



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

July 31, 2018

COUNTY FISCAL LETTER (CFL) NO. 18/19-04

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY CHILD WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCY DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY CHILD CARE COORDINATORS
ALL CHILD WELFARE SERVICE PROGRAM MANAGERS

SUBJECT: CLAIMING INSTRUCTIONS FOR THE EMERGENCY CHILD CARE BRIDGE PROGRAM FOR FOSTER CHILDREN (BRIDGE PROGRAM)

REFERENCE: [EDUCATION CODE \(EDC\) SECTION 8212](#)
[ALL COUNTY LETTER \(ACL\) NO. 17-109](#), DATED OCTOBER 27, 2017
[ACL NO. 18-73](#), DATED JUNE 14, 2018
[ACL NO. 18-80](#), DATED JUNE 14, 2018
[CFL NO. 17/18-45](#), DATED DECEMBER 27, 2017
[CFL NO. 17/45-45E](#), DATED MARCH 29, 2018

The purpose of this CFL is to provide claiming instructions for counties that have submitted and received approval of their county's plan for implementation of the Bridge Program starting July 1, 2018 through June 30, 2019, as outlined in [ACL No. 18-73](#), dated June 14, 2018. Examples of the claim forms used to claim assistance costs for this program are included as attachments to this letter. This letter is specific to FY 2018-19 and supersedes [CFL No. 17/18-45](#) and [CFL No. 17/18-45E](#), which were specific to FY 2017-18.

The Bridge Program is an opt-in program with capped funding. Bridge Program funds are limited, and may not meet the needs of every foster child otherwise eligible and in need of child care in the county. As described in ACL No. 18-73, counties shall consider the intent of the legislation, budgetary constraints and opportunities, and the best approach to serve the system needs of foster parents, children, and families in the county. Counties that opt in are encouraged to carefully consider the population which

it wishes to serve with the allocation provided to successfully administer the Bridge Program for the entire fiscal year. However, the county is under no obligation to continue to administer the Bridge Program once the State General Fund (GF) allocation is exhausted. If the county annual cost projection exceeds the GF allocation, the county may choose to further prioritize eligible populations to ensure sufficient funding or choose to utilize/leverage local and federal funds to cover additional costs.

Background

The goal of the county-optional Bridge Program is to increase the number of foster children successfully placed in Resource Family Homes by providing time-limited child care payments or vouchers to help pay child care costs for eligible families as referenced in ACL No. 18-73. The Bridge Program also provides access to child care navigators for eligible families and trauma-informed care training for child care providers. Planning allocations for this Program were included in ACL No. 18-73.

Components of the Bridge Program

The Bridge Program is comprised of three main components: emergency child care vouchers, child care navigators, and trauma-informed care training. More information regarding each component can be found in ACL No. 18-73.

As stated in CFL No. 17/18-45, administrative and indirect costs for providing the navigator services and trauma-informed care training may not be charged to the Bridge Program allocation. The individualized portion of this training, which has been characterized as “coaching” in statute ([EDC section 8212 \[a\]\[5B\]\[i\]](#)) and in [ACL No. 17-109](#), is considered training under Title IV-E rules, and is therefore eligible for the enhanced rate (75 percent) federal financial participation (FFP) and the discount rate will be applied.

Bridge Program Claiming Instructions

Assistance Claiming

Commencing July 1, 2018, participating counties may claim eligible Bridge Program assistance costs (voucher costs) on the appropriate County Assistance 800 (CA 800) claim forms. This letter supersedes the claiming instructions and sharing ratios reflected in [CFL No. 17/18-45E](#) and reinstates the original federal sharing ratios for Title IV-E eligible cases. Counties will resume claiming child care payments for Title IV-E eligible cases using Title IV-E funds. The respective sharing ratios can be found on the associated [claim forms](#). Samples of the claim forms used to claim the Bridge Program vouchers (and their corresponding instructions) are included as attachments to this letter. Non-federal costs claimed in excess of the voucher portion of the Bridge Program allocation will be shifted to 100 percent county-only funds.

However, administrative costs of the Alternative Payment Programs (APP) will be funded with 100 percent GF Bridge funding as long as it is part of the APP contract. These funds will come out of the voucher allocation. These APP administrative costs are the only allowable administrative cost that may be associated with the payment/voucher. Updated samples of the forms used to claim the Bridge Program vouchers and APP administrative costs (and their corresponding instructions) are included as attachments to this letter.

Administrative Claiming

Participating counties will claim allowable Bridge Program administrative costs for the child care navigator and trauma-informed training components on the County Expense Claim (CEC) using the following new Program Code (PC), Non-Time Study Code (NTSC), and Program Identifier Number (PIN).

Effective January 1, 2018, PC 381 and PIN 381031 were established specifically for counties to claim the child care navigator and trauma-informed care training costs associated with the state-funded, county opt-in Bridge Program.

PC	381	Emergency Child Care Bridge
PIN	381031	Contracted Activities

The sharing ratio for navigator costs is 50/50/00/00 (Federal/State/Health/County).

The sharing ratio for training costs is 75/25/00/00 (Federal/State/Health/County).

It is important to note that unspent navigator and/or training funds may not be used to subsidize the emergency child care vouchers. The costs of contracted navigator activities will be claimed as a direct charge to PIN 381031. The costs of contracted training to child care providers should be claimed under staff development to Program Code (PC) 381 on page DFA 325.1C. **These are the only administrative costs that may be claimed to the Bridge Program allocation.** All other county administrative costs associated with the Bridge Program, such as case management, staff training, or administrative overhead must be claimed using existing CWS program codes and will not draw down funds from the Bridge Program allocation. All costs claimed to PC 381 and PIN 381031 will have the Title IV-E non-federal discount rate applied using State Use Only code 387 (ECCB Non-federal).

Continuation of FFP

Counties may continue to operate the Bridge Program after the GF allocation is exhausted and will continue to receive the FFP for federally eligible children. However, once the allocation is exhausted, all non-federal costs will be shifted to 100 percent county-only funds via State Use Only code 388 (ECCB Overmatch).

Title IV-E Waiver/California Well-Being Project Counties

For those counties participating in the Title IV-E Waiver/California Well-Being Project (Project), the emergency child care voucher and child care navigator components of the Bridge Program will count against the county's Title IV-E capped allocation. The training component, however, is considered "outside" of the Project and will not be counted against the county's capped allocation. Therefore, if the Project county reaches their Title IV-E capped allocation, expenditures claimed for the emergency child care voucher and child care navigator components will only receive reimbursement for the GF portion until the GF allocation is expended.

The training component, however, will continue to receive 75 percent FFP and 25 percent GF until the GF allocation is expended.

Federal Fund Monitoring Responsibilities for Counties

As a reminder, all sub-recipients, contractors, their principals or affiliates or any subcontractors that receive federal funds must be in good standing with the federal government. For federally funded agreements, each contractor who receives federal funds must certify, to the best of their knowledge and belief, that they and their principals or affiliates or any subcontractor utilized under the agreement are not debarred or suspended from federal financial assistance programs and activities. For more information on federal fund monitoring responsibilities for counties, please refer to [CFL No. 17/18-70](#).

Counties should direct any questions regarding these claiming instructions to the Fiscal Policy and Analysis Bureau at fiscal.systems@dss.ca.gov. Questions regarding the Bridge Program may be directed to the Child Care Programs Bureau at ChildCareBridge@dss.ca.gov.

Sincerely,

Original Document Signed by:

SALENA CHOW, Chief
Fiscal Forecasting and Policy Branch

Attachments

**INSTRUCTIONS FOR FORM CA 800 ARC
SUMMARY REPORT OF ASSISTANCE EXPENDITURES APPROVED RELATIVE
CAREGIVER (ARC)**

General Information

Enter county name, and month and year of claim in space provided.

Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.

This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:

1. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. *Only current month adjustments should be entered on Line 5.*
2. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:

3. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
4. Line 8: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month and must be a negative number. *Do not add a number to the AUs line (Line 13) when including cash abatements or repayments of overpayments received on this line.*
5. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
6. Line 10: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
7. Line 11: Subtotal of Lines 7 through 10. This amount will calculate automatically.

Total Payroll, Current + Prior Month (Lines 6 + 10)

8. Line 12: This is the total of all ARC aid payments, current and prior months. This amount will calculate automatically.

Foster Parent Recruitment, Retention and Services (FPRRS) Child Care

9. Line 13: Enter the FPRRS child care expenditures for the appropriate aid code.

Educational Travel Reimbursement (ETR)

10. Line 14: Enter the ETR expenditures for the appropriate aid code. Please refer to Education Code section 56040, Chapter 34 Code of Federal Regulations (CFR) 300.24 and 34 CFR 300. Funding is 40 percent County 2011 and 30 percent County.

Clothing Allowance

11. Line 15: Enter clothing allowance expenditures for the appropriate aid code.

Funeral Costs

12. Line 16: Enter the funeral costs expenditures for the appropriate aid code.

Specialized Clothing Allowance (SCI)

13. Line 17: Enter the SCI expenditures.

Emergency Child Care Bridge (ECCB)

14. Line 18: Enter the Emergency Child Care Bridge expenditures. Refer to CFL No. 18/19-04 for more details.

Emergency Child Care Bridge Alternative Payment Program (APP) Administrative

15. Line 19: Enter the ECCB APP Administrative expenditures.

Total Aid Payments (Line 12 through Line 19)

16. Line 20: This amount will calculate automatically.

Assistance Units (AUs)

17. Line 21: Enter the AUs. This must be an unduplicated count that represents only the number of AUs that received a full aid payment or a partial (pro-rated) payment during the month. *There should only be one AU count for each case month paid during the claiming month.*

CalWORKs Portion

18. Line 22: Enter the total CalWORKs Portion of the amount listed on Line 12 for all payments made under the aid codes 2S, 2T, and 2U. This includes the CalWORKs portion of all pro-rated payments and the CalWORKs portion attributable to the AU counts in Line 21.

ARC Portion

19. Line 23: Total ARC share. This amount will calculate automatically.

Summary by Funding

20. Lines 24 through 67: This section will calculate automatically.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) APPROVED RELATIVE CAREGIVER (ARC)**

County	Date (Month/Year)
Claim Contact	Telephone

Aid Code	CalWORKs Federal 2S	CalWORKs State 2T	CalWORKs State (Non-Minor Dependents) 2U	ARC Only 2P	ARC Only (Non-Minor Dependents) 2R	Total
<u>Current Month</u>						
1 Main Payroll						-
2 Current Month Supplemental Payroll						-
3 Current Month Cancellation Contra Roll						-
4 Prior Month Supplemental Payroll						-
5 Current Month Adjustment						-
6 Subtotal (Lines 1 - 5)	-	-	-	-	-	-
<u>Prior Month</u>						
7 Prior Month Cancellation Contra Roll						-
8 Recoveries of Aid						-
9 Prior Month Negative Adjustment						-
10 Prior Month Positive Adjustment						-
11 Subtotal (Lines 7 - 10)	-	-	-	-	-	-
12 TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+11)	-	-	-	-	-	-
13 Foster Parent Recruitment, Retention and Services (FPRRS) Child Care						-
14 Educational Travel Reimbursement						-
15 Clothing Allowance						-
16 Funeral Costs						-
17 Specialized Care Increment (SCI)						-
18 Emergency Child Care Bridge (ECCB)						-
19 ECCB Alternative Payment Program Administrative						-
20 TOTAL AID PAYMENTS (Line 12 through Line 19)	-	-	-	-	-	-
21 Assistance Units						-
22 CalWORKs Portion						-
23 ARC Portion	-	-	-	-	-	-

**INSTRUCTIONS FOR FORM CA 800 TEMP ECCB
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
COUNTY ONLY FOSTER CARE AND CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CaIWORKs)**

**EMERGENCY CHILD CARE BRIDGE (ECCB)
NON-FEDERAL
TEMPORARY CLAIM**

GENERAL INFORMATION

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. Select county name, month and year of claim in space provided.
3. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.

CURRENT AND PRIOR MONTH

4. Line 1: Enter the amount of the Emergency Child Care Bridge (ECCB) expenditures on this line for the associated aid codes.
5. Line 2: Enter the amount of the ECCB Alternative Payment Program (APP) Administrative expenditures on this line for the associated aid codes.

SUMMARY BY FUNDING

6. Lines 3 through 6: These lines will calculate automatically at the appropriate funding ratios.

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
COUNTY ONLY FOSTER CARE AND
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
EMERGENCY CHILD CARE BRIDGE (ECCB)
NONFEDERAL
TEMPORARY CLAIM**

County	Date (Month/Year)
County Name	Date
Claim Contact	Telephone

		COUNTY ONLY FOSTER CARE		Zero Parent
Aid Code		45	9X	3R
1	Emergency Child Care Bridge (ECCB)			
2	ECCB Alternative Payment Program Administrative			

Summary by Funding		State	Total
3	County Only Foster Care (45)	-	-
4	County Only Foster Care (9X)	-	-
5	CalWORKs Zero Parent (3R)	-	-
6	Total	-	-

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

I hereby certify under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that said amounts correctly reflect Federal, State and County shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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**INSTRUCTIONS FOR FORM CA 800EA_NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
EMERGENCY CAREGIVER (EC) FUNDING
EA – NON-FEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11 (Prior Period Adjustment Column): Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically. The amount on this line should be included in Line 14 (*EA Nonfed*) of the *RATE INFORMATION ADDENDUM (RIA)* form.

Foster Parent Recruitment, Retention and Support (FPRRS) Child Care

10. Line 13: Enter the FPRRS Child Care expenditures. Refer to [CFL No. 16/17-20](#), dated November 18, 2016 for more details.

Emergency Child Care Bridge (ECCB)

11. Line 14: Enter the Emergency Child Care Bridge (ECCB) expenditures. Refer to CFL No. 18/19-04 for more details.

ECCB Alternative Payment Program (APP) Administrative

12. Line 15: Enter the Emergency Child Care Bridge (ECCB) AAP Administrative expenditures.

Total All Payments (Line 12 to Line 15)

13. Line 16: This is the grand total of all payments. This amount will calculate automatically.

Person Count

14. Line 17: Enter the persons count.

Summary of Funding

15. Lines 18 through 20 will calculate automatically.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**CONTINUUM OF CARE REFORM (CCR)
EMERGENCY CAREGIVER (EC) FUNDING
EA - NONFEDERAL**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

County	Date (Month/Year)
Claim Contact	Telephone

		Current
Aid Code		EA - Non-federal
1	Main Payroll	
2	Current Month Supplemental Payroll	
3	Current Month Cancellation Contra Roll	
4	Prior Months Supplemental Payroll	
5	Current Month Adjustment	
6	Subtotal (Lines 1 - 5)	
7	Prior Months Cancellation Contra Roll	
8	Recoveries of Aid	
9	Prior Month Negative Adjustment	
10	Subtotals (Lines 7 - 9)	
11	Prior Month Positive Adjustment	
12	TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11)	
13	<i>FRRS Child Care</i>	
14	<i>Emergency Child Care Bridge (ECCB)</i>	
15	<i>ECCB Alternative Payment Program Administrative</i>	
16	TOTAL ALL PAYMENTS (Lines 12 through Line 15)	-
17	Persons Count	

Summary by Funding	Federal	State	County	Total
18	Emergency Caregiver Funding			
19	<i>FRRS Child Care</i>			
20	<i>Emergency Child Care Bridge (ECCB)</i>			
21	<i>ECCB Alternative Payment Program Administrative</i>			
22	Total Payments			

Last Modified: 7/1/2018

**INSTRUCTIONS FOR FORM CA 800CCR FED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
FOSTER CARE (FC)
WRAPAROUND
FEDERAL GUARDIANSHIP ASSISTANCE PROGRAM (FED-GAP) ADOPTION
ASSISTANCE PROGRAM (AAP)
EMERGENCY ASSISTANCE – FOSTER CARE (EA-FC)
FEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll. Note:
Line 9 for aid code 42 should match Line 15 of aid code 42 on the PLACEMENT INFORMATION ADDENDUM (PIA) form.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11 (Prior Period Adjustment Column): Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

Office Audit Corrections

9. Line 12: Enter the adjustment amount for relative placements that have been determined to be out of compliance with Assembly Bill 1695 and the Federal Adoptions and Safe Families Act requirements. Refer to [All County Information Notice I-67-03, dated October 16, 2003](#), and [County Fiscal Letter \(CFL\) No. 03/04- 20](#), dated October 14, 2003, for detailed information.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11 + 12)

10. Line 13: This is the total of all aid payments, current and prior months. This amount will calculate automatically. Note: This line for aid code 42 should match Line 14 of aid code 42 on the PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the *RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*
- a. Aid Code 42: Line 6, sum of columns two and four.
 - b. Aid Code 4T: Line 12, sum of columns two and four.
 - c. Aid Code 03: Line 1, sum of columns two and four.
 - d. Aid Code 5K: Line 3, sum of columns two and four.
11. Line 14: Amount not reimbursable at Federal Medical Assistance Payments (FMAP) rate from FC1 column G4+H2 (FFAs) + O2 (STRTP). This amount will populate automatically from the FC1 form. For aid code 03, enter amounts not reimbursable from federal funds. These are costs in excess of the Foster Family Home rate.
12. Line 15: Net Amount Payable with federal funds (Line 13 - Line 14). This amount will calculate automatically. Total is linked to the American Recovery Reinvestment Act (ARRA) Adoption Assistance Program/Foster Care (AAP/FC) FED tab. The ARRA AAP/FC FED tab must be completed to identify the ARRA periods for the appropriate sharing ratios.

Transitional Housing Placement Program Rate (THPP) Increase

13. Line 16: Enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)

14. Line 17: Enter the SCA expenditures from the county payroll records or other automated payroll systems. Reminder: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

IV-E Child Care

15. Line 18: Enter the costs associated with providing child care services in accordance with [Section 475\(4\) of the Social Security Act](#), [Welfare and Institution Code \(W&IC\) 11460\(b\)](#) and [Senate Bill 1612](#).

Foster Parent Recruitment, Retention and Support (FPRRS) Child Care

16. Line 19: Enter the FPRRS Child Care expenditures. Refer to [CFL No. 16/17-20](#), dated November 18, 2016 for more details.

Funeral Costs

17. Line 20: Enter funeral costs for foster care youth in accordance with the [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also MPP Section 25-753). Required detailed support: Aid payroll, contra roll or equivalent form.

Educational Travel Reimbursement (ETR)

18. Line 21: Enter the ETR costs for foster care youth. Refer to [Education Code section 56040](#) and [Chapter 34, Code of Federal Regulations \(CF\) 300.27 and 34 CFR 300](#).

Infant Supplement Rate (ISR) Supplement

19. Line 22: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to [CFL NO. 16/17-07](#), dated August 2, 2016, for additional information.

Emergency Child Care Bridge (ECCB)

20. Line 23: Enter the Emergency Child Care Bridge (ECCB) expenditures. Refer to CFL No. 18/19-04 for more details.

ECCB Alternative Payment Program (APP) Administrative

21. Line 24: Enter the ECCB Alternative Payment Program (APP) Administrative expenditures.

Specialized Care Increment (SCI)

22. Line 25: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 13 + Line 16 through Line 25)

23. Line 26: This is the grand total of aid payments, THPP rate increase, SCA, IV-E Child Care, FPRRS Child Care, Funeral Costs, ETR, ISR supplement, Emergency Child Care Bridge, ECCB APP Administrative, and SCI. This amount will calculate automatically.

Person Count

24. Line 27: Enter the persons count for each program. *Note: The persons count for aid code 42 should match Line 7 of aid code 42 on the FOSTER CARE PLACEMENT INFORMATION ADDENDUM (PIA) form. Additionally, this line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*

- a. Aid Code 42: Line 6, sum of columns one and three.
- b. Aid Code 4T: Line 12, sum of columns one and three.
- c. Aid Code 03: Line 1, sum of columns one and three.
- d. Aid Code 5K: Line 3, sum of columns one and three.

Specialized Care Persons Count

25. Line 28: This line is blocked.

Number of Children Non-Recurring Payments

26. Line 29: Enter the number of children that received a Fed-GAP non-recurring payment.

Summary of Funding

27. Lines 30 through 65 will calculate automatically.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
FOSTER CARE, WRAPAROUND, FEDERAL GUARDIANSHIP ASSISTANCE PROGRAM (FED-GAP),
ADOPTION ASSISTANCE PROGRAM (AAP) AND EMERGENCY ASSISTANCE - FOSTER CARE (EA-FC)
FEDERAL

County	Date (Month/Year)
Claim Contact	Telephone

	FOSTER CARE		WRAPAROUND		FED-GAP	ADOPTION		EA-FC
	Current	Prior Period Adjustment	Current	Prior Period Adjustment	Current	Current	Prior Period Adjustment	Current
Aid Code	42				4T	03		5K
1 Main Payroll								
2 Current Month Supplemental Payroll								
3 Current Month Cancellation Contra Roll								
4 Prior Months Supplemental Payroll								
5 Current Month Adjustment								
6 Subtotal (Lines 1 - 5)								
7 Prior Months Cancellation Contra Roll								
8 Recoveries of Aid								
9 Prior Month Negative Adjustment								
10 Subtotals (Lines 7 - 9)								
11 Prior Month Positive Adjustment								
12 Office Audit Corrections								
13 TOTAL PAYROLL, CURRENT + PRIOR MONTH (Lines 6+10+11+12)								
14 For Aid Code 42: Amount Not Reimbursable at Fed FMAP Rate (FC1 Column G4+H2+O2) For Aid Code 03: Amount Not Reimbursable with Federal Funds								
15 TOTAL - Line 13 - Line 14								
16 THPP Rate Increase								
17 Supplemental Clothing Allowance								
18 IV-E Child Care								
19 FPRRS Child Care								
20 Funeral Costs								
21 Educational Travel Reimbursement								
22 Infant Supplement Rate Supplement								
23 Emergency Child Care Bridge (ECCB)								
24 ECCB Alternative Payment Program Administrative								
25 Specialized Care Increment								
26 TOTAL ALL PAYMENTS (Lines 13+Line 16 through Line 25)	-	-	-	-	-	-	-	-
27 Persons Count								
28 SCI Persons Count								
29 Number of Children Non-Recurring Payments								

**INSTRUCTIONS FOR FORM CA 800CCR NONFED
SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CONTINUUM OF CARE REFORM (CCR)
FOSTER CARE (FC)
KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KIN-GAP)
ADOPTION ASSISTANCE PROGRAM (AAP)
NON-FEDERAL**

General Information

1. This form is pre-programmed to round all amounts to the nearest dollar.
2. The county name and month and year will populate when the Certification form is completed.
3. The name and telephone number of county staff person to be contacted if there are any questions regarding the claim will be populated when the Certification form is completed.

Current Month

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll.
Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month Negatives

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Prior Month Positive Adjustment

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were, or should have been, claimed on a prior month summary report.

Total Payroll, Current + Prior Month (Lines 6 + 10 + 11)

9. Line 12: This is the total of all aid payments, current and prior months. This amount will calculate automatically. *Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:*
 - a. Aid Code 40: Line 5, sum of columns two and four.
 - b. Aid Code 4F: Line 9, sum of columns two and four.
 - c. Aid Code 4G: Line 10, sum of columns two and four.
 - d. Aid Code 04: Line 2, sum of columns two and four.

Transitional Housing Placement Program Rate (THPP) Increase

10. Line 13: Enter the total THPP rate increase paid.

Supplemental Clothing Allowance (SCA)

11. Line 14: Enter the SCA expenditures from the county payroll records or other automated payroll systems. Reminder: SCA expenditures must be excluded from the main payroll amount which is entered on Line 1.

Funeral Costs

12. Line 15: Enter funeral costs for foster care youth in accordance with the [Manual of Policies and Procedures \(MPP\) Section 11-420.2](#) (see also MPP Section 25-753). Required detailed support: Aid payroll, contra roll or equivalent form.

Educational Travel Reimbursement (ETR)

13. Line 16: Enter the ETR costs for foster care youth. Refer to [Education Code section 56040](#) and Chapter 34, Code of Federal Regulations [\(CF\) 300.27](#) and [34 CFR 300](#).

Infant Supplement Rate (ISR) Supplement

14. Line 17: Enter only the expenditures of the ISR supplement. Refer to [Welfare and Institutions Code 11465\(c\)\(5\)](#). **REMINDER:** Expenditures of the base amount of the infant supplement should continue to be claimed in the main payroll. Refer to [CFL NO. 16/17-07](#), dated August 2, 2016, for additional information.

Foster Parent Recruitment, Retention and Support (FPRRS) Child Care

15. Line 18: Enter the FPRRS child care expenditures. Refer to [CFL No. 16/17-20](#), dated November 18, 2016 for more details.

Emergency Child Care Bridge (ECCB)

16. Line 19: Enter the Emergency Child Care Bridge (ECCB) expenditures. Refer to CFL No. 18/19-04 for more details.

ECCB Alternative Payment Program (APP) Administrative

17. Line 20: Enter the ECCB Alternative Payment Program (APP) Administrative expenditures.

Specialized Care Increment (SCI)

18. Line 21: This line is blocked. All SCI expenditures must be reported on the main payroll under the appropriate aid codes until further notice.

Total All Payments (Line 12 + Line 13 through Line 21)

19. Line 22: This is the grand total of aid payments, THPP rate increase, SCA, Funeral Costs, ETR, ISR supplement, FPRRS, Emergency Child Care Bridge, ECCB APP Administrative, and SCI expenditures. This amount will calculate automatically.

Person Count

20. Line 23: Enter the persons count for each program. Note: This line should match the following lines in the RATE INFORMATION ADDENDUM (RIA) form for each respective aid code:

- a. Aid Code 40: Line 5, sum of columns one and three.
- b. Aid Code 4F: Line 9, sum of columns one and three.
- c. Aid Code 4G: Line 10, sum of columns one and three.
- d. Aid Code 04: Line 2, sum of columns one and three.

Specialized Care Persons Count

21. Line 24: This line is blocked.

Summary of Funding

22. Lines 25 through 47 will calculate automatically.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES CONTINUUM OF CARE REFORM
FOSTER CARE AND KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP)
AND ADOPTION ASSISTANCE PROGRAM (AAP)
NONFEDERAL**

County	Date (Month/Year)
Client Contact	Telephone

Aid Code	Foster Care	Kin-GAP		AAP
	40	4F	4G	04
1 Main Payroll				
2 Current Month Supplemental Payroll Payroll				
3 Current Month Cancellation Contra Roll				
4 Prior Months Supplemental Payroll				
5 Current Month Adjustment				
6 Subtotal (Lines 1 - 5)	-	-	-	-
7 Prior Months Cancellation Contra Roll				
8 Recoveries of Aid				
9 Prior Month Negative Adjustment				
10 Subtotals (Lines 7 - 9)	-	-	-	-
11 Prior Month Positive Adjustment				
12 TOTAL PAYMENTS, CURRENT + PRIOR MONTH (Line 6+10+11)	-	-	-	-
13 THPP Rate Increase				
14 Supplemental Clothing Allowance (SCA)				
15 Funeral Costs				
16 Educational Travel Reimbursement (ETR)				
17 Infant Supplement Rate Supplement (ISRS)				
18 FPRRS Child Care				
19 Emergency Child Care Bridge (ECCB)				
20 ECCB Alternative Payment Program Administrative				
21 Specialized Care Increment (SCI)				
22 TOTAL ALL PAYMENTS (LINE 12 + LINE 13 THROUGH LINE 21)	-	-	-	-
23 Persons Count				
24 SCI Persons Count				
County Use Only (non-add line)				