



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

June 21, 2011

RESIDENTIALLY BASED SERVICES (RBS) LETTER NO. 03-11

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

**SUBJECT: REVISED RBS CLAIM FOR THE SEPTEMBER AND DECEMBER
 2010 QUARTERS, REVISED TO ADD:**

**EMERGENCY ASSISTANCE (EA) FUNDS USED IN RBS, WITH
MODIFIED FEDERAL AND NON-FEDERAL FISCAL TRACKING
SHEETS AND RBS FEDERAL CLAIM, EFFECTIVE WITH THE
SEPTEMBER 2010 CLAIM**

**RBS OVERPAYMENTS FORM FOR REPORTING TITLE IV-E
FOSTER CARE OVERPAYMENTS EFFECTIVE WITH THE
SEPTEMBER 2010 CLAIM**

**REFERENCE: RBS LETTER NO. 01-11, DATED FEBRUARY 14, 2011 (RBS
CLAIM FORMS AND INSTRUCTIONS FOR SEPTEMBER AND
DECEMBER 2010 QUARTERS);**

**ALL COUNTY LETTER (ACL) 09-64, DATED DECEMBER 17,
2009 (TITLE IV-E FOSTER CARE OVERPAYMENT FORMS AS
REQUIRED BY SENATE BILL 84)**

**CFL NO. 99/00-55, DATED MARCH 30, 2000 (CWD CEC FOR
THE JANUARY – MARCH 2000 QUARTER CLAIMING
INSTRUCTIONS);**

**CFL NO 10/11-66, DATED APRIL 22, 2011, (CA 800 CLAIM
INSTRUCTIONS FOR OVERPAYMENT REPORTING THROUGH
DECEMBER 31, 2010)**

**WELFARE & INSTITUTION CODES (WIC) 11466.23 AND
11466.24 (OVERPAYMENT REQUIREMENTS AND
EXEMPTIONS)**

This RBS letter revises RBS Letter No. 01-11, dated February 14, 2011, and revises the RBS Foster Care (FC) Claim previously released for the September and December 2010 quarters. This letter provides instructions for claiming the use of EA funds in RBS for those counties that may utilize this alternate fund source. The RBS FISCAL TRACKING SHEET-NON-FEDERAL and the RBS FOSTER CARE CLAIM-FEDERAL have been modified to reflect the use and claiming of EA funding in RBS. The need for this additional claiming procedure for EA funds in RBS was identified and requested by participating RBS host counties.

This letter also provides additional instruction regarding the reporting of overpayments in RBS and informs counties to use the SUMMARY REPORT OF RBS FOSTER CARE ASSISTANCE OVERPAYMENTS-FEDERAL effective for the September and December 2010 quarters. This overpayment form meets the federal government's Title IV-E repayment requirements by identifying the total federal share of overpayments that met due process during each of the claiming months in the claiming quarter. This overpayment form and instruction were inadvertently omitted from the original RBS FC Claim issued February 14, 2011.

Revised RBS Claim - RBS Use Of EA

Several of the RBS host counties have indicated that children served in RBS are potentially eligible to be funded with EA funds. EA funds have historically been used for funding the initial costs of foster care under specific circumstances. Counties are reminded that use of EA funds are limited to those cases where an Assistance to Children in Emergency Systems (ACES) check has been performed in the Medi-Cal Eligibility Data System (MEDS), the family or child has not received EA in the prior 12 months anywhere in California, and an emergency has occurred requiring the use of EA. If these conditions are met, EA funds may be used to fund up to the first 12 months of an RBS case for non-federal (Aid Code 40) children only. EA funds may not be used for federal (Aid Code 42) children. Counties may refer to CFL No. 99/00-55, dated March 30, 2000, which reminds counties of the criteria and procedures for the use of EA funds in Foster Care and Child Welfare Services.

To accommodate the reporting of EA funds on the existing RBS FC Claim (Attachment II), an additional set of columns for "Persons Count" and "Aid Code 5K" has been added to the current RBS Fiscal Tracking Sheet – Nonfederal. These columns show the persons count and amount of EA funds used to supplant the normal non-federal share of RBS costs for non-federal children. These columns carry forward to the RBS Federal claim summary sheet to be included in the Summary By Funding for

federal fund sources. Instructions are provided for both the RBS FISCAL TRACKING SHEET NON-FEDERAL and the RBS FOSTER CARE - FEDERAL claim worksheets regarding the reporting of EA funds.

With this added claim capability for EA in RBS, counties are instructed to not report RBS related EA costs on the CA 800A FED (EA); the CA 800A FED (EA) is used for reporting EA funds for regular foster care cases only.

Revised RBS Claim – Reporting of Overpayments

Pursuant to the instructions in ACL 09-64, dated December 17, 2009, [which implemented the provisions of SB 84 (Statutes of 2007)], counties are required to report all overpayments related to federal funds used in foster care once due process has been completed, irrespective of the collection of funds. These provisions are also applicable to RBS, since RBS utilizes federal Title IV-E funds in the payment of foster care related costs.

The revised RBS FC Claim has added a new RBS overpayment tab effective for RBS FC Claim use beginning with the September 2010 quarter. Consistent with the instructions for regular foster care reporting of overpayments, counties are responsible for the payment of their share of the federal overpayment, based on the normal statutory sharing ratio of 60 percent applied to county funds, as of July 1, 2009, unless those overpayments are uncollectible. Based on CFL No. 10/11-66, dated April 22, 2011, an uncollectible overpayment means any overpayment that counties are unable to collect from the client for repayment pursuant to the requirements and exemptions specified in WIC Sections 11466.23 and 11466.24.

The county is required to report the uncollectible overpayment amount to ensure the state reimburses the federal government. Although the county is not responsible for the uncollectible portion of the overpayment, any collections on uncollectible overpayments must be reported on the RBS FC Claim, RBS FC FED form, as a recovery of aid in order to return these funds back to the state.

A new tab has been added to the RBS FC Claim to include the RBS OVERPAYMENTS FED form and the related instructions for completing this form are attached.

General Claim Instructions for the September and December 2010 Quarters

If a county has not submitted an RBS FC claim for the September and December 2010 quarters, please use this revised RBS FC claim.

RBS Letter No. 03-11
Page Four

Consistent with California Department of Social Services (CDSS) claim instructions for the filing of regular assistance claims, counties are not to submit revised claims for previously filed RBS assistance claims that have already been submitted.

Please refer to RBS Letter No. 01-11, dated February 14, 2011, for assistance claiming instructions, and submit the completed claim via email to:

assistance.claims@dss.ca.gov

If the county has already submitted the RBS FC Claims for the September or December 2010 Quarters without identifying the use of EA funds or the reporting of overpayments, a prior period adjustment will need to be made to a current RBS FC Claim to correct for any amounts reported incorrectly in September or December 2010.

If the county reported any RBS costs, or RBS related EA costs, on the regular foster care CA 800 FC, federal or non-federal, claims in the September or December 2010 quarters, the county must remove those costs via a prior period adjustment on the regular CA 800 FC claim and complete the new RBS FC Claim forms for September and December so that RBS costs are properly reported to CDSS.

The new RBS claim workbook with the additional EA claim procedures and the new overpayment tab may be downloaded at:

<http://www.cdsscounties.ca.gov/AAC/aac.htm>

RBS Overpayment and EA Sample Documents

Included in this letter are samples of the revised RBS FC Claim reflecting the overpayment and EA changes to assist counties in utilizing the forms.

Attachment I: Claim form RBS FC CERT – EXPENDITURE CERTIFICATION
FOR THE COUNTY WELFARE DEPARTMENT RBS EXPENDITURES

Attachment II: Claim form RBS FC FED – SUMMARY REPORT OF
ASSISTANCE EXPENDITURES - QUARTERLY CLAIM RBS FC FEDERAL
TITLE IV-E WITH ARRA ADJUSTMENTS FEDERAL

Attachment III: Claim form RBS FISCAL TRACKING SHEET – FEDERAL

Attachment IV: Claim form RBS FC NONFED – SUMMARY REPORT OF ASSISTANCE EXPENDITURES - QUARTERLY CLAIM RBS FC NONFEDERAL

Attachment V: Claim form RBS FISCAL TRACKING SHEET – NON-FEDERAL

Attachment VI: Claim form RBS OVERPAYMENTS FED – SUMMARY REPORT OF RBS FOSTER CARE ASSISTANCE OVERPAYMENTS- FEDERAL

Attachment VII: Instructions for RBS OVERPAYMENTS FED – SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES FOSTER CARE ASSISTANCE OVERPAYMENTS – FEDERAL

Future Changes to the RBS Claim Due to Changes in Federal Funding

Counties are advised that due to the changes in American Recovery and Reinvestment Act funding levels effective January 1, 2011, there will be additional changes incorporated into the RBS FC Claim beginning with the January – March 2011 quarter. These will be provided in a future RBS letter and revised claim.

For fiscal policy questions, please contact Priscilla Duverseau in the Fiscal Policy Bureau at (916) 651-1090. For claiming issues please contact the assistance claims mailbox at assistance.claims@dss.ca.gov.

Sincerely,



JANE CHRISTOPHERSON
Branch Chief
Estimates Branch

Attachments

c: CWDA

Attachment I

**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:

	Form Number	Form Title	Amount
1	RBS FC FED	RBS Foster Care Federal	-
2	RBS FC NONFED	RBS Foster Care Nonfederal	-
3	RBS County Share FC OVERPAYMENT FED	RBS County Share Foster Care Overpayment - Federal	-
		Total	-

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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County	Quarter Ending
Claim Contact	Telephone

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES - QUARTERLY CLAIM
RESIDENTIALLY BASED SERVICES (RBS) FOSTER CARE
FEDERAL TITLE IV-E WITH ARRA ADJUSTMENTS
FEDERAL EMERGENCY ASSISTANCE (EA) (FROM RBS NON-FED FISCAL TRACKING SHEET)**

Aid Code	Foster Care			EA	
	Persons Count	42	Persons Count	5k	
1 Main Payroll - RBS					
2 Current Month Adjustment - RBS					
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 PAYROLL, CURRENT + PRIOR MONTH (Lines 3+6+7+8)					
10 Amount Not Reimbursable at Fed FMAP Rate [Fiscal Tracking, cell AE73]					
11 TOTAL - Line 9 - Line 10					
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			State			County (ARRA)			Total
	Federal (ARRA)	State	County (ARRA)	Federal (ARRA)	State	County (ARRA)	Federal (ARRA)	State	County (ARRA)	Total
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 Federal Emergency Assistance Aid Code 5K (70/0/0/0/30/0)										
22 RBS County Costs (0/0/0/0/100/0)										
23 Total Payment Federal Foster Care										

State of California - Health and Human Services Agency
RBS - FISCAL TRACKING SHEET
FEDERAL CHILDREN

CONCRETE A MONTHLY FISCAL TRACKING SHEET FOR EACH MONTH IN QUARTER - TRANSFER QUARTER TOTAL TO RBS FC FEDERAL RBS BRIDGE REPORT FEDERAL

Line #	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
Line #	Child Identifier - Use Foreign Client Key, Do not use any personal identifying info.	Program Number	Name of RBS Provider	Residential Rate Payment	Crisis Stabilization Payment	TTC Rate for Placement	Authorized Provider Rate	Placed in Bridge Care	Other	Net Provider Payment	Community Services with Family	Authorized Family Rate	Follow-On Family Rate	Total RBS Payments Made to RBS Providers	Total Payments Made for RBS For					
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County of: _____

Approved RBS Rate Table

Line #	Component Description	Rate	Fed Eligible	Non-Fed Elig	Participation Factor
1	Residential Rate	4,184.00	88.70%	0.00%	1
2	Community Services - TTC Provider	4,024.00	60.00%	0.00%	1
3	Community Services - TTC Support	1,270.00	0.00%	0.00%	0
4	Community Services Rate	4,184.00	100.00%	0.00%	1
5	Community Services Rate with Standard FFA Placement	1,870.00	0.00%	0.00%	1
6	Community Services Rate with Standard FFA Placement	2,000.00	36.50%	0.00%	1
7	Community Services Rate with Family	4,184.00	0%	0%	0
8	Community Services Rate with Family	4,184.00	0%	0%	0

Total Net Payments to RBS Providers: \$0.00

Total TTC Direct Payments to Providers: \$0.00

County Only Number of RBS Prints: _____

State/County Number of RBS Prints: _____

Enter Title IV-E Rate from Table: _____

Enter SGE Participation Factor from Table: _____

Enter Title IV-E rate for activities while not participating with family are always 0.0%.

For Valuation, 3% Federal Reserve Bank of San Francisco and Administration for funding at different interest rates.

PAID RATE: 56.20%

State Share: 40% of non-federal costs

County Share: 60% of non-federal costs

Eligible for Sharing 40/60

State Share at: _____

County Share: _____

County Share Total: _____

Sum of Shares Check Total: _____

Imputed Formulas for Funds Calculations:
 Q48 = 335740 + 035 * Q40
 Q55 = 135 * Q40 + 133 * Q40
 Q56 = 150 * Q40
 P56 = 154

County of: _____

Approved RBS Rate Table

Line #	Component Description	Rate	Fed Eligible	Non-Fed Elig	Participation Factor
1	Residential Rate	4,184.00	88.70%	0.00%	1
2	Community Services - TTC Provider	4,024.00	60.00%	0.00%	1
3	Community Services - TTC Support	1,270.00	0.00%	0.00%	0
4	Community Services Rate	4,184.00	100.00%	0.00%	1
5	Community Services Rate with Standard FFA Placement	1,870.00	0.00%	0.00%	1
6	Community Services Rate with Standard FFA Placement	2,000.00	36.50%	0.00%	1
7	Community Services Rate with Family	4,184.00	0%	0%	0
8	Community Services Rate with Family	4,184.00	0%	0%	0

Total Net Payments to RBS Providers: \$0.00

Total TTC Direct Payments to Providers: \$0.00

County Only Number of RBS Prints: _____

State/County Number of RBS Prints: _____

Enter Title IV-E Rate from Table: _____

Enter SGE Participation Factor from Table: _____

Enter Title IV-E rate for activities while not participating with family are always 0.0%.

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State Share: 40% of non-federal costs

County Share: 60% of non-federal costs

Eligible for Sharing 40/60

State Share at: _____

County Share: _____

County Share Total: _____

Sum of Shares Check Total: _____

Imputed Formulas for Funds Calculations:
 Q48 = 335740 + 035 * Q40
 Q55 = 135 * Q40 + 133 * Q40
 Q56 = 150 * Q40
 P56 = 154

Attachment IV

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

County	Quarter Ending
Claim Contact	Telephone

Aid Code	Foster Care 40	Total	
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+8)			
10 less: amount to be funded 100% County			
11 NET PAYMENTS FOR FUNDING:			
12 State Share (40%) or EA (0%)			
13 County Share (60%) or EA (30%)			
14 Supplemental Clothing Allowance (100% State) (100% federal for EA)			
15 Total			
16 Persons Count			
17 County Only (100% County Funded RBS Costs - Los Angeles Only)			
Summary by Funding/Program	State	County	Total
18 Foster Care	-	-	-
19 County Only Funds	-	-	-
20 Supplemental Clothing Allowance (Line 14)	-	-	-
21 Total	-	-	-

Attachment IV

**SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES (RBS)
FOSTER CARE ASSISTANCE OVERPAYMENTS
FEDERAL - SEPTEMBER 2010 AND DECEMBER 2010 QUARTER**

Country	Quarter Ending
Claim Contact	Telephone

FOSTER CARE	
Aid Code	42
OVERPAYMENTS	Identified Overpayments that completed due process for September 2010 and December 2010 quarter paid at the 56.2% FMAP Rate
1	Federal Share of Overpayments COLLECTED & adjustments made on RBS FC FED in Current Claiming Quarter
2	Federal Share of Uncollected Newly Identified Overpayments in Current Claiming Quarter (Due to Federal Government)
3	Federal Share of Uncollectible Overpayments in Current Claiming Quarter (Due to Federal Government)

Summary by Funding	FC		
	Federal	State Responsibility	County Responsibility
4	-	-	-
Overpayments Collected (Completion of Due Process Beginning 07/01/10 to 12/31/10) FC(40/60)	-	-	-
5	-	-	-
Overpayments Identified (Completion of Due Process Beginning 07/01/10 to 12/31/10) FC(40/60)	-	-	-
6	-	-	-
Uncollectible Overpayments FC(100/0)	-	-	-
7	-	-	-
Total Overpayments	-	-	-

**INSTRUCTIONS FOR FORM
SUMMARY REPORT OF RESIDENTIALLY BASED SERVICES
FOSTER CARE ASSISTANCE OVERPAYMENTS - FEDERAL**

GENERAL INFORMATION

- Enter county name and quarter ending sections on the Overpayments page.
- Enter claim contact and telephone number sections of the county staff person to be contacted if there are any questions regarding the RBS claim.
- This form is pre-programmed to round all amounts to the nearest dollar.

OVERPAYMENTS:

1. **Federal Share of Overpayments COLLECTED & adjustments made on RBS FC FED, in current claiming quarter**

Line 1: Enter the Federal Share of Overpayments COLLECTED that was reported as an adjustment on the RBS FC FED, in the current claiming quarter.

2. **Federal Share of Uncollected Newly Identified Overpayments in Current Claiming Quarter (Due to Federal Government)**

Line 2: Enter the Federal Share of Uncollected Identified overpayments that completed due process in the current claiming quarter.

3. **Federal Share of Uncollectible Overpayments in Current Claiming Quarter (Due to Federal Government)**

Line 3: Enter the Federal Share of Uncollectible Overpayments in the current quarter. Be sure to put the amount under the correct aid code. Any collections for an uncollectible must be reported on the RBS FC Claim, RBS FC FED form, as a recovery of aid in order to return these funds back to the state.

4. **Summary by Funding**

Line 4 through 6 will automatically calculate Federal, State and County at the appropriate rates.

5. **Total Overpayments**

Line 7: Total share of overpayment for Federal, State and Count.