SAWS – CalWIN Maintenance & Operations (M&O)
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 modify or change the spreadsheet tabs, add extra tabs or external links.**

2. <u>All values entered into the claim form should be whole numbers</u> (e.g., if the cost is $1.01 round-up to enter $2.00 on the claim form). **Do not cut and paste data from external sources to enter costs.**

Claims cannot be imported if the formatting varies from the OSI approved claim form found on the CIT and may result in delayed reimbursement.

Enter the following information:

County: Select the county name and number from the drop-down list (e.g., Alameda - 01, Contra Costa - 07, Fresno - 10, Orange - 30, Placer - 31).

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., 7/1/22). The date will display as Mon-YY (e.g., Jul-22). 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 20th due date), then a revision may be submitted. <u>A revision replaces the original claim and must be submitted by the 20th of that claiming month</u>. The adjustment box should <u>not</u> be checked and no version number given. Please label your claim and email as a revision.

Adjusted Claim: Adjusted claims are completed on a new form 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 is not applied. Please be sure to use the version of the claim form for when that claim was submitted.

Late Claim: A claim submitted after the processing period has closed will be processed on the 20th of the following month. Late claims are the original version and the adjustment box and number should <u>not </u>be checked. Please be sure to use the version of the claim form 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 2022 (calendar quarter ending September 2022) must be submitted by June 2023.

Part 1 - CalWIN Maintenance and Operations – County

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

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

> **County Support Staff:** Enter the actual costs paid for county staff serving to support CalWIN M&O from the county site. Staff costs include salaries and benefits.

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

> **County Support Staff:** Enter the actual costs paid for county staff travel in support of the CalWIN M&O.

Production and Operations: No entry should be made to this line item. This field automatically calculates the subline items.

> **FM&O*-County:** Enter the actual County costs paid for CalWIN M&O production and operations services.

> **Print Costs:** Enter the actual costs paid from the County Print Vendor to produce CalWIN batch correspondence, or for maintenance charges associated with the counties Enterprise Printer if no Print Vendor is utilized.

> **Facilities, Maintenance & Operations*

Hardware Maintenance: No entry should be made to this line item. This field automatically calculates the subline items.

County-provided: Enter the actual County costs paid for CalWIN M&O maintenance charges associated with all County-provided hardware.

Software Maintenance: No entry should be made to this line item. This field automatically calculates the subline items.

County-provided: Enter the actual County costs paid for CalWIN M&O maintenance charges associated with all County-provided software.

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

Local Area Network: Enter the actual costs paid for line charges within a county from their Point of Presence to each local office server and from that server to each workstation.

Total CalWIN Maintenance and Operations – County Costs: No entry should be made to this line item. This field automatically calculates the CalWIN Maintenance and Operations - County costs.

Part 2 - CalWIN Maintenance and Operations – Consortium

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

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

Consortium Project Team: Enter the actual costs paid for county staff serving as CalWIN M&O Consortium staff at the project site. Staff costs include salaries and benefits.

Consortium Management: Enter the actual costs paid for contracted staff serving as CalWIN M&O Consortium staff at the project site.

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 CalWIN M&O application maintenance contractor staff and services.

Quality Assurance: Enter the actual costs paid for the CalWIN M&O quality assurance contractor staff and services.

Legal: Enter the actual costs paid for CalWIN M&O legal services.

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

Consortium Project Team: Enter the actual cost paid for Consortium Project Team Staff travel in support of CalWIN Project M&O.

Production and Operations: No entry should be made to this line item. This field automatically calculates the subline items.

FM&O*-Vendor: Enter the actual Vendor costs paid for CalWIN M&O production and operations services.

*Facilities, Maintenance & Operations

Hardware Maintenance: No entry should be made to this line item. This field automatically calculates the subline items.

Vendor-provided: Enter the actual Vendor costs paid for CalWIN M&O maintenance charges associated with all Vendor-provided hardware.

Software Maintenance: No entry should be made to this line item. This field automatically calculates the subline items.

Vendor-provided: Enter the actual Vendor costs paid for CalWIN M&O maintenance charges associated with all Vendor-provided software.

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

Wide Area Network: Enter the actual costs paid for line charges for the WAN from the central data center to the counties' Point of Presence.

Total CalWIN Maintenance and Operations – Consortium Costs: No entry should be made to this line item. This field automatically calculates the CalWIN Maintenance and Operations - Consortium costs

Part 3 - CalHEERS M&O (Non-Application Maintenance)

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

Consortium/County Personnel: Enter the actual costs paid for Consortium/County Personnel staff and services related to CalWIN CalHEERS M&O.

Quality Assurance: Enter the actual costs paid for the quality assurance contractor staff and services for CalWIN CalHEERS M&O.

FM&O*: Enter the actual vendor costs paid for CalWIN CalHEERS M&O production and operations services.

Facilities, Maintenance & Operations

Total CalHEERS M&O (Non-Application Maintenance) Costs: No entry should be made to this line item. This field automatically calculates the CalHEERS M&O (Non-Application Maintenance) costs.

Part 4 - CalHEERS M&O (Application Maintenance)

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

Application Maintenance: Enter the actual costs paid for the application maintenance contractor staff and services related to CalWIN CalHEERS M&O.

Total CalHEERS M&O (Application Maintenance) Costs: No entry should be made to this line item. This field automatically calculates the CalHEERS M&O (Application Maintenance) costs.

Part 5 - CalHEERS CSCN (Customer Service Center Network) Expansion

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

Consortium/County Personnel: Enter the actual costs paid for county staff serving as CalWIN CalHEERS CSCN Expansion Consortium staff. Staff costs include salaries and benefits.

Quality Assurance: Enter the actual costs paid for the quality assurance contractor staff and services related to CalWIN CalHEERS CSCN Expansion.

Application Maintenance: Enter the actual costs paid for the application maintenance contractor staff and services related to CalWIN CalHEERS CSCN Expansion.

Production and Operations: Enter the actual costs paid for CalWIN CalHEERS CSCN Expansion production and operations services.

Software Maintenance: Enter the actual costs paid for CalWIN CalHEERS CSCN Expansion software maintenance.

Network: Enter the actual costs for the additional bandwidth needed to accommodate the CSCN phone traffic originating at the State Covered California phone network but requiring attention by CalWIN counties.

Total CalHEERS CSCN Expansion Costs: No entry should be made to this line item. This field automatically calculates the CalHEERS CSCN Expansion costs.

TOTAL

Total Costs (CalWIN M&O - County, plus CalWIN M&O - Consortium, plus CalHEERS M&O Non-App Maintenance, plus CalHEERS M&O App Maintenance, plus CalHEERS CSCN Expansion): No entry should be made to this line. This field automatically calculates the total costs for Part 1 - Part 5.

   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.

COST ALLOCATION PLAN (CAP)

The **CAP** is the second tab to your claiming workbook and automatically links to the claiming form**. 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 for assistance prior to submitting the claim to OSI-SAWS.

DUE DATES/SUBMITTAL INSTRUCTIONS

If a CDSS advance was received by the county, the claim for those costs must be submitted by the 20th 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: Claims are due by the 20th of the month following when your county paid the cost and are submitted monthly not quarterly. A claim is not accepted by OSI-SAWS and CDSS unless it is signed, dated and received via email.

Please submit all claims with the following in (3) separate attachments:
Deviations from the instructions may result in delayed or rejected claims

1. Excel file of completed claim (*Do not modify the printer settings*)
2. PDF of the approved signed and dated claim and CAP tab in this order
3. PDF or Excel of backup documents supporting the claim

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

1. To: California Department of Social Services
   E-mail: SAWS.CountyClaims@dss.ca.gov

2. To: Office of Systems Integration
   SAWS Financial Management Unit (FMU)
   E-mail: SAWSFiscal@osi.ca.gov

3. To: CalSAWS Fiscal – Claims
   E-mail: PMO.Fiscal@CalSAWS.org

For questions regarding claiming please contact: PMO.Fiscal@CalSAWS.org