# CalSAWS Project
# Monthly Expenditure Claiming Instructions

## CLAIMS

To facilitate timely automation of the claim import by CalHHS OTSI-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 CalHHS OTSI approved claim form included in the CalSAWS Project County Claim Form 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., 10/1/26). The date will display as Mon-YY (e.g., Oct-26). 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, etc.). **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. A revision replaces the original claim and must be submitted by the 20th of that claiming month. The adjustment

box should not 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 are 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 not 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 November 2026 (calendar quarter ending December 2026) must be submitted by September 2027.

## Part 1 - Maintenance and Operations

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

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

**Consortium Personnel – County:** Enter the actual costs paid for county staff serving on the Maintenance and Operations consortium project team. Staff costs include salaries and benefits.

**Consortium Personnel – Contractor:** Enter the actual costs paid for contracted staff serving on the Maintenance and Operations consortium project team.

**County Personnel – In County:** Enter the actual costs paid for staff providing Maintenance and Operations support that are working in the county. Staff costs include salaries and benefits.

**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 related to Maintenance and Operations.

**Quality Assurance:** Enter the actual costs paid for the quality assurance contractor staff and services related to Maintenance and Operations.

**Facilities:** Enter the actual costs paid for Maintenance and Operations facilities.

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

**Vendor-Provided:** Enter the actual costs paid for Maintenance and Operations charges associated with all vendor-provided hardware.

**County-Provided:** Enter the actual costs paid for Maintenance and Operations charges associated with all county-provided hardware (e.g., equipment resident in the local offices that is required to run the CalSAWS application such as servers, routers, and switches).

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

**Vendor-Provided:** Enter the actual costs paid for Maintenance and Operations charges associated with all vendor-provided software.

**County-Provided:** Enter the actual costs paid for Maintenance and Operations charges associated with all county-provided software (e.g., third party software resident in the local offices that is required to run the CalSAWS application).

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

**Vendor-Provided:** Enter the actual costs paid for Maintenance and Operations production and operations services, WAN charges, central print, technical infrastructure, etc.

**County-Provided:** Enter the actual costs paid for Maintenance and Operations Local Area Network (LAN) services beyond the county Point of Presence (PoP) directly related to CalSAWS to link personal computers, printers, and servers in each county office location to host computer.

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

**Consortium Travel:** Enter the actual costs paid for Maintenance and Operations consortium personnel travel.

**County Travel:** Enter the actual costs paid for Maintenance and Operations county staff travel.

**Total Maintenance and Operations Costs:** No entry should be made to this line item. This field automatically calculates the total Maintenance and Operations costs.

## Part 2 - Maintenance and Operations (Legal)

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

**Legal:** Enter the actual cost paid for Maintenance and Operations legal services.

**Total Maintenance and Operations (Legal):** No entry should be made to this line item. This field automatically calculates the total Maintenance and Operations (Legal) costs.

## Part 3 - CalHEERS M&O

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 CalHEERS M&O.

**Production and Operations:** Enter the actual costs paid for CalHEERS M&O production and operations services.

**Total CalHEERS M&O:** No entry should be made to this line item. This field automatically calculates the total CalHEERS M&O costs.

## Part 4 - Covered CA CSC M&O

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

**Production and Operations:** Enter the actual costs paid for Covered CA CSC M&O production and operations services.

**Total Covered CA CSC M&O:** No entry should be made to this line item. This field automatically calculates the total Covered CA CSC M&O costs.

## Part 5 - Online CalWORKs Appraisal Tool (OCAT) M&O

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

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

> **Quality Assurance:** Enter the actual costs paid for services provided by the OCAT M&O quality assurance contractor.

**Hardware:** Enter the actual costs paid for OCAT M&O hardware and hardware maintenance purchases.

**Software:** Enter the actual costs paid for OCAT M&O software and software maintenance purchases.

**Total OCAT M&O Costs:** No entry should be made to this line item. This field automatically calculates the total OCAT M&O costs.

## TOTAL

**Total Costs (M&O, plus M&O (Legal), plus CalHEERS M&O, plus Covered CA CSC M&O, plus OCAT M&O):** No entry should be made to this line. This field automatically calculates the total costs for each 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. 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 in the 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 CalHHS OTSI-SAWS. If there are rounding errors on the CAP, please contact PMO.Fiscal@CalSAWS.org for assistance prior to submitting the claim to CalHHS OTSI-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 CalHHS OTSI-SAWS and CDSS unless it is signed, dated, and received via email.

**Please submit all claims with the following in three (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 (please use low resolution scans or compress files)

**In one (1) email, submit original, late, and adjusted claims to the following three (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: CalHHS Office of Technology and Solutions Integration
   SAWS Financial Management Unit (FMU)
   E-mail: SAWSFiscal@otsi.ca.gov

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

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