

October 4, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**COUNTY FISCAL LETTER NO. 19/20-34**

This letter provides instructions for completing and submitting a new form for the purpose of reporting accruals of county expenditures for the Supplemental Nutrition Assistance Program (SNAP). This form, referred to as the *County Accrual Form – SNAP*, must be completed and submitted annually beginning with the September 2019 quarter County Expense Claim. Additionally, all counties will be required to submit a pay cycle schedule/calendar to the California Department of Social Services.



KIM JOHNSON  
DIRECTOR

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

October 4, 2019

COUNTY FISCAL LETTER (CFL) NO. 19/20-34

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

SUBJECT: INSTRUCTIONS FOR THE COUNTY ACCRUAL FORM FOR  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

REFERENCES: [TITLE 2 CODE OF FEDERAL REGULATIONS \(CFR\) 200.97;](#)  
[2 CFR 200.302\(b\)\(2\); 7 CFR 277.11\(c\); 45 CFR 95.13;](#)  
[CFL NO. 19/20-05, DATED SEPTEMBER 20, 2019](#)

This letter provides instructions for completing and submitting a new form for the purpose of reporting accruals of county expenditures for the Supplemental Nutrition Assistance Program (SNAP). This form, referred to as the *County Accrual Form – SNAP*, must be completed and submitted annually beginning with the September 2019 quarter County Expense Claim (CEC). Additionally, all counties will be required to submit a pay cycle schedule/calendar to the California Department of Social Services (CDSS) along with the *County Accrual Form – SNAP*.

### **Background**

Although non-federal entities may claim funds on a cash basis (per [45 CFR 95.13](#) and as required by CDSS cash claiming policy most recently outlined in [CFL No. 19/20-05](#), dated September 20, 2019), recipients of SNAP funding must report certain costs to the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) on an accrual basis (refer to [2 CFR 200.302\(b\)\(2\)](#)). The CDSS has created a process for collecting and reporting this information in order to comply with findings and observations from the USDA FNS 2017 Financial Management Review. Accurate

reporting of these expenditure accruals will ensure compliance with FNS' regulatory requirements and CDSS' process.

### **Process Update for FNS Accrual Reporting**

The FNS has asked CDSS to collect data on expenditures that cross Federal Fiscal Years (FFY) and to report these to FNS. These expenditures are considered unliquidated obligations in that they are incurred in one fiscal year but remain unpaid until the following fiscal year (refer to [2 CFR 200.97](#)). The CDSS must report these on an accrual basis, though CDSS and the counties must still claim them on a cash basis.

As part of this effort, CDSS will require counties to report SNAP salaries and wages corresponding to a September pay period that are paid in October of the following FFY on the new *County Accrual Form – SNAP* form. Likewise, counties with a CalFresh Employment and Training (E&T) program must provide, via this form, a dollar amount of the value of CalFresh E&T goods delivered and services rendered prior to September 30 that will be paid October 1 of the next FFY or later.

Per [7 CFR 277.11\(c\)](#), CDSS is required to report actual expenditures to FNS within 90 days following the end of the FFY. In order to comply with this regulation, the newly developed *County Accrual Form – SNAP* and the county's pay schedule calendar should be completed and submitted annually by the county along with the September quarter CEC, beginning with the September 2019 quarter. The due dates for the CEC are provided annually to counties in the March quarterly CFL. The form is being provided through this letter, and in future years, it will be included in each year's September quarterly CEC claiming instructions and template.

Attachment I provides the instructions for completing the *County Accrual Form – SNAP*. Attachment II provides a sample form and an example of a completed form.

As part of the verification process, CDSS will, in agreement with FNS, annually select a sample of counties (in addition to Los Angeles County) that will be required, as part of a CDSS desk review, to provide backup documents to substantiate the accrual reporting process and reported amounts. These counties will be individually contacted after the *County Accrual Form – SNAP* is submitted. Additionally, backup documentation related to this form may be requested during CDSS fiscal monitoring reviews as part of the general subrecipient monitoring and oversight for which CDSS is responsible. Counties should note that the backup documentation provided to CDSS pursuant to this verification is also subject to review by FNS.

Questions regarding this letter or the *County Accrual Form – SNAP* form should be directed to [fiscal.systems@dss.ca.gov](mailto:fiscal.systems@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

SALENA CHOW, Chief  
Fiscal Forecasting and Policy Branch

ADDIE AGUIRRE, Chief  
Accounting and Fiscal Systems Branch

Attachments

## **INSTRUCTIONS FOR COUNTY ACCRUAL FORM—SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

### **GENERAL INFORMATION**

1. Enter county name and year of September quarter in spaces provided.
2. Enter name, title, telephone number, and email address of county staff person to be contacted if there are any questions regarding the *County Accrual Form – SNAP* form in the spaces provided.
3. This form is pre-programmed to round all amounts to the nearest dollar.

### **PART 1**

1. Line 1: Enter the dollar amount for the September quarter from the DFA 325.1, Line E – “Total Casework Costs for Other Public Welfare”.
2. Line 2: Enter the dollar amount for the September quarter from the DFA 325.1, Line I – “Total Support Staff Costs for Other Public Welfare”. For Non-SSTRP counties, enter the Total Support Staff costs for the September quarter from the DFA 7B3 Line “Other Public Welfare”.
3. Line 3: This amount will calculate automatically (sum of Line 1 and Line 2).
4. Line 4: Enter the number of days worked (including any weekend days worked) in the September quarter that will be paid in the December quarter (based on a 90-day quarter).
5. Line 5: This amount will calculate automatically (Line 4/90 x Line 3).
6. Lines 6 through 18, “Ratio” column: Enter the ratio on the September quarter DFA 327.1 for each Program Code (PC).
7. Lines 6 through 18, “Accrual Amount column”: This amount will calculate automatically (Line 5 x Ratio).
8. Line 19: This amount will calculate automatically (sum of accrual amounts for all PCs on Lines 6 through 18).

### **PART 2**

9. Lines 20 through 23, “Accrual Amount column”: Enter the dollar amounts of services and goods provided by contractors for the provided PCs by September 30 but paid in the future quarter(s).
10. Line 24: This amount will calculate automatically (sum of accrual amounts for all PCs on Lines 20 through 23).

County Accrual Form - SNAP

Name of County:

Enter Date Quarter Ended (in this format 09/30/20XX):

Part 1:

September Quarter Other Public Welfare Casework and Support Staff Costs

1	A. Total Other Public Welfare Casework Costs from DFA 325.1, Line E	
2	B. Total Other Public Welfare Support Staff Costs from DFA 325.1, Line I. (For Non-SSTRP counties, enter the Total Support Staff costs for the September quarter from the DFA 7B3 Line "Other Public Welfare".)	
3	C. Total Cost = A + B	\$0

September Quarter Work Days Paid in December Quarter

4	September Quarter Work Days Paid in December Quarter Based on 90 Day Quarter	
5	September Other Public Welfare Allocation	\$0

Program Code	Program Code Title	Ratio (DFA 327.1 09/XX Qtr)	Accrual Amount
6	211	EBT ISSUANCE	\$0
7	218	NACF-IEVS	\$0
8	268	SAVE PROGRAM-NACF	\$0
9	275	EFD/P-NACF	\$0
10	310	NACF-FRAUD	\$0
11	312	PA CALFRESH FRAUD	\$0
12	341	EFD/P-NACF (WFI)	\$0
13	343	NACF ELIGIBILITY	\$0
14	344	NACF PROGRAM INTEGRITY	\$0
15			
16	347	NACF QUALITY CONTROL	\$0
16	360	CF SANCTION/REINVESTMENT	\$0
17	464	CALFRESH E&T ADMIN ACTIVITIES	\$0
18	611	NACF-JAIL MATCH (SB 1556)	\$0

19	<b>Total Accrual Amount</b>	\$0
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Part 2:

CalFresh Employment & Training (E&T) contracts:

Program Code	Program Code Title	Accrual Amount
20	364	CALFRESH E&T 50% REIMBURSEMENT
21	464	CALFRESH E&T ADMIN ACTIVITIES
22	468	CALFRESH E&T SUPPORT SERVICES
23	866	CALFRESH E&T THIRD PARTY PROVIDER

24	<b>Total E&amp;T Contracts Accrual Amount</b>	\$0
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Preparer name (Print):  Title:   
 Phone number:  Email:

County Accrual Form - SNAP (EXAMPLE)

Name of County:  Enter Date Quarter Ended (in this format 09/30/20XX):

**Part 1:**  
**September Quarter Other Public Welfare Casework and Support Staff Costs**

1	A. Total Other Public Welfare Casework Costs from DFA 325.1, Line E	\$136,776,007
2	B. Total Other Public Welfare Support Staff Costs from DFA 325.1, Line I. (For Non-SSTRP counties, enter the Total Support Staff costs for the September quarter from the DFA 7B3 Line "Other Public Welfare".)	\$40,157,141
3	C. Total Cost = A + B	\$176,933,148

Actual amount on the September quarter DFA 325.1 report for Other Public Welfare (or DFA 7B3 for non-SSTRP counties).

**September Quarter Work Days Paid in December Quarter**

4	September Quarter Work Days Paid in December Quarter Based on 90 Day Quarter	6
5	September Other Public Welfare Allocation	\$11,795,543

Program Code	Program Code Title	Ratio (DFA 327.1 09/XX Qtr)	Accrual Amount
6 211	EBT ISSUANCE	0.033148	\$390,999
7 218	NACF-IEVS	0.012013	\$141,700
8 268	SAVE PROGRAM-NACF		\$0
9 275	EFD/P-NACF	0.002225	\$26,245
10 310	NACF-FRAUD		\$0
11 312	PA CALFRESH FRAUD	0.00356	\$44,000
12 341	EFD/P-NACF (WFI)	0.326363	\$
13 343	NACF ELIGIBILITY		\$
14 344	NACF PROGRAM INTEGRITY	0.002225	\$
15 347	NACF QUALITY CONTROL		\$
16 360	CF SANCTION/REINVESTMENT		\$0
17 464	CALFRESH E&T ADMIN ACTIVITIES		\$0
18 611	NACF-JAIL MATCH (SB 1556)		\$0

Ratio on the September quarter DFA 327.1 report for Other Public Welfare.

19	<b>Total Accrual Amount</b>	<b>\$4,476,810</b>
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**Part 2:**  
**CalFresh Employment & Training (E&T) contracts:**

Program Code	Program Code Title	Accrual Amount
20 364	CALFRESH E&T 50% REIMBURSEMENT	
21 464	CALFRESH E&T ADMIN ACTIVITIES	
22 468	CALFRESH E&T SUPPORT SERVICES	
23 866	CALFRESH E&T THIRD PARTY PROVIDER	

24	<b>Total E&amp;T Contracts Accrual Amount</b>	<b>\$0</b>
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Preparer name (Print):  Title:   
Phone number:  Email: