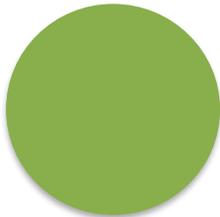




CalSAWS | Claiming Process



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County Claiming

Why and When to Submit a Claim

- A county should submit a claim when an employee has staffing, or travel cost associated with the CalSAWS project. Some examples are:
 - Short Term Assignments
 - Long Term Assignments
 - Trainings, Summits and Conferences*
 - ✦ Not all training, summits and conferences are funded, please check in with PMO.Fiscal@CalSAWS.org if you are unsure
- Your county will be given an allocation for your costs, refer to your allocation letters to find where to claim costs
- Claim the cost in the month that your county pays the cost not when the employee pays it
- Claims are submitted by the 20th of the month following the cost occurrence (e.g., cost occurred in February then that February claim is due by March 20th)
 - If the 20th falls on a Saturday claims are due the Friday prior, if the 20th falls on a Sunday claims are due that Monday
- If you have a travel allocation and approved costs, please follow the guidelines of your county's travel policy

County Claiming

Creating the Claim

- Claiming instructions and forms are issued after the final prior fiscal year claiming cycle has ended. You can find the instructions and form:
 - Via CIT after in first week of August
 - By contacting PMO.Fiscal@CalSAWS.org
- Use the current SFY 22-23 Claim Form for all costs paid from July 1st, 2022, to June 30th, 2023
- Forms may be revised throughout the year and sent via the CIT process, old forms must be replaced, or they will not be accepted. Examples of changes to claim forms include:
 - Adjustments to the Cost Allocation Plan (CAP) tab
 - Line-item additions
 - Removal of funding categories
 - Federal Fiscal Year updates

County Claiming

Claiming Instructions - the Highlights

- The first two pages have the details of how to fill out the top of the claim form and when to use the Adjusted Checkbox and Version lines
- The following pages will explain what the line items are for and how to fill out the parts of the claim form
 - Remember your allocation will determine where you can claim
- The last page of the instructions provides the who, what and where to submit your claims

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

**CalSAWS Project
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. **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). **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., 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., 7/1/22). 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.

County Claiming

The Claim Form

- The claim form is an Excel workbook with two tabs
 - The Claim
 - The Cost Allocation Plan (CAP) which is linked to the claim form
- County, Month/Year and Version boxes have messages that will appear when you click those lines
- Enter your county name and number from the drop down
- Enter the claim contact name, phone number and the date as 7/1/22
 - Cell protection will only allow usage for SFY 2022/23
- Do not check the adjusted box or add a version if this is not an adjusted claim
- Enter the claiming contact's email address

If any highlighted sections are missing the claim will be returned for completion

County: 	Month/Year: 	
Contact: 	Adjusted <input type="checkbox"/>	Version: _____
Phone: 	E-mail: 	
Part 1 - DD&I Application Development		
DD&I Application Development	Subline \$	Rollup \$
Contractor Services		0
System Integrator		
Other Contractor		
Total DD&I Application Development Costs		0
Part 2 - DD&I Non-Application Development		
DD&I Non-Application Development	Subline \$	Rollup \$
Personnel		0
Consortium Personnel - County		
Consortium Personnel - Contractor		
County Personnel - In County		0
Planning and Preparation		
Manual Conversion		
Ancillary Support		
Contractor Services		0
System Integrator		
Other Contractor		
Quality Assurance		
Facilities		0
System Integrator		
Other Contractor		
Software		0
System Integrator		
Other Contractor		
Production and Operations		0
System Integrator		
Other Contractor		
Travel		0
Claim SFY 22-23 CAP ←		

County Claiming

The Claim Form Continued

Filling out the Form

- ✓ Whole Numbers only, no decimals, round numbers up
- ✓ Please do not override data validation in the cells
 - Data validation protects you from entering in incorrect cells and gives you a message regarding that cell
 - Cut and pasting data from another source will override cell protections

Part 2 DD&I Non-Application Development		
Non-Application Development	Subline \$	Rollup \$
Personnel		0
Consortium Personnel - County	1000.50	
Consortium Personnel - Contractor		
County Personnel - In County		
Planning and Preparation		
Manual Conversion		
Ancillary Support		

Whole Number

Value must be a whole number.

Retry Cancel Help

- ✓ Check your totals at the bottom and do not enter anything in the advance section

TOTAL		
Total Costs (App Dev plus Non-App Dev plus Training plus GA/GR, plus Procurement, plus M&O, plus Covered CA CSC)		1,001
Less: CDSS Advance		
Total Claim		1,001

County Claiming

The Cost Allocation Plan (CAP)

- The CAP tab is linked to the claim form, no entry is made on the CAP
 - Check the top of the form to be sure your information has transferred from the claim
- CAP provides the benefiting program percent as well as the Federal, State and County Share

DD&I Non-Application Development SFY 2020-21								
Program	Program Percent	Program Costs	Funding Ratios F/SW/SH/C/CC	Federal Share	State Welfare Share	State Health Share	County Share	Covered CA Share
CalWORKs	32.99%	\$330	100/0/0/0/0	\$330	\$0	\$0	\$0	\$0
CalFresh	30.70%	\$307	50/50/0/0/0	\$153	\$154	\$0	\$0	\$0
CFAP	0.23%	\$2	0/100/0/0/0	\$0	\$2	\$0	\$0	\$0
Medi-Cal	31.57%	\$317	90/0/10/0/0	\$285	\$0	\$32	\$0	\$0
Foster Care	3.21%	\$32	0/100/0/0/0	\$0	\$32	\$0	\$0	\$0
Refugee	0.00%	\$0	100/0/0/0/0	\$0	\$0	\$0	\$0	\$0
CAP	0.07%	\$1	0/100/0/0/0	\$0	\$1	\$0	\$0	\$0
KinGAP	0.12%	\$1	0/100/0/0/0	\$0	\$1	\$0	\$0	\$0
CMSP	0.00%	\$0	0/0/100/0/0	\$0	\$0	\$0	\$0	\$0
GA/GR	1.11%	\$11	0/0/0/100/0	\$0	\$0	\$0	\$11	\$0
Sub-Total	100.00%	\$1,001		\$768	\$190	\$32	\$11	\$0
County Share Shift					\$11		(\$11)	
Total DD&I Non-App Dev Costs		\$1,001		\$768	\$201	\$32	\$0	\$0
General Fund = State Welfare + State Health					\$233			



Be sure to check that the total from each section of the claim transfers to the total on the CAP tab

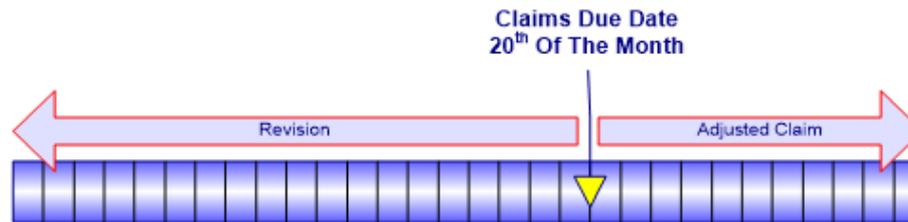


The CAP informs the Quarterly County Share which gives counties their share of the cost of the CalSAWS system and is reflected in each Counties Share of Costs

County Claiming

Revised and Late Claims

- **Revised Claims** are a correction to your original claim submission for the current claiming cycle and are done before the deadline of the 20th
 - No adjusted mark or version is required on the claiming template
 - Make it known in your submission email that this is a revision and will replace the original claim
 - Example: A claim was turned in on the 15th, but a cost was missed and needs to be added



- **Late Claims** are the first version and submission of a claim turned in after that month's claiming cycle has passed
 - The date for the claim is for when the cost was incurred by the county
 - No adjusted mark or version is required on the claiming template
 - A late claim can be submitted nine (9) months after your county incurred the cost
 - Example: It's January and costs were found for October, but a claim was never submitted. This is a late claim for October, and it's turned in by January 20th

In some case forms are updated throughout the year, therefore late claims must be done on the form used at the time of the original claim submission

County Claiming Continued

Adjusted Claims

The only time a zero-amount claim is submitted is in an adjustment

- Adjusted Claims are an addition or subtraction of a cost to an existing claim made after the claim has been processed
 - Check the adjusted box and mark the version number = 1,2,3, etc.
 - ✦ Be sure this transfers to the CAP page, or claims will be returned
 - ✦ Note: this is the only time a number is placed in the Version line. There is no "original" or zero version
- Two Types of Adjusted Claims
 - A "zero total" adjusted claim is when an amount is taken out (-) of one line item and moved (+) to another line item
 - A "new total" adjusted claim when a missed amount is added, or an incorrect amount is deducted.

Contact: _____	Adjusted <input checked="" type="checkbox"/>	Version: _____
Phone: _____	E-mail: _____	sample@sample.com
Part 1 DD&I Application Development		
Application Development	Subline \$	Rollup \$
Contractor Services		0
System Integrator		
Other Contractor		
Total DD&I Application Development		0
Part 2 DD&I Non-Application Development		
Non-Application Development	Subline \$	Rollup \$
Personnel		(1,234)
Consortium Personnel - County	(1,234)	
Consortium Personnel - Contractor		
County Personnel - In County		
Contractor Services		0
System Integrator		
Other Contractor		
Quality Assurance		
Legal		
Facilities		0
System Integrator		
Other Contractor		
Hardware		0
System Integrator		
Other Contractor		
Software		0
System Integrator		
Other Contractor		
Production and Operations		0
System Integrator		
Other Contractor		
Travel		1,234
Consortium Travel		
County Travel	1,234	
Total DD&I Non-Application Development Costs		0

In some case forms are updated throughout the year, therefore adjustments must be done on the form used at the time of the original claim submission.

County Claiming

CalSAWS Claiming Categories

Consortium Personnel – County:

Salaries county staff that work for/at the CalSAWS Consortium DD&I project team (Example: A CalSAWS Regional Manager that is a Yolo County employee). Enter the actual costs paid for county staff serving on the CalSAWS Consortium DD&I project team. Staff costs include salaries and benefits.

Consortium Personnel – Contractor:

County's contract staff that work for/at the CalSAWS Consortium DD&I project team (Example: CSAC and RGS employees). Enter the actual costs paid for contracted staff serving on the CalSAWS Consortium DD&I project team. Only San Bernardino County will be claiming expenses for Contractor staff.

County Personnel – In County:

Salaries county staff that work on CalSAWS activities from/at the county (Example: County support staff). Enter the actual costs paid for county staff providing local support for planning and preparation manual conversion and ancillary development. Staff costs include salaries and benefits.

1			
2			
3	County: _____	Month/Year: _____	
4			
5	Contact: _____	Adjusted <input type="checkbox"/>	Version: _____
6			
7	Phone: _____	E-mail: _____	sample@sample.com
8			
9			
10		Part 1	
11		DD&I Application Development	+
12			
13	Application Development	Subline \$	Rollup \$
14	Contractor Services		0
15	System Integrator		
16	Other Contractor		
17	Total DD&I Application Development		0
18			
19		Part 2	
20		DD&I Non-Application Development	
21			
22	Non-Application Development	Subline \$	Rollup \$
23	Personnel		0
24	Consortium Personnel - County		
25	Consortium Personnel - Contractor		
26	County Personnel - In County		0
27	Planning and Preparation		
28	Manual Conversion		
29	Ancillary Support		
30	Contractor Services		0
31	System Integrator		
32	Other Contractor		
33	Quality Assurance		
34	Legal		
35	Facilities		0
36	System Integrator		
37	Other Contractor		
38	Hardware		0
39	System Integrator		
40	Other Contractor		
41	Software		0
42	System Integrator		
43	Other Contractor		
44	Production and Operations		0
45	System Integrator		
46	Other Contractor		
47	Travel		0
48	Consortium Travel		
49	County Travel		
50	Total DD&I Non-Application Development Costs		0

County Claiming

Submitting the Claim

When Submitting your Email to OSI, CDSS and CalSAWS:

1. Attach the Excel file of your claim
2. A PDF containing in order: all pages of the claim form and signature page followed by all pages of the CAP.
3. For CalSAWS submit back-up documentation supporting the claim
 - ✦ Please provide a breakdown of both salary and travel by individual per program
4. Please put your county name and claim title in the subject line of your claim submission email
5. Set your scanner to lower resolution to keep files manageable and easier to email
6. Remember to included all 3 agencies when submitting original, revised, late and adjusted claims

County Claiming

Approval Signatures

With the onset of the Public Health Emergency (PHE) in March of 2020, the State issued updated instructions for county claiming approvals for the PDF version of the claim forms



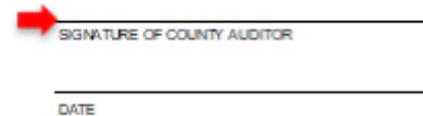
The State will accept any e-signature, such as DocuSign if it has the e-signature stamp feature



Adobe Acrobat Sign is another example that has the e-signature stamp feature



The original process using wet ink signatures and sending the scanned copy will be accepted



Cut and pasted, typed in signatures or personalized signature stamps will **not** be accepted.

MSWord Signature

County Claiming

Where to Submit the Claim

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



Questions? Contact PMO.Fiscal@CalSAWS.org