

September 23, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

COUNTY FISCAL LETTER NO. 19/20-21

The purpose of this letter is to provide claiming guidance to counties for California Work Opportunity and Responsibility to Kids families receiving Family Reunification services and temporary Homeless Assistance benefits per Assembly Bill 236 (Chapter 545, Statutes of 2017).



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

September 23, 2019

COUNTY FISCAL LETTER (CFL) NO. 19/20-21

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS
ALL COUNTY PROBATION OFFICERS
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: CLAIMING GUIDANCE FOR CALIFORNIA WORK OPPORTUNITY
AND RESPONSIBILITY TO KIDS FAMILIES RECEIVING FAMILY
REUNIFICATION SERVICES AND TEMPORARY HOMELESS
ASSISTANCE PER ASSEMBLY BILL 236

REFERENCE: [ASSEMBLY BILL \(AB\) 236 \(CHAPTER 545, STATUTES OF 2017\)](#);
[AB 429 \(CHAPTER 111, STATUTES OF 2001\)](#); [MANUAL OF
POLICIES AND PROCEDURES \(MPP\) 42-302.2](#); [MPP 82-812.673](#);
[ALL COUNTY LETTER \(ACL\) NO. 18-71, DATED JUNE 25, 2018](#);
[ACL NO. 03-52, DATED OCTOBER 6, 2003](#); [ACL NO. 02-36,
DATED MAY 9, 2002](#); [ACL NO. 19-77, DATED JULY 31, 2019](#);
[CFL NO. 02/03-14, DATED SEPTEMBER 20, 2002](#);
[CFL NO. 13/14-01, DATED JULY 16, 2013](#)

The purpose of this letter is to provide claiming guidance to counties for California Work Opportunity and Responsibility to Kids (CalWORKs) families receiving Family Reunification (FR) services and temporary Homeless Assistance (HA) benefits per [AB 236 \(Chapter 545, Statutes of 2017\)](#). For purposes of this letter, these cases will be referred to as CalWORKs FR cases.

Background

The FR program, as authorized by [AB 429 \(Chapter 111, Statutes of 2001\)](#) and described in [ACL No. 02-36](#), dated May 9, 2002, and [ACL No. 03-52](#), dated October 6, 2003, allows for the continuation of CalWORKs services when a child has

been temporarily removed from the home by Child Welfare Services and is receiving out-of-home care. Although CalWORKs reunification parents remain eligible for CalWORKs services, they may not receive a cash grant, per [MPP 82-812.673](#). Additionally, these CalWORKs reunification parents generally are not eligible for special needs payments, including both recurring and nonrecurring special needs payments, as these payments are considered cash assistance under state CalWORKs regulations (refer to [MPP 42-302.2](#)).

Effective January 1, 2018, AB 236 authorized CalWORKs FR families experiencing homelessness eligibility for temporary HA benefits if the county determines these benefits are necessary for reunification and the family is otherwise eligible. Counties may refer to [ACL No. 18-71](#), dated June 25, 2018, for additional information regarding the implementation of AB 236 and this new temporary HA benefit.

The CalWORKs FR cases are identified by Aid Codes 4P (CalWORKs Family Reunification – All Families) and 4R (CalWORKs Family Reunification – Two Parent). Current consortia systems do not allow assistance payments to be issued under these aid codes. Per [ACL No. 19-77](#), dated July 31, 2019, counties must work with their consortia to determine a workaround for how these benefits should be issued and tracked.

Claiming Instructions

Counties may claim these temporary HA benefits issued to CalWORKs FR cases to the new “Summary Report of Assistance Expenditures CalWORKs Family Reunification Homeless Assistance Claim” form (Attachment I). Instructions regarding completion of this claim may be found in Attachment II. As the provisions of AB 236 took effect on January 1, 2018, counties may claim temporary HA issued to CalWORKs FR cases back to that date as a prior month adjustment, subject to time limit rules outlined in [CFL No. 13/14-01](#), dated July 16, 2013. Counties with unclaimed temporary HA payments made to FR cases pursuant to AB 236 that were issued more than 18 months prior to the date of this CFL should contact CDSS; reimbursement of these payments will be considered on a case-by-case basis. These benefits will be funded with the same share of cost as non-Maintenance of Effort (MOE) assistance payments (currently 97.5 percent non-MOE state General Fund and 2.5 percent county funds).

This claim form (Attachment I) should only be used to claim temporary HA expenditures issued to CalWORKs FR cases. Other services provided to CalWORKs FR cases should be claimed to the County Expense Claim using the appropriate Program Identifier Number (PIN) associated with the CalWORKs FR case’s eligibility before the removal of the child(ren) from the home. The [CFL No. 02/03-14](#), dated September 20, 2002, instructs counties to claim CalWORKs/Welfare-to-Work (WTW) services provided to FR cases to existing CalWORKs Program Codes (PCs) as appropriate and shown as follows:

- Temporary Assistance for Needy Families (TANF) – PC 633 (WTW General)
- CalWORKs MOE – PC 451 (Non-Federal WTW)
- Non-MOE (employed) – PC 687 (TANF Timed-Out Employment Services Employed)
- Non-MOE (unemployed) – PC 689 (TANF Timed-Out Employment Services Unemployed)

Contact Information

Counties may direct any fiscal questions related to this letter to the Fiscal Policy and Analysis Bureau at fiscal.systems@dss.ca.gov. For programmatic questions regarding Homeless Assistance benefits for CalWORKs FR cases, counties may contact the Housing and Homelessness Bureau at housing@dss.ca.gov.

Sincerely,

Original Document Signed By:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CaiWORKs)
FAMILY REUNIFICATION (FR) HOMELESS ASSISTANCE CLAIM**

County	Date (Month/Year)
Claim Contact	Telephone

Sharing Ratio	
Aid Code	4P / 4R
State	0.9750
County	0.0250

Aid Code	All Families 4P	Two Parent 4R	
1 Main Payroll			
2 Current Month Supplemental Payroll			
3 Current Month Cancellation Contra Roll			
4 Prior Month Supplemental Payroll			
5 Current Month Adjustment			
6 Subtotal (Lines 1 - 5)			
7 Prior Month Cancellation Contra Roll			
8 Recoveries of Aid			
9 Prior Month Negative Adjustment			
10 Subtotal (Lines 7 - 9)			
11 Prior Month Positive Adjustment			
12 TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11)			
13 Total Number of Assistance Units			
SUMMARY BY FUNDING			
14 State	-	-	
15 County	-	-	
16 Total	-	-	
SUMMARY BY PROGRAM	State	County	Total
17 All Families			
18 Two Parent			
19 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, of 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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Last Modified: 7/19/19

**INSTRUCTIONS FOR
SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR THE CALWORKS
FAMILY REUNIFICATION (FR) HOMELESS ASSISTANCE (HA) CLAIM**

General Information

1. Select from drop down menus the county name and month and year of claim.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

4. Lines 1 through 5: Enter the amounts provided by the county's internal workaround and/or tracking system for temporary HA paid to FR cases.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

6. Line 7: Enter the cancellation contra roll amounts provided by the county's internal workaround and/or tracking system for temporary HA paid to FR cases in the prior month.
7. Line 8: Enter the total of all cash recovered in this month related to temporary HA paid to FR cases in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments that decrease amounts that were claimed in a prior month under the county's internal workaround and/or tracking system for temporary HA paid to FR cases.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments

10. Line 11: Enter the amounts for prior month positive adjustments that should have been claimed on a prior month's claim for temporary HA paid to FR cases.

Total Aid

11. Line 12: Total Aid Payments, current and prior months. This amount will calculate automatically.

Assistance Units

12. Line 13: Enter the number of Assistance Units that received temporary HA paid to FR cases.

Summary by Funding and Summary by Program

13. Lines 14-19: The state and county shares will calculate automatically by aid code and by program/reporting category on Lines 14 through 15 and Lines 17 through 18, respectively.