

March 20, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-33

All County Letter (ACL) to Change the Career Pathways Cost Categories, and Create a New Career Pathways Reimbursement Invoice for Counties



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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March 20, 2023

ALL COUNTY LETTER NO. 23-33

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL IN-HOME SUPPORTIVE SERVICES PROGRAM MANAGERS
PUBLIC AUTHORITY EXECUTIVE DIRECTORS

SUBJECT: **CHANGE THE CAREER PATHWAYS COST CATEGORIES, AND
CREATE A NEW CAREER PATHWAYS INVOICE FOR COUNTIES**

REFERENCE: [ACL NO. 22-90, DATED OCTOBER 27, 2022](#)
[ACL NO. 23-03, DATED JANUARY 13, 2023](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 12316.1](#)

The purpose of this All County Letter (ACL) is to inform counties and Public Authorities/Nonprofit Consortia (PA/NPCs) of revisions made to the previously issued guidance regarding Career Pathways cost claiming provided in [ACL NO. 22-90](#). Funding is available for eligible Career Pathways costs that counties and PA/NPCs incur between October 1, 2022 and December 31, 2023.

BACKGROUND

The 2021 Budget Act included \$288 million Local Assistance funding for Career Pathways. The Adult Programs Division (APD) reserved a portion of this \$288 million for counties and PA/NPCs to provide Career Pathways trainings to In-Home Supportive Services (IHSS) providers between October 1, 2022 and December 31, 2023. For further information on the Career Pathways program, please see [ACL NO. 23-03](#). For counties and PA/NPCs that have questions regarding approval of their Career Pathways training classes, please email IHSSCareerPathways@dss.ca.gov.

CAREER PATHWAYS CLAIMING

For Career Pathways classes conducted by the county, costs shall be claimed on the Career Pathways Reimbursement Invoice. For classes conducted by PA/NPCs, costs will continue to be claimed through the SOC 448 invoice.

To provide flexibility to the counties and PA/NPCs for Career Pathways costs claiming, the cost categories and percentage requirements stated in [ACL NO. 22-90](#) are no longer in effect. The following is a description of the allowable training cost categories:

- Personnel Costs - which may include salaries and benefits of instructors and training support staff, including costs associated with the administration, preparation, registration, and evaluation of the training classes.
- Operating Expenses - which may include direct site costs, supplies, and items necessary for the continuity of the class.
- Equipment Costs - which may include laptops, software programs including Learning Management System (LMS) subscriptions and registration tracking software, and other licensing fees necessary for the continuity of the class.
- Overhead/Indirect Costs - for any other indirect costs that support the continuity of the class.

Career Pathways costs eligible for reimbursement remain subject to the approved Career Pathways budget submitted to the California Department of Social Services APD Financial Management Unit.

Supporting documentation for claiming Career Pathways expenses must include, but is not limited to, a spreadsheet with a description of the items and their costs (for auditing purposes).

To initiate the claiming process, the invoice and supporting documents must be sent electronically to the APD Financial Management Unit at APD_FMU@dss.ca.gov. A hard copy is not required but may be requested if the quality of the documentation is insufficient. For Career Pathway costs incurred between October 1, 2022 through December 31, 2023, claims must be submitted by **March 1, 2024**.

If you have questions regarding the information contained in this ACL, please contact the APD Financial Management Unit at the email address listed above.

Sincerely,

Original Document Signed By

LEORA FILOSENA, P.M.P.
Deputy Director
Adult Programs Division

Attachment

CAREER PATHWAYS REIMBURSEMENT INVOICE (COUNTY ONLY)

County:	
Month/Year Service Rendered:	Date Prepared:
Preparer's Information	
Name:	Title:
Mailing Address:	Telephone Number:
Email Address:	

Please fill out this chart by month for the expense category type. The total cost claimed will be entered in the bottom right cell. These costs should not have been claimed through the regular CEC process. Please attach supporting documentation for these claimed Career Pathway costs.

Category	Cost
Personnel Costs	\$
Operating Expenses	\$
Equipment Costs	\$
Overhead/Indirect Costs	\$
Total Costs	\$

<p>I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program: that I have not violated any of the provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services for the medically needy and categorically eligible; and the provisions of Section 1090 and 1096, inclusive of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.</p> <p>_____</p> <p>SIGNATURE OF REPRESENTATIVE</p> <p>_____</p> <p>DATE</p> <p>=====</p>	<p>I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170 (f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95 Welfare and Institutions Code personal care services for the medically needy and categorically eligible; and the provisions of Section 1090 and 1096, inclusive of the Government Codes; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made for expenditures otherwise incurred according to law.</p> <p>_____</p> <p>SIGNATURE OF REPRESENTATIVE</p> <p>_____</p> <p>DATE</p> <p>=====</p>
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Accounting and Approval		
Service Location:	Index:	Object Code:
State FY:	Amount:	
Approver Name (print or type):		
Approver Signature:		Date:

APD Reimbursement Invoice Instructions

Name of County – Please enter the county name.

Month/Year Service Rendered – Enter the month and year for which expenditures are being claimed.

Date Prepared – Enter the month/day/year this form was prepared.

Name of Preparer – Enter the Preparer’s name.

Title of Preparer – Enter the Preparer’s Title

Mailing Address of Preparer – Enter the Preparer’s address.

Telephone Number of Preparer – Enter the Preparer’s telephone number.

Email address of Preparer – Enter the Preparer’s email address.

Total Expenditures – Enter each type of cost in each separate category below.

- **Personnel Costs:** Enter costs for salaries and benefits of instructors and training support staff, including costs associated with the administration, preparation, registration, and evaluation of the training classes.
- **Operating Expenses:** Enter costs for direct site costs, supplies, and items necessary for the continuity of the class.
- **Equipment Costs:** Enter costs for equipment such as laptops, software programs including LMS Subscription/Registration Tracking software, and other licensing fees necessary for the continuity of the class.
- **Overhead/Indirect Costs:** Enter costs for any other indirect costs that support the continuity of the class.
- These activities should **not** have been claimed through the regular CEC claiming process nor the SOC 448 process.

Signatures – Obtain the signatures of the Authorized Representatives.

<p><u>Send original invoice to:</u></p> <p>California Department of Social Services Adult Programs Division Financial Management Unit APD_FMU@dss.ca.gov</p>	<p><u>For questions, please contact:</u></p> <p>Financial Management Unit APD_FMU@dss.ca.gov</p>
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