



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

September 5, 2012

TO: COUNTY BOARD OF SUPERVISORS

SUBJECT: **ADMINISTRATIVE CLAIMING MEDI-CAL FEDERAL FINANCIAL PARTICIPATION FOR FRAUD INVESTIGATIONS AND PROGRAM INTEGRITY EFFORTS RELATED TO THE IN-HOME SUPPORTIVE SERVICES PROGRAM FOR FISCAL YEAR 2012/13**

REFERENCE: COUNTY FISCAL LETTER (CFL) 11/12-40

Honorable Chair and Board Members:

The purpose of this letter is to inform counties that the California Department of Social Services (CDSS) will permit counties to administratively claim Medi-Cal federal financial participation (FFP) for allowable county expenditures retroactive to July 1, 2012. To obtain CDSS approval counties must submit either:

- 1) A County Board of Supervisors approved Fraud Plan and budget for fiscal year (FY) 2012/13, or
- 2) A County Board of Supervisors approved budget for FY 2012/13 *and* a letter extending their FY 2011/12 County Fraud Plans to the current fiscal year.

The new fraud plan or budget and letter of extension must reflect coordination with the County Welfare Director and the District Attorney and approval by the County Board of Supervisors prior to submission. The letter and approved budget will satisfy the fraud plan requirements necessary to permit administrative claiming.

Attached you will find a County Response Cover Page (Enclosure A) and Sample Budget Justification (Enclosure B). The package may sent by email, fax or mail to

Bich Truong, Program Analyst,  
Quality Assurance Research and Program Integrity Unit,  
Adult Programs Division  
California Department of Social Services  
744 P Street, MS 9-7-95,  
Sacramento, California 95814  
Fax (916) 653-2220  
[IHSS-PI@dss.ca.gov](mailto:IHSS-PI@dss.ca.gov)

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Counties seeking to participate in this program must submit the approved package by October 19, 2012. Please contact Bich Truong, Analyst, QA Research and Program Integrity Unit at (916) 651-3494 if you have any questions.

Sincerely,



EILEEN CARROLL  
Deputy Director  
Adult Programs Division

Enclosure(s)

c: County Welfare Directors  
County District Attorneys  
California Welfare Directors Association  
California State Association of Counties

**Enclosure A**

**COUNTY RESPONSE COVER PAGE  
COMPLETE AND SUBMIT WITH BUDGET**

\_\_\_\_\_ County is requesting participation in the IHSS Fraud Prevention Program.

**Board of Supervisors Approval**

Approved on \_\_\_\_\_, 2012, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_

**Board of Supervisors**

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**County Welfare Department (Designated contact for all plan inquiries)**

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**County District Attorney Office**

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Enclosure B**

**Sample Budget Justification  
County's Fraud Funding Plan for FY 2012-13**

Budget Section	Total
<b>A. Personnel Costs (Includes employee benefits)</b>	
<b>B. Operating Expenses</b>	
<b>C. Equipment Expenses</b>	
<b>D. Travel/Per Diem and Training</b>	
<b>E. Subcontracts and Consultants</b>	
<b>F. Other Costs</b>	
<b>G. Indirect Expenses</b>	
<b>Total Expenses</b>	

<b>A. Personnel Costs (including employee benefits)</b>	<b>Total Budget</b>
<b>Title:</b> <b>Salary Calculation: FY Salary (\$ ) + benefits (\$ )</b> <b>Duties Description:</b>	
<b>Title:</b> <b>Salary Calculation:</b> <b>Duties Description:</b>	
<b>Total Personnel Costs:</b>	
<b>B. Operating Expenses</b>	<b>Total Budget</b>
<b>Title:</b> <b>Description:</b>	
<b>Title:</b> <b>Description:</b>	
<b>Total Operating Expenses:</b>	

**Enclosure B**  
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<b>C. Equipment Expenses</b>	<b>Total Budget</b>
Title:	
Description:	
Title:	
Description:	
<b>Total Equipment Expenses:</b>	
<b>D. Travel/Per Diem and Training</b>	<b>Total Budget</b>
Title:	
Description:	
<b>Total Travel/Per Diem and Training:</b>	
<b>E. Subcontracts and Consultants</b>	<b>Total Budget</b>
Title:	
Description:	
<b>Total Subcontracts and Consultants:</b>	
<b>F. Other Costs</b>	<b>Total Budget</b>
Title:	
Description:	
<b>Total Other Costs:</b>	
<b>G. Indirect Expenses</b>	<b>Total Budget</b>
Title:	
Description:	
<b>Total Other Costs:</b>	