

Office of Systems Integration  
Statewide Automated Welfare System (SAWS) Project

**SAWS – CalSAWS SB 1341  
Monthly Expenditure Claim Instructions**

**CLAIMS**

To facilitate timely automation of the claim import by OSI-SAWS Financial Management Unit (FMU), please ensure the following formatting rules are applied:

1. Do not change the spreadsheet tab names or add extra tabs. The tab name for the spreadsheet should be called, "Claim" (without the quote signs).
2. All values entered into the claim form should be whole numbers (e.g., if the cost is \$1.01 round up to enter \$2.00 on the claim form).

Claims cannot be imported if the formatting varies from the above-mentioned and may result in delayed reimbursement.

Enter the following information:

**County:** Select the county name and number from the drop-down list (e.g., El Dorado - 09, Merced - 24, Riverside - 33, San Bernardino - 36, and Stanislaus - 50).

**Contact:** Enter the name of the county fiscal contact who prepared the claim.

**Phone:** Enter the county fiscal contact's phone number with area code. The cell will format as ###-###-####.

**Month/Year:** Enter the date as M/1/YY (e.g., 7/1/20). The date will display as Mon-YY (e.g., Jul-20). Always use the number "1" as the day of the month in the date. Do not enter any text in this field.

**Adjusted Checkbox and Version:** If the claim is an adjusted claim (not the original claim for the month), check the Adjusted box and enter the Version number of the adjustment (e.g. 1, 2,). Do not place a zero or the word original for the first submission of the claim.

**E-mail:** Enter the county fiscal contact's e-mail address.

**Revised, Adjusted and Late Claiming:**

**Revised Claim:** If a correction is needed on your original claim that is submitted early (prior to the 20<sup>th</sup> due date), then a revision may be submitted. A revision replaces the original claim and must be submitted by the 20<sup>th</sup> of that claiming month. The Adjustment box and number should not be checked. Please label your claim and email as a revision.

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**Adjusted Claim:** Adjusted claims are completed on a new template and not on the original claim. They include either adding or deducting an amount from the original claim number or deducting a number from one line and adding it to another line to equal zero for the total. Adjustments will not be accepted if the checkbox and version number are not applied. Please use the same version of the template for when the original claim was submitted.

**Late Claim:** A claim submitted after the processing period has closed will be processed on the 20<sup>th</sup> of the following month. Late claims are the original version and the Adjustment box and number should not be checked. Please use the version of the claim template for when that claim was due.

Adjusted and/or late claims must be submitted within nine (9) months of the end of the calendar quarter in which the costs were paid. For example, an adjustment for August 2020 (calendar quarter ending September 2020) must be submitted by June 2021.

**Part 1 – SB 1341 Phase I, Maintenance and Operations (M&O)  
Costs**

Enter the actual costs paid, as appropriate, for the following items:

**Consortium Personnel:** No entry should be made to this line item. This field automatically calculates the subline items.

**County Consortium Staff:** Enter the actual costs paid for county staff serving as Consortium staff. Staff costs include salaries and benefits.

**Contracted Consortium Staff:** Enter the actual costs paid for contracted staff serving as consortium staff.

**Contractor Services:** No entry should be made to this line item. This field automatically calculates the subline items.

**Application Maintenance:** Enter the actual costs paid for the Application Maintenance contractor staff and services.

**Quality Assurance:** Enter the actual costs paid for the Quality Assurance contractor staff and services.

**Production and Operations County Print Cost:** Enter the actual costs paid for production and operations services, WAN charges, central print and other (includes supplies).

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**Facilities:** Enter the actual costs paid for facilities.

**Hardware:** Enter the actual costs paid for equipment purchases.

**Software:** Enter the actual costs paid for software purchases.

**Travel:** Enter the actual cost paid for staff travel.

**Total Costs:** No entry should be made to this line item. This field automatically calculates the total costs from the lines above.

**Part 2 – SB 1341 Phase II, Maintenance and Operations (M&O)  
Costs**

Enter the actual costs paid, as appropriate, for the following items:

**Consortium Personnel:** No entry should be made to this line item. This field automatically calculates the subline items.

**County Consortium Staff:** Enter the actual costs paid for county staff serving as consortium staff. Staff costs include salaries and benefits.

**Contracted Consortium Staff:** Enter the actual costs paid for contracted staff serving as consortium staff.

**Contractor Services:** No entry should be made to this line item. This field automatically calculates the subline items.

**Application Maintenance:** Enter the actual costs paid for the Application Maintenance contractor staff and services.

**Quality Assurance:** Enter the actual costs paid for the Quality Assurance contractor staff and services.

**Production and Operations:** Enter the actual costs paid for production and operations services, WAN charges, central print and other (includes supplies).

**Facilities:** Enter the actual costs paid for facilities.

**Hardware:** Enter the actual costs paid for equipment purchases.

**Software:** Enter the actual costs paid for software purchases.

**Travel:** Enter the actual cost paid for staff travel.

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**Total Costs:** No entry should be made to this line item. This field automatically calculates the total costs from the lines above.

**Part 3 – SB 1341 Phase II, Development and Implementation (D&I)  
Costs**

Enter the actual costs paid, as appropriate, for the following items.

**Consortium Personnel:** No entry should be made to this line item. This field automatically calculates the subline items.

**County Consortium Staff:** Enter the actual costs paid for county staff serving as consortium staff. Staff costs include salaries and benefits.

**Contracted Consortium Staff:** Enter the actual costs paid for contracted staff serving as consortium staff.

**Contractor Services:** No entry should be made to this line item. This field automatically calculates the subline items.

**Application Maintenance:** Enter the actual costs paid for the Application Maintenance contractor staff and services.

**Quality Assurance:** Enter the actual costs paid for the Quality Assurance contractor staff and services.

**Facilities:** Enter the actual costs paid for facilities.

**Hardware:** Enter the actual costs paid for equipment purchases.

**Software:** Enter the actual costs paid for software purchases.

**Travel:** Enter the actual cost paid for staff travel.

**TOTAL**

**Total Costs:** No entry should be made to this line. This field automatically calculates the total costs for the lines above.

**Less: CDSS Advance:** Enter the amount of the California Department of Social Services (CDSS) advance if one was received for the claim.

**Total Claim:** No entry should be made to this line. This field automatically calculates the total costs for the claim, subtracting any CDSS Advance received. The total amount shown is the payment to be issued by CDSS. If the Total Claim amount is negative (Total Costs – CDSS Advance = negative amount), the advance should be rolled over to the next month.

## **COST ALLOCATION PLAN (CAP)**

The **CAP** is the second tab to your claiming workbook and automatically links to the claiming template. **Please do not make changes to the CAP.** All pages of the CAP must be submitted following the signature pages of the claim in PDF format.

All counties must check for rounding errors prior to sending claims to CDSS and OSI-SAWS. If there are rounding errors on the CAP, please contact [PMO.Fiscal@CalSAWS.org](mailto:PMO.Fiscal@CalSAWS.org) or [wcdsadmin@CALWIN.ORG](mailto:wcdsadmin@CALWIN.ORG) as applicable for assistance prior to submitting the claim to OSI-SAWS.

## **DUE DATES**

If a CDSS advance was received by the county, the claim for those costs must be submitted by the 20<sup>th</sup> of the following month to clear the advance. If an advance was received for a given month but the corresponding claim for that month does not clear the advance (e.g., does not include the vendor payment as advanced because of delayed vendor billings), CDSS may modify future advances until the previously advanced funds are fully offset.

**Important:** A claim is not accepted by OSI-SAWS and CDSS unless it is signed, dated and received via email in PDF format by the 20<sup>th</sup> deadline submission.

### **Please submit all claims with the following:**

1. Excel file of completed claim.
2. Print the completed excel Claim Tab and CAP Tab.
3. Scan all pages of the signed and dated claim followed by all pages of the CAP.
4. For CalSAWS claiming requirements attach supporting cost backup documents.

**Email original, late and adjusted claims to the following (3) agencies with county name and claim name and date in subject line of email:**

**To: California Department of Social Services**

Fiscal Systems Bureau

E-mail: [SAWS.CountyClaims@dss.ca.gov](mailto:SAWS.CountyClaims@dss.ca.gov)

**Attach:** Excel File and PDF of signed and dated claim with CAP

**To: Office of Systems Integration**

SAWS Financial Management Unit (FMU)

E-mail: [SAWSFiscal@osi.ca.gov](mailto:SAWSFiscal@osi.ca.gov)

**Attach:** Excel file and PDF of signed and dated claim with CAP

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**To: CalSAWS Fiscal - Claims**

E-mail: [PMO.Fiscal@CalSAWS.org](mailto:PMO.Fiscal@CalSAWS.org) for CalSAWS Counties

E-mail: [wcdsadmin@CalWIN.org](mailto:wcdsadmin@CalWIN.org) for CalWIN Counties

**Attach:** Excel file, PDF of signed and dated claim with CAP, **plus** detailed support documentation

For questions regarding claiming please contact: [PMO.Fiscal@CalSAWS.org](mailto:PMO.Fiscal@CalSAWS.org) or [wcdsadmin@CalWIN.ORG](mailto:wcdsadmin@CalWIN.ORG) as applicable.