFA placement	\$ 1,679.00	0.00%	1	1
Comm Serv with other FFA placement rate	\$ 2,000.00	0.00%	1	1
Community Services Rate with Family	\$ 4,184.00	0%	1	1
Community Services Rate (Standard Rate)	\$ 1,250.00	0%	1	0

**Color Coding:**  
 Lavender = Neutral Header  
 Orange = Fixed Headers and Footers  
 Mint = Input cells for payment data and information  
 Blue = formula calculations of entered data  
 Pink = Information from separate approved rate sheet  
 Turquoise = Amounts transferred to Non-Fed FC1 (NF FC1)

**Imbedded Formulas For Funds Calculations:**  
 O48 = F36\*F40 + G36\*G40  
 R48 = H38\*H40 + K38\*K40 + L38\*L40 + M38\*M40  
 Q52 = (I36+P26)\*(-1)  
 P56 = M50  
 P58 = M54

The majority of RBS costs are eligible for state and county funding on statutory rates. These costs are designated as "1". LA has one category of cost that is county only funded, and is designated as "0". These costs are treated separately in the funds calculation.

**SGF Participation Factor:**  
 Federal IV-E % Factor: 40%  
 Non-Fed Elig: 1  
 SGF Participation Factor: 41

**SGF Eligible Costs:**  
 Federal Eligible Costs: \$ \_\_\_\_\_  
 Federal Share at FMAP: \$ \_\_\_\_\_  
 Non-Federal Costs: \$ \_\_\_\_\_  
 County Only Eligible for Sharing 40/60: \$ \_\_\_\_\_  
 State Share at: 40%  
 County Share: 60%  
 County Share Total: \$ \_\_\_\_\_

**Sum of Shares Check Total:** \$ \_\_\_\_\_

## **RESIDENTIALLY BASED SERVICES (RBS) PROJECT ASSISTANCE CLAIM VALIDATION PROCEDURES**

The following describes the procedures necessary to fulfill the RBS Foster Care (FC) Claim Validation requirements.

### **General Information**

The RBS Project will allow up to four pilot demonstration projects to operate an alternative foster care service and funding model. These counties (Los Angeles, San Bernardino, Sacramento, and San Francisco) will submit alternative claims for foster care assistance costs. These claims will be denoted as RBS FC Claim forms, with the same look and feel as the normal CA 800 Assistance Claim series. For the children enrolled in RBS in these four (4) pilot sites, RBS claims will be prepared on a monthly basis and submitted quarterly via electronic mail submission to CDSS – Fiscal Systems and Accounting Branch (FSAB). The foster care assistance costs incurred for these children will be reported solely on the RBS FC Claim forms. There will be no duplicative costs or children counts included for these RBS children on the normal CA 800 Fed and Non-fed series of claim forms submitted by these four project sites for their regular FC assistance costs.

### **Background**

Up to four counties will be approved to operate a RBS pilot demonstration project. Each of these pilots will have a unique program service delivery approach and a unique funding model to support the pilot. All pilots will operate for a minimum of two years. All changes in cost structure for the RBS projects occur on the assistance claim. Each project site will negotiate a rate or rates for care and service to the children and families enrolled. These rates will be unique to the particular phase and length of time the child is enrolled in the project. All rates are approved under an RBS Funding Model, which is an integral part of the approved CDSS/County Memorandum of Understanding (MOU) to operate the project.

While the service approach and the funding models are unique, the common denominator for claiming will be uniform procedures that each of the four counties will follow to present the claims to CDSS for reimbursement. These procedures will be similar to current foster care, where the cost of placement for each child in a given month is totaled with the costs of all children in the pilot for that month. The CDSS will process the claims quarterly. RBS Fiscal Tracking Sheets will be prepared for each month in the quarterly claim that will show the detail of the claim by child and by placement cost, which is based on the unique rates used by each county. The RBS assistance claims will be submitted under a similar county certification filed with a regular assistance claim. These RBS FC Claims will be processed for payment by CDSS without the invoice approval process normally required for a demonstration project claim, based on the

## **RESIDENTIALLY BASED SERVICES (RBS) PROJECT ASSISTANCE CLAIM VALIDATION PROCEDURES**

implementation of an RBS Assistance Claim Validation Procedure discussed below.

There are no changes necessary in the County Expenditure Claim (CEC) for county administrative costs. RBS children are served by county social worker staff, to the same degree as a regular foster care child is. No extraordinary administrative expenses at the county welfare department level are expected as a result of operating RBS, and no specialized administrative funding requirements, restrictions, or fund sources are imposed on the project. Therefore, no changes in normal CEC claiming for CWS related costs is required as a result of RBS.

### **Requirement for RBS Assistance Claim Validation Procedures**

#### **Audit Concerns**

Because this is a new claim that will be submitted under and paid subject to a certification process, the CDSS wanted to ensure that appropriate oversight is maintained to satisfy federal and state audit oversight requirements. Normally, CDSS relies on a series of institutionalized procedures to accept claim accuracy. These begin with County Fiscal Letters that provide detailed instructions on how claims will be submitted and what costs are eligible. The county then submits claims under the cover of a certification by both the County Auditor/Controller and the County Welfare Director that the claims are true and correct. Both of these conditions will be present in the RBS claims as well. To strengthen acceptance of accurate RBS FC Claims, CDSS will implement a validation procedure specific to RBS FC Claims as an extra assurance there is accuracy in the claim submitted, and that corrections of inaccurate claims are made timely.

#### **Proposed RBS Assistance Claim Validation Procedures**

CDSS will implement an RBS assistance claim validation procedure that is based on pulling a sample from the monthly cases identified in each county's RBS quarterly claim, and performing a match of the placement cost information recorded on the claim to the placement type recorded in the Child Welfare Services/Case Management (CWS/CMS) for RBS cases. The information to be matched is the placement type (residential or community services) reported on the claim, as determined by the amount claimed in that month (each RBS component has a unique rate associated with it), matched to the placement field recorded in CWS/CMS. RBS cases will have unique fields in CMS to capture relevant data for RBS cases. CDSS will use a statistically valid sampling methodology developed in conjunction with the CDSS – Child Welfare Data Analysis Bureau. The sample parameters will produce a confidence level of 95% with a confidence interval of +/- 10% when measured on an annual basis.

## **RESIDENTIALLY BASED SERVICES (RBS) PROJECT ASSISTANCE CLAIM VALIDATION PROCEDURES**

For each case selected in the sample, if the information from the claim matches the placement recorded in the CWS/CMS, no additional work is required. The verification will be filed and retained for audit/review. If the information does not match, then further communication will take place with the county RBS staff to determine if the CWS/CMS data is correct, and to correct the claim data if required. Specific procedures and forms for the case validation process are described below.

In order to implement the case validation procedures, each RBS County should provide the following information to CDSS, Attention - Megan Stout:

1. Name and email address of the County RBS Program Contact.
2. Name and email address of the County RBS Fiscal Contact.

The claim validation roles of these individuals are outline below to assist the county in selecting the most appropriate person to respond to CDSS.

**The procedures for implementing this case validation process are outlined below, and forms are attached:**

### **Instructions for CDSS Reviewer - RBS FC Claim, Case Resolution Sheet:**

After selecting the sample for each county, each month, the CDSS Case Reviewer will complete a Case Resolution Sheet (CRS) for each case reviewed. Record the requested information in Part I, including your name and email address, and indicate if the placement type reported on the claim matches the placement type recorded in the CWS/CMS. If there is a match, sign Part IV, and file this CRS with the quarterly case validation information for this quarter.

If the placement type reported on the claim does not match the placement type recorded in the CWS/CMS additional verification will be required by the county. Call the County RBS Program Contact and let them know that a discrepancy exists for the case reported, and that a form will be sent electronically for them, and the County Fiscal Contact, to complete and return to you.

Make a log of the date and time the form is sent, to whom, and the date and time the form is received back. When the form is received back, ensure that it is complete, sign Part IV, make a copy of the form to attach to the RBS Quarterly Claim Validation Certification, and file the original with the quarterly case validation information for this quarter.

**RESIDENTIALLY BASED SERVICES (RBS) PROJECT  
ASSISTANCE CLAIM VALIDATION PROCEDURES**

**Instructions for County RBS Program Contact**

Upon receipt of the CRS, examine the information in the CWS/CMS to determine what the correct placement is for the child for the month claimed. You may find that the special RBS placement coding in CWS/CMS was not updated for a change in program placement, i.e. the child moved from Residential component to Community component. Please compare the information submitted on the RBS FC Claim with the CWS/CMS and determine which is accurate.

Under Part II of the CRS, indicate which information is accurate. If the RBS FC Claim is correct, and CWS/CMS is incorrect, please correct the CWS/CMS to match. If the RBS FC Claim is incorrect, and the CWS/CMS is correct, a claim adjustment may be required. In either case, after completing Part II, forward the CRS electronically to the County RBS Fiscal Contact for follow-up action.

**Instructions for the County RBS Fiscal Contact:**

After receiving the CRS from the County RBS Program Contact, you must determine if a claim correction is necessary for the case and month being examined. If no claim adjustment is necessary, e.g., the CWS/CMS was incorrect and has been corrected, please indicate this in Part III, under Number 1, and provide the explanation.

If a claim adjustment is necessary, please complete Number 2 or 3, under Part III, to indicate that an adjustment is necessary and has been either already completed or will be completed. Provide an explanation as to why an adjustment is necessary, and the month/quarter the claim either was adjusted or will be adjusted.

After completing Part III, electronically forward the form back to the CDSS reviewer that initiated the review.

**Instructions for CDSS Reviewer - RBS Foster Care Claim, RBS Quarterly Claim Validation Certification:**

After receiving all completed CRS's initiated for the cases reviewed that did not match the CWS/CMS, ensure that all information requested as been completed, and that Part IV is signed on each form.

Complete the RBS Quarterly Claim Validation Certification form for their Branch Chief signature and attach copies of all CRS's for each case that did not match. There must be a CRS for each case identified in the total non-match count included on the RBS Quarterly Claim Validation Certification form.

**RESIDENTIALLY BASED SERVICES (RBS) PROJECT  
ASSISTANCE CLAIM VALIDATION PROCEDURES**

After signature by the Branch Chief, forward the RBS Quarterly Claim Validation Certification and attached CRS's to Financial Services Bureau, Attention: Kathy Berreth Mail Station 9-5-27.

**Instructions to Financial Services Bureau**

After receiving the RBS Quarterly Claim Validation Certification, please note the information on any potential RBS FC Claim correction included on the CRS's provided. This information should be matched to the adjustments reported on the RBS Claim in the audit adjustment detail area (RBS FC Claim Federal Children, Line 8 - Claim Validation Adjustment). Any questions on a claim adjustment made, or missing, should be directed to the County RBS Fiscal Contact. If a claim adjustment is required, and not made in the subsequent quarter claim, the information for FSAB to make an audit adjustment will be present on the CRS in Parts II and III.

**Conclusion**

Following all of these steps provides a way to have a complete track on the outcome of the review, and for each non-correct case, the resolution that either has been or will be completed. Examination of the RBS FC Claim will ensure that the future adjustment is made. This provides a fully documented process to satisfy the questions of any federal or state auditors.

Attachments:

RBS FC Claim – RBS Quarterly Claim Validation Certification (Attachment III-A)

RBS FC Claim – Case Resolution Sheet, Parts I, II, III and IV (Attachment III-B)

**Residentially Based Services (RBS) Foster Care Claim  
Quarterly Claim Validation Certification**

Complete this form within 90 days from the end of the quarter and submit to the Fiscal Systems and Accounting Branch - Financial Services Bureau.

**County:** \_\_\_\_\_

**Quarter and Calendar Year: (please check appropriate quarter and fill in year)**

**Quarter:**

**Year:** \_\_\_\_\_

September (July -September)

March (January -March)

December (October - December)

June (April - June)

**Certification: (please check one of the two statements, sign, and submit with any required documents)**

We have examined a sample of \_\_\_\_(\*) RBS cases presented on the Fiscal Tracking sheets for the three months in this quarter, and compared the rate claimed for each case against the placement data recorded in the Child Welfare Services (CWS)/ Case Management System (CMS) for each case. The CWS/CMS placement data matched the RBS rate being claimed for all cases in the sample.

We have examined a sample of \_\_\_\_(\*) RBS cases presented on the Fiscal Tracking sheets for the three months in this quarter, and compared the rate claimed for each case against the placement data recorded in the CWS/CMS for each case. The placement data did not match the RBS rate being claimed for \_\_\_\_(\*\*) cases in the sample. An RBS case resolution sheet is attached for each case where the CWS/CMS placement data did not match the RBS rate claimed.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

X  
\_\_\_\_\_

**Karen Gunderson, Chief  
Child and Youth Permanency Branch**

\* - Please enter the number of cases examined in the three month period.

\*\* - Please enter the number of cases examined that did not match.

A case resolution sheet is attached for each case.

**Residentially Based Services (RBS) Foster Care Claim Case Resolution Sheet (CRS)**

**Month Claimed:** \_\_\_\_\_ CDSS Reviewer: \_\_\_\_\_  
**County:** \_\_\_\_\_ email: \_\_\_\_\_

**Case Resolution Sheet: (please complete one sheet for each case in the monthly sample)**

**Part I - To be completed by CDSS Reviewer for each case in the RBS sample.**

Enter the following information from the RBS Fiscal Tracking Sheet for the sample month:

RBS Case Identifier Number (Foreign Client Key): \_\_\_\_\_  
 Amount claimed per the fiscal tracking sheet: \_\_\_\_\_  
 Placement type being claimed based on rate: \_\_\_\_\_

Match the placement type being claimed to the CWS/CMS placement data.

Does the placement match? **Yes** **No**

If yes, no further action required. File this information.  
 If no, electronically forward this sheet to the county RBS program contact. Call first to inform that action will be required.

**Part II - To be completed by the County RBS Program Contact:**

Verify that the CWS/CMS data correctly reflects the placement for this RBS child in this month based on where the child was placed in the program.

Is the CWS/CMS data placement data correct **Yes** **No**

If no, please update CWS/CMS to reflect the correct placement information.  
 Forward this form to the County RBS fiscal contact.

If yes, then an RBS claiming error may have occurred.  
 Forward this form to the County RBS fiscal contact.

**Part III - To be completed by the County RBS Fiscal Contact:**

You are receiving this form because CDSS determined that placement data in CWS/CMS does not match the RBS foster care claim for this child for this month. Please review the response from the RBS Program Contact in Part II, and then determine if a claim adjustment is necessary. You must select one of the following responses to resolve this case sample (please circle the appropriate response). When completed, please forward this form electronically to the CDSS reviewer that initiated the form. Please identify all supplemental information to support the response selected.

**Part III - continued:**

**1** No claim adjustment is necessary. Please explain.

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**2** The amount claimed for this RBS case for this month was not correct, but has already been adjusted on another RBS assistance claim. Please explain the reason for the error, and indicate which monthly claim the adjustment was made on, and the amount of the adjustment.

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**3** The amount claimed for this RBS case for this month was not correct. An adjustment will be included to correct this amount on a subsequent claim. Please explain the reason for the error, and indicate the claim that will contain the adjustment, and the amount of the adjustment.

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When completed, forward this form to CDSS.

**Part IV - To be completed by the CDSS Reviewer:**

I have verified that this form was sent to the county, completed and returned. I have printed a copy of this form, and attached a signed copy of this form to the RBS Quarterly Claim Validation Certification. The original has been retained with the RBS case sampling files for the respective quarter.

**Reviewer Name (Print):** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_