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SECTION 1 – CHILDREN'S MEDICAL SERVICES BRANCH AND PROGRAM DESCRIPTIONS

Children's Medical Services Branch Overview

Website: www.dhs.ca.gov/cms

The Children's Medical Services (CMS) is a branch of the Primary Care and Family Health Division (PCFH) of the California Department of Health Services (CDHS). The CMS Branch is responsible for the administration of three major statewide programs: the Child Health and Disability Prevention (CHDP) program, which includes the Health Care Program for Children in Foster Care (HCPCFC); the California Children's Services (CCS), which includes the Medical Therapy Program (MTP); and the Genetically Handicapped Persons Program (GHPP). The CMS Branch is also responsible for implementation, monitoring, and oversight of the Newborn Hearing Screening Program (NHSP) and special grants to serve special needs children such as the Medically Vulnerable Infant Program (MVIP) and the Asthma Treatment Program. The mission of CMS is to assure the health of California's children.

The Branch is organized as follows:

I. Program Information Technology Section

The Program Information Technology Section is responsible for all aspects of information technology support for the CMS Branch and CMS Net. This includes CMS Branch office products, CMS Net network support, CMS Net operations, CMS Net Help Desk operation, and support in Enhancement 47 development. The Section provides consultation to the State Health and Human Services Agency Data Center regarding county LAN/WAN connectivity. The Section is responsible for corrections and modifications to CMS Net application.

II. Program Case Management Section

The Program Case Management Section (PCMS) is composed of three units: the Provider Services Unit (PSU); the CCS Sacramento Regional Office (SRO); and the Genetically Handicapped Persons Program.

The PSU enrolls providers for the CCS, CHDP, and GHPP programs and acts as a liaison between the CMS Branch's programs, their providers, the Medi-Cal Payment Systems Division, and the State fiscal intermediary, Electronic Data Systems (EDS). The PSU works with individual providers, hospitals, and CCS and GHPP Special Care Centers in resolving provider reimbursement issues, such as billing and claims processing issues.

The CCS Sacramento Regional Office provides medical, nursing, and therapy case management, as well as ongoing technical assistance, for 21 dependent counties. This includes, but is not limited to, determination of medical eligibility and authorizations for services, resolution of financial appeals, determination of eligibility for Medical Therapy Unit services, and program consultation. Early and Periodic Screening, Diagnosis, and

Treatment Supplemental Services (EPSDT-SS) requests statewide are directed to the EPSDT-SS coordinator and staff in SRO for review and approval.

The GHPP provides all medical and administrative case management for GHPP-eligible clients statewide.

III. Program Operations Sections

The Program Operations Section (POS) has oversight responsibility for 58 county CCS and 61 local CHDP programs. The Section's professional staff is responsible for evaluating and monitoring each program for compliance with federal and state regulations and local policies and procedures. Oversight responsibilities include but are not limited to program development; review and approval of annual budgets and workplans; provision of technical assistance and program consultation; and provision of expertise in the disciplines of medicine, nursing, social work, nutrition, dentistry, dental hygiene, health education, physical therapy, and occupational therapy. The Program Operations Section provides oversight and monitoring of Memoranda of Understanding (MOU) between CCS and CHDP programs and Medi-Cal Managed Care and Healthy Families plans.

POS staff are assigned to the CMS Branch offices in Sacramento, San Francisco, and Los Angeles. POS staff in the San Francisco and Los Angeles offices provide direct medical case management for six dependent CCS counties with populations of less than 200,000.

POS is responsible for ensuring that all providers who deliver services to children are qualified and in good standing with the appropriate board under the Department of Consumer Affairs. The CCS program has a quality assurance process that reviews applications from "panel" providers. CCS also conducts on-site reviews of approved hospitals, Special Care Centers, neonatal and pediatric intensive care units, and medical therapy units.

POS and local programs collaborate in the implementation of new programs such as the HCPCFC and the NHSP. In addition, POS and local programs collaborate to ensure that providers, hospitals, Special Care Centers, other State programs, local agencies, community-based organizations, and the general public are informed and assisted in the process of providing services to eligible populations.

Local CHDP and CCS programs provide input to the CMS Branch through regional associations and an Executive Committee for each program.

IV. Program Standards and Quality Assurance Section

The Program Standards and Quality Assurance (PSQA) Section is responsible for the development and implementation of program policy, regulations and procedures for the CHDP and CCS programs; implementation of the NHSP; development of provider standards for CCS; development of policies and procedures to assist in the implementation of Medi-Cal managed care and the Healthy Families program; provision of pediatric consultation to the Medi-Cal program in the development of policies and procedures for EPSDT program benefits; provision of pediatric consultation to other

CDHS programs; and performance of the review and approval of all requests for organ transplants for children covered by CCS and Medi-Cal.

V. Program Support Section

The Program Support Section is composed of three units that are responsible for development, implementation, evaluation, and support of the following Branch operations: Administration; Clerical Support; and Data Analysis, Research, and Evaluation (DARE).

The Administrative Unit is responsible for fiscal, personnel, contracting, purchasing, and business services functions for the Branch. Staff in the unit review, approve, and monitor CCS county programs and CHDP county/city budgets; resolve county budgeting/invoicing issues; develop and implement administrative and fiscal procedures for new CMS Branch programs; develop and manage contracts and interagency agreements; process contract and county expenditure invoices; and maintain personnel and business services transactions for all CMS Branch staff. This Unit also develops and participates in training programs for State and county program staff relating to the above areas of responsibility.

The Clerical Support Unit provides general clerical services to CMS Branch management and staff. The Unit is responsible for completion of complex typing assignments, formatting of proposals, regulations, program standards, reports, research papers, etc. The Clerical Unit also assists in organizing and filing all program documents; responds to telephone calls, faxes, and e-mails; disseminates program information to State staff, local agencies, the general public, and various other organizations; coordinates meetings; and makes travel arrangements for Branch staff.

The DARE Unit is responsible for statewide data collection and evaluation of CMS Branch program expenditures/activities. The DARE Unit collects, analyzes, interprets, and maintains complex expenditure data for use in preparation of internal CMS management reports; and reports required by the Department of Health Services, Federal Centers for Medicare and Medicaid Services (CMS), State Legislature, State control agencies, and CCS and CHDP local programs. This Unit also analyzes data available to the CMS Branch to identify trends, participates in special data management collection and analysis, and makes recommendations to management.

California Children's Services Overview

Website: www.dhs.ca.gov/ccs

I. Program Description

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools.

The CCS program is administered as a partnership between county health departments and the California Department of Health Services (CDHS). Currently, approximately 70 percent of CCS-eligible children are also Medi-Cal eligible. The Medi-Cal program reimburses their care. The cost of care for the other 30 percent of children served by the program is funded equally between the State and counties.

In counties with populations greater than 200,000 (independent counties), county staff perform all case management activities for eligible children residing within their county. This includes determining all phases of program eligibility, evaluating needs for specific services, determining the appropriate provider(s), and authorizing for medically necessary care. For counties with populations under 200,000 (dependent counties), the CMS Branch provides medical case management and eligibility and benefits determination through its regional offices located in Sacramento, San Francisco, and Los Angeles. Dependent counties interact directly with families and make decisions on financial and residential eligibility. Some dependent counties have opted to participate in the Case Management Improvement Project (CMIP) to partner with regional offices in determining medical eligibility and service authorization. The regional offices also provide consultation, technical assistance, and oversight to independent counties, individual CCS paneled providers, hospitals, and the Special Care Centers within their region.

Children eligible for CCS must be residents of California, have CCS eligible conditions, and have family adjusted gross income of forty thousand dollars or less in the most recent tax year. Children in families with higher incomes may still be eligible for CCS if the estimated cost of care to the family in one year is expected to exceed 20 percent of the family's adjusted gross income. In addition, the CCS program is responsible for authorization of medically necessary services and medical case management of Medi-Cal beneficiaries with no share of cost who meet CCS medical and age criteria.

Services authorized by the CCS program to treat a Healthy Families (HF)-enrolled child's CCS-eligible medical condition are excluded from the plan's responsibilities. The HF health plan remains responsible for providing primary care and prevention services not related to the CCS-eligible medical condition to the plan subscriber as long as they are within the HF program scope of benefits. The health plan is also responsible for children who are referred to but not determined to be eligible for the CCS program.

CCS currently provides services to approximately 175,000 children through a network of CCS paneled specialty and subspecialty providers and Special Care Centers.

The CCS Medical Therapy Program (MTP) provides physical therapy, occupational therapy, and Medical Therapy Conference (MTC) services to children who meet specific medical eligibility criteria. These services are provided in an outpatient clinic setting known as a Medical Therapy Unit (MTU) that is located on a public school site. Licensed physical therapists and certified occupational therapists provide evaluation, treatment, consultation services and case management to children with conditions such as cerebral palsy and other neurologic and musculoskeletal disorders. Services in the MTP require:

- A prescription for the physical and occupational therapy services to be delivered at an MTU and provided under the supervision of physicians who are experts in the care of children with chronic disabilities.
- Coordination of services in the MTU under the medical management of a physician/therapy team. This is done through the MTC which is conducted at an MTU to plan for an individual child's need for, and level of, therapy services or through the prescription of a private medical provider.
- Participation from the child's family, school personnel, and other health care professional staff.

A child who is medically eligible for the MTP does not have to meet the CCS financial requirement to receive therapy or conference services through the MTP. However, if the MTC team recommends a service that is not provided by the MTP, the child must meet CCS financial eligibility, be a full scope Medi-Cal beneficiary with no share of cost, or be a Healthy Families subscriber.

The CMS Branch maintains procedures to meet the regulatory requirements to certify eligible MTUs as Outpatient Rehabilitation Centers (OPRCs). In a Memorandum of Understanding (MOU) with CDHS Licensing and Certification Division, the CMS Branch was given the responsibility for certifying MTUs. Certified MTUs can receive Medi-Cal provider numbers and bill for physical therapy and occupational therapy services provided to Medi-Cal eligible beneficiaries in the MTUs.

II. Legislative Authority

Health and Safety Code, 123800 et seq. is the enabling statute for the CCS program. The explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part. The statute also requires the DHS and the county CCS program to seek handicapped children by cooperating with local public or private agencies and providers of medical care to bring eligible children to sources of expert diagnosis and treatment.

The CCS program is mandated by the Welfare and Institutions Code and the California Code of Regulations (Title 22, Section 51013) to act as an "agent of Medi-Cal" for Medi-Cal beneficiaries with CCS medically eligible conditions. Medi-Cal is to refer all CCS-eligible clients to CCS for case management services and prior authorization for

treatment. The statute also requires all CCS applicants who may be eligible for the Medi-Cal program to apply for that program.

III. Funding Description

The funding source for a county CCS program is a combination of monies appropriated by the county, State General Funds, and the federal government. AB 948, the realignment legislation passed in 1992, mandated that the State and county CCS programs share in the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of State General Fund and county monies. The amount of State money available for the CCS program is determined annually through the Budget Act.

CCS program funds are categorized in two parts:

A. Funding for payment for diagnostic and treatment services provided to eligible children with physically handicapping conditions, and physical/ occupational therapy services and medical therapy conference services provided at public school sites. Funding for these medical services in current fiscal years must be at least equivalent to the actual CCS expenditures claimed by the county during FY 1990-91. The county Boards of Supervisors annually must appropriate 25 percent of this amount and allocate an additional 25 percent from the County Social Services Trust Account. The State is mandated to match these funds within available State General Funds. Funding for children who are Medi-Cal beneficiaries and are case managed by the CCS program is covered by the Medi-Cal program. Federal Financial Participation (FFP) under Title XXI of the Social Security Act may be claimed for CCS-eligible children enrolled in the HF program. Funding for services for children who are HF subscribers is covered by federal funds (65 percent), with the remaining cost shared by the county (17.5 percent) and the State (17.5 percent).

B. Reimbursement for administrative and operational costs of county CCS programs is shared between the State and county programs (Health and Safety Code, Section 123955 [a]). The 1991-92 realignment legislation developed the system of allocating administrative funds, including FFP for CCS Medi-Cal eligible children. Funding for administrative costs is based on CCS staffing standards and the caseload mix of CCS clients. County CCS programs are responsible for 50 percent of the administrative cost for the non-Medi-Cal county caseload; the State matches the costs to the extent funds are available in the State budget. Administrative costs incurred for the Medi-Cal portion of the CCS caseload are shared by the State and federal government by claiming Medi-Cal administrative reimbursement.

The funding process for the cost of medical care for diagnosis, treatment, and MTP services is based on an allocation to each county and is accomplished as follows:

A. Each fiscal year the county CCS program must allocate a sum equal to 25 percent of the actual county CCS expenditures claimed during Fiscal Year 1990-91 (known as a maintenance of effort [MOE]).

B. The DHS matches the MOE with State funds on a dollar-for-dollar basis to the extent that State funds are available.

C. To secure the funds for CCS costs of care, a county must submit, on an annual basis, a letter of certification stating the amount of county funds that DHS will be asked to match.

D. Counties that submit authorized medical service claims for individual CCS clients to the state DHS fiscal intermediary for payment prepare a "Report of Expenditure Invoice" and reimburse the CMS Branch for the county's share of diagnosis, treatment, and therapy services expenditures.

E. Counties must process claims for authorized medical services through a county payment process and prepare an "Expenditure Invoice" to request payment of the State's 50 percent share of diagnosis, treatment, and therapy services expenditures.

Funding for county CCS administrative and operational costs is based on budgets prepared by the county CCS programs and approved by the CMS Branch. The following budgets are used to fund the administrative and operational costs of county CCS programs:

A. The CCS Administrative Budget is based on CCS staffing standards and a caseload mix of CCS clients whose services are funded by State-county funds and Medi-Cal beneficiaries whose services are funded by State and Title XIX funds.

1. County CCS programs are responsible for 50 percent of administrative costs incurred for the non-Medi-Cal caseload with the State sharing an equal amount.

2. Administrative costs incurred by counties to pay for services for Medi-Cal beneficiaries are shared by the State and federal government. These funds are identified in specific sections of the CCS Administrative Budget.

3. County programs must submit, by September 15 of each year for the subsequent fiscal year, an application known as an Administrative Budget Request for the county administrative cost of administration of the CCS program. Directions for budget completion are found in Section 6 – Budget Instructions.

B. The MTP Claims Preparation Budget is used to assist county CCS programs with operating expenses incurred in claims preparation for therapy services provided at an MTU.

1. Funding through the CMS Branch for the MTP Claims Preparation Budget requires that each MTU preparing therapy service claims be certified as an OPRC based on the State's licensing and certification requirements.

2. The instructions for completing this budget are found in the Section 6 – Budget Instructions.

NOTE: This budget is not for funding therapy services, such as MTCs, or other staff activities that support operation of the MTP including but not limited to clerical support required for patient scheduling and transcription of physicians' reports relating to MTCs.

C. Counties may not transfer funds between allocations to provide medical services (diagnosis, treatment, and MTP) and funding requested and approved through the CCS Administrative or MTP Claim Preparation Budgets.

D. The CMS Branch reviews county application(s)/proposed budget(s) to ensure they meet the minimum CCS requirements, including meeting the CCS administrative staffing standards for CCS Administrative Budgets.

E. The CMS Branch reimburses county quarterly invoices based upon submission of the invoices for actual administrative expenditures for approved budgets.

Child Health and Disability Prevention Program Overview

Website: www.dhs.ca.gov/chdp

I. Program Description

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment. The eligible population for the CHDP program includes all Medi-Cal eligibles from birth through 20 years of age and low-income non-Medi-Cal eligibles from birth through 18 years of age with family incomes at or below 200 percent of the federal poverty level.

The program is financed and has standards established at the State level and is operated at the local level by local health departments for each county and three cities. The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The CHDP Program also provides preventive health assessments for non-Medi-Cal eligible children; and monitors the first grade entry program, which requires that all children entering the first grade or kindergarten have either a certificate of health examination or a waiver on file at their school.

The program is responsible for resource and provider development to ensure that high quality services are delivered and available to eligible children. In addition, the program informs the target populations to increase their participation; and community agencies and residents to increase the knowledge and acceptance of preventive services.

Local CHDP programs are also responsible for carrying out community activities which include planning, evaluation and monitoring, case management, informing, providing health education materials, provider recruitment, quality assurance, and client support services such as assistance with transportation and medical, dental, and mental health appointment scheduling and encouraging the completion of an application for ongoing health care coverage. Local CHDP programs are also responsible for oversight of the Health Care Program for Children in Foster Care (HCPCFC). For more information, see page 1-20.

In July 2003, the CHDP program began the CHDP Gateway using an automated pre-enrollment process for non Medi-Cal, uninsured children, serving as the entry point for these children to enroll in ongoing health care coverage through Medi-Cal or the Healthy Families program. The CHDP Gateway is based on federal law found in Titles XIX and XXI of the Social Security Act that allows states to establish presumptive eligibility programs for children.

When a child seeks CHDP services at a provider's office, CHDP providers enter the child's information through the Internet or a Point of Service (POS) Device using the CHDP Pre-Enrollment Application (DHS 4073) (see sample on page 10-74). In accordance with the CHDP periodicity schedule and age and income requirements, the CHDP program pre-enrolls the child into full scope, no-cost temporary Medi-Cal for the

month of their CHDP health assessment and the following month. Children who are not eligible for either program continue to receive CHDP services in accordance with the CHDP periodicity schedule. Parents or legal guardians may indicate on the DHS 4073 that they want to receive an application for continuing health care coverage for their child beyond the pre-enrollment period. For more information, refer to the CHDP Provider Manual located at www.dhs.ca.gov/chdp.

II. Legislative Authority

The CHDP program enabling statute provides the following authority:

A. "...[C]hild health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this article be efficiently provided and be of the highest quality." (Health and Safety Code, Section 124025).

B. The DHS is given the authority to develop and implement the format and procedures that local CHDP programs utilize to prepare and submit a multi-year base plan on or before September 15 of each year. Each county program director submits an update to the multi-year base community CHDP plan as well as a budget update for the subsequent fiscal year (Health and Safety Code, Section 124060).

C. Local CHDP programs are reimbursed from the appropriation made for the fiscal year when the expenses on which the claim is based are incurred (Health and Safety Code, Section 124070).

D. The DHS is given the statutory authority to develop a schedule and method of reimbursement at reasonable rates for services rendered. The reimbursement schedule shall include provisions for well child examinations as well as for administrative expenses incurred by providers (Health and Safety Code, Section 124075).

E. State and local CHDP programs maximize the use of federal funds and use state and/or county/city funds to match funds claimable under Title XIX of the Social Security Act. Services and administrative support costs claimable under federal law may include but are not limited to outreach, health education, case management, resource development, and training at state and local levels. Any federal funds received are used to augment, not replace, funds appropriated from State General Funds (Health and Safety Code, Section 124075).

III. Funding Description

A. Target population, health assessments, and active CHDP providers form the basis for each CHDP local program's fiscal year funding from the annual state appropriation for CHDP (see Section 4 - Data Forms, Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG) for Fiscal Year (FY) 2004-05).

B. Funding for county/city CHDP administrative and operational costs is based on budgets prepared by the CHDP local program and approved by the CMS Branch (see Section 6 - Budget Instructions, CMS PFG for FY 2004-05).

C. Medi-Cal children from birth to 21 years of age receive services under the Federal Title XIX program known as the EPSDT program. The EPSDT program is part of the Medi-Cal program and is funded by state general and federal funds.

D. Low-income children from birth to 19 years of age with family incomes up to 200 percent of the federal income guidelines, and without preventive health care coverage are temporarily enrolled through the CHDP Gateway process into full scope, no-cost temporary Medi-Cal for the month of their CHDP health assessment and the following month. These services are funded by state general and federal funds under the EPSDT and Healthy Families (Title XXI) program.

E. Low-income children not eligible through the CHDP Gateway pre-enrollment process for the Medi-Cal or Healthy Families program receive CHDP services paid for by state general funds.

Genetically Handicapped Persons Program Overview

Website: www.dhs.ca.gov/pcfh/cms/ghpp

I. Program Description

GHPP provides medical and administrative case management and funds medically necessary services for California residents over the age of 21 with GHPP-eligible medical conditions. Persons under age 21 with GHPP eligible conditions may also be eligible for GHPP if they have first been determined financially ineligible to receive services from the CCS program. Examples of GHPP-eligible conditions include, but are not limited to, genetic conditions such as:

- Charcot-Marie-Tooth Syndrome
- Cystic Fibrosis
- Disorders of carbohydrate transport and metabolism, i.e., Galactosemia
- Disorders of copper metabolism, i.e., Wilson's Disease
- Friedreich's Ataxia
- Hemophilia and other specific genetic coagulation defects
- Hereditary Spastic Paraplegia
- Huntington's Disease
- Inborn errors of metabolism including disorders of amino-acid transport and metabolism, such as Phenylketonuria (PKU)
- Joseph's Disease
- Refsum's Disease
- Rousy-Levy Syndrome
- Sickle Cell Disease including Thalassemia
- von Hippel-Lindau Syndrome

Referrals to GHPP come from a variety of sources including hospital staff, physicians' offices, community health care providers, school nurses, public health departments, family members, and self-referrals. GHPP is responsible for authorization of medically necessary services and medical case management of Medi-Cal beneficiaries not in managed care plans. Currently there are approximately 1,650 clients enrolled in GHPP.

Program service benefits require prior authorization by GHPP. These benefits include services such as:

- Blood transfusions and blood derivatives
- Durable medical equipment
- Expert diagnosis
- Genetic and psychological counseling
- Home health care
- Hospital care
- Initial intake and diagnostic evaluation
- Inpatient/outpatient medical and surgical treatment
- Maintenance and transportation
- Medical and surgical treatment
- Physical therapy, occupational therapy, speech therapy
- Rehabilitation services, including reconstructive surgery
- Respite care
- Specified prescription drugs
- Treatment services

GHPP has a system of Special Care Centers (SCC) that provide comprehensive, coordinated health care to clients with specific genetic GHPP medically eligible conditions. The GHPP SCCs are multi-disciplinary, multi-specialty teams that evaluate the GHPP client's medical condition and develop a comprehensive, family-centered plan of healthcare that facilitates the provision of timely, coordinated treatment.

II. Legislative Authority

The Holden-Moscone-Garamendi Genetically Handicapped Persons Program (SB 2265 1975, 1976, 1977, 1980, 1982) was the enabling legislation for GHPP. In 1975, the Program was enacted to pay for medical care and to provide medical case management for persons with Hemophilia. In 1976, Cystic Fibrosis was added by legislation. In 1977, Sickle Cell Disease was added to the GHPP. In subsequent years, conditions such as Huntington's Disease, Joseph's Disease, Friedreich's Ataxia, von Hippel-Lindau Syndrome, PKU, and other metabolic conditions were included. The legal authority for GHPP is the Health and Safety Code, Chapter 2, Section 125125 et. seq.

III. Funding Description

GHPP is a State-funded program which receives funds through the State General Fund. The GHPP also generates funds from enrollment fees that some clients, depending on

their financial resources, are required to pay. Medi-Cal funds are utilized for GHPP clients who are Medi-Cal beneficiaries, but who are not in a Medi-Cal Managed Care Plan. GHPP clients who have other healthcare insurance must utilize their other healthcare insurance first before funding is available from the State General Fund. The GHPP is the payor of last resort.

Health Care Program for Children in Foster Care Overview

Website: www.dhs.ca.gov/hcpcfc

I. Program Description

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program administered by local public health department Child Health and Disability Prevention (CHDP) programs to provide public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care. The public health nurses (PHNs) work with the child's social worker or probation officer as a team member to ensure that children in foster care receive needed health services. PHNs provide health care oversight of the medical, dental, behavioral, and development needs and services, including those placed "out-of-county" and "out-of-state". The PHNs assist the social worker and probation officer in the entry and update of the child's medical and health information in the required record known as the Health and Education Passport (HEP). The PHNs collaborate with the foster care team in the provision of training programs for foster parents, health care providers, and child welfare, probation, and juvenile court staff.

In their role as consultants to child welfare workers and probation officers, PHNs assist in meeting the challenges of delivering health care to children and youth in foster care by coordinating services with multiple caregivers, health care providers, agencies, and organizations. The PHNs participate in interdisciplinary team conferences and they assist with the transition from foster care by linking the child to community resources to meet the health care services needs upon termination of foster care.

Since the HCPCFC is a program within the local CHDP program, the required administrative activities of budget preparation and management, nursing supervision, and implementation of the HCPCFC Memorandum of Understanding (MOU) are the responsibility of the CHDP program. Collaboration among the local health, welfare, and probation departments in the development and implementation of the MOU is recognized as being fundamental to the success of the HCPCFC.

To assist and monitor local program implementation of the HCPCFC, the California Department of Health Services (CDHS) through a Letter of Agreement with the California Department of Social Services (CDSS) develops budget methodology, provides guidance on required program activities and performance measures, and recommends content of the local interdepartmental HCPCFC MOU.

II. Legislative Authority

The State Budget Act of 1999 appropriated State General Funds to the CDSS for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care. These funds were transferred to CDHS for distribution through the local CHDP program as an augmentation to operate the HCPCFC. The legal authority for the HCPCFC is the Welfare and Institutions Code, Section 16501.3 (a) through (e).

III. Funding Description

Caseload data for children and probation youth in foster care from the Child Welfare System/Case Management System (CWS/CMS), maintained by the CDSS form the basis for each CHDP local program's fiscal year funding from the annual state appropriation for HCPCFC (see Section 6 – Budget Instructions). The source of funds for the HCPCFC Administrative Budget is State General Funds matchable with up to 75 percent Federal Funds (XIX). The source of funds for the optional CHDP Foster Care Administrative Budget County/City Match is county/city funds matchable with up to 75 percent Federal Funds (XIX).

Funding for county/city HCPCFC administrative and operational costs is based on budgets prepared by the CHDP local program and approved by the CMS Branch (see Section 6 – Budget Instructions). PHN and Supervising PHN Personnel, Operating and Internal Indirect costs are the budget categories.

IV. References

- CHDP Program Letter 99-06 (October 21, 1999) regarding "Health Care Program for Children in Foster Care"
- CMS Branch Correspondence and Attachments (October 25, 1999) regarding "Health Care Program for Children in Foster Care"
- All County Letter 99-108 (December 21, 1999) regarding "Instructions Regarding Local Memorandum of Understanding for Health Care Program for Children in Foster Care"
- All County Information Notice I-55-99 (September 2, 1999) regarding "New Foster Care Public Health Nurse Program in County Welfare Departments"
- CHDP Program Letter 03-15 (July 25, 2003) regarding "Revisions to the HCPCFC Administrative Funding Methodology and Budget Format"

Newborn Hearing Screening Program Overview

Website: www.dhs.ca.gov/nhsp

I. Program Description

The NHSP has established a comprehensive coordinated system of early identification and provision of appropriate services for infants with hearing loss. The program offers the parents of all infants born in CCS-approved hospitals the opportunity to have their babies screened for hearing loss I the hospital at the time of birth; tracks and monitors all infants who need follow-up testing and diagnostic evaluations; and provides access to medical treatment and other appropriate educational and support services.

The NHSP has contracted with four organizations to serve as Hearing Coordination Centers (HCC): Miller Children's Hospital, Loma Linda University, Sutter Memorial Hospital, and University of California, San Francisco. These HCCs are responsible for certifying CCS approved hospitals to participate in the program, assuring the quality of the hearing screening services, and tracking of infants needing follow-up testing.

The program has available educational and outreach materials for parents and providers. These materials are available in multiple languages.

II. Legislative Authority

The enabling legislation for the NHSP was Assembly Bill 2780, Chapter 310, Statutes of 1998. This legislation defined the components of the program, amended Health and Safety Code Section 123975, and added Sections 124115-124120.5 to the Health and Safety Code.

III. Funding Description

The NHSP is funded through the State General Fund with matching funds from the Medi-Cal program. Reimbursement for inpatient and outpatient screenings is available to certified providers for infants whose care is paid for by the Medi-Cal program and those infants who have no expectation or evidence of a third party payer. Medi-Cal reimbursement is paid on a fee-for-service basis outside of the hospital per diem rate, regardless of whether the child is enrolled in a Medi-Cal Managed Care plan or has fee-for-service Medi-Cal. Reimbursement for uninsured children is available through the State CCS program using State General Funds.

SECTION 2 – PLAN AND BUDGET SUBMISSION

General Instructions

Submit one original and three copies of the CMS plan and budget package to your CMS Regional Administrative Consultant. The plan is composed of the documents that are required for submission.

Individual CCS, CHDP, and HCPCFC budgets will be approved only when all required documents have been submitted and reviewed by the appropriate regional office staff. Unless specified, counties should submit one package for all three CMS programs. The Certification Statement and Interagency Agreement, however, may be sent under separate cover after other documents have been submitted. **All pages must be numbered and dated.** After assembling the plan and budget package, complete the Checklist and include the Checklist in the plan and budget package. Fourth quarter invoices will not be paid until all documents required for approval have been submitted, reviewed, and approved.

The following are required documents of the CMS plan and budget package for Fiscal Year (FY) 2004-05:

I. Checklist (see page 2-5)

The CMS Plan and Budget Required Documents Checklist assists in identifying the contents and sequence of the documents for submission in the plan package. The contents of the package must be submitted in the sequence reflected on the checklist.

II. Agency Information Sheet (see page 2-7)

Complete the Agency Information Sheet with **all of the following**:

A. Official name and address of the county/city agency in which the CCS, CHDP, and HCPCFC programs are organizationally located

B. Name and contact information of the CMS Director, if any.

C. Name and contact information of the CCS Administrator.

D. Name and contact information of the CHDP Director.

E. Name and contact information of the CHDP Deputy Director.

F. Name and contact information of the Clerk of the County Board of Supervisors or City Council

G. Name and contact information of the Director of the Social Services Agency for the HCPCFC Program

H. Name and contact information of the Chief Probation Officer for the HCPCFC Program.

III. Certification Statement (see page 2-8)

A. Obtain current signatures, including the dates signed, of the CHDP Director, CCS Administrator, Director/Health Officer, and the chairperson of the local governing body, as required.

B. Submit the original Certification Statement (with signatures) and one photocopy to the Regional Office. The Certification Statement is valid for one year.

C. The citations of current federal and state legislation and regulations for the CCS, CHDP, and HCPCFC programs are listed in Section 10 – References.

D. An additional line for the signature of any other person with fiscal or programmatic responsibility is included for optional use.

IV. Agency Description

A. Describe in brief narrative:

1. The structure of the agencies in which CCS, CHDP, and HCPCFC programs are located; and

2. The current organizational structures of the CCS, CHDP, and HCPCFC programs within the local agencies (Health and/or Social Services); and

3. The affiliation and integration of the CCS, CHDP, and HCPCFC programs within the agency and county structure; and

4. Anticipated changes that will take place before the next fiscal year.

B. Submit current organizational charts for CHDP, HCPCFC and CCS with names of incumbent staff using the **same job titles** as listed on the budget worksheets.

C. Submit a copy of the CCS Staffing Standards Profile (6-80) and highlight the caseload category for your county/city. For counties with total caseloads below 500, write the words "Below 500" at the top of the CCS Staffing Standards Profile and highlight those words only.

D. Complete Incumbent List (see pages 2-9 through 2-11) for CCS, CHDP, and HCPCFC programs.

E. Submit civil service classification statements for newly established, proposed, or revised classifications.

F. Submit duty statements for all staff budgeted to the programs **if there are changes from the previous year** (see pages 2-9 through 2-11).

1. Changes are defined as:

a. Changes in job duties or activities, or

b. Changes in percentage of time allotted for each activity.

2. Include in the duty statement **all of the following:**

a. Position title

b. Civil service classification

c. Percent FTE in CCS, CHDP, and/or HCPCFC program(s) and percent FTE in other program(s) if applicable

d. Actual job duties appropriate and specific to the CCS, CHDP, and/or HCPCFC program **with an estimated percentage of time allocated to each activity** (see Documentation of Staff and Time on page 9-4 for more information).

3. If staff work in multiple programs, submit separate job duty statements for each program.

V. Implementation of Performance Measures (see Section 3 – Scope of Work and Performance Measures**)**

A. CCS, CHDP, and HCPCFC programs under joint administrations should submit joint Performance Measures when reporting to the CMS Branch.

B. CCS, CHDP, and HCPCFC programs under separate administrations should collaborate to ensure coordination of services and resources and cooperatively submit one package when reporting Performance Measures to the CMS Branch.

C. Performance Measures should be reported in the appropriate reporting format, except for those Performance Measures that specifically require a county tracking system.

D. Data collection for these Performance Measures began with Fiscal Year 2002-03. **Reporting on these Performance Measures is due annually by November 30.**

VI. Data Forms

A. Examples of Children Helped (see page 4-4) for:

1. CCS,

2. CHDP, and

3. HCPCFC

B. CCS Caseload Summary (see pages 4-5 through 4-7).

C. CHDP Case Management Data (see page 4-8)

VII. Memoranda of Understanding (MOU) and Interagency Agreements (IAA) List (page 2-12)

A. List all current MOUs and IAAs

B. Submit all MOUs and IAAs that are new or have been revised since the prior fiscal year.

C. Submit CHDP IAA with DSS biennially.

D. Submit Interdepartmental MOU for HCPCFC biennially.

VIII. Budgets

A. CCS Administrative Budget

Budget Summary

Budget Worksheet

Budget Justification Narrative

B. CCS Medical Therapy Program (MTP) Claims Preparation Budget – **Optional**

Budget Worksheet

Budget Justification Narrative

C. CHDP Administrative Budget (No County/City Match)

Budget Summary

Budget Worksheet

D. CHDP Administrative Budget (County/City Match) – **Optional**

Budget Summary

Budget Worksheet

Budget Justification Narrative

E. HCPCFC Administrative Budget

Budget Summary

Budget Worksheet

Budget Justification Narrative

F. Foster Care Administrative Budget (County/City Match) – **Optional**

Budget Summary

Budget Worksheet

Budget Justification Narrative

Plan and Budget Required Documents Checklist

County/City: _____ **Fiscal Year:** 2004-05

	Document	Page Number
1.	**Checklist**	
2.	**Agency Information Sheet**	
3.	**Certification Statement** – Original and one photocopy	
4.	**Agency Description**	
	A. Brief Narrative	
	B. Organizational Charts for CCS, CHDP, and HCPCFC	
	C. CCS Staffing Standards Profile	
	D. Incumbent Lists for CCS, CHDP, and HCPCFC	
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	
	F. Duty Statements – Include if newly established, proposed, or revised	
5.	**Implementation of Performance Measures** – Performance Measures for prior fiscal year due annually by November 30.	**N/A**
6.	**Data Forms**	
	A. CCS Examples of Children Helped	
	B. CHDP Examples of Children Helped	
	C. HCPCFC Examples of Children Helped	
	D. CCS Caseload Summary	
	E. CHDP Case Management Data	
7.	**Memoranda of Understanding and Interagency Agreements List**	
	A. MOU/IAA List	
	B. New, Renewed, or Revised MOUs or IAAs	
	C. CHDP IAA with DSS biennially	
	D. Interdepartmental MOU for HCPCFC biennially	
8.	**Budgets**	
	A. CCS Administrative Budget	
	1. Budget Summary	

County/City: _____ **Fiscal Year:** 2004-05

Document	Page Number
2. Budget Worksheet	_____
3. Budget Justification Narrative	_____
B. CCS Medical Therapy Program Claims Preparation Budget – (Optional)	_____
1. Budget Worksheet	_____
2. Budget Justification Narrative	_____
C. CHDP Administrative Budget (No County/City Match)	_____
1. Budget Summary	_____
2. Budget Worksheet	_____
3. Budget Justification Narrative	_____
D. CHDP Administrative Budget (County/City Match) – Optional	
1. Budget Summary	_____
2. Budget Worksheet	_____
3. Budget Justification Narrative	_____
E. HCPCFC Administrative Budget	
1. Budget Summary	_____
2. Budget Worksheet	_____
3. Budget Justification Narrative	_____
F. Foster Care Administrative Budget (County/City Match) – Optional	
1. Budget Summary	_____
2. Budget Worksheet	_____
3. Budget Justification Narrative	_____

Agency Information Sheet

County/City: **Fiscal Year:** 2004-05

Official Agency

Name: _____ Address: _____

CMS Director (if applicable)

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

CCS Administrator

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

CHDP Director

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

CHDP Deputy Director

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

Clerk of the County Board of Supervisors or City Council

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

Director of Social Services Agency

Name: _____ Address:
Phone: _____ _____
Fax: E-Mail:

Chief Probation Officer

Name: _____ Address:
Phone: _____ _____
Fax: _____ E-Mail: _____

Certification Statement

County/City: _____ Fiscal Year: 2004-05

The undersigned certify that (1) the statements herein are true and complete to the best of their knowledge; (2) this community's Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) programs will comply with all State and federal policies and legal requirements pertaining to the CHDP and CCS programs; (3) the undersigned agree to provide the California Department of Health Services the required program reports, reports of budgets, program and personnel changes, and access to all fiscal and program records for purposes of audit and review by State and federal staff, and (4) this plan and justification is a public document as prescribed by the California Public Records Act of 1968.

Signature of CCS Administrator	Date Signed
Signature of CHDP Director	Date Signed
Signature of Director or Health Officer	Date Signed
Signature and Title of Other – Optional	Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson	Date

State of California - Health and Human Services Agency Department of Health Services - Children's Medical Services Branch

California Children's Services Incumbent List

For FY 2004-05, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. This includes (1) changes in job duties or activities or (2) changes in percentage of time spent for each activity. Only submit job duty statements and civil service classification statements that are new or have been revised. Do **not** resubmit job duty statements for (1) changes in the incumbent names or (2) changes in percentage of enhanced/nonenhanced time.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **HF** for Healthy Families; **IHO** for In-Home Operations, and; **RC** for Regional Center.

County/City: _____ **Fiscal Year: 2003-04**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % on CCS MTP Claims Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)

State of California - Health and Human Services Agency Department of Health Services - Children's Medical Services Branch

Child Health and Disability Prevention Program Incumbent List

For FY 2004-05, complete the table below for all personnel listed in the CHDP budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. This includes (1) changes in job duties or activities or (2) changes in percentage of time spent for each activity. Only submit job duty statements and civil service classification statements that are new or have been revised. Do **not** resubmit job duty statements for (1) changes in the incumbent names or (2) changes in percentage of enhanced/nonenhanced time.

County/City: _____ **Fiscal Year: 2003-04**

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)

State of California - Health and Human Services Agency Department of Health Services - Children's Medical Services Branch

Health Care Program for Children in Foster Care Incumbent List

For FY 2004-05, complete the table below for all personnel listed in the HCPCFC and Foster Care Administrative (County/City) budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. This includes (1) changes in job duties or activities or (2) changes in percentage of time spent for each activity. Only submit job duty statements and civil service classification statements that are new or have been revised. Do **not** resubmit job duty statements for (1) changes in the incumbent names or (2) changes in percentage of enhanced/nonenhanced time.

County/City: _____ **Fiscal Year: 2003-04**

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services Branch

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOUs) or Interagency Agreements (IAAs) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOUs and IAAs that are new, have been renewed, or have been revised. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

County/City: _____

Fiscal Year: 2003-04

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)

State of California - Health and Human Services Agency Department of Health Services - Children's Medical Services Branch

Health Care Program for Children in Foster Care Incumbent List

For FY 2004-05, complete the table below for all personnel listed in the HCPCFC and Foster Care Administrative (County/City) budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. This includes (1) changes in job duties or activities or (2) changes in percentage of time spent for each activity. Only submit job duty statements and civil service classification statements that are new or have been revised. Do **not** resubmit job duty statements for (1) changes in the incumbent names or (2) changes in percentage of enhanced/nonenhanced time.

County/City: _____ **Fiscal Year: 2003-04**

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)

State of California - Health and Human Services Agency Department of Health Services - Children's Medical Services Branch

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOUs) or Interagency Agreements (IAAs) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOUs and IAAs that are new, have been renewed, or have been revised. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

County/City: _____ **Fiscal Year: 2003-04**

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)

SECTION 3 – SCOPE OF WORK AND PERFORMANCE MEASURES

Children's Medical Services (CMS) Branch used Fiscal Year 2002-03 to transition from an annual individualized reporting format to a continuous quality improvement format to evaluate and improve the performance of both local CMS programs and the CMS Branch. The guiding principles used to complete this transition were the CMS Branch Mission and Vision Statements.

Mission: Assuring the health of California's children.

Vision Statement: Children's Medical Services is the leader in assuring the health of California's children through access to services for all children, in an environment committed to excellence, in partnership with families and communities, as supported by information and communication.

During Fiscal Year 2002-03, a statewide workgroup assembled to review and revise the CMS Scope of Work and to incorporate performance measures in the context of our mission and vision statement. The five CMS Broad goals, used over the past several years as a way of providing focus for local programs, were condensed into four. The workgroup considered the former CMS goal 1 "Children will receive quality medical, dental, and support services across all provider settings" duplicated concepts in the other goal statements. Four goal statements continue to provide the foundation for program components and activities that move local California Children's Services (CCS), Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC) programs toward meeting the CMS Mission and Vision Statement.

CMS Goals

Goal 1: Families, children, and providers will be assisted in how to use new and ongoing CMS program services, and access and navigate changing health care systems to assure effective, continuous care delivery.

Goal 2: Health and support services for children with special physical, emotional and social health needs will be addressed efficiently and effectively by qualified CMS providers, private and public offices and clinics, special care centers, regional centers, medical therapy programs and through home health agencies.

Goal 3: Clinical preventive services will be provided to children eligible for CMS programs.

Goal 4: CMS outreach activities will be conducted to assure that all eligible children and their families are informed of program services in a manner that is culturally and linguistically competent.

CMS Program Components – Scope of Work

The day-to-day operations of the CCS, CHDP, and HCPCFC programs have been outlined in Program Components with associated activities. These Program Components are the basic required activities that must be performed to meet federal and state requirements. The Program Components and activities are the CMS Branch Scope of Work.

I. Program Planning and Administration

A. Develop CMS plans and updates reflective of CCS, CHDP, and HCPCFC programs according to guidelines distributed by the CMS Branch. Submit these plans according to the date specified in the Plan Guidelines. Review and update quarterly for their application locally.

1. CCS, CHDP, and HCPCFC staff meet a minimum of two times a year to develop a CMS plan, identify priorities, and evaluate resources for a multi-year scope of work.

   a. Identify and prioritize health department and community programs with whom CMS staff will meet, e.g., Tuberculosis, Immunizations, WIC, Dental, Maternal and Child Health, Public Health Nursing, Lead, Injury Prevention, HIV Program, Perinatal Services Program, Family Planning, Rural Health, Migrant and Indian Health, Mental Health, Head Start, Child Care Facilities, Regional Centers, Special Care Centers, Paneled Hospitals, and Providers.

   b. Identify and evaluate mutual activities and areas of implementation. Participate as CMS Administrators in arranging for the development of special services as necessary, e.g., orthodontic screening, Medical Therapy Conferences at the MTU, primary care, foster care resources, dental care.

   c. Identify and implement program activities to maintain services as necessary.

2. Meet at least once each year with the staff of other health department and community programs working on behalf of children to discuss goals and activities for/with these populations.

3. Collaborate with the CMS Branch on standards, guidelines, and policies through participation in statewide and regional meetings. Include reporting mechanism to local program so that State information flows back to the local level.

4. Evaluate program outcome data to plan more effective use of program resources.

B. Develop and monitor the CCS, CHDP, and HCPCFC yearly budgets and invoices according to the format and time frames established by the CMS Branch.

1. Expend funds according to approved budgets.

2. Develop budget revisions as necessary.

3. Prepare and submit quarterly invoices to the State no later than 60 days after the end of each quarter. Track timeliness of, and invoiced payments for CCS services.

4. Prepare and submit expenditure reports reallocating or requesting additional funds as appropriate and as requested by the CMS Branch.

5. Use all equipment purchased with designated State program funds for the specified program purposes only.

6. Complete and retain daily time studies a minimum of one month each quarter according to State provided guidelines.

7. Maintain an audit trail for all expenditures for three years after the current fiscal year unless an audit has been announced or is in process.

C. Assure a competent public health workforce for CMS (CCS, CHDP, and HCPCFC programs).

1. Recruit, orient, supervise, provide ongoing training, and evaluate personnel responsible for implementing the Plan/Program.

2. Assure sufficient adequately trained staff for performing the required activities in accordance with CMS standards.

3. Develop and review with personnel their duty statements and their performance of allowable enhanced/nonenhanced functions pertinent to their classification.

4. Provide comprehensive orientation and updates that should include information on all three programs.

5. Provide **annual** update to **all local CMS staff** on the Plan (i.e., the budget, scope of work, performance measures) and its progress.

D. Develop and obtain signed Intra/Interagency Agreements (IAA) and Memoranda of Understanding (MOU) with agencies/organizations serving California's children.

E. Develop, implement, and monitor working relationships with Medi-Cal Managed Care Plans and between Health Families and the CCS program. Reflect these working relationships in an MOU between local CHDP and CCS programs and Managed Care Plan(s). Reflect the scope and responsibilities of both parties in the MOU, including but not limited to outreach, provider training, referral tracking and follow-up, health education, data management, and quality assurance and problem resolution.

F. Develop an IAA between the Department of Social Services (DSS), including the Juvenile Probation Department, according to the model IAA provided by the CMS Branch.

G. Develop an MOU, for implementing responsibilities in the HCPCFC program, among the local CHDP program, local Child Welfare Agency of the County Department of Social Services, and the Juvenile Probation Department according to the outline provided by the CMS Branch.

H. Develop and maintain an IAA between:

1. CMS and the local Head Start program,

2. The MTP and the Local Educational Agency (LEA), and

3. CMS and the Early Start program.

I. Discuss with other departments, agencies, and organizations ways and means to inform and empower families about obtaining and utilizing quality health care services.

1. Make available current, comprehensive listings and resources of agencies and organizations providing services to children related to CHDP and Prevention Services, Foster Care, and/or CCS. Listing would include official and voluntary agencies, serving health, social, and related issues to assist families in understanding services available and how to obtain them.

2. Develop and maintain a collaborative working relationship among health department programs serving children, e.g., Lead; Maternal and Child Health; Black Infant Health; Public Health Nursing; Comprehensive Perinatal Services; Immunizations; Women, Infants, Children (WIC), Children and Families Commission. Prepare a written agreement with WIC and other programs, as needed.

3. Maintain a liaison with public and private schools and Head Start/State Preschools to ensure:

a. Dissemination of CMS information.

b. Participation in CMS services among eligible children.

c. Coordination of applicable health care and related services to support school readiness.

d. Provision of in-services for school personnel on CHDP standards and services according to the provisions in the California Health and Safety Code, 124025-124110 and the applicable sections in the California Code of Regulations, Title 17.

e. Implementation of School Reporting requirements.

1. Review the local school compliance statistics. Develop specific activities to increase the compliance rate of any school falling below the statewide average.

2. Analyze the proportion of waivers and certificates for complete health examinations. Identify causative factors for the schools with a high incidence of waivers and develop strategies to increase the number of complete health examinations among school entrants when the factors are not based on personal/religious beliefs.

f. Provision of lists of CHDP providers biannually to Head Start/State Preschool programs.

g. School personnel have information about the CCS program. Provide an overview of eligibility requirements.

J. Develop and maintain a collaborative relationship with the Medi-Cal Program: Field Offices, In-Home Operations, and Medi-Cal Managed Care Plans.

K. Develop and maintain collaborative relationships with the regional Hearing Coordination Center to facilitate the process of newborn referral and testing for hearing loss; and the diagnostic testing and follow-up care for infants identified with suspected hearing loss through the Newborn Hearing Screening Program (NHSP).

L. Establish a process in counties/cities for CMS programs to participate in the MCH Title V planning process.

II. Resource Development - Provider Relations, Recruitment, Maintenance, and Quality Assurance

A. Recruit, orient, and maintain a collaborative relationship with CMS providers serving all eligible children.

1. Facilitate CMS provider application process.

2. Train/orient all CMS providers to program responsibilities.

3. Provide on-going information, assistance, resources, and support necessary to ensure quality program implementation including, but not limited, to Provider Notices sent by CMS Branch and returning Reports of Distribution (DHS 4504) to the CMS Branch.

B. Develop and implement a quality assurance plan to ensure CMS children receive quality care.

1. Conduct periodic formal and informal review of CMS providers' compliance with program standards.

2. Support providers in development and implementation of corrective action plans when indicated.

III. Case Coordination/Case Management, Tracking, and Quality Improvement in Personal Public Health Services

A. Implement care coordination/case management to assure children known to CMS programs use available services.

1. Receive or initiate referrals among:

   a. CCS

   b. CHDP

   c. HCPCFC/Child Welfare Services (CWS)

   d. Outside agencies/individuals

   e. Managed care plans

   f. Health care providers

2. Inform the family about health care/services in their community and how to access these services.

3. Determine eligibility and link all eligible members of a household to services by inquiring of each child's health status, health care coverage, and need for health care services.

4. Facilitate all necessary services within program standards and guidelines.

5. Document and report the results of care coordination/case management in accordance with program standards and guidelines.

B. Implement and maintain a data/file tracking system(s) to assure data retrieval and recovery in accordance with program standards and guidelines including but not limited to:

1. Referrals

2. Health status

3. Care coordination/case management activities

4. Services utilization

5. Informing activities

6. Documentation

7. Reports

C. Design, develop, implement, and maintain a quality improvement system to assure CMS programs assist children receive quality medical, dental, and support services across all provider settings.

1. Develop measures to gauge quality of care coordination/case management including:

a. Timely services delivery

b. Completeness and accuracy of documentation

c. Effective interdisciplinary/interagency collaboration

d. Culturally and linguistically competent care

e. Family centered care

f. Service delivery outcomes

g. Access to a medical home

IV. Outreach and Education

A. Employ a multifaceted approach working with community agencies; informal networks; residents; health, education, human service, and legal systems; providers; and policy makers to increase value and understanding of, access to, and participation in, primary and specialty health services in accordance with CMS standards, for all children, including children with special health care needs (CSHCN), across the continuum of care.

1. Address those population groups known to have low utilization or high incidence patterns of conditions that are of local concern.

2. Determine ways and means to inform and encourage families about obtaining health care coverage and utilizing quality health care services.

3. Establish contacts and inform the community where CMS services are not known, understood, and/or not utilized.

4. Review, coordinate distribution, and promote the utilization of health education and CMS program materials.

5. Design, arrange, and/or conduct educational programs regarding health care needs of children.

Using and Reporting Performance Measures in CMS Programs

The use of performance measures to evaluate the effectiveness and success of public health program interventions and activities is part of public health practice. With time, effective program activities enable the attainment of CMS goals and outcomes.

Reporting on the CMS performance measures is a Scope of Work requirement. Starting in Fiscal Year (FY) 2002-03, CMS local programs have been using tracking systems and other data collection methods to measure their work with communities, provider networks, and target populations.

Accountability is determined in three ways:

1. by having budget and expenditure figures;

2. by measuring the progress towards successful implementation and achievement of individual performance measures; and ultimately,

3. by having a positive impact on the desired outcomes of the program. These outcome measures are the CMS goals. If program activities are effective and successful, the CMS goals/outcomes will be accomplished.

While improvement in outcome measures is the long-term aim, more immediate success may be demonstrated through performance measures that are shorter term, incremental, intermediate, and/or precursors for the outcome measures. To that end, in Fiscal Year (FY) 2002-03 the CMS Branch introduced the use of performance measures to track the success of the programs over time.

The following performance measures were selected by a statewide workgroup of state and local program staff to represent the focus of CMS programs. Data are to be reported annually for each performance measure through FY 2006-07.

Performance Measure 1

The degree to which local CCS, CHDP, and HCPCFC programs maintain collaborative relationships internally and externally.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics of a collaborative relationship. Please indicate the score based on the level of implementation.

Numerator: The total score of the six characteristics.

Denominator: 18

Data Source/Issue: County programs.

Reporting Form: See page 3-10.

Reporting Form for Performance Measure 1

Six characteristics documenting Collaborative Relationships with other departments, agencies and organizations.

0 ☐	1 ☐	2 ☐	3 ☐	1. Memoranda of Understanding are signed between the local CMS programs and the Department of Social Services, Probation Office, WIC program, Medi-Cal managed care plans and Healthy Families health plans.
0 ☐	1 ☐	2 ☐	3 ☐	2. Local programs meet at least quarterly with Medi-Cal managed care plans, Healthy Families health plans and other agencies and/or departments.
0 ☐	1 ☐	2 ☐	3 ☐	3. A problem resolution process is documented and implemented.
0 ☐	1 ☐	2 ☐	3 ☐	4. A liaison has been designated to be the point of contact for health plans, agencies and other departments.
0 ☐	1 ☐	2 ☐	3 ☐	5. Management level staff meets at least annually to identify policy issues and discuss overall program satisfaction.
0 ☐	1 ☐	2 ☐	3 ☐	6. Collaborative activities have resulted in positive outcomes.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-18) and enter the number as a total score for this performance measure.

Performance Measure 2

The percent of children entering first grade in public and private school by school district reporting a "Report of Health Examination for School Entry" (PM 171 A) or "Waiver of Health Examination for School Entry" (PM 171 B).

Definition: The percent of children entering first grade with a health exam certificate or waiver.

Numerator: The total number of children entering first grade with a:

a. Certificate and

b. Waiver.

Denominator: The total number of children enrolled in first grade in public and private school.

Data Source/Issue: Public school districts and private schools serving first grade students.

Reporting Form: CHDP Annual School Report (PM 272) (see page 11-11).

Performance Measure 3

The percentage of CHDP providers with evidence of quality improvement monitoring by the local CHDP program through:

I. an orientation and/or training

II. an office visit which includes a chart review and a facility review

III. a desktop review (defined by selected review of PM 160s by provider and/or other quality improvement documentation e.g. consumer complaints, parent satisfaction surveys, managed care plan reports).

Definition: The percentage of CHDP providers for whom local program staff has done:

a. an orientation and/or training or

b. site visit or

c. a desktop review.

Numerator: The number of provider sites for whom:

a. orientations and/or training's done or

b. site and/or office visits done or

c. desktop reviews done.

Denominator: The number of active provider sites in the county or city.

Data Source/Issue: Will require a local program tracking system.

Reporting Form: Will require the local program to develop a tracking system.

Performance Measure 4

The degree to which the CMS program demonstrates family participation.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics that document family participation in the CCS program. Please indicate the score based on the level of implementation.

Numerator: Total score of six characteristics.

Denominator: 18

Data Source/Issue: Local CCS program.

Reporting Form: See page 3-14.

Reporting Form for Performance Measure 4

Six characteristics documenting Family Participation in the CCS program.

0 ☐	1 ☐	2 ☐	3 ☐	1. Family members participate on advisory committees or task forces and are offered training, mentoring, and reimbursement, when appropriate.
0 ☐	1 ☐	2 ☐	3 ☐	2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
0 ☐	1 ☐	2 ☐	3 ☐	3. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participating in such things as surveys, group discussions, or individual consultation.
0 ☐	1 ☐	2 ☐	3 ☐	4. Family members are involved in in-service training of CCS staff training of CCS staff and providers.
0 ☐	1 ☐	2 ☐	3 ☐	5. Family advocates, either as private individuals or as part of an agency advocating family centered care, who have experience with children with special health care needs, are hired or contracted as paid staff or consultants to the CCS program for their expertise.
0 ☐	1 ☐	2 ☐	3 ☐	6. Family members of diverse cultures are involved in all of the above activities.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-18) and enter the number as a total score for this performance measure.

Performance Measure 5

The degree to which local CCS, CHDP, and HCPCFC programs provide effective case management to eligible children.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics that demonstrate effective case management in CMS programs. Please indicate the score based on the level of implementation.

Numerator: Total score of seven characteristics.

Denominator: 21

Data Source/Issue: Will require local tracking mechanisms for each characteristic.

Reporting Form: See page 3-16.

Reporting Form for Performance Measure 5

Characteristics that demonstrate that the CCS, CHDP, and HCPCFC programs provide effective case management to eligible children.

0 ☐	1 ☐	2 ☐	3 ☐	1. Children enrolled in CCS have documented medical homes/primary care providers.
0 ☐	1 ☐	2 ☐	3 ☐	2. Children in out-of-home placement have documented primary care provider.
0 ☐	1 ☐	2 ☐	3 ☐	3. Children in out-of-home placement supervised by Child Welfare Services or Probation Department have a preventive health and dental exam within the past year documented in the Health and Education Passports.
0 ☐	1 ☐	2 ☐	3 ☐	4. Children referred to CCS have their program eligibility determined within the prescribed guidelines per the CCS Administrative Procedures Manual published in July 2001.
0 ☐	1 ☐	2 ☐	3 ☐	5. Children enrolled in CCS whose conditions require CCS Special Care Center services are seen at least annually at appropriate Special Care Centers.
0 ☐	1 ☐	2 ☐	3 ☐	6. Fee-for-Service Medi-Cal eligible children whose CHDP screening exams reveal a condition requiring follow-up care (coded 4 or 5 on the PM 160) receive follow up care.
0 ☐	1 ☐	2 ☐	3 ☐	7. Non-Medi-Cal eligible children whose CHDP screening exams reveal a condition requiring follow up care (coded 4 or 5 on the PM 160) receive follow up care.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-21) and enter the number as a total score for this performance measure.

Optional Performance Measure

Clinical preventive services for CHDP eligible children and youth are expected in accordance with the CMS/CHDP Health Assessment Guidelines. The delivery of those services is documented on the Confidential Screening/Billing Report (PM 160). Examples of evidence-based performance of these services includes:

- Number and percent of children 2-years old fully immunized
- Number and percent of children 1 to 2 years old given a blood lead test referral
- Number and percent of children 1 to 2 years old receiving a blood lead test
- Number and percent of age appropriate children given a WIC referral
- Number and percent of age appropriate children screened for asthma
- Number and percent of age appropriate children given a dental referral

Examples of other optional performance measures:

- Number and percent of obese children
- Number and percent of children in out-of-home placement receiving a physical or dental exam within 30 days of placement
- Number and percent of children in out-of-home placement receiving annual medical and dental exams

This performance measure allows county programs to identify and track services that are focused on areas that are of particular concern to them.

Performance Measure 6 – Optional

The degree to which the health needs of children and youth are being detected and addressed through clinical preventive services in the CHDP program.

Definition: To be defined by the local program based on their needs and priorities.

Numerator: To be determined.

Denominator: To be determined.

Data Source/Issue: County tracking system.

Directions for Completing the Report of Performance Measures

Reporting on the CMS performance measures is a Scope of Work requirement. Starting in FY 2002-03, local CMS programs have been using tracking systems and other data collection methods to measure their work with communities, provider networks, and target populations.

The following outlines the requirements for reporting annually by November 30. One original and three copies of the CMS Report of Performance Measures are to be sent to the local program's CMS Regional Administrative Consultant.

I. CCS, CHDP, and HCPCFC programs under joint administrations are to submit a joint performance report when submitting to the CMS Branch.

II. CCS, CHDP, and HCPCFC programs under separate administrations are to collaborate to ensure coordination of services and resources and cooperatively submit one report when reporting performance measure progress to the CMS Branch.

III. Performance measures should be reported in the appropriate format identified for each Performance Measure.

IV. Performance and monitoring of the Performance Measures that began with the baseline data collection in FY 2002-03 are to be continued through FY 2006-07.

V. The annual Report of the Performance Measures is to be comprised of two elements.

A. The first element is the result of the activities related to the performance measure as indicated by the definition and the report form for each Performance Measure.

B. The second element for the Report of Performance Measures is a brief narrative **not to exceed three pages**. The narrative should outline the ways that each program or joint administration approached the task of collecting information and data and the selected time period for the measurement that best addressed local practices.

a. Include any steps taken to validate the data to ensure the initial elements were being tracked correctly.

b. Describe decisions made regarding any changes in monitoring activities reported in the baseline for FY 2002-03.

c. Describe plans for ongoing monitoring to report Performance Measures each Fiscal Year.

d. Describe any significant changes in activities that have resulted from performance measures.

Performance Measure Profile

Performance Measure Number	Fiscal Year 2002-03	2003-04	2004-05	2005-06	2006-07
1					
2					
3					
4					
5					
6 (Optional)					

SECTION 4 – DATA FORMS

General Overview

The purpose of the Data Forms is to assist each local program evaluating their program needs, performance, and trends.

I. Examples of Children Helped Through CMS

A minimum of five examples of children helped through each of the CCS, CHDP, and HCPCFC programs should be gathered **over the course of the fiscal year**. The examples of children helped should represent a diversity of age, gender, ethnicity, risk factors, disease entity, interventions, and treatments. For children helped through the CCS program, the care coordination activities should reflect those carried out **during the previous fiscal year**.

The actual outcomes of intervention with the child/family assist in showing how the CMS programs serve and benefit the lives of families and children in the community. Elements of a good example of children helped through CMS program reflect claimable administrative case management or care coordination activities. Elements of a good example as applicable by programs, such as:

- Promotion of preventive health services
- Coordination among agencies and avoidance of duplication
- Coordination with clinical/community resources
- Provision of guidance to the family, caregiver, caseworker, health care provider that promotes continuity of care
- Description of outcomes resulting from interventions
- Demonstration of use of the Health and Education Passport
- Demonstration of follow through with the family, caregiver, caseworker, health care provider until resolution
- Reflection of the time needed for problem resolution

II. CCS Caseload Summary

The data collected on this form are used to report the actual CCS caseload and demonstrate trends in the caseload over time.

III. CHDP Program Case Management Data

The data collected can be used as a work load indicator, to enhance collaboration with the Department of Social Services eligibility workers, to provide feedback to Managed Care Plan Liaisons, and to measure the percent of children getting follow-up care.

IV. Quarterly Report of Medi-Cal Recipients Requesting CHDP Services (See page 10-103 for form)

During the Fiscal Year, a quarterly report will be submitted by the 15th day following the end of each quarter to the CMS Branch showing the number of CalWORKS and Medi-Cal Only persons requesting CHDP services. This assists the CMS Branch in meeting the California's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) federal requirement.

V. CHDP First Grade Health Exams by School Year (See page 11-13)

As reported to the state on CHDP Annual School Report (PM 272) (see page 11-11), the Reports of Health Examinations for School Entry (PM 171 A) data demonstrate trends over time, and, with the specific district forms, can be used to identify areas where increased program emphases are needed to improve health assessment services for children entering school.

VI. Additional Data

Additional data are used to evaluate the staffing requirements for the CHDP and HCPCFC programs.

- From the CHDP Reports available online through the **Business Objects Reporting System** (http://dhsreports.dhs.ca.gov/). For information on accessing the system refer to CHDP Program Letter No. 03-08.
  - *CHDP Annual Summary of Screens by Funding Source For Fiscal Year*
  - *CHDP Monthly Summary of Screens by Funding Source For Month o XX-200Xf*
  - *CHDP Provider Claims and Amounts Paid by County and Funding Source*
  - *Active CHDP Providers by County and Provider Name*
- From the CMS Branch **Data Analysis, Research, and Evaluation (DARE) Unit***:*
  - *CHDP Target Population Estimate for Fiscal Year 2003-04 (see page 4-8) and 2004-05 (see page 4-10)*
- From the **California Department of Social Services, Research and Development Division**:
  - Monthly reports available online at http://www.dss.cahwnet.gov/research/children's 405.htm

    CWS/CMS1 – Child Welfare Services/Case Management System-Foster Care Children by Placement

    This report includes information by placement in-county, out-of-county, and out-of-state.

CWS/CMS2 – Child Welfare Services/Case Management System – Characteristics of Children in Out-of-Home Care

This report provides information on the characteristics of the children in out-of-home placement, including age, gender, ethnicity, type of placement home, funding source, agency responsible, number of cases that were terminated and reason for termination.

- Annual Average Out-of-Home Placement Caseload Data (see page 4-14)

Examples of Children Helped Through CMS

Using the general instructions and elements of a good example on page 4-1, submit a minimum of five examples for each applicable program: CCS, CHDP, or HCPCFC. Please specify the county/city, program name, and fiscal year.

County/City: _____

Program: ☐CCS ☐CHDP ☐HCPCFC **Fiscal Year:** _____

Child (Initials, Age, Ethnicity, Type of Placement) and Health Services Needed:

_____

_____

_____

_____

_____

Intervention and Coordination of Care:

_____

_____

_____

_____

_____

Results that Demonstrate the Outcome or Effect for the Child and Family:

_____

_____

_____

_____

_____

California Children's Services Caseload Summary Instructions

County: _____ **Fiscal Year:** _____

The purpose of submission of the CCS Caseload Summary is to demonstrate the caseload count changes in the county CCS program during the three previous fiscal years. The CCS Caseload Summary demonstrates CCS county workload activity on all cases, whether determined CCS eligible or not. The CCS Caseload Summary shows program participation (Medi-Cal and Non Medi-Cal; Non Medi-Cal caseload includes Healthy Families and all other CCS cases) and is defined as the number of all open (active) CCS cases plus the number of potential CCS cases.

Beginning FY 2003-04, the CCS Caseload format (see page 4-7) adds Healthy Families cases along with Medi-Cal and Non Medi-Cal CCS to appropriately reflect program participation in the caseload. To assist counties in determining caseload using this format, the rows on the CCS Caseload Summary have been labeled using numbers 1 to 11, and the columns have been labeled using letters A to B.

To complete this report, caseload data are collected from the CCS Quarterly Administrative Invoices for each fiscal year to be reported. The four quarters of the fiscal year are totaled and divided by four to gain the yearly average CCS Caseload.

Caseload Determination (for each fiscal year requested)

1. Add the average open (active) caseload number for all quarterly invoices from the previous fiscal year and divide by four.

2. Determine the number of potential cases by:

    a. An actual count of potential cases assigned a temporary number if the county CCS program is using CMS Net, or

    b. An actual count of potential cases if the county CCS program has a method for assigning a temporary number when the county is not on CMS Net, or

    c. An estimate of potential cases may be used based on the county's experience.

3. Medi-Cal

    Add the average total open (average) caseload (row 1, column A) to the potential cases (row 2, column A) to get the Total Medi-Cal caseload (row 3, column A).

4. Non Medi-Cal

    a. Add the average total open (active) caseload (row 4, column A) to the potential cases (row 5, column A) to get the Total Healthy Families caseload (row 6, column A). **NOTE:** Healthy Families data may not be available for some counties for one or more of the requested fiscal years, in which case use zeros.

b. Add the average total open (active) caseload (row 7, column A) to the potential cases (row 8, column A) to get the Total Straight CCS (row 9, column A).

c. Add Total Healthy Families (row 6, column A) to the Straight CCS caseload (row 9, column A) to get the Total Non Medi-Cal caseload (row 10, column A).

5. Grand Total

Add Total Medi-Cal (row 3, column A), to Total Non Medi-Cal (row 10, column A), and place the result in row 11, column A.

6. Determine the total Medi-Cal and Non Medi-Cal percentage split:

a. Medi-Cal: Divide row 3, column A, by the Grand Total in row 11, column A. The resulting percentage is placed in row 3, column B.

b. Non Medi-Cal: Divide row 10, column A by the Grand Total in row 11, column A. The resulting percentage is placed in row 10, column B.

c. Add the percentages in row 3, column B added to row 10, column B and place the result in row 11, column B (will equal 100 percent).

California Children's Services Caseload Summary Form

County: _____ **Fiscal Year:** _____

	CCS Caseload 0 to 21 Years	A 00-01 Actual Caseload	B % of Grand Total	01-02 Actual Caseload	% of Grand Total	02-03 Actual Caseload	% of Grand Total
	MEDI-CAL						
1	Average of Total Open (Active) Medi-Cal Children						
2	Potential Case Medi-Cal						
3	TOTAL MEDI-CAL (Row 1 + Row 2)						
	NON MEDI-CAL						
	Healthy Families						
4	Average of Total Open (Active) Healthy Families						
5	Potential Cases Healthy Families						
6	Total Healthy Families (Row 4 + Row 5)						
	Straight CCS						
7	Average of Total Open (Active) Straight CCS Children						
8	Potential Cases Straight CCS Children						
9	Total Straight CCS (Row 7 + Row 8)						
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)						
	GRAND TOTAL						
11	(Row 3 + Row 10)						

CHDP Program Case Management Data

Complete the form using all data currently available. Where data are not available, please attach explanation. If your program collects any other data regarding the numbers and types of contacts made or attempted or other measures of your workload and related outcome data, please feel free to attach this information in whatever format you currently collect it.

County/City:	**FY 00-01**		**FY 01-02**		**FY 02-03**	
A. Total number of CalWORKS/Medi-Cal cases informed and determined eligible by Department of Social Services (Data Source: Department of Social Services).						
B. Total number of cases and recipients in "A" requesting CHDP services. This number should match the annual summary of the Report of Medi-Cal Recipients Requesting CHDP Services and "C" (Data Source: PM 357 or State-approved equivalent form).	Cases	Recipients	Cases	Recipients	Cases	Recipients
1. Number of CalWORKS cases/recipients						
2. Number of Foster Care cases/recipients						
3. Number of Medi-Cal only case/recipients						
C. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following (Data Source: PM 357 or State-approved equivalent form):						
1. Medical and/or dental services						
2. Medical and/or dental services with scheduling and/or transportation						
3. Information only (optional)						
D. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter. A successful contact is defined as a response that is received "face-to-face, ear-to-ear, or pen-to-pen" from the recipient.						
E. 1. Total number of persons actually provided scheduling and/or transportation assistance by program staff.						
2. Total number of persons in "E1" who actually received medical and/or dental services.						
F. 1. Total number of CHDP health assessments (PM 160)* indicating a need for further diagnosis and treatment (Codes 4 or 5 entered on the PM 160). *This excludes Medi-Cal Managed Care Information Only PM 160s.	Medi-Cal	Non-MC	Medi-Cal	Non-MC	Medi-Cal	Non-MC
2. Total number of children in "F1" where the follow-up appointments were kept.						

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2003-2004 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
ALAMEDA	81,713	62.7%	48,656	37.3%	130,369
ALPINE	126	73.6%	45	26.4%	171
AMADOR	1,343	55.9%	1,057	44.1%	2,400
BUTTE	21,285	65.4%	11,264	34.6%	32,549
CALAVERAS	2,449	57.2%	1,829	42.8%	4,278
COLUSA	2,205	53.3%	1,933	46.7%	4,138
CONTRA COSTA	44,103	65.1%	23,593	34.9%	67,696
DEL NORTE	3,446	64.5%	1,895	35.5%	5,341
EL DORADO	5,810	47.5%	6,433	52.5%	12,243
FRESNO	135,442	68.9%	61,130	31.1%	196,572
GLENN	3,037	55.6%	2,425	44.4%	5,462
HUMBOLDT	11,160	62.6%	6,654	37.4%	17,814
IMPERIAL	20,534	57.5%	15,183	42.5%	35,717
INYO	1,228	57.2%	919	42.8%	2,147
KERN	89,115	64.6%	48,818	35.4%	137,933
KINGS	14,746	57.6%	10,852	42.4%	25,598
LAKE	6,201	65.2%	3,310	34.8%	9,511
LASSEN	2,327	59.5%	1,581	40.5%	3,908
LOS ANGELES	1,115,227	68.8%	505,446	31.2%	1,620,673
MADERA	16,458	64.4%	9,080	35.6%	25,538
MARIN	4,762	51.7%	4,444	48.3%	9,206
MARIPOSA	1,066	57.0%	804	43.0%	1,870
MENDOCINO	8,418	63.1%	4,918	36.9%	13,336
MERCED	35,276	64.9%	19,046	35.1%	54,322
MODOC	928	60.7%	600	39.3%	1,528
MONO	506	52.3%	461	47.7%	967
MONTEREY	33,403	56.9%	25,327	43.1%	58,730
NAPA	4,898	54.3%	4,129	45.7%	9,027
NEVADA	3,092	48.9%	3,230	51.1%	6,322
ORANGE	156,313	61.9%	96,118	38.1%	252,431
PLACER	7,359	46.4%	8,485	53.6%	15,844
PLUMAS	1,180	55.3%	953	44.7%	2,133
RIVERSIDE	128,782	59.7%	86,828	40.3%	215,610
SACRAMENTO	134,228	70.5%	56,233	29.5%	190,461
SAN BENITO	3,000	51.7%	2,800	48.3%	5,800
SAN BERNARDINO	180,519	64.0%	101,642	36.0%	282,161
SAN DIEGO	167,508	54.2%	141,345	45.8%	308,853
SAN FRANCISCO	36,558	58.1%	26,409	41.9%	62,967
SAN JOAQUIN	63,629	63.9%	35,885	36.1%	99,514
SAN LUIS OBISPO	12,032	55.1%	9,808	44.9%	21,840
SAN MATEO	20,280	53.8%	17,443	46.2%	37,723
SANTA BARBARA	29,148	62.9%	17,210	37.1%	46,358
SANTA CLARA	70,391	59.1%	48,811	40.9%	119,202
SANTA CRUZ	13,333	57.0%	10,062	43.0%	23,395
SHASTA	16,173	61.4%	10,154	38.6%	26,327
SIERRA	176	55.9%	139	44.1%	315
SISKIYOU	4,274	61.1%	2,724	38.9%	6,998
SOLANO	22,898	59.9%	15,357	40.1%	38,255
SONOMA	17,465	53.0%	15,458	47.0%	32,923
STANISLAUS	50,591	62.5%	30,369	37.5%	80,960
SUTTER	7,895	61.0%	5,040	39.0%	12,935

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2003-2004 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
TEHAMA	6,090	61.8%	3,761	38.2%	9,851
TRINITY	1,032	57.0%	780	43.0%	1,812
TULARE	64,706	66.8%	32,171	33.2%	96,877
TUOLUMNE	3,027	57.0%	2,284	43.0%	5,311
VENTURA	44,772	63.0%	26,300	37.0%	71,072
YOLO	12,409	60.8%	8,010	39.2%	20,419
YUBA	9,090	59.1%	6,293	40.9%	15,383
CITY OF BERKELEY	6,185	62.7%	3,683	37.3%	9,867
CIRY OF LONG BEACH	57,269	68.8%	25,954	31.2%	83,223
CITY OF PASADENA	16,802	68.9%	7,573	31.1%	24,375
TOTAL	**3,035,418**	**64.4%**	**1,681,146**	**35.6%**	**4,716,564**

Definitions

Columns 1 and 2: Medi-Cal refers to number of children and the percent of children, up to 21 years of age, who are enrolled in the Medi-Cal program and have an assigned Medi-Cal aid code.

Columns 3 and 4: CHDP Gateway refers to the number of children and percent of children who are under age 19 and in low-income families who are presumptively eligible for Medi-Cal through CHDP Gateway enrollment.

Data Sources and Notes for Medi-Cal Target Population

Medi-Cal target population derived from Medical Care Statistics, Department of Health Services, Table 17, Medi-Cal Program Persons Certified Eligible by County, Sex, and Age, October 2001.

Medi-Cal Funded Births by Beneficiary County: Medi-Cal funded deliveries, Calender year 2000, Table 7.

Data Sources and Notes for CHDP Gateway Target Population

Poverty level between 100-200% FPL used was 1990 Census.

Finance Department, Demographic information, data file, 2002.

The numbers derived from population estimates for 1/1/2002 by the Department of Finance in its report E-1Table. Berkeley=0.070362, Alameda=0.9296381, Long Beach=0.04815, Pasadena=0.014127, Los Angeles=0.937772.

4/30/2003

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2004-2005 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Under 21 Percent	CHDP Gateway Under 19	CHDP Gateway Under 19 Percent	Total Children
ALAMEDA	83,361	65.3%	44,207	34.7%	127,568
ALPINE	134	74.6%	46	25.4%	180
AMADOR	1,493	63.1%	872	36.9%	2,365
BUTTE	22,769	68.4%	10,499	31.6%	33,268
CALAVERAS	2,639	60.1%	1,753	39.9%	4,392
COLUSA	2,325	56.7%	1,775	43.3%	4,100
CONTRA COSTA	46,068	66.1%	23,663	33.9%	69,731
DEL NORTE	3,686	68.1%	1,730	31.9%	5,416
EL DORADO	6,119	52.7%	5,490	47.3%	11,609
FRESNO	138,768	69.4%	61,061	30.6%	199,829
GLENN	3,137	54.0%	2,677	46.0%	5,814
HUMBOLDT	11,405	64.3%	6,342	35.7%	17,747
IMPERIAL	21,301	57.5%	15,738	42.5%	37,039
INYO	1,271	61.1%	810	38.9%	2,081
KERN	95,436	65.1%	51,137	34.9%	146,573
KINGS	15,591	59.7%	10,528	40.3%	26,119
LAKE	6,406	63.3%	3,711	36.7%	10,117
LASSEN	2,309	61.0%	1,478	39.0%	3,787
LOS ANGELES	1,197,294	68.7%	546,073	31.3%	1,743,367
MADERA	17,793	66.3%	9,057	33.7%	26,850
MARIN	5,421	55.8%	4,293	44.2%	9,714
MARIPOSA	1,113	58.2%	801	41.8%	1,914
MENDOCINO	9,122	66.1%	4,688	33.9%	13,810
MERCED	36,321	66.7%	18,146	33.3%	54,467
MODOC	1,094	66.0%	563	34.0%	1,657
MONO	580	55.2%	471	44.8%	1,051
MONTEREY	37,964	59.7%	25,649	40.3%	63,613
NAPA	5,395	55.8%	4,266	44.2%	9,661
NEVADA	3,461	51.3%	3,280	48.7%	6,741
ORANGE	173,241	57.8%	126,558	42.2%	299,799
PLACER	8,121	53.2%	7,131	46.8%	15,252
PLUMAS	1,268	64.3%	703	35.7%	1,971
RIVERSIDE	138,559	58.5%	98,346	41.5%	236,905
SACRAMENTO	136,220	70.7%	56,471	29.3%	192,691
SAN BENITO	3,357	56.1%	2,624	43.9%	5,981
SAN BERNARDINO	191,254	61.8%	118,255	38.2%	309,509
SAN DIEGO	173,494	53.9%	148,580	46.1%	322,074
SAN FRANCISCO	37,883	64.5%	20,850	35.5%	58,733
SAN JOAQUIN	67,351	67.0%	33,236	33.0%	100,587
SAN LUIS OBISPO	12,420	55.6%	9,924	44.4%	22,344
SAN MATEO	23,813	57.2%	17,812	42.8%	41,625
SANTA BARBARA	30,685	60.9%	19,711	39.1%	50,396
SANTA CLARA	80,397	64.1%	44,983	35.9%	125,380
SANTA CRUZ	14,512	58.7%	10,203	41.3%	24,715
SHASTA	16,408	64.1%	9,199	35.9%	25,607
SIERRA	204	64.4%	113	35.6%	317
SISKIYOU	4,390	65.5%	2,315	34.5%	6,705
SOLANO	23,947	60.6%	15,568	39.4%	39,515

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2004-2005 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Under 21 Percent	CHDP Gateway Under 19	CHDP Gateway Under 19 Percent	Total Children
SONOMA	19,437	56.3%	15,105	43.7%	34,542
STANISLAUS	54,277	63.7%	30,911	36.3%	85,188
SUTTER	8,320	62.5%	4,995	37.5%	13,315
TEHAMA	6,607	66.3%	3,362	33.7%	9,969
TRINITY	1,069	61.9%	657	38.1%	1,726
TULARE	68,068	68.1%	31,833	31.9%	99,901
TUOLUMNE	3,122	61.7%	1,936	38.3%	5,058
VENTURA	47,828	62.0%	29,334	38.0%	77,162
YOLO	13,462	63.0%	7,908	37.0%	21,370
YUBA	9,501	62.6%	5,669	37.4%	15,170
CITY OF BERKELEY	6,266	65.3%	3,323	34.7%	9,589
CITY OF LONG BEACH	61,551	68.7%	28,073	31.3%	89,624
CITY OF PASADENA	18,197	68.7%	8,299	31.3%	26,496
TOTAL	**3,235,005**	**64.6%**	**1,774,791**	**35.4%**	**5,009,796**

Definitions

Columns 1 and 2: Medi-Cal refers to number of children and the percent of children, up to 21 years of age, who are enrolled in the Medi-Cal Program and have an assigned Medi-Cal aid code.

Columns 3 and 4: CHDP Gateway refers to the number of children and percent of children who are under 19 years of age and in low-income families who are presumptively eligible for Medi-Cal through CHDP Gateway pre-enrollment.

Data Sources and Notes for Medi-Cal Target Population

Medi-Cal target population derived from Medical Care Statistics, Department of Health Services, www.dhs.ca.gov/ffdmb/mcss/PublishedReports/annual/annual.htm, Calendar year 2001: Table 17, Medi-Cal Program Persons Certified Eligible by

Medi-Cal Funded Births by Beneficiary County:
(www.dhs.ca.gov/mcss/PublishedReports/publicat.htm)
Medi-Cal Funded Deliveries, Calendar year 2001, Table 12

Data Sources and Notes for CHDP Gateway Target Population

State funded target population: Finance Dept., Demographic information, data file (www.dof.ca.gov/HTML/DEMOGRAP/data.htm), 2003.txt and select age under 19 years

Poverty Level between 100-200 percent values from the Census 2000.

The numbers derived from population estimates for cities of Berkeley, Pasadena and Long Beach located: http://www.dof.ca.gov/HTML/FS_DATA/STAT-ABS/Toc_xls.htm Population Table B-4 (2003). The percentage for estimation of target population for the three cities are: 0.0699 for Berkeley (Alameda County: 0.9301), 0.0482 for Long Beach and 0.0142 for Pasadena City (Los Angeles County: 0.9376).

Prepared by Helen Zheng **1/28/2004**

HCPCFC AVERAGE ANNUAL CASELOAD
FISCAL YEAR 2004 - 2005
BY COUNTY/CITY PROGRAM IN DESCENDING ORDER

County/City Program	1.03 - 12.03 Caseload (See Notes)	County/City Program	1.03 - 12.03 Caseload (See Notes)
Los Angeles	30,783	Santa Barbara	433
San Bernardino	8,337	Yuba	414
Riverside	7,270	Santa Cruz	387
San Diego	6,753	El Dorado	373
Sacramento	5,892	Sutter	331
Alameda	4,676	Calaveras	321
Orange	4,430	Humboldt	309
Fresno	3,604	Napa	305
Kern	3,253	Tehama	297
Contra Costa	2,995	Marin	271
Santa Clara	2,663	Lake	240
San Francisco	2,504	Nevada	218
San Joaquin	2,397	Tuolumne	178
Tulare	1,570	San Benito	174
Stanislaus	1,358	Siskiyou	170
Solano	1,350	Del Norte	138
Long Beach	1,243	Glenn	132
Butte	987	Berkeley	129
Shasta	896	Lassen	111
Merced	864	Mariposa	79
Ventura	856	Plumas	76
Sonoma	814	Modoc	64
San Mateo	781	Trinity	58
Placer	649	Amador	56
Yolo	581	Colusa	38
Monterey	556	Inyo	29
San Luis Obispo	501	Alpine	10
Pasadena	492	Mono	9
Mendocino	475	Sierra	6
Madera	470		
Imperial	466	Totals	105,801
Kings	456		

Notes on Caseload Data Sources:

The Annual Average Out-of-Home Placement Caseload Data for the HCPCFC are from Child Welfare Services/Case Management System (CWS/CMS) reports prepared by the California Department of Social Services, Research and Development Division.

Total Children in Supervised Out-of-Home Placements by Placement, January 2003 through December 2003, http://www.dss.cahwnet.gov/research/Children`s_405.htm

Total Foster Care Children by County Placement Home, Foster Care Children Placed in the County by Other Counties, January 2003 through December 2003, CWS/CMS Extract - # 04013, Data Analysis and Publications, Children's Team

Foster Care Children by Placement Home Zip Codes, Annual Report for January through December 2003, CWS/CMS Extract - # 04012, Data Analysis and Publications, Children's Team

SECTION 5 – MEMORANDA OF UNDERSTANDING AND INTER/INTRA-AGENCY AGREEMENTS

General Instructions

Please complete the Memoranda of Understanding (MOU)/Inter/Intra-Agency Agreements (IAA) listing to summarize all the MOUs and IAAs in your county/city program (see page 2-13). MOUs and IAAs that are new, have been renewed, or have been changed should be submitted.

California Children's Services

Healthy Families Program:

Independent County Responsibilities: MOUs and procedures for implementation of MOUs between the county CCS program and the Healthy Families plan(s) must be on file at the county CCS office. Anytime a HF plan initially enters or re-enters a county, a signed MOU is required and procedures must be developed with the HF plan for implementing the MOU. **MOUs that have already been signed with the existing plans should remain the same.** It is appropriate that all staff who coordinate with the plans are aware of this document and periodically review it.

Dependent County Responsibilities: MOUs and procedures for implementation of MOUs between the county CCS program, the CMS Branch and Regional Offices, and the HF plan(s) must be on file at the county CCS office. Anytime a HF plan initially enters or re-enters a county, a signed MOU is required and the procedures that were developed by the CMS Branch must be shared with the HF plan(s) for implementing the MOU. MOUs that have already been signed with the existing plans should remain the same. It is appropriate that all staff who coordinate with the plans are aware of this document and periodically review it.

Counties that use one MOU for both Medi-Cal and Healthy Families may revise the MOUs as necessary.

Medi-Cal Managed Care Plans:

MOUs between the plans in the 12 two-plan model and the Geographic Managed Care (GMC) counties must have an approved MOU on file. The approval comes from the Medi-Cal Managed Care Division. If the MOU is not yet approved, the county should develop and submit a workplan to complete the MOU.

Counties with County Organized Health Systems (COHS) are strongly encouraged to negotiate a MOU with the Medi-Cal Managed Care Plan(s) in their jurisdiction.

Special Education/Local Education Agency:

An IAA is required between the county CCS Medical Therapy Program and the Local Education Agency (LEA) or Special Education Local Planning Area (SELPA). The IAA delineates responsibilities such as, but not limited to, appointment of liaison positions, referral and exchange of information, participation in Individual Education Planning Meetings, and Medical Therapy Unit requirements for space, operations, and supplies.

Other Programs:

Include other agreements such as Regional Centers, Early Start, etc.

Child Health and Disability Prevention Program

Department of Social Services:

An IAA between the local Child Health and Disability Prevention (CHDP) program and the Department of Social Services is required every two fiscal years. A model format is provided in this section that reflects the minimum requirements (see page 5-9). *Please describe local needs and policies where words appear in Italics.*

Sample forms referenced in the IAA specific to the CHDP program and used by the Department of Social Services, such as the CHDP Referral Form (PM 357) and Quarterly Report of Medi-Cal Recipients Requesting CHDP Services, can be found in Section 10 – References (beginning on page 10-73). The name of the local health jurisdiction and the effective dates of agreement are to be listed on each page of the IAA and must correspond to the signature page.

Health Care Program for Children in Foster Care:

A MOU among health, welfare, and probation departments in each county is required for the continued operation of the HCPCFC at least biennially. The MOU delineates the roles and responsibilities of the PHN, Social Worker, and Probation Officer in the HCPCFC.

The HCPCFC MOU may be referred to in the IAA between the CHDP program and the Department of Social Services. A model MOU for the HCPCFC is located in this section beginning on page 5-9. The name of the local health jurisdiction and the effective dates of agreement are to be listed on each page of the MOU and must correspond to the signature page.

Medi-Cal Managed Care Plans:

Local CHDP programs in the twelve Managed Care Expansion Counties must have in place a negotiated MOU with each of the Medi-Cal Managed Care Plans in their jurisdiction.

Local CHDP programs in other counties implementing Medi-Cal Managed Care are strongly encouraged to have in place a negotiated a MOU with the Medi-Cal Managed Care Plan(s) in their jurisdiction.

Other Programs:

Any revised interagency/interprogram agreements with the Women, Infants, and Children (WIC) Supplemental Nutrition Program, the Childhood Lead Poisoning Prevention Program (CLPPP), the Adolescent Family Life Program (AFLP), Head Start, etc., should also be attached to the Plan.

Memorandum of Understanding California Children's Services Program/Healthy Families Program Plan

County/City: Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
Liaison	• Designate a liaison to CCS and/or require plan networks to designate a liaison to coordinate and track referrals. • Meet, at a minimum, quarterly to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level.	• Designate a liaison to the plan who will be the program's point of contact for the health plan and its networks to coordinate all related activities. • Meet, at a minimum, quarterly, to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level.
Provider Training	• Develop policies and procedures that will ensure that providers are informed of CCS eligibility requirements and the need to identify potentially eligible children and refer to the CCS program. • Provide multiple initial training opportunities, in conjunction with the local CCS program, for primary care providers, including organized provider groups and support staff, in order to ensure awareness and understanding of the CCS program and eligibility requirements. • Collaborate with CCS to develop training materials that will assure that primary care providers, specialty providers, and hospitals understand the respective responsibilities of the health plan and the CCS program in authorizing services for subscribers with CCS-eligible conditions. • Maintain training opportunities on, at least, an annual basis.	• Collaborate with plan to assist with the development of CCS related policies and procedures, as needed by health plan and CCS. • Collaborate with health plan to provide multiple initial training opportunities that will give providers an understanding of the CCS program and eligibility requirements. • Provide availability of local program medical consultant or designee to consult with primary care providers and/or specialty providers on a case-by-case basis. • Support ongoing training opportunities as needed.
CCS Provider Network	• Develop a process to review plan providers for qualifications for CCS provider panel participation and encourage those qualified to become paneled. • Identify in training to providers and in the provider manual those facilities that are CCS approved, including hospitals and Special Care Centers. • Ensure access for diagnostic services to appropriate specialty care within the network or medical group. When appropriate specialist not available within network or medical group, ensure access to appropriate plan specialist.	• Provide plans with CCS provider applications to expedite the paneling or approval of specialty and primary care network providers. • Coordinate with the CMS Branch to assure identification of local CCS provider network to health plan. • Coordinate with plan to refer to an appropriate CCS paneled specialty provider to complete diagnostic services and treatment as needed.

County/City: Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
Case Identification and Referral	• Develop procedures, in conjunction with the local CCS program, for plan or provider to submit the necessary documentation to determine medical eligibility at the time of referral. • Develop procedures to specify that providers are to refer a subscriber to the CCS program within two days of a suspicion of the presence of a CCS eligible condition. (Referral date will identify the earliest possible date from which medically necessary services may be approved.) • Inform families of subscribers of referral to the CCS program and the need to have care under the direction of an appropriate CCS paneled physician once program eligibility has been determined. • Arrange for medically necessary care during the period after referral and prior to the CCS eligibility determination. (Medically necessary services provided by a CCS paneled provider during the interim may be authorized by the CCS program for a condition determined to be CCS eligible.) • Develop with network designees, where applicable, a monthly tracking list to include: name of referred subscriber; address and telephone number; birth date; social security number (if known); plan eligibility status; primary care provider name, address, and telephone number; and plan number and enrollment /disenrollment dates to be used for coordination and follow-up with the local CCS program.	• Provide technical assistance to plans for the development of plan policies, procedures, and protocols for making referrals to the program, including necessary medical documentation. • Determine medical eligibility within five working days of receiving adequate medical documentation of the suspicion of a CCS eligible condition. • Ensure that provider, designated plan personnel, and subscriber family are informed of either program eligibility or denial upon eligibility determination. Provide medical consultation as appropriate during the time period from referral to medical eligibility determination. • Authorize from referral date medically necessary CCS benefits required to treat a subscriber's CCS eligible condition and be responsible for the reimbursement of care to authorized providers when CCS eligibility is established. • Coordinate with plan liaison and network designees to share a tracking list of CCS eligibles who are known to the plans. The list will include name, CCS case number, birth date, social security number (if known), CCS eligible diagnoses, date of eligibility and status; in case of denial or closure, reason for ineligibility and date closed; referral source and primary care provider on file, if known.
Case Management/Tracking and Follow-Up	• Utilize tracking system to coordinate health care services for members receiving services authorized by the CCS program. • Develop policies and procedures that specify providers' responsibility for coordination of specialty and primary care services and ensure that CCS eligible children receive all medically necessary pediatric preventive services, including immunizations. • Develop policies and procedures that specify coordination activities among primary care providers, specialty providers, and hospitals and communication with CCS program case managers.	• Assist plan in assessing, and alleviating barriers to accessing primary and specialty care related to the CCS eligible condition. Assist subscriber/subscriber family to complete enrollment into the CCS program. • Provide case management services in order to coordinate the delivery of health care services to subscribers with CCS eligible conditions, including services provided by other agencies and programs, such as Local Education Agencies and Regional Centers. • Develop systems that result in transmission of medical reports of services provided by CCS authorized providers to the appropriate plan primary care providers.

County/City: Effective Dates:

Service	Health Plan Responsibilities	CCS Program Responsibilities
Quality Assurance and Monitoring	• Conduct jointly with the CCS program, regular reviews of policies and procedures related to this agreement. • Participate, at a minimum, in quarterly meetings with the CCS program to update policies and procedures as appropriate. • Review and update protocols annually in conjunction with the CCS program. • Develop work plan, in conjunction with CCS, that will monitor the effectiveness of the MOU and the plan/CCS interface.	• Conduct jointly with the plans, regular reviews of policies and procedures related to this agreement. • Participate, at a minimum, in quarterly meetings with the plan to update policies and procedures as appropriate. • Review and update protocol on an annual basis in conjunction with the health plan. • Develop work plan, in conjunction with the plan, to monitor the effectiveness of the MOU and the plan/CCS interface.
Problem Resolution	• Assign appropriate health plan management/liaison staff to participate with the local CCS program management and professional staff in the resolution of individual subscriber issues as they are identified. • Assign appropriate health plan management/liaison staff to participate in, at a minimum, quarterly meetings to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services. • Refer issue to the appropriate CMS Regional Office if problem cannot be resolved locally.	• Assign appropriate CCS program management and professional/liaison staff to participate with health plan management staff in the resolution of individual subscriber issues as they are identified. • Assign appropriate CCS program/liaison staff to participate in, at a minimum, quarterly meetings with health plan management/liaison staff to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services. • Refer issue to CMS Regional Office if problem cannot be resolved locally.

Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local CCS and Healthy Families Program interface.

County CCS Administrator _____ Date _____

Plan Designee _____ Date _____

Maridee A. Gregory, MD, _____ Date _____
Children's Medical Services Branch Chief

Delineation of Responsibilities for Children's Medical Services Branch, Regional Offices, and Dependent Counties as They Relate to the Healthy Families Memorandum of Understanding

County/City: Effective Dates:

Service	CCS Program Responsibilities	CMS Branch, Regional Offices, and Dependent County CCS Program Responsibilities
Liaison	• Designate a liaison to the plan, who will be the program's point of contact for the health plan and its networks to coordinate all related activities.	• Regional Office will designate a liaison as lead for their responsibilities as identified in the CCS case management procedure manual. Each dependent county will also designate a liaison to work with the plan.
	• Meet, at a minimum, quarterly, to ensure ongoing communication; to resolve operational and administrative problems; and identify policy issues needing resolution at the management level.	• CMS Branch staff, one representative from Regional Office and designated dependent county representative(s).
Provider Training	• Collaborate with plan to assist in the development of CCS related policies and procedures as needed by health plan and CCS.	• Regional Office and dependent county CCS program (joint)
	• Collaborate with health plan to provide multiple initial training opportunities that will give providers an understanding of the CCS program and eligibility requirements.	• Regional Office and dependent county CCS program (joint)
	• Provide availability of local program medical consultant or designee to consult with primary care providers and/or specialty providers on a case-by-case basis.	• Regional Office
	• Support ongoing training opportunities as needed.	• Regional Office and dependent county CCS program (joint)
CCS Provider Network	• Provide plans with CCS provider applications to expedite the paneling or approval of specialty and primary care network providers.	• Dependent county CCS program
	• Coordinate with the state office to assure identification of local CCS provider network to health plan.	• Dependent county CCS program
	• Coordinate with plan to refer to an appropriate CCS-paneled specialty provider to complete diagnostic services and treatment as needed.	• Regional Office and dependent county CCS program (joint)

County/City: Effective Dates:

Service	CCS Program Responsibilities	CMS Branch, Regional Offices, and Dependent County CCS Program Responsibilities
Case Identification and Referral	• Provide technical assistance to plans for the development of plan policies, procedures, and protocols for making referrals to the program including necessary medical documentation.	• Regional Office
	• Determine medical eligibility within five working days of receiving adequate medical documentation of the suspicion of a CCS-eligible condition.	• Regional Office
	• Ensure that provider, designated plan personnel, and subscriber family are informed of either program eligibility or denial upon eligibility determination.	• Regional Office and dependent county CCS program (joint), as per CCS Case Management Procedure manual
	• Provide medical consultation as appropriate during the time period from referral to medical eligibility determination.	• Regional Office
	• Authorize, from referral date, medically necessary CCS benefits required to treat a subscriber's CCS-eligible condition and be responsible for the reimbursement of care to authorized providers when CCS eligibility is established.	• Regional Office
	• Coordinate with plan liaison and network designees to share a tracking list of CCS eligibles who are known to the plans. The list will include name, CCS case number, DOB, SSN (if known), CCS eligible diagnoses, date of eligibility, and status; in case of denial or closure, reason for ineligibility and date closed; referral source and primary care provider on file, if known.	• CMS Branch
Case Management/Tracking and Follow-Up	• Assist plan in assessing and alleviating barriers to accessing primary and specialty care related to the CCS-eligible condition. Assist subscriber/subscriber family to complete enrollment into the CCS program.	• Regional Office and dependent county CCS program (joint)
	• Provide case management services in order to coordinate the delivery of health care services to subscribers with CCS-eligible conditions, including services provided by other agencies and programs, such as Local Education Agencies and Regional Centers.	• Regional Office and dependent county CCS program (joint)
	• Develop systems that will result in transmission of medical reports of services provided by CCS-authorized providers to the appropriate plan primary care providers.	• Regional Office

County/City: Effective Dates:

Service	CCS Program Responsibilities	CMS Branch, Regional Offices, and Dependent County CCS Program Responsibilities
Quality Assurance and Monitoring	• Conduct, jointly with the plans, regular reviews of policies and procedures related to this agreement.	• CMS Branch and designated dependent county representative (joint) with CMS Branch as lead
	• Participate, at a minimum, in quarterly meetings with the plans to update policies and procedures as appropriate	• CMS Branch and designated dependent county representative (joint) with CMS Branch as lead.
	• Review and update protocol on an annual basis in conjunction with the health plan.	• CMS Branch and designated dependent county representative (joint) with CMS Branch as lead.
	• Develop work plan in conjunction with the plans that will monitor the effectiveness of the MOU and the plan/CCS interface.	• CMS Branch and designated dependent county representative (joint) with CMS Branch as lead.
Problem Resolution	• Assign appropriate CCS program management and professional/liaison staff to participate with health plan management staff in the resolution of individual subscriber issues, as they are identified.	• Regional Office
	• Assign appropriate CCS program/liaison staff to participate in, at a minimum, quarterly meetings with health plan management/liaison staff to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services and authorization of services.	• Regional Office will refer to CMS Branch, Program Standards, and Quality Assurance Section if issue cannot be resolved.
	• Refer issue to CMS Regional Office if problem cannot be resolved locally.	• Regional Office will refer to CMS Branch, Program Standards, and Quality Assurance Section if issue cannot be resolved.

Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local CCS and Healthy Families Program interface.

County CCS Administrator — Date

Plan Designee — Date

Maridee A. Gregory, MD,
Children's Medical Services Branch Chief — Date

County/City CHDP Program Model Interagency Agreement

Fiscal Years ____ to ____

(Please describe local needs and procedures where words appear in *Italics*.)

I. Statement of Agreement

This statement of agreement is entered into between *(Name of Health Department)* and *(Name of Social Services Department)* to assure compliance with federal and state regulations and the appropriate expenditure of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds in the implementation of the Child Health and Disability Prevention (CHDP) Program.

II. Statement of Need

The following specific needs in County/City have been identified by the Health and Social Services departments as a focus for FY ____-____.

Specify, for example:

A. *Need for increasing the number of referrals for CHDP services using a variety of modalities including continuing staff education for the purposes of increasing referrals and identifying children's health conditions for which to seek consultation and coordination by trained health professionals*.

B. *Need for increasing the number of children ages 0 to 21 years receiving health assessments*.

C. *Need for increasing coordinated, comprehensive, and culturally competent services for children living in foster care (relative/kinship, foster family homes, group homes, etc.) including CHDP health assessment services and necessary diagnostic and treatment services*.

D. *Gaps in existing program*.

E. *Objectives for the year(s) of the agreement that represent joint activities of the health and social services departments*.

F. *Need for consultation and information about CHDP resources and general public health services in child care settings*.

G. *Need for involvement of other community organizations in the program, e.g., advocacy groups*.

H. *Need for evaluation of reporting systems in health and social services departments*.

I. *Need for coordination with local Medi-Cal managed care plans, where appropriate*.

County/City: _____ Effective Dates: _____ to _____

J. *Other, such as changes in state or federal regulations*.

III. Organizational and Functional Relationships

A. The exchange of information about persons applying for or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations, and is to be maintained in a confidential manner.

B. *Attach organizational charts* to display important points of interface between CHDP and Social Services programs and personnel.

1. *The relationship between administrative staff of the CHDP program and the department of social services*.

2. *Health system interrelationships*.

3. *Social services system interrelationships*.

4. *Social services system relationship to probation departments, licensed adoption agencies, and placement agencies*.

5. *Relation of EPSDT unit(s) to departments named in number "4"*.

6. *Reporting relationship of EPSDT unit to CHDP Director*.

7. *Designation, by name, title, and location (address) of liaison personnel from Departments of Social Services and Health Services*.

8. *Health Care Program for Children in Foster Care*.

C. *Attach flow charts to depict the CHDP process of informing from availability of health care, preventive care, through diagnosis and treatment for the following*:

1. California Work Opportunity and Responsibility to Kids (CalWORKs) Families, In-person Application/Annual Re-determination.

2. Medi-Cal

   a. In-person Application/Annual Re-determination (if requested)

   b. Mail-in Application/Re-determination

3. Children Placed in Foster Care

   Indicate departmental responsibility for each step.

IV. Social Services Department Responsibilities and Activities

A. Basic Informing and Documentation of Informing for CalWORKs or Medi-Cal.

Following are the requirements for Basic Informing and Documentation of Informing by Eligibility Determination staff for persons applying for, or receiving, CalWORKs or Medi-Cal.

Describe procedures for informing the responsible adult who is blind, deaf, illiterate, or does not understand the English language. Include one or more specific methods for informing each identified group with special communication needs.

1. In-person Application/Annual Re-determination

   a. In the requested face-to-face eligibility intake interview or at the time of the annual re-determination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including unborn, and persons under 21 years of age will be:

      1) Given a state-approved brochure about the CHDP program.

      2) Given an oral explanation about CHDP including:

         a) The value of preventive health services and the differences between episodic and wellness care; and

         b) Availability of health assessments; and

         c) Availability of dental services; and

         d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and

         e) The nature, scope, and benefits of the CHDP program.

      3) Asked questions to determine whether:

         a) More information about CHDP program services is wanted; and

         b) CHDP program services - medical and/or dental - are wanted; and

         c) If appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services.

b. The Eligibility Determination staff will document on the *designated form (please specify, e.g., JA2, SAWS2, MC 210, MC 210 RV)* using automated or non-automated systems (please specify) that **face-to-face** informing occurred:

1) Explanation and brochure given;

2) Date of the explanation and giving of the brochure; and,

3) The individual responses to the CHDP service questions.

NOTE: The JA2 form is obsolete but if still in use by the county the requirements in this section still apply.

2. Mail-in Application/Annual Re-determination - Medi-Cal

a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through a state-approved Medi-Cal Application/Annual Re-determination form. The Application/Annual Re-determination process includes the mailing of a state-approved brochure about the CHDP program to the applicant. The state-approved brochure about the CHDP program, entitled "Medical and Dental Health Check-Ups," informs the family of where to call or write if:

1) More information about CHDP program services is wanted; or

2) Help with getting an appointment and transportation to medical care is needed.

b. Eligibility Determination staff will document on the *designated form (please specify, e.g., MC 321 HFP or Healthy Families Annual Eligibility Review (AER) Form; MC 210 RV or in the case record if any follow-up action is required)*.

NOTE: Any "Yes" response to the CHDP questions or offer of services through face-to-face encounters or mail-in applications requires a referral on the CHDP Referral Form (PM 357), or state-approved alternate form. *If using an alternate form, indicate name and number and date of approval.* See CHDP Program Letter No. 81-5 and All County Letter No. 81-43. *Cite the form title and number of your county's state-approved, alternate form*.

B. Basic Informing and Documentation of Informing for Children in Foster Care Program Placement

Following are the requirements for Basic Informing and Documentation of Informing by staff responsible for placement of children in foster care, including

placements controlled by the Probation Department, Licensed Adoption Agency, and/or Placement Agencies.

1. Within 30 days of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given to the payee, hereafter referred to as the out-of-home care provider, about the needs of the eligible person and the availability of CHDP services through the CHDP program. In the case of an out-of-state placement, the social worker shall ensure information is given to the out-of-home care provider about the federal EPSDT services. The care provider and/or child will be:

    a. Given a state-approved brochure about CHDP services and information about the child's need of preventive health care; and

    b. Given a face-to-face oral explanation about CHDP, including:

        1) The value of preventive health services and the differences between episodic and wellness care;

        2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented or the child has entered a new foster care placement;

        3) The availability of annual dental exams for children three years of age and older;

        4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and

        5) The nature, scope, and benefits of the CHDP program.

    c. Asked questions to determine whether:

        1) More information about the CHDP program is wanted;

        2) CHDP program services - medical and/or dental - are wanted; and

        3) If appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services.

2. The Child Welfare Services staff responsible for placement will document the care provider's response to the questions in the CHDP program area of the Identification Page in the Placement Notebook in the Placement

Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS):

a. Date care provider was informed of the CHDP program and brochure given; and

b. Care provider's request for CHDP services.

3. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will document the care provider and/or child's response to the CHDP questions on the CHDP Referral Form (PM 357) and maintain a copy in the case record.

   NOTE: Any "Yes" response to the CHDP questions or offer of services requires a referral on the CHDP Referral Form (PM 357). See CHDP Program Letter No. 81-5 and All County Letter No. 81-43. A copy of the Referral Form is to be maintained in the child's case record.

4. A "payee," referred to as the "out-of-home care provider" or "care provider," is defined as the foster parent(s) in a foster home, the officially designated representative of the payee when the child in the foster care program, or a Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility.

5. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the care provider/child. They will include information about CHDP preventive health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in B.1. a-c; and will document the results of informing in the case plan update.

6. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will complete annual informing and the documentation of that informing according to the outline in B. 1. and 3.f

7. *Describe the procedures used by the Department of Social Services for ensuring satisfactory initial and annual informing on behalf of children in the Foster Care program or Medi-Cal eligible children when the placement responsibility is controlled by the probation department or any other social agency such as licensed adoption agencies, and/or placement agencies. Include any interagency agreements developed for this assurance if they are available*.

8. *Describe procedures for ensuring that informing about the need for a CHDP exam and the health status of children in the Foster Care program and/or Medi-Cal eligible children is provided at the time of out-of-home placement with a relative, or upon return of the child to the parent(s)*.

County/City: _____ Effective Dates: _____ to _____

9. *Describe procedures for assuring that care providers/payees responsible for children placed in foster care out-of-county are properly informed about CHDP services*.

C. Referral to the EPSDT Unit of the CHDP program

1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/ transportation assistance will be documented on a CHDP Referral Form (PM 357), or a state-approved alternate form. The Referral Form will be sent to the *EPSDT Unit of the CHDP program*. This action is required to ensure these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal, and within 120 days of the date of request for children in foster care placement.

2. *Describe the process for referrals indicated by "Yes" responses from persons, children, or care providers to the offers of more information about CHDP, CHDP medical/dental services and appointment scheduling/ transportation assistance when the child is a member of a Medi-Cal managed care plan*.

3. *Describe procedures for assuring that children in foster care placed out-of-county are properly referred for CHDP services*.

4. Referral requirements described in C.1 and C.2 above also apply to children in foster care placement controlled by the probation department, licensed adoption agency, and/or a placement agency. *Describe the procedures used by the Department of Social Services to assure that proper referrals are made by the probation department, licensed adoption agencies, and/or placement agencies. Include any interagency agreements developed for this assurance if they are available*.

D. Information Provided by Social Services Staff on the CHDP Referral Form (PM 357) or State-Approved Alternate Referral Form

The following will be included on the referral form when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Medi-Cal Identification Number.

2. Type of services requested:

   a. Additional information

   b. Medical services

   c. Dental services

d. Transportation assistance

e. Appointment scheduling assistance

3. Source of referral:

a. New application

b. Re-determination

c. Self-referral

4. Case type:

a. CalWORKs (on existing form as AFDC)

b. Foster Care

c. Medi-Cal Only (Full Scope, Limited Scope with or without a Share-of-Cost)

5. Complete listing of members in case with birth dates including unborn and the expected date of confinement (EDC)

6. Listing of the payee/out-of-home care provider and child in foster care

7. Residence address and telephone number

8. Eligibility Worker signature

9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in Foster Care and self-referrals

E. Case Management for Children in Foster Care

1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP program, or equivalent health services in accordance with the CHDP program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement. For example, if there is no record documenting a health assessment during their previous placement, if they are not performing age expected developmental skills, or if they have been moved to an area with a new provider, another health assessment may be claimed through CHDP by entering "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160).

2. The staff responsible for placement of the child will ensure that arrangements are made for necessary diagnosis and treatment of health conditions suspected or identified.

3. Medical records including, but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) or results of an equivalent preventive health screen for any child in foster care. Case records for children over age of three must also contain the result(s) of dental visit(s).

4. The case record will contain a plan which ensures that the child receives medical and dental care which places attention on preventive health services through CHDP or equivalent preventive health services in accordance with the CHDP program's schedule for periodic health and dental assessments.

V. EPSDT Unit of the CHDP program Responsibilities and Activities for Referrals

A. *Describe where the unit is administratively located and physically stationed (i.e., Health and/or Social Services Department(s))*.

B. *Attach duty statements of unit personnel*.

C. *Describe provision for (1) overall medical supervision, (2) administrative supervision, and (3) day-to-day supervision*.

D. The Unit will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborn, and will:

1. Intensively inform those requesting more information, and offer scheduling and transportation assistance to those who request CHDP medical and/or dental services.

2. Provide all requested scheduling and/or transportation assistance so that medical and/or dental services can be received from a managed care plan or provider of the requester's choice. These services will be provided and diagnosis and treatment initiated within 120 days of the child's date of eligibility determination or re-determination, and within 120 days of a request if by self referral or for children in Foster Care unless:

   a. Eligibility is lost; or,

   b. Child is lost to contact and a good faith effort was made to locate the child as defined in Section VII; or,

   c. Failure to receive services was due to an action or decision of the family or child.

   Describe the procedure for new and established members in Medi-Cal managed care plans.

3. Assure that families asking for health assessment procedures not furnished by their provider are referred to another provider for those

procedures so that all requested CHDP services are received within 120 days of the initial request.

Describe the procedure for new and established members in Medi-Cal managed care plans.

4. Follow up on families requesting appointment scheduling and transportation assistance to:

   a. Re-offer scheduling and transportation assistance to those persons whose failure to keep appointments was not due to an action or decision of the family or child.

   b. Offer and provide requested assistance to those for whom further diagnosis and treatment is indicated.

   Describe the procedure for new and established members in Medi-Cal managed care plans.

E. Notices of the need for a health assessment, with the offer of scheduling and transportation assistance, will be sent monthly to children with labels received from the state.

Labels with current addresses will be generated by the state CHDP program on all children twenty-seven months of age and younger who are receiving Medi-Cal through the Fee-for-Service system, and:

1. Have a Screening/Billing Report (PM 160) on file but have not had another PM 160 submitted for services given in the past five months; and

2. Are still Medi-Cal eligible

F. The following will be documented on the CHDP Referral Form (PM 357) or an alternate, State-approved form for each eligible person listed:

1. Type of transportation assistance and date given

2. Appointment scheduling assistance and date given

3. Date(s) of appointment(s) and name(s) of provider(s)

4. Confirmation of CHDP services:

   a. Health assessment requires a PM 160 on file or provider certification of provision of service.

   b. Dental services require family, provider, or child verification.

5. Follow up to needed diagnosis and treatment:

a. Response to offer of appointment scheduling and transportation assistance

b. Type of transportation assistance and date given

c. Date(s) of appointment(s) and name(s) of provider(s)

d. Confirmation of care - PM 161 or similar form of certification by provider

6. Date appointment scheduling and/or transportation assistance was declined and by whom.

7. Disposition of case: appointment kept or not kept, eligibility lost, family declined further services, or family/person lost to contact and Good Faith Effort was made to locate the person as defined in Section VII.

G. Dates periodic notice of appointments sent and any response received will be documented. *Indicate where found.*

H. A quarterly report will be submitted by the 15th day following the end of each quarter to the State Department of Health Services showing the number of CalWORKs and Medi-Cal Only persons requesting CHDP services.

VI. CHDP Program Responsibilities and Activities

A. An adequate number of medical providers will be available to meet county needs and federal regulations in regard to allowable time frames.

B. The county will make all possible attempts to assure an adequate number of dental providers are available to meet county needs and federal regulations.

C. An adequate supply of the following materials will be available to meet Social Services Department and other county needs:

1. State-approved informing brochure with the address and phone number of the local CHDP program

2. Current list of CHDP medical and dental providers

3. Other informational material, e.g., CHDP poster

D. When eligible persons still needing CHDP services move to another county, the new county will be notified and appropriate information sent. *Describe this process.*

E. Copies of Screening/Billing Reports (PM 160) for services given to children in foster care will be sent to the responsible Department of Social Services. *Describe this process.*

County/City: _____ Effective Dates: _____ to _____

F. All persons eligible for Title V services will be informed of availability of these services and referred as requested.

G. Referrals for public health nursing services for intensive informing and follow up to health assessment and diagnosis and treatment will be accepted, and such services will be provided.

NOTE: Item G is required only when EPSDT funds are requested for Public Health Nursing through a county/federal match.

VII. Joint Social Services/CHDP Responsibilities

A Good Faith Effort will be made to locate all persons lost to contact. The EPSDT Unit/CHDP program will query the Department of Social Services for current addresses, telephone numbers, and Medi-Cal status of these persons. Upon request, the Department of Social Services will share this information. The exchange of this confidential information is based on federal and state regulations.

VIII. Staff Education

A. Within 90 days of employment by the Department of Social Services, all new staff with responsibility for placement or eligibility determination will have completed orientation regarding the CHDP program and their role and responsibilities for informing persons about CHDP and referring for services. *Identify staff person(s) from the Health Department CHDP program responsible for conducting this* ***initial*** *training*.

B. Within 90 days of employment by the Probation Department or licensed adoption agency, staff responsible for placement will have completed orientation regarding the CHDP program and their roles and responsibilities for informing persons about CHDP and referring for services. *Identify staff person(s) responsible for conducting this training*.

C. Upon licensure and at renewal, foster parent(s) and group care home, residential treatment center, and other out-of-home care facility staff will complete orientation regarding nature, scope, benefits, and availability of CHDP program services. *Identify staff person(s) responsible for conducting this training*.

D. All appropriate health department staff will receive orientation and an annual update regarding the CHDP program.

E. All placement and eligibility determination staff will receive an annual update regarding the CHDP program.

F. *Describe how additional staff in-service education needs will be identified. Specify, for example*:

1. *Need due to regulatory changes*.

2. *Need revealed through program evaluation/reports*.

County/City: _____ Effective Dates: _____ to _____

3. *Need revealed through task force/problem solving meetings*.

4. *Use of formalized education needs assessment tools*.

IX. Management Information and Program Evaluation

A. The following information will be compiled and shared between departments. *Describe mechanism of reporting this information to management and program staff, e.g., eligibility and placement workers. Specify, for example*:

1. *Numbers of*:

   a. *Eligibles - intake/re-determination. Break out number of children in foster care placement*.

   b. *Requests for CHDP services*.

   c. *Requests for more information*.

   d. *Requests for scheduling and/or transportation assistance*.

   e. *Medical assessment services requested and received*.

   f. *Dental services requested and received*.

   g. *Referrals to diagnosis and treatment*.

2. *Examples of children helped.*

3. *At a minimum, quarterly newsletter focusing on the aforementioned information from "1"and "2" to be sent to program/agency staff*.

B. Conduct and describe methods of program evaluation. *Specify, for example*:

1. *Description of internal process for monitoring, improving, and evaluating compliance with the program as outlined in the agreement*.

2. *Review in the Department of Social Services and EPSDT units in the Departments of Health and/or Social Services*.

3. *Review of program procedures - e.g., periodic notification*.

4. *Special studies in each department*.

5. *Case management reviews of CHDP process/system within each department*.

6. *Review of status of plan/interagency agreement objectives on a systematic basis*.

X. Compliance Certification

In signing this agreement, we hereby certify that the CHDP program in our community will meet the compliance requirements and standards pertaining to our respective departments contained in the following:

A. Enabling legislation of the CHDP program

Reference: Health and Safety Code Sections 124025 through 124110 and Section 104395.

B. CHDP program regulations that implement, interpret, or make specific the enabling legislation.

Reference: California Code of Regulations, Title 17, Section 6800 through 6874.

C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.

Reference: California Code of Regulations, Title 22, Sections 51340(c), 51340 and 51532.

D. Regulations defining county Department of Social Services responsibilities for meeting CHDP/EPSDT program requirements.

1. Social Services Regulations

Reference:

a. Staff Development and Training Standards - Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610.

b. Civil Rights - MPP Section 21-101, 21-107, 21.115.

c. Eligibility and Assistance Standards - MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5.

d. Child Welfare Services Program Standards - MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.1(h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), 31-405.1(g)(1).

e. Intra and interagency relations and agreements Chapter 29-405 and Chapter 29-410.

2. Medi-Cal Regulations

Reference:

a. California Code of Regulations, Title 22, Sections: 50031; 50157(a), (d), (e), (f), and 50184(b).

b. Other Title 22 regulations governing DSS programs regarding adoptions and referring parents to community services, including CHDP Pre-placement Advisement, California Code of Regulations, Title 22, Section 35094.2 and Advisement of Parents Whose Child has not been Removed from Parent's Care, Section 35129.1

E. Current interpretive releases by State Departments of Health Services and Social Services.

1. Children's Medical Services (CMS Branch) /CHDP Program Letters and Information Notices - Health Services.

2. All County Letters - Social Services.

3. Joint Letters - Health Services and Social Services

4. CMS Branch/CCS Numbered Letters pertaining to the CHDP Program - Health Services.

This interagency agreement is in effect from *July 1, 20__ through June 30, 20__* unless revised by mutual agreement.

NOTE: In the event that changes in federal or state legislation impact the current Interagency Agreement, the Health Department and Social Services Department agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

Child Health and Disability Prevention Program Director	Date
County Social Services Department Director	Date
County Probation Department	Date

County/City: _____ Effective Dates: _____ to _____

Model HCPCFC Memorandum of Understanding

Suggested Areas of Responsibility for Child Health and Disability Prevention (CHDP) Public Health Nurses (PHNs) and Child Welfare Service (CWS) Agency Social Workers and Probation Officers in the Health Care Program For Children In Foster Care (HCPCFC)

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	• PHN will be located in the CWS agency with accessibility to all team members	• PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.
Supervision	• PHN will be supervised by supervising PHN in the local CHDP program with input from CWS agency staff.	• CWS agency/Supervising Probation Officer will provide input to the supervising PHN.
Accessing Resources	• PHN will identify health care providers in the community. • PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers. • PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs. • PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.	• CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis. • CWS agency Social Worker/Probation Officer will work with the foster care provider and the PHN to identify an appropriate health care provider for the child. • CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Health Care Planning and Coordination	• PHN will interpret health care reports for social worker/probation officers and others as needed. • PHN will develop a health plan for each child expected to remain in foster care. • PHN will work with foster care provider to ensure that the child's Health and Education Passport or its equivalent is updated. • PHN will assist foster care provider s in obtaining timely comprehensive assessments. • PHN will expedite timely referrals for medical, dental, developmental, and mental health services. • PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS). • PHN will obtain and provide health care documentation when necessary to support the request for health care services. • PHN will collaborate with social worker/probation officer, biological parent when possible and foster care provider to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the Health Education Passport (HEP) to the foster care provider. • PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child. • PHN will collaborate with the social worker/probation officer and foster care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc. • PHN will review child's health plan with social worker/probation officer as needed and at least every six months.	• Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer. • Social Worker/Probation Officer or designee will incorporate health plan into child's case record. • Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services. • Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the foster care provider. • Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child. • Social Worker/Probation Officer will collaborate with the PHN and foster care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc. • Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Training/Orientation	• PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care. • PHN will educate social workers, juvenile court staff, foster care provider s, school nurses and others about the health care needs of children in foster care.	• CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care. • CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, foster care providers, and others about the health care needs of children in foster care. • CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.
Policy/Procedure Development	• PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP program policies related to the Health Care Program for Children in Foster Care. • PHN will participate in multi-disciplinary meetings for review of health-related issues.	• CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.
Transition from Foster Care	• PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.	• CWS agency staff/Probation Officers will collaborate with PHN to assure person leaving foster care supervision is aware and connected to resources for independent living.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Quality Assurance	• PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department. • PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team. • PHN will establish baseline data for evaluating health care services provided to children in foster care.	• CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services • CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team. • CWS agency/Probation Officers will collaborate and assist PHN in gathering data.

This Memorandum of Understanding in effect from July 1, 20__ through June 30, 20__ unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

Public Health Director or Child Health and Disability Prevention Program Director — Date

County Social Services Director or County Child Welfare Service Agency Director — Date

Chief Probation Officer — Date

SECTION 6 – BUDGET INSTRUCTIONS

CMS Budget Instructions General Information and Descriptions for all CMS Budgets

I. General Information

A. All CMS administrative budgets are composed of the following five major line items:

1. Personnel Expenses
2. Operating Expenses
3. Capital Expenses
4. Indirect Expenses
5. Other Expenses

(See Definitions and Guidelines on page 6-6).

B. **All** CMS budget submissions must include a budget detail worksheet, budget summary, budget justification narrative, and if applicable, County/City Capital Expenses Justification Form or County/City Other Expenses Justification Form.

C. List specific line items for individual staffing positions, services, supplies, and other operating expenses on the budget worksheet.

D. Round all amounts, **except totals,** to the nearest dollar.

If the calculation results in **50 cents or more**, then **round up to the next whole number**, e.g., $3,009.52 is rounded up to $3,010.

If the calculation results in **less than 50 cents**, then **round down to the next whole number**, e.g., $5,110.43 is rounded down to $5,110.

E. **Do not round totals.** The amounts used to calculate the totals have already been rounded up or down. When calculating total amounts, add the amounts in the column down or in the line across.

Using the examples from 1.D. above, the total is $8,120.

Calculation X	$ 3,010
Calculation Y	5,110
	$ 8,120

F. Staff for whom enhanced Title XIX (Medicaid) funding is budgeted must be county/city employees.

G. Use an acceptable accounting distribution method (e.g., square footage for rent or historic charges for telephone numbers assigned to the program) to determine rent, utilities, and communications costs. Allocate these costs to each budget

based on full time equivalent (FTE) ratios when the same staff is included on more than one budget, when staff work for more than one program, and when direct charges cannot be otherwise determined.

H. Local programs charging Indirect Expenses must include such costs in all budgets.

I. The Budget Summary must be signed by the department fiscal officer and a county/city official with authority to sign on behalf of the local jurisdiction (for the CHDP Program, the CHDP Director has regulatory authority to sign program documents). An original signature is required. Signature stamps are not acceptable.

J. Highest rate of pay in salary range is to be used. If a lower rate is used, please explain in budget justification narrative.

K. All requests for budget revisions must be submitted to the Regional Office Administrative Consultant/Analyst no later than six months (December 31) after the end of the fiscal year. Budget revision requests received after December 31 for the previous fiscal year will not be accepted.

L. A budget justification narrative must accompany each budget worksheet and budget summary and must justify budget line items, e.g.:

1. The basis of formula used to determine travel costs, rent, etc.
2. Increases/decreases in FTE and enhanced/nonenhanced time
3. Significant increases/decreases in line item amounts
4. Identify all new, changed, or eliminated positions or changes in duties
5. Staff benefits and indirect cost plan

II. CMS Budget Description

A. CHDP Administrative Budgets

1. **CHDP Administrative Budget (No County/City Match)** – represents the local program's estimate of administrative expenditures for CHDP and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program for the fiscal year given the available State funding.

   The CHDP Administrative Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded through the State General Fund and Medi-Cal State/Title XIX Federal Funds.

2. **CHDP Administrative Local Match Budget (County/City Match)** – a CHDP Program may request additional funding through submission of a CHDP Administrative Local Match Budget (County/City Match) when the

program is requesting federal matching funds to augment local program funds. The additional funds enable the local program to perform activities dedicated to Medi-Cal beneficiaries meeting the federal EPSDT Program mandates over and above those funded through the CHDP Administrative Budget (No County/City Match) allocation.

The CHDP Administrative Local Match Budget (County/City Match) is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded through county/city and Title XIX Federal Funds.

3. **Foster Care Administrative Local Match Budget (County/City Match)** A CHDP Program may request additional funding for staff working in support of children and youth in out-of-home placement or foster care through the use of the Foster Care Administrative Budget (County/City Match). Local county/city funds, specified on the budget category summary sheet, are matched with federal funds to augment local program activities. The five major line items of this optional budget are: Personnel Expenses, Operating Expenses, Indirect and Other Expenses. This budget is funded through county/city and Title XIX Federal Funds.

B. CCS Administrative Budgets

1. **CCS Administrative Budget** – represents a county request for CCS program funding for administrative costs. The CCS Administrative Budget is based on a county's caseload applied to a staffing standard. The CCS Administrative Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. Funding for the percentage of the non-Medi-Cal portion of the CCS caseload is shared 50/50 between the county and State General Fund monies. The Medi-Cal portion of the caseload is funded with State General Fund and Title XIX Federal Funds.

   Included in the Personnel category is a county's request for funding administrative Skilled Professional Medical Personnel (SPMP) costs in accordance with the Federal Financial Participation guidelines. Funding is based on the requested number of SPMP to serve the CCS Medi-Cal caseload in the following specific areas: concurrent hospital review, intensive medical case management, liaison activities with Medi-Cal managed care systems, and early childhood coordination.

2. **Medical Therapy Program (MTP) Claims Preparation Budget** – reimburses counties at 50 percent of actual costs of Medi-Cal claims preparation for therapy services provided at a Medical Therapy Unit (MTU). Only county CCS programs with MTUs that have been certified as Outpatient Rehabilitation Centers (OPRC) may request this budget. The MTP Claims Preparation Budget is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses. This budget is funded by the State General Fund and County Funds.

C. HCPCFC Administrative Budget

Health Care Program for Children in Foster Care (HCPCFC) Budget – represents the local program's estimate of administrative expenditures for the HCPCFC for the fiscal year given the available state funding. It is comprised of three major line items: Personnel Expenses, Operating Expenses, and Indirect Expenses. State General funds matched with federal Medicaid, Title XIX funds are the source of funds for this program.

Budget Tips

The items listed below will assist in the preparation of budgets. This list represents common mistakes that CMS staff have noted in the review of local program budgets.

I. **Double-check the math.** The figures for both percentages and calculated amounts must add down and across.

II. Annual salaries must match when the same personnel are listed on multiple budgets.

III. FTEs on the duty statement must match FTEs on the budget worksheet and incumbent listing.

IV. No staff total time can exceed 100 percent.

V. No full-time FTE in a single program can be 100 percent enhanced.

VI. Line item amounts on the budget worksheets and budget justification narrative must match.

VII. A "Capital Expenses Justification Form" must be submitted for items of equipment purchased with CMS Program funds that exceed $5,000 per item (see page 6-12).

VIII. Staff must be appropriately classified under enhanced and nonenhanced in accordance with the duty statements.

IX. Staff listed on the budget worksheet must correspond with the incumbent listing and organizational chart.

X. Enhanced clerical staff must be supervised by SPMP.

XI. A CHDP Director who is also the County Health Officer cannot be included on the CHDP budget.

XII. On the MTP Claims Preparation Budget:

A. Travel and training cannot be included

B. Professional staff cannot be included

C. Electronic communication devices (pagers, voice mail, etc.) cannot be included.

XIII. The Budget Summary must be signed by the department fiscal officer and a county/city official with authority to sign on behalf of the local jurisdiction;

A. For the CHDP Program, the CHDP Director has regulatory authority to sign program documents.

B. An original signature is required. Signature stamps are not acceptable.

Definitions and Guidelines

The five major line items for each budget are identified and defined below:

I. **Personnel Expenses** – Includes county/city staff salaries, wages, and benefits.

A. Local program staff assigned to work on any of the CMS programs and for whom salary, wages, benefits, and bilingual or any other differential expenses are claimed through the appropriate CMS budgets. Detailed information, including specific classifications, percentages of time, and incumbents' names, are included on the budget worksheet.

B. Time base and personnel expenses are calculated using total full-time annual salary per position. For a position allocated to more than one budget, the same annual salary must be used on each budget.

C. Percentages of time for positions allocated to multiple budgets cannot exceed 100 percent of the time base for those positions, e.g., one full-time position cannot be shown as 50 percent on a CHDP budget, 50 percent on a CCS budget, and 20 percent on a HCPCFC budget.

D. Percentages estimates for staff benefits may be budgeted based on actual dollar amounts.

II. **Operating Expenses** – Includes expenses such as travel, training, space rental, office supplies, and furniture.

A. Personnel Travel (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.).

NOTE: All training costs (e.g., registration fees and tuition) must be included under "Training"

1. Allowable in-state travel expenses are those necessary to administer CMS programs, provide case management services, attend State-required meetings, and participate in training workshops.

2. No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the State.

3. The following documentation must be maintained at the local level to support travel expenditures:

a. Purpose of travel,

b. Travel expense documents, and

c. Total cost.

4. Travel costs incurred by county/city Program staff are reimbursed at the county/city designated rate.

B. Personnel Training

NOTE: All travel costs (e.g., per diem, mileage, etc.) related to training must be included under "Travel."

1. Training/conference registration and tuition fees are specifically for events relevant to CMS programs.

2. The following documentation must be maintained at the local level to support training expenditures:

   a. Description of training course or conference,

   b. The required training log for SPMP claiming Title XIX funds,

   c. Justification for attendance,

   d. Total cost, and

   e. Confirmation of attendance.

C. Space Rental

1. Direct costs for rental of space needed to conduct CMS programs may be budgeted as either "Operating Expenses" or "Indirect Expenses."

2. Space rental costs are determined by total square feet and cost per square foot or other calculation methodology. Common and shared space costs are prorated among program users.

D. Office Supplies

1. Personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than $5,000 per unit cost.

2. Miscellaneous office supplies such as pens, pencils, paper, staplers, etc.

E. Furniture

1. Costs of small office furniture and small office machines which do not meet the definitions of "capital expenses" equipment below.

2. Costs of modular office furniture work stations.

3. Costs of individual replacement parts (for a unit of equipment) having a base unit cost of less than $5,000 (excluding tax, delivery, and installation charges).

F. Any other operating expenses not noted above and not included in the Indirect Expenses with overhead costs may be listed as an expense line item (e.g. liability and malpractice insurance).

III. **Capital Expenses** – Includes tangible property (equipment).

A. Equipment with a unit cost of $5,000 or more (excluding tax, delivery, and installation charges) and a useful life of four years or more.

B. Automated Data Processing (ADP) hardware with a unit cost of $5,000 or more.

C. A unit of equipment and ADP hardware shall be defined as all connecting parts, modifications, attachments, or auxiliary apparatus necessary to make it usable.

D. Miscellaneous equipment such as personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than $5,000 per unit cost is not defined as equipment and shall **not** be budgeted in the "Capital Expenses" line item. These items shall be budgeted as office supplies and detailed on a budget worksheet under "Operating Expenses."

E. Considerations for Approval of Request for Computers in CHDP and CCS Budgets:

1. Does the number of computers correspond to program FTEs?

2. Is the county on, or transitioning to, CMS Net?

3. When was the last request for computers?

4. What is the intended use of the equipment? (Is it appropriate for classification(s) and duties?)

F. Written justification for capital expenses must be submitted with the CMS Plan and Budget package and approved by CMS prior to expenditure of State funds. See County/City Capital Expenses Justification Form, page 6-12.

G. A county/city with an established procurement system may use its system to make equipment purchases of up to $50,000 as allowed in Health and Safety Code, Subsection 1033, Section 38078.5 (Statutes of 1993). However, the system must be described when requesting state approval of the purchase and State authorization must be received in writing by the local agency prior to the purchase(s).

H. If the entire line item totals $50,000 or more, all items of equipment included in the line item are subject to procurement for the local agency by the State. Contact your CMS Regional Office for guidance before purchasing.

I. All equipment requested for purchase with State funds shall be the property of the State and shall be subject to the provisions listed below.

1. State property shall be used only to conduct business related to programs funded by CMS.

2. The county/city is required to maintain and administer, in accordance with sound business practice, a program for the utilization, maintenance,

repair, protection, and preservation of State property to assure its full availability and usefulness.

3. The county/city is required to submit, upon request, an annual inventory of equipment purchased with State funds.

4. Specific instructions on managing and invoicing equipment purchased with State funds are found in Section 8.

J. Other expenses associated with relocation may be Capital Expenses. Consult your regional office for guidance.

IV. **Indirect Expenses** – Includes all internal and external administrative overhead costs including county/city and departmental overhead costs. External administrative overhead allocations must have an approved plan on file with the State Controller's Office. Internal administrative overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

A. County/city agencies must maintain internal records supporting indirect costs. The county/city must maintain documentation of methods for claiming internal and external overhead. This information shall be readily available for review by the CMS Branch.

B. Indirect cost rates may be applied to Total Salaries and Wages or Total Personnel Expense, depending upon the base used by the county/city to develop the approved rate.

V. **Other Expenses** – Other expenses not defined above include:

A. Subcontractors/consultants shall be used only for activities directly related to CMS program(s). The use of subcontractors/consultants must be clearly described. Complete the County/City Other Expenses Justification Form (see page 6-13) for subcontract/consultant services. Local programs shall notify CMS staff at the CMS Regional Office of any proposed use of subcontractors/consultants to ensure that appropriate State and federal requirements regarding such agreements are met. All employees with paid benefits including bilingual or other differentials shall be included under Personnel Expense. Paid benefits are vacation, sick leave, health/medical insurance, worker's compensation, social security, etc.

B. Maintenance and transportation is a line item that was first included during FY 2000-01. Inclusion of this line item changed the reimbursement of the CCS Maintenance & Transportation benefits to an administrative cost. County CCS programs that include an anticipated expenditure on the CCS Administrative Budget may claim actual expenditures incurred by CCS clients to provide the maintenance and transportation benefit allowed in federal Medi-Cal regulations and defined in CCS Numbered Letter 01-0104. (See Section 8 of this manual for claiming instructions.)

Sample Budget Justification Narrative

Children's Medical Services
Gold County
Budget Narrative
Fiscal Year 2004-2005

I. PERSONNEL EXPENSES		**Identify and explain any changes in Personnel including FTE percentage changes.**
Total Salaries:	$1,528,586	
Total Benefits:	$489,148	
Total Personnel Expenses:	$2,017,735	
Supervising PHN (2)		Two Supervising PHN positions have been added. These positions have been upgraded from Senior PHN to Supervising PHN.
PHN II		One new PHN II has been added to meet State staffing standards.
PHN I		Two new PHN I positions requested to meet State staffing standards.
Office Assistant III (2)		Two new positions added to meet State staffing standards.
Office Assistant II (1)		One new position added.
Office Assistant I		OA I moved from extra help (Other Expense) to full time.
II. OPERATING EXPENSES		**List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.**
Travel	$7,500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.
Training	$6,500	Includes registration and tuition fees and type of training.
Office Supplies and Services	$14,636	Increase by 7% due to additional personnel needing office supplies and increased cost of office supplies over late year.
Space Rental	$130,500	Increase of 63%. Present building location can not accommodate increase in personnel, telephone lines, and computer lines. Building relocation is necessary. This figure is based upon 8,700 square feet @ $1.25 per square foot.

Telephone	$21,434	Increased by 17% from last year. To accommodate new position requests.
Computer upgrade/ maintenance	$5,700	Increase 100%. Upgrade of CCS computers to Windows 2000.
Office Equipment	$78,194	Increase 100%. Office equipment needed for re-location of division to another building.
Hook-up computers to Hub	$3,000	Increase 100%. For re-location of division.
Computer and Monitor (6)	$12,000	Increase 100%. Computer access for additional staff requested. For 6 computers and 6 monitors for new positions @ $2,000 each.
Total Operating Expenses:	$297,478	
III. CAPITAL EXPENSES		**List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.**
Total Capital Expenses:	0	None
IV. INDIRECT EXPENSES		
A. Internal @ 15.79%	$241,364	According to 2003 Cost Allocation Plan on file.
B. External	0	
Total Indirect Expenses:	$241,364	
V. OTHER EXPENSES		**List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.**
Maintenance and Transportation	$40,241	Increase of 7%.
Student Internship	$12,480	Increase 100%. Cost per student is $3.00 per hour. Colleges place students interested in Public Service to gain working knowledge of CMS. There is a contract per each student outlining goals and objectives to be accomplished by the student. CMS benefits from the assistance students provide the program. Students are sometimes hired as PHN, office support staff, etc.
Total Other Expenses:	$52,721	
BUDGET GRAND TOTAL	**$2,609,298**	

Department of Health Services Children's Medical Services Branch

County/City Capital Expenses Justification Form

County/City: _____ Contact Person: _____

Date: _____ Telephone Number: _____

A. List all equipment and each item's price.

_____

_____

_____

_____

B. How is the equipment going to benefit the CMS program(s)?

_____

_____

_____

_____

C. Describe what functions will be performed on the equipment and why the current process can no longer be used.

_____

_____

_____

_____

D. Specify if the new equipment must have enhanced capabilities and why.

_____

_____

_____

_____

NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

Department of Health Services Children's Medical Services Branch

County/City Other Expenses Justification Form

County/City: _____ Contact Person: _____

Date: _____ Telephone Number: _____

List all the subcontractor/consultant agreement claimed under "Other Expenses" and the price. Describe the services to be performed and how the CMS program(s) will benefit. Be specific but concise.

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

CHDP Budget Information and Staffing Guidelines

I. Budget Information

A. Each CHDP local program is provided an annual allocation of Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) State funds based on the EPSDT State appropriation for the Fiscal Year. The allocation is comprised of a base allocation and a proportion applied to the remaining funds beyond those distributed through the base allocation.

B. The base allocation is the sum of the allocations in three Program Activities areas. One portion of the base allocation is related to size of target population (Informing/Linking). A second portion of the base allocation is related to the number of health screens (Care Coordination); and a third portion is related to the number of active CHDP provider numbers (Provider Orientation and Training). The CHDP local program falls within a range specific to one of seven groups in each program activity area.

C. Assigning a proportion of the remaining allocation to each local program extends the base allocation. The proportion of the remaining allocation is distributed according to the average proportion of the local program of the statewide totals. As a result, each CHDP local program receives a unique allocation of EPSDT State funds for their administrative activities. (See CHDP EPSDT Base Allocation Table, page 6-33)

D. The EPSDT State funds allocation is matched through the federal Medicaid (Tile XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California).

E. Each CHDP local program is also provided an annual allocation of State General or State-only funds based on the non Medi-Cal State appropriation for the Fiscal Year. The allocation is distributed according to the average proportion of the local program in the statewide totals. The State-only funds are not matchable with Federal Title XIX funds.

F. If a local program determines it is necessary to request additional funds for staff who perform administration program activities in support of the Medicaid (Medi-Cal) program, an optional CHDP Administrative Budget, County/City Match may be submitted. See Section 6, page 2.

II. Staffing Guidelines

A. The CHDP Staffing Matrix Profile Guidelines and the Guidelines Summary and the CHDP Guidelines Worksheet for Full-time Equivalent Calculations are to assist programs in the evaluation and preparation of their staffing patterns for the local administration of the CHDP Program. Program administrative activities are in three broad areas:

- Program Activities which includes Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison;
- Program Management which includes Supervision and Administration and Information Technology; and
- Program Support which includes Clerical Support.

B. With the EPSDT State allocation, the CHDP local program is expected to carry out the basic administrative activities of the program. The foundation of these activities with staffing guidelines is outlined below and is followed by a worksheet to assist with planning. The Staffing Matrix Profile Guidelines shows a range of total FTEs by program area.

PROGRAM ACTIVITIES

INFORMING/LINKING

Ancillary (ANC) Informing/Linking

Basis of Formula

- designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills
- total annual target population estimate for CHDP program
  - varies by county/city
  - source of data is:

    Budget Year CHDP Target Population Estimate column entitled Total Children
  - location of source of data is:

    Plan and Fiscal Guidelines, Section 4
- total number of children within a group to whom an ANC would address = 25 children per group
- total hours that ANC spends addressing each group = 1 hour per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Health Professional (HP) Informing/Linking

Basis of Formula

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total annual target population estimate for CHDP program.
  - varies by county/city.
  - source of data is:

Budget Year CHDP Target Population Estimate column entitled Total Children

- location of source of data is:

  Plan and Fiscal Guidelines, Section 4

- total number of children within a group to whom HP would address = 25 children per group
- total hours that HP spends addressing each group = 0.5 hour or 30 minutes per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Public Health Nurse Informing/Linking

To be determined by each county/city's needs as calculated in the Health Professional category.

CARE COORDINATION

Public Health Nurse (PHN) Care Coordination

Basis of Formula

- designated staff = public health nurse
- total annual number of screens or health assessments performed
  - varies by county/city
  - source of data is:

    CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects
- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)
  - varies by county/city
  - source of data is:

    Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that PHN spends performing care coordination activities per counted health assessment = 1 hour
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

* For counties/cities with M-C MCPs, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

Health Professional (HP) Care Coordination

Basis of Formula

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV

- total annual number of screens or health assessments performed

  - varies by county/city

  - source of data is:

    CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects

- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)

  - varies by county/city

  - source of data is:

    Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects

- count the number of health assessments completed by M-C MCPs in your county/city

- percentage of screens that require follow-up or acuity rate

  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others

- total hours that HP spends performing care coordination activities per counted health assessment = 0.25 hour or 15 minutes per screen

- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Ancillary (ANC) Care Coordination

Basis of Formula

- designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills

- total annual number of screens or health assessments performed

  - varies by county/city

  - source of data is:

    CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2002 – 06-30-2003, CHDP Data Reporting System, Business Objects

- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)

  - varies by county/city

  - source of data is:

    Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2002 – 06-30-2003), CHDP Data Reporting System, Business Objects

- count the number of health assessments completed by M-C MCPs in your county/city

- percentage of screens that require follow-up or acuity rate

  - acuity rate = use 16.5 percent (%); includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others

- total hours that ANC spends performing care coordination = 45 minutes per screen or 0.75 hour per screen

- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week . 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

  *For counties/cities with M-C MCPs, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

PROVIDER ORIENTATION AND TRAINING

Public Health Nurse (PHN) Provider Orientation and Training

Basis of Formula

- designated staff = public health nurse
- total CHDP provider numbers, hereafter referred to as enrolled providers
  - varies by county/city
  - source of data is:

    "Active CHDP Providers by County/City and Provider Name", CHDP Data Reporting System, Business Objects
- total annual hours that PHN spends with each enrolled provider = 18 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Health Professional (HP) Provider Orientation and Training

Basis of Formula

- designated staff = e.g., nutritionists, dental staff, physicians, public health nurses, and health educators who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total number of providers, hereafter referred to as enrolled providers
  - varies by county/city
  - source of data is:

    "Active CHDP Providers by County/City and Provider Name", CHDP Data Reporting System, Business Objects
- total annual hours that HP spends with each enrolled provider = 9 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Ancillary (ANC) Provider Orientation and Training

Basis of Formula

- total FTEs of PHNs for Provider Orientation and Training.
- total FTEs of HPs for Provider Orientation and Training
- established ratio
  - 1:5
  - one (1) ANC to every five (5) FTEs of PHNs and HPs

Liaison

Basis of Formula

- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- county/city has an established Medi-Cal Managed Care program (M-C MCP)
  - County/City has a two-plan or geographic managed care model of M-C MCP;
  - County/City has an established county-organized health system (COHS)
- coordination with other county/city public health department (PHD) programs such as the following:
  - California Children's Services (CCS)
  - Immunization
  - Childhood Lead Poisoning Prevention
  - Maternal and Child Health (MCH)
  - Women's, Infants, and Children (WIC)
- coordination with other community and school programs
- counties/cities are entitled to a range (0.01 to 0.5) of HP FTEs for liaison for established M-C MCP, COHS, and coordination efforts with other county/city PHD programs and with other community and school programs

PROGRAM MANAGEMENT

Supervision (SUPV)

Basis of Formula

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison.
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- established ratio
  - 1:10
  - one (1) SUPV FTE to every ten (10) FTEs of PHN, HP, and ANC

Administration and Information Technology (AIT)

Basis of Formula

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- percentage of AIT staff oversight, guidance, direction, and technical support of all other staff excluding SUPV = 10 percent (%)
- budget sufficient Information Technology (IT) support not only for software and hardware maintenance but also for development of reports, LAN administration, technical support, desktop assistance, statistical extrapolation, etc.

PROGRAM SUPPORT

Clerical Support (CS)

Basis of Formula

- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison

- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- total FTEs of Supervision (SUPV)
- total FTEs of Administration and Information Technology (AIT)
- established ratio
  - 1:6
  - one (1) Clerical Support (CS) FTE to every six (6) FTEs of PHN, HP, ANC, SUPV, and AIT
- defined as clerical support to CHDP program activity and management personnel
- duties include tracking providers, maintaining and updating files, scheduling appointments, finalizing correspondence for release, etc.

CHDP GUIDELINES
STAFFING FACTORS
FISCAL YEAR 2004 – 2005
WORKSHEET for FULL-TIME EQUIVALENT (FTE) CALCULATIONS

Based on the experience of CHDP local program staff in their preparation of the Staffing Matrix for Fiscal Year 2003 – 2004, this worksheet is redesigned for use as a framework in staffing CHDP local programs. The formulas for Provider Orientation and Training, and Liaison have been adjusted. With these formulas and the use of the allocation, the FTEs should be attainable within the range shown in the Staffing Matrix Profile Guidelines that follow the worksheet.

As an electronic document, the areas for numerical entries are highlighted by marching red ants. As a paper document, the areas for numerical entries are not highlighted and left blank. Whether this worksheet is used as an electronic or paper document, the individual completing the worksheet is still required to compute the full-time equivalent calculations by hand.

PROGRAM ACTIVITIES

INFORMING/LINKING

Ancillary (ANC)

	Total annual target population estimate for CHDP program		children
÷	Total children within a group to whom ANC would address		÷ 25 children/group
=	Number of groups that ANC addresses each year	=	groups
×	Total hours that ANC spends addressing each group		× 1 hr/group
=	Total annual hours spent on addressing groups	=	hours
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of ANC	=	FTEs of ANC

Health Professional (HP)

	Total annual target population estimate for CHDP program		children
÷	Total children within a group to whom HP would address		÷ 25 children/group
=	Number of groups that HP addresses each year	=	groups
×	Total hours that HP spends addressing each group		× 0.5 hr/group
=	Total annual hours spent on addressing groups	=	hours
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of HP	=	FTEs of HP

Public Health Nurse (PHN)

To be determined by each county/city's needs as calculated in the Health Professional category.

PROGRAM ACTIVITIES

CARE COORDINATION

Public Health Nurse (PHN)

	Total annual number of screens performed		screens
–	Total screens reported through Medi-Cal Managed Care Plans (M-C MCPs)	–	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage 16.5% of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours PHN spends performing care coordination		× 1 hr/screen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of PHN	=	FTEs of PHN

Health Professional (HP)

	Total annual number of screens performed		screens
–	Total screens reported through M-C MCPs	–	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage 16.5% of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours HP spends performing care coordination		× 0.25 hr/screen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of HP	=	FTEs of HP

Ancillary (ANC)

	Total annual number of screens performed		screens
–	Total screens reported through M-C MCPs	–	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage 16.5% of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours ANC spends performing care coordination		× 0.75 creen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of ANC	=	FTEs of ANC

PROGRAM ACTIVITIES

PROVIDER ORIENTATION AND TRAINING

Public Health Nurse (PHN)

	Total number of enrolled providers	=	Providers
×	Total annual time PHN spends with each enrolled provider		× 18 hrs/yr
=	Total annual work hours	=	hrs/yr
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of PHN	=	FTEs of PHN

Health Professional (HP)

	Total number of enrolled providers	=	Providers
×	Total annual time HP spends with each enrolled provider		× 9 hrs/yr
=	Total annual work hours	=	hrs/yr
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of HP	=	FTEs of HP

Ancillary (ANC)

	Total FTEs of PHNs		FTEs of PHNs
+	Total FTEs of HPs	+	FTEs of HPs
=	Total FTEs of PHNs and HPs	=	FTEs of PHNs and HPs
÷	Established ratio of ANC to PHNs and HPs		÷ 5
=	Annual FTEs of ANC	=	FTEs of ANC

PROGRAM ACTIVITIES

Liaison

The Health Professional (HP) full-time equivalents (FTE) for the program activity entitled Liaison (L) is determined by the target population for each county/city. Please locate the target population range in which your local program's target population falls. The target population range indicates a predetermined FTE of HP-L.

FTEs	Target Population Range
0.50	180,000 to 1,500,000
0.25	100,000 to 179,999
0.15	30,000 to 99,999
0.10	8,000 to 29,999
0.05	3,000 to 7,999
0.01	under 3,000

Minimum Liaison FTE = FTEs of HP

PROGRAM MANAGEMENT

Supervision (SUPV)

	Total FTEs of PHN		FTEs of PHN
+	Total FTEs of HP	+	FTEs of HP
+	Total FTEs of ANC	+	FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	=	FTEs of PHN, HP, and ANC
÷	Established ratio of SUPV to PHN, HP, and ANC		÷ 10
=	Annual FTEs of SUPV	=	FTEs of SUPV

Administration and Information Technology (AIT)

	Total FTEs of PHN		FTEs of PHN
+	Total FTEs of HP	+	FTEs of HP
+	Total FTEs of ANC	+	FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	=	FTEs of PHN, HP, and ANC
x	Percentage of AIT for oversight, guidance, direction, and technical support of all other staff, excluding SUPV		× 10%
=	Annual FTEs of AIT	=	FTEs of AIT

PROGRAM SUPPORT

Clerical Support (CS)

	Total FTEs of PHN		FTEs of PHN
+	Total FTEs of HP	+	FTEs of HP
+	Total FTEs of ANC	+	FTEs of ANC
+	Total FTEs of SUPV	+	FTEs of SUPV
+	Total FTEs of AIT	+	FTEs of AIT
=	Total FTEs of PHN, HP, ANC, SUPV and AIT	=	FTEs
÷	Established ratio of CS to PHN, HP, ANC, SUPV, and AIT		÷ 6
=	Annual FTEs of CS	=	FTEs of CS

CHDP EPSDT
FISCAL YEAR 2004 - 2005
BASE ALLOCATION TABLE

Group	1	2	3	4	5	6	7
Target Population	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Base Allocation	$ 10,000	$ 30,000	$ 45,000	$ 60,000	$ 105,000	$ 150,000	$ 300,000
Screens	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Base Allocation	$ 10,000	$ 30,000	$ 45,000	$ 60,000	$ 105,000	$ 150,000	$ 300,000
Providers	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
Base Allocation	$ 10,000	$ 30,000	$ 45,000	$ 60,000	$ 105,000	$ 150,000	$ 300,000

The Total EPSDT State Allocation is the sum of the base allocation for each area of program activity plus a portion of the unallocated base funds. The unallocated base funds are distributed by the CHDP Local Program's statewide proportion in each of the Program Activity Areas.

Staffing Profile Guidelines

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Target Population (Informing and Linking)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Screens (Care Coordination)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Active Providers (Provider Orientation and Training)	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
FTEs Program Activities*							
Informing and Linking	0.01 - 0.14	0.14 - 0.43	0.43 - 0.89	0.87 - 1.4	1.44 - 2.9	2.9 - 10.1	
Care Coordination	0.01 - 0.8	0.8 - 2.4	2.4 - 4.8	4.8 - 8.0	8.0 - 15.9	15.9 - 47.6	
Provider Orientation and Training	0.03 - 0.09	0.1 - 0.2	0.2 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 3.4	
Liaison	0.01 - 0.05	0.05 - 0.1	0.1	0.15	0.15	0.25 - 0.50	0.5
Subtotal	0.06 - 0.4	0.4 - 3.1	3.1 - 6.4	6.4 - 10.8	10.8 - 21.2	21.3 - 61.6	
FTEs Program Management*							
Supervision	0.01 - 0.04	0.04 - 0.3	0.3 - 0.6	0.6 - 1.1	1.1 - 2.1	2.1 - 6.2	
Administration and Information Technology Support	0.01 - 0.04	0.04 - 0.3	0.3 - 0.6	0.6 - 1.1	1.1 - 2.1	2.1 - 6.2	
Subtotal	0.02 - 0.08	0.08 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 4.2	4.2 - 12.4	
FTEs Program Support							
Clerical	0.01 - 0.08	0.08 - 0.6	0.6 - 1.3	1.5 - 2.2	2.2 - 4.2	4.2 - 12.3	
Total FTEs	**0.1 - 0.6**	**0.6 - 4.4**	**4.3 - 8.9**	**9.1 - 15.2**	**14.8 - 29.6**	**29.7 - 86.3**	

* Additional Liaison activities are incorporated into these functions.

** Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educatiors, nutritionists, physicians, and public health nurses (PHNs) who meet skilled professional medical personnel qualifications.

Summary CHDP Staffing Profile

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Target Population (Informing and Linking)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Screens (Care Coordination)	1 - 4,999	5,000 - 14,999	15,000 - 29,999	30,000 - 49,999	50,000 - 99,999	100,000 - 350,000	> 350,000
Active Providers (Provider Orientation and Training)	1 - 6	7 - 15	16 - 40	41 - 80	81 - 140	141 - 220	> 220
FTEs Program Activities*							
Informing and Linking, Care Coordination, Provider Orientation and Training, and Liaison**	0.06 - 0.4	0.4 - 3.1	3.1 - 6.4	6.4 - 10.8	10.8 - 21.2	21.3 - 61.6	
FTEs Program Management*							
Supervision (1:10) and Administration and Information Technology Support (1:10)	0.02 – 0.08	0.08 - 0.6	0.6 - 1.2	1.2 - 2.2	2.2 - 4.2	4.2 - 12.4	
FTEs Program Support							
Clerical	0.01 – 0.08	0.08 - 0.6	0.6 - 1.3	1.5 - 2.2	2.2 - 4.2	4.2 - 12.3	
Total FTEs	**0.1 - 0.6**	**0.6 - 4.4**	**4.3 - 8.9**	**9.1 - 15.2**	**14.8 - 29.6**	**29.7 - 86.3**	

* Additional Liaison activities are incorporated into these functions.

** Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educators, nutritionists, physicians, and public health nurses (PHNs) who meet skilled professional medical personnel qualifications.

CHDP Administrative Budget Worksheet Instructions (No County/City Match)

CHDP State General Funds and Medi-Cal State/Federal Funds

The CHDP Administrative Budget Worksheet for FY 2004-05 No County/City Match shows percentages and dollar amounts in both the State-funded CHDP budget and the Medi-Cal funded CHDP budget. These dollar amounts are not to exceed the amounts allocated in the annual CHDP allocation letter.

Complete the County/City Name/Budget Fiscal Year. See sample on page 6-43.

I. Personnel Expenses

In this section, list each funded position by classification and incumbent name as a separate line item and complete the following Columns:

1A. Percentage or FTE: Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in the "Personnel Expenses" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time) 1/5 = 0.2 or 20%

1B. Annual Salary: Enter in Column 1B the annual salary for the full-time position listed in the "Personnel Expenses" section.

1. Total Budget

- Multiply each entry in Column 1A "% FTE" by the corresponding entry in Column 1B "Annual Salary"
- Enter the amount in Column 1, "Total Budget." The amount in Column 1 is also the sum of Columns 2 and 3.

2/2A. Percentage or FTE/Total CHDP Budget

- The percentages of Columns 2A (State-funded CHDP budget) and 3A (Medi-Cal Budget) must total 100%. In Column 2A enter the portion of the FTE for program activities directed to non-Medi-Cal children and youth for each position listed.
- Multiply the FTE in Column 2A by the Total Budget in Column 1 and enter this amount in Column 2, entitled "Total CHDP Budget."

3/3A. Percentage of FTE/Total Medi-Cal Budget

- Subtract the % FTE in Column 2A from 100% and enter the percentage in Column 3A. Percentage of time in the Medi-Cal budget shall be spent on program activities directed to Medi-Cal children and youth for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and enter this amount in Column 3, entitled, "Total Medi-Cal Budget."
- The sum of Column 2 and Column 3 is equal to the Total Budget Column.

4/4A. Percentage of FTE/Enhanced State/Federal (25/75)

- Columns 4A plus 5A must equal 100% in order to accurately show percentages of enhanced and non-enhanced Medi-Cal-funded activities.
- For each line item in Personnel Expenses, enter in Column 4A the percentage of the FTE in Column 3A for program activities eligible for enhanced Medi-Cal funding. See FFP Information in Section 9 for qualifying position descriptions.
- Multiply the amount in Column 3 "Total Medi-Cal Budget" by the FTE entered in Column 4A for each position, and
- Enter this amount in Column 4 "Enhanced."

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the No County/City Match and the County/City Match Budgets, the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

5/5A. Percentage of FTE/Nonenhanced State/Federal (50/50)

- For each line item in Personnel Expenses, enter in Column 5A the percentage of the FTE in Column 3A for program activities eligible for nonenhanced Medi-Cal funding for each position. See FFP Information in Section 9.
- Multiply the amount in Column 3 "Total Medi-Cal Budget" by the FTE entered in Column 5A for each position, and
- Enter this amount in Column 5 "Nonenhanced."
- The sum of Columns 4A and 5A equals 100 percent.

Total Salaries and Wages

- Add the amounts itemized in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

Less Salary Savings

- Complete the "Less Salary Savings" line item only if the county/city government mandates salary savings.
- Multiply the county/city salary savings percentage by the amount of "Total Salaries and Wages" in each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

Net Salaries and Wages

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" amount in Columns 1, 2, 3, 4, and 5 and
- Enter the balance of each column on the line entitled, "Net Salaries and Wages."

Staff Benefits

The Staff Benefits line item shall include the county/city share of expenses for (a) employee benefits, e.g., employee group insurance (health, dental, life, accident, and unemployment insurance) and (b) worker's compensation insurance.

- Multiply the approved county/city staff benefits percentage by the "Net Salaries and Wages" for Columns 1, 2, 3, 4, and 5, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.
- If a percentage is used, the county/city MUST enter this percentage next to the words "Staff Benefits" on the form.

Total Personnel Expenses

- Add the "Staff Benefits" amount to the "Net Salaries and Wages" amount in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the "Total Personnel Expenses" line item.

II. Operating Expenses

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in CHDP in Column 2, Medi-Cal Enhanced in Column 4, and Medi-Cal Nonenhanced in Column 5.
- Add Column 4 and Column 5 for each line and enter in the sum Column 3.
- Add Column 3 and Column 2 for each line and enter in the sum Column 1.

Additional Operating Expenses

List all other line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in CHDP in Column 2 and Medi-Cal Nonenhanced in Column 5.
- Enter each amount in Column 5 and in Column 3.
- Add Column 2 and Column 3 and enter the sum in Column 1 for each line.

NOTE: The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

Total Operating Expenses

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, 3, 4, and 5 and
- Enter the total for each column on the "Total Operating Expenses" line item.

III. Capital Expenses – Includes all equipment and Automated Data Processing (ADP) hardware.

- Enter the approved "CHDP Budget" amount in Column 2 for each item.
- Enter the approved "Medi-Cal Budget" amounts in Column 5 and Column 3 for each item.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Total Capital Expenses

- Add the "Capital Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the "Total Capital Expenses" line item.

IV. Indirect Expenses

External – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan).

Internal – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of "External Indirect Expenses" and "Internal Indirect Expenses" will be calculated by multiplying the percentages (assigned by the county fiscal staff for each type of indirect expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending upon the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter calculated amounts for all "External Indirect Expenses" and "Internal Indirect Expenses" on the appropriate lines in Columns 2 and 5.
- For each line, enter the amounts from Column 5 in Column 3.
- Add the amounts for each line in Columns 2 and 3, and enter the sum in Column 1.

Total Indirect Expenses

- All "Indirect Expenses" are nonenhanced.
- Add all "Indirect Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the "Total Indirect Expenses" line item.

V. Other Expenses – Includes any expenses not directly attributable to one of the above "Operating Expenses" line items.

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in CHDP, Column 2 and Medi-Cal Nonenhanced, Column 5 for each line.
- Enter the amount from Column 5 in Column 3 for each line.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Total Other Expenses

- Add all "Other Expenses" amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the total for each column on the "Total Other Expenses" line item.

Budget Grand Total

- Add the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines for Columns 1, 2, 3, 4, and 5, and

- Enter the grand total of each column on the "Budget Grand Total" line item.

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CHDP Administrative Budget Worksheet for FY 2004-05
No County/City Match
State and State/Federal

County/City Name: _____

Fiscal Year _____2004-2005____

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**CHDP % or FTE**	**Total CHDP Budget**	**Total Medi-Cal %**	**Total Medi-Cal Budget (4 + 5)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
. Personnel Expenses											
..											
..											
..											
..											
..											
..											
..											
..											
..											
.0.											
Total Salaries and Wages											
Less Salary Savings											
Net Salaries and Wages											
Staff Benefits (Specify %) 0.00%											
. Total Personnel Expenses											
I. Operating Expenses											
.. Travel											
.. Training											
..											
..											
..											
..											
..											
..											
..											
.0.											
I. Total Operating Expenses											

CHDP Administrative Budget Worksheet for FY 2004-05
No County/City Match
State and State/Federal

County/City Name: _____

Fiscal Year _____2004-2005____

Column		1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item		**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**CHDP % or FTE**	**Total CHDP Budget**	**Total Medi-Cal %**	**Total Medi-Cal Budget (4 + 5)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
II. Capital Expenses												
..												
..												
..												
..												
..												
I. Total Capital Expenses												
V. Indirect Expenses												
.. Internal (Specify %)	0.00%											
.. External (Specify %)	0.00%											
V. Total Indirect Expenses												
. Other Expenses												
..												
..												
..												
..												
..												
. Total Other Expenses												
Budget Grand Total												

Prepared By

Date Prepared

Phone Number

CHDP Director or Deputy Director (Signature)

Date

Phone Number

CHDP Administrative Budget Worksheet for FY 2004-05
No County/City Match
State and State/Federal

County/City Name: Golden **Fiscal Year** 2004-2005

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**CHDP % or FTE**	**Total CHDP Budget**	**Total Medi-Cal %**	**Total Medi-Cal Budget (4 + 5)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
Personnel Expenses											
1.Deputy Director – James	50%	$61,000	$30,500	20%	$6,100	80%	$24,400	60%	$14,640	40%	$9,760
2.Publich Health Nurse – Wade	80%	$55,423	$44,338	30%	$13,301	70%	$31,037	75%	$23,278	25%	$7,759
3.PH Education Assistant – Smith	75%	$40,000	$30,000	30%	$9,000	70%	$21,000			100%	$21,000
4.Account Technicial – Roe	15%	$25,650	$3,848	15%	$577	85%	$3,271			100%	$3,271
5.											
6.											
7.											
8.											
9.											
10.											
Total Salaries and Wages			$108,686		$28,978		$79,708		$37,918		$41,790
Less Salary Savings											
Net Salaries and Wages			$108,686		$28,978		$79,708		$37,918		$41,790
Staff Benefits (Specify %) 0.00%			$27,172		$7,245		$19,927		$11,580		$8,347
. Total Personnel Expenses			$135,858		$36,223		$99,635		$49,498		$50,137
I. Operating Expenses											
1. Travel			$1,500		$900		$600		$300		$300
2. Training			$3,500		$1,601		$1,899		$1,000		$899
3. Office Expenses			$4,427		$3,500		$927				$927
4. Communication			$1000		$500		$500				$500
5.											
6.											
7.											
8.											
9.											
10.											
I. Total Operating Expenses			$10,427		$6,501		$3,926		$1,300		$2,626

CHDP Administrative Budget Worksheet for FY 2004-05
No County/City Match
State and State/Federal

County/City Name: Golden

Fiscal Year 2004-2005

Column		1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item		**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**CHDP % or FTE**	**Total CHDP Budget**	**Total Medi-Cal %**	**Total Medi-Cal Budget (4 + 5)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
I. Capital Expenses												
.												
.												
.												
.												
.												
. Total Capital Expenses												
V. Indirect Expenses												
. Internal (Specify %)	0.00%			$951		$254		$697				$697
. External (Specify %)	0.00%			$13,586		$3,622		$9,964				$9,964
V. Total Indirect Expenses				$14,537		$3,876		$10,661				$10,661
/. Other Expenses												
.												
.												
.												
.												
.												
/. Total Other Expenses												
Budget Grand Total				$160,822		$46,600		$114,222		$50,798		$63,424

Prepared By

Date Prepared

Phone Number

CHDP Director or Deputy Director (Signature)

Date

Phone Number

CHDP No County/City Match Administrative Budget Summary Instructions

I. Budget Summary Instructions

- Transfer the dollar amount from each Total Line item in each column of the CHDP No County/City Match Budget to the CHDP Administrative Budget Summary Form (see page 6-49).

- Compute the amounts in the "Source of Funds" section of the budget as described below.

II. Source of Funds (No County/City Match)

A. State General Funds

Total CHDP Budget

Enter the "Budget Grand Total" amount from Column 2 "Total CHDP Budget" in the "Source of Funds" section, "Total CHDP" column, on the State General Funds line. The total CHDP funds may not exceed the funds allocated annually in the CHDP allocation letter sent by the CMS Branch.

B. Medi-Cal Funds

1. Enhanced Funds

   - Multiply the Enhanced, Column4 "Budget Grand Total" amount by 25 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the State Funds line.

   - Multiply the Enhanced, Column 4 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

2. Nonenhanced Funds

   - Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the State Funds line.

   - Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

3. Total Medi-Cal Funds

   - Add Columns 4 and 5 and enter the sum in Column 3 "Source of Funds."

- The total Medi-Cal State Funds for the CHDP No County/City Match Budget may not exceed the funds allocated annually in the CHDP Allocation letter sent by the CMS Branch.

4. Total Funds

- Enter the State General Funds amount from Column 2, Total CHDP Budget, in Column 1.

- For both State and Federal, enter the amounts from Column 3, Total Medi-Cal Budget, in Column 1, Total Funds

CHDP Administrative Budget Summary for FY 2004-05
No County/City Match
County/City Name: _____

Column	1	2	3	4	5
Category/Line Item	**Total Budget (2 + 3)**	**Total CHDP Budget**	**Total Medi-Cal Budget (4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses					
II. Total Operating Expenses					
III. Total Capital Expenses					
IV. Total Indirect Expenses					
V. Total Other Expenses					
Budget Grand Total					

Column	1	2	3	4	5
Source of Funds	**Total Funds**	**Total CHDP Budget**	**Total Medi-Cal Budget**	**Enhanced State/Federal**	**Nonenhanced State/Federal**
State General Funds					
Medi-Cal Funds:					
State					
Federal (Title XIX)					

Prepared By | Date Prepared | Phone Number

CHDP Director or Deputy Director (Signature) | Date | Phone Number

CHDP Administrative Budget Summary for FY 2004-05
No County/City Match
County/City Name: ___Golden_____

Column	1	2	3	4	5
Category/Line Item	**Total Budget (2 + 3)**	**Total CHDP Budget**	**Total Medi-Cal Budget (4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses	$135,858	$36,223	$99,635	$49,498	$50,137
II. Total Operating Expenses	$10,427	$6,501	$3,926	$1,300	$2,626
III. Total Capital Expenses	$0	$0	$0		$0
IV. Total Indirect Expenses	$1,457	$3,876	$10,661		$10,661
V. Total Other Expenses	$0	$0	$0		$0
Budget Grand Total	$160,822	$46,600	$114,222	$50,798	$63,424

Column	1	2	3	4	5
Source of Funds	**Total Funds**	**Total CHDP Budget**	**Total Medi-Cal Budget**	**Enhanced State/Federal**	**Nonenhanced State/Federal**
State General Funds	$46,600	$46,600			
Medi-Cal Funds:	$114,222		$114,222		
State	$44,412		$44,412	$12,700	$31,712
Federal (Title XIX)	$69,810		$69,810	$38,098	$31,712

John Smith	05/01/04	916-555-1212
Prepared By	Date Prepared	Phone Number

Dr. Jane Doe	5/1/2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CHDP Administrative Budget Worksheet Instructions (County/City Match)

County/City Funds and Title XIX Federal Funds

I. Personnel Expenses

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns:

1A. Percentage or FTE: Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in "Personnel Expenses" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time) 1/5 = 0.2 or 20 percent

1B. Annual Salary: Enter in Column 1B the salary for each full-time position listed in the "Personnel Expenses" section.

Total Budget

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the amount in Column 1 "Total Budget" (Columns 2 plus 3 must equal this amount.)

2/2A. Percentage of FTE/Enhanced (25/75)

- Enter in Column 2A, the percentage of the FTE in Column 1A for eligible enhanced program activities for each position listed.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the amount in Column 2, Enhanced.

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the No County/City Match and the County/City Match Budgets the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

3/3A. Percentage of FTE/Nonenhanced

- Enter in Column 3A, the percentage of the FTE in Column 1A for eligible nonenhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and

- Enter the amount in Column 3, Nonenhanced.

Total Salaries and Wages

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

Less Salary Savings

NOTE: Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the "Total Salaries and Wages" line for each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

Net Salaries and Wages

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" in Columns 1, 2, and 3, and
- Enter the balance of each column on the line entitled "Net Salaries and Wages."

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages" in Columns 1, 2, and 3, and enter the amounts on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the "Staff Benefits" amounts to the "Net Salaries and Wages" amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the" Total Personnel Expenses" line item.

II. Operating Expenses

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Nonenhanced in Column 3.

- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Additional Operating Expenses

List all other operating expenses line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in Medi-Cal Nonenhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

NOTE: The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

Total Operating Expenses

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Operating Expenses" line.

III. Capital Expenses

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

Total Capital Expenses

- Add the "Capital Expenses" amounts itemized, and
- Enter the total for each column on the "Total Capital Expenses" line item.

IV. Indirect Expenses

External – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan)

Internal – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of External and Internal Indirect Expenses will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter the calculated amounts of External and Internal Indirect expenses on the appropriate lines in Column 3.
- Enter the amounts from Column 3 for each line in Column 1.

Total Indirect Expenses

- All indirect expenses are nonenhanced.
- Add all "Indirect Expenses" amounts itemized, and
- Enter the total for Columns 1 and 3 on the "Total Indirect Expenses" line item.

V. Other Expenses

This Section includes any expenses not directly attributable to one of the above "Operating Expenses" line items.

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in Medi-Cal Nonenhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

Total Other Expenses

- Add all "Other Expenses" amounts itemized, and
- Enter the totals for each column on the "Total Other Expenses" line item.

Budget Grand Total

- Add the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the "Budget Grand Total" line item.

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CHDP Administrative Budget Worksheet for FY 2004-05
County/City Match
County/City Name: _____

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced County/Federal (25/75)**	**% or FTE**	**Nonenhanced County/Federal (50/50)**
I. Personnel Expenses								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Total Salaries and Wages								
Less Salary Savings								
Net Salaries and Wages								
Staff Benefits (Specify %)	0.00%							
I. Total Personnel Expenses								
II. Operating Expenses								
1. Travel								
2. Training								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
II. Total Operating Expenses								

CHDP Administrative Budget Worksheet for FY 2004-05
County/City Match
County/City Name: _____

Column		1A	1B	1	2A	2	3A	3
III. Capital Expenses								
1.								
2.								
3.								
4.								
5.								
II. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	0.00%							
2. External (Specify %)	0.00%							
IV. Total Indirect Expenses								
V. Other Expenses								
1.								
2.								
3.								
4.								
5.								
V. Total Other Expenses								
Budget Grand Total								

Prepared By _____ Date Prepared _____ Phone Number _____

CHPD Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

CHDP Administrative Budget Worksheet for FY 2004-05
County/City Match
County/City Name: ___Golden_____

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced County/Federal (25/75)**	**% or FTE**	**Nonenhanced County/Federal (50/50)**
I. Personnel Expenses							
1. Deputy Director - James	50%	$61,000	$30,500	60%	$18,300	40%	$12,200
2. Public Health Nurse - Smith	20%	$55,423	$11,085	75%	$8,314	25%	$2,771
3. PH Education Asst - Jones	25%	$40,000	$10,000	0%		100%	$10,000
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			$51,585		$26,614		$24,971
Less Salary Savings							
Net Salaries and Wages			$51,585		$26,614		$24,971
Staff Benefits (Specify %) 0.00%			$12,897		$6,654		$6,243
I. Total Personnel Expenses			$64,482		$33,268		$31,214
II. Operating Expenses							
1. Travel			$500		$350		$150
2. Training			$700		$500		$200
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
II. Total Operating Expenses			$1,200		$850		$350

CHDP Administrative Budget Worksheet for FY 2004-05
County/City Match
County/City Name: ___Golden_____

Column		1A	1B	1	2A	2	3A	3
III. Capital Expenses								
1.								
2.								
3.								
4.								
5.								
II. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	0.00%							
2. External (Specify %)	0.00%							
IV. Total Indirect Expenses								
V. Other Expenses								
1.								
2.								
3.								
4.								
5.								
V. Total Other Expenses								
Budget Grand Total				$65,682		$34,118		$31,564

John Smith	May 1, 2004	916-555-1212
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1122
CHPD Director or Deputy Director (Signature)	Date	Phone Number

CHDP County/City Match Administrative Budget Summary Instructions

I. CHDP County/City Administrative Budget Summary

- Transfer the dollar amount from the total amount of each line item and column of the CHDP Budget Worksheet to the CHDP Administrative Budget Summary Form. Compute the amounts in the "Source of Funds" section of the budget as described below.

II. Source of Funds (County/City Match)

A. Enhanced Funds

- Multiply the Enhanced "Budget Grand Total" amount in Column 2 by 25 percent. Enter the amount on the County/City Funds line, Enhanced column, in the "Source of Funds" section.

- Multiply the Enhanced, Column 3, "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

B. Nonenhanced Funds

- Multiply the Nonenhanced "Budget Grand Total" amount in Column 3 by 50 percent. Enter this amount on the County/City Funds line, Nonenhanced column, in "Source of Funds" section.

- Multiply the Nonenhanced, Column 3, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

C. Total Funds

- Total Funds will equal the Enhanced plus the Nonenhanced County/City Funds for the County/City Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

NOTE: The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

CHDP Administrative Budget Summary for FY 2004-05
County/City Match
County/City Name: _____

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Budget Grand Total			

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced County/Federal (25/75)**	**Nonenhanced County/Federal (50/50)**
County Funds			
Federal Funds (Title XIX)			

Prepared By _____ Date _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

CHDP Administrative Budget Summary for FY 2004-05
County/City Match
County/City Name: _____

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses	$64,482	$33,268	$31,214
II. Total Operating Expenses	$1,200	$850	$350
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Budget Grand Total	$65,682	$34,118	$31,564

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced County/Federal (25/75)**	**Nonenhanced County/Federal (50/50)**
County Funds	$24,312	$8,530	$15,782
Federal Funds (Title XIX)	$41,370	$25,588	$15,782

John Smith	05/01/04	916-555-1212
Prepared By	Date	Phone Number
Dr. Jane Doe	5/1/2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

Foster Care Administrative (County/City Match) Budget Worksheet Instructions

I. Personnel Expenses

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns:

1A. Percentage of FTE: Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in "Personnel Expense" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time) 1/5 = 0.2 or 20 percent

1B. Annual Salary: Enter in Column 1B the salary for each full-time position listed in the "Personnel Expense" section.

Total Budget

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the amount in Column 1 "Total Budget" (Columns 2 plus 3 must equal this amount.)

2/2A. Percentage of FTE/Enhanced (25/75)

- Enter in Column 2A, "% FTE" the portion of the annualized FTE to be spent on eligible enhanced program activities for each position listed. The sum of Column 2A and 3A must equal 100 percent.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the amount in Column 2, Enhanced.

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the HCPCFC Administrative Budget and the Foster Care County/City Match Budget the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

3/3A. Percentage of FTE/Nonenhanced

- Enter in Column 3A, the percentage of the FTE in Column 1A for eligible nonenhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and
- Enter the amount in Column 3, Nonenhanced.

Total Salaries and Wages

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2 and 3, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

Less Salary Savings

NOTE: Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the "Total Salaries and Wages" line for each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

Net Salaries and Wages

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" in Columns 1, 2, and 3, and
- Enter the balance of each column on the line entitled "Net Salaries and Wages."

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages" in Column 1, 2, and 3, and enter the amounts this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the "Staff Benefits" amounts to the "Net Salaries and Wages" amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Personnel Expenses" line item.

II. Operating Expenses

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Nonenhanced in Column 3.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Additional Operating Expenses

List all other operating expenses items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in Medi-Cal Nonenhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

NOTE: The only "Operating Expenses" line items that are eligible for enhanced costs are travel and training.

Total Operating Expenses

- Add the "Operating Expenses" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Operating Expenses" line.

III. Capital Expenses

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

Total Capital Expenses

- Add the "Capital Expenses" amounts itemized, and
- Enter the total for each column on the "Total Capital Expenses" line item.

IV. Indirect Expenses

External – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan)

Internal - Any departmental overhead costs that are allocated must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of External and Internal Indirect Expenses will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expenses) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter the calculated amounts of External and Internal Indirect expenses on the appropriate lines in Column 3.

- Enter the amounts from Column 3 for each line in Column 1.

Total Indirect Expenses

- All indirect expenses are nonenhanced.
- Add all "Indirect Expenses" amounts itemized, and
- Enter the totals for Columns 1 and 3 on the "Total Indirect Expenses" line item.

Other Expenses

This Section includes any expenses not directly attributable to one of the above "Operating Expenses" line items.

List each "Other Expenses" item individually under this section.

- Enter the budgeted amount in Medi-Cal Nonenhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

Total Other Expenses

- Add all "Other Expenses" amounts itemized, and
- Enter the totals for each column on the "Total Other Expenses" line item.

Budget Grand Total

- Enter the sum of the "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the "Budget Grand Total" line item.

Foster Care Administrative Budget Fiscal Year 2004-2005
County-City/Federal Match
County/Title XIX Federal Funds
County/City Name: _____

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced County-City/Federal (25/75)**	**% or FTE**	**Nonenhanced County-City/Federal (50/50)**
I. Personnel Expenses								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Total Salaries and Wages								
Less Salary Savings								
Net Salaries and Wages								
Staff Benefits (Specify %)	0.00%							
I. Total Personnel Expenses								
II. Operating Expenses								
1. Travel								
2. Training								
II. Total Operating Expenses								
III. Capital Expenses								
1.								
2.								
II. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	0.00%							
2. External								
IV. Total Indirect Expenses								
V. Other Expenses								
1.								
2.								
V. Total Other Expenses								
Budget Grand Total								

Prepared By _____ Date _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

Foster Care Administrative Budget Fiscal Year 2004-2005
County-City/Federal Match
County/Title XIX Federal Funds
County/City Name: Golden

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced County-City/Federal (25/75)**	**% or FTE**	**Nonenhanced County-City/Federal (50/50)**
I. Personnel Expenses								
1. SPHN Jones		5%	$61,000	$3,050	60%	$1,830	40%	$1,220
2. PHN II Adams		25%	$55,420	$13,855	85%	$11,777	15%	$2,078
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Total Salaries and Wages				$16,905		$13,607		$3,298
Less Salary Savings								
Net Salaries and Wages				$16,905		$13,607		$3,298
Staff Benefits (Specify %)	15.00%			$2,536		$2,041		$495
I. Total Personnel Expenses				$19,441		$15,648		$3,793
II. Operating Expenses								
1. Travel				$500		$200		$300
2. Training				$200		$100		$100
II. Total Operating Expenses				$700		$300		$400
III. Capital Expenses								
1.								
2.								
II. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	10.00%			$1,944				$1,944
2. External								
IV. Total Indirect Expenses				$1,944				$1,944
V. Other Expenses								
1.								
2.								
V. Total Other Expenses								
Budget Grand Total				$22,085		$15,948		$6,137

John Smith	May 1, 2004	916-555-1122
Prepared By	Date	Phone Number
Dr. Jane Doe	May 1, 2004	915-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

Foster Care Administrative (County/City Match) Budget Summary Instructions

I. Foster Care County/City Administrative Budget Summary

- Transfer the dollar amount from the total amount of each line item and column of the Foster Care Administrative Budget County/City Match Worksheet to the Foster Care Administrative Budget County/City Match Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

II. Source of Funds (County/City Match)

The source of local funds for the county/city match must be identified on the budget summary and included in the budget justification narrative.

A. Enhanced Funds

- Multiply the Enhanced Budget Grand Total amount in Column 2 by 25 percent. Enter the amount on the County/City Funds line, Enhanced column, in the Source of Funds section.

- Subtract the County/City Funds amount from the Budget Grand Total in Column 2, and enter this amount on the Federal Funds line, Enhanced Column, in the Source of Funds section.

B. Nonenhanced Funds

- Multiply the Nonenhanced Budget Grand Total amount in Column 3 by 50 percent. Enter this amount on the County/City Funds line, Nonenhanced column, in Source of Funds section.

- Subtract the County/City Funds amount from the Budget Grand Total in Column 3, and enter this amount on the Federal Funds line, Nonenhanced column, of the Source of Funds section.

C. Total Funds and Grand Total

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

NOTE: The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

Foster Care Administrative Budget Summary Fiscal Year 2004-2005
County-City Match
County/Title XIX Federal Funds
County/City Name: Golden

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced County-City/Federal (25/75)**	**Nonenhanced County-City/Federal (50/50)**
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Budget Grand Total			

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced County-City/Federal (25/75)**	**Nonenhanced County-City/Federal (50/50)**
County-City Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Source County-City Funds: (Specify source of funds, e.g. county child welfare, probation, grant, etc.)

Prepared By | Date | Phone Number

CHDP Director or Deputy Director (Signature) | Date | Phone Number

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Foster Care Administrative Budget Summary Fiscal Year 2004-2005
County-City Match
County/Title XIX Federal Funds
County/City Name: Golden

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced County-City/Federal (25/75)**	**Nonenhanced County-City/Federal (50/50)**
I. Total Personnel Expenses	$19,441	$15,648	$3,793
II. Total Operating Expenses	$700	$300	$400
III. Total Capital Expenses			
IV. Total Indirect Expenses	$1,944		$1,944
V. Total Other Expenses			
Budget Grand Total	$22,085	$15,948	$6,137

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced County-City/Federal (25/75)**	**Nonenhanced County-City/Federal (50/50)**
County-City Funds	$7,056	$3,987	$3,069
Federal Funds (Title XIX)	$15,029	$11,961	$3,068
Budget Grand Total	$22,085		

Source County-City Funds: (Specify source of funds, e.g. county child welfare, probation, grant, etc.)

John Smith	05/01/04	916-555-1212
Prepared By	Date	Phone Number
Dr. Jane Doe	05/01/04	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CCS Administrative Budget Information, Staffing Standards, and Caseload Instructions

I. Funding for the Administrative Budget

The State and counties share in the administrative cost of the CCS program at the local level (Health and Safety Code Section 123955 [a]).

A. The county CCS program shall:

1. Be responsible for 50 percent of the administrative cost of the county's non-Medi-Cal county caseload and the State is responsible to match the costs to the extent funds are available in the State budget (Health and Safety Code Section 123955 [e] [1]).

2. Receive reimbursement from the State for administrative cost for the county's Medi-Cal beneficiary caseload and comply with the Federal Financial Participation (FFP) requirements (see Section 9).

3. Submit by September 15 of each year for the subsequent fiscal year, the Administrative Budget Request (also known as an "application" per Health and Safety Code Section 123955 [e][2]) for the county cost of administration of the CCS program.

B. The State shall:

1. Determine the amount of state funds available for each county from the funds appropriated in the State CCS budget for CCS county administration of the non-Medi-Cal portion of the CCS caseload.

2. Review the county budget request to ensure that the county CCS program meets the minimum State administrative staffing standards. (Health and Safety Code, Section 123955 [b]).

3. Notify the county of the amount of funds to be:

   a. Appropriated by the county for administrative costs for the non-Medi-Cal caseload, and

   b. Provided by the State for administrative costs for case management of Medi-Cal beneficiaries.

4. Reimburse the county quarterly based upon submission of the invoice for actual administrative expenditures.

II. CCS Staffing Standards

A. Overview of Staffing Standards

In order to meet the Health and Safety Code, Section 123955 requirement regarding administrative costs for county CCS programs, staffing for the CCS Administrative Program must be based on staffing standards. CCS staffing standards pertain to all personnel included in the CCS Administrative Budget who are 1) directly employed by CCS, and 2) responsible for CCS program administration, operation, and implementation of State mandates in counties. Staff composition in county CCS programs will vary based on county size, CCS caseload, and county needs.

The Staffing Standards Profile was developed to allow for flexibility based on county need, to reflect the diversity of personnel requirements needed for CCS program administration/operation, and to create manageable caseloads to allow for the provision of proactive medical case management. The Staffing Standards Profile stipulates the minimum staff required in each category to manage the caseload.

The following five administrative functions/categories are included on the Staffing Standards Profile: Program Administration, Medical Case Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support.

NOTE: It is recognized that in a small county, one individual may function in several of the above categories. This will require staff time to be distributed and time studied appropriately.

B. Using the County Staffing Profile

1. CCS Independent Counties

   a. Determine the county caseload as described in III, A.

   b. Use the calculated caseload to determine the number of staff needed in each of the 5 categories on the CCS County Staffing Standards Profile.

   c. Chief Therapist or Supervising Therapist position is allocated at .20 for all counties except those with caseloads below 1,000.

   d. A county program with more than one physician shall designate a Medical Director with responsibility of coordinating medical care among the other medical consultants.

   e. The staffing standard for nurse positions is one nurse to 400 cases. The 1:400 ratio includes the following nurse functions: Medical Case Management, Concurrent Hospital Review, and Early Childhood Coordinator.

f. Medi-Cal Managed Care and Healthy Families Liaison positions are calculated outside the 1:400 nurse to case ratio. The Medi-Cal Managed Care and Healthy Families Liaison shall be based on the number of Managed Care plans and Healthy Families plans in a county. This may be part of or equal to a full-time position. There must be a separate designated liaison for Medi-Cal Managed Care plans and Healthy Families plans.

g. Positions for other health care professionals are allocated according to caseload using the Staffing Standards Profile (see page 6-80).

h. Supervisory positions are calculated at a ratio of one supervisor to 10 FTE.

i. Counties requesting a waiver of staffing below the staffing standards minimum must submit a justification for their request along with the CCS Administrative Budget.

j. A request for staffing in the Other Health Care Professional category for medical case management services will be considered when the number of PHN FTEs exceeds six. Additional positions in the Other Health Care Professional category may be added when determined necessary and will be based on caseload using the Staffing Standards Profile.

NOTE: Other Health Care Professional staff requested to perform medical case management must meet the federal definition of an SPMP (See Section 9).

k. To determine the number of staff required to implement the CCS county program responsibilities in an Independent County CCS program with a caseload below the Staffing Standards Profile, the county shall determine the percentage to be applied for CCS staffing requirements based on the lowest caseload figure of 500. To obtain the percentage to apply to the staffing standards, divide the total number of cases by 500.

Example for a county with a caseload of 300:

Divide the county caseload of 300 by the 500 caseload on the CCS Staffing Standards Profile (300 ÷ 500 = .60 or 60 percent). The 60 percent is applied to the total number of staff in appropriate sections of the CCS Staffing Standard Profile. For example, applying 60 percent to the CCS Staffing Standards Profile for Program Administration for a caseload of 300 would provide for .3 FTE Administrative time (.60 x .50 = .30).

2. CCS Dependent Counties

a. Determine the county caseload as described in III A.

b. The staffing requirements for a Dependent County CCS program vary from that of an Independent County because the medical case management and claims processing for authorized services are the responsibility of the State CMS Branch.

c. The staff required to carry out the Dependent County CCS program responsibilities are:

1) Program Administration

2) Medical Case Management: limited to Public Health Nurse staff required to perform the services identified as intensive case management activities.

3) Ancillary Support: limited to Program Eligibility Technician staff responsible for determination of CCS program eligibility.

4) Clerical and Claims Support: limited to clerical staff except for CCS Dependent Counties who elect to review and correct the Paid Claims Data Reports (MR-9-40, MR-9-10). These counties may add the claims support staff.

d. To determine the number of staff required to implement the CCS county program responsibilities in a Dependent County CCS program, the following instructions apply to Program Administration, Case Management Support, and Program Support Staff.

1) If the Dependent County caseload is equal to or above 500, then the staffing requirements on the CCS Staffing Standard shall be applied to the areas in 2, c, above.

2) If the Dependent county caseload is below 500, then it is necessary to determine the percentage of the caseload that will be applied to the required Dependent County positions. To obtain the percentage, divide the total number of cases by 500.

Example for a county with a caseload of 300:

Divide the county caseload of 300 by the 500 caseload on the CCS Staffing Standards Profile (300 ÷ 500 = .60 or 60 percent). The 60 percent is applied to the total number of staff in appropriate sections of the CCS Staffing Standard Profile. For example, applying 60 percent to the CCS Staffing Profile for Program Administration, the CCS county with a caseload of 300 would have, at a minimum, .3 FTE Administrator (.60 x .50 = .30).

e. Determination of the percentage of time required for intensive case management functions within the CCS Dependent County by a PHN is based on the ratio of one FTE PHN per 80 cases for 15 percent of the county's CCS caseload. To calculate the percentage of FTE PHN time:

Example for a county with a caseload of 300: Determine 15 percent of the CCS caseload: 300 x 15 percent = 45.

Divide 45 by 80, which equals .56 or 56 percent FTE PHN staff (45 ÷ 80 = .56 or 56 percent).

C. Staffing Profile Personnel

1. Program Administration

These are staff responsible for overall program direction and/or supervision of program-wide activities. Professional staff may be budgeted in this section for performance of administrative duties when these responsibilities are reflected in the professional's position description. Examples of positions that may be charged to the administration section are as follows:

a. Program Administrator

b. Fiscal/Budget Management staff

c. Administrative Assistants/Secretary

d. Administrative staff whose time is split between program administrative responsibilities and medical (Administrative) case management.

e. Information Technology Support staff

f. Chief/Supervising Therapist for CCS and MTP Program Administration.

g. Parent Liaison – This position is highly recommended but not required. Only one position (or portion of an FTE) is allocated per county.

2. Medical Case Management

a. Staff in this section are physicians, registered nurses, physical therapists, and occupational therapists who are responsible for day-to-day CCS medical case management (MCM) activities.

b. Staff in this section shall meet the federal definition of a "skilled medical professional" required for claiming FFP at the enhanced level for Administrative Case Management services (known in CCS as MCM). Please refer to Section 9 for the federal definition of a "skilled medical professional."

c. MCM includes coordination of care, identification and processing of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental services requests evaluating the needs of a child/family, and identifying other resources for eligible children and their families.

d. The MCM role includes the proactive medical case management (PCM) function of concurrent review of documents to provide authorizations for services anticipated over the next 3 - 6 months. This is a function that shall be performed by all case management personnel.

e. The nurse staffing roles may also include the following functions:

- **Concurrent Hospital Review** of the medical necessity of inpatient hospital stays completed by Registered Nurses (RN) located on-site at facilities where the CCS caseload supports this activity such as Children's Hospitals, University of California medical centers, and county hospital facilities. (Concurrent hospital review medical case management services may be provided at the CCS program office for those hospitals with smaller CCS caseloads. RNs must be identified as dedicated to the task of performing inpatient hospital utilization reviews based on information received via fax and/or phone.)

  Responsibilities of RNs assigned to perform concurrent review of inpatient hospital stays include, but are not limited to, active participation in discharge planning, PCM, and coordination of care in the community with the CCS nursing staff designated at the local CCS program.

  The number of nursing staff requested for concurrent hospital review shall be based on the number of CCS-approved inpatient tertiary facilities, expected hours of on-site assignments, and the number of CCS cases discharged from the facility.

- **Intensive Medical Case Management** (ICM) of selected cases is required to ensure optimal coordination of medical services. Children in need of ICM are best identified through use of a risk assessment tool with a numerical scale. It is recommended that counties develop an assessment tool and implement a mechanism for documentation of ICM cases. ICM responsibilities require the knowledge and skill of a RN with a PHN certificate to ensure coordination of services for children with complex medical conditions requiring coordination between providers and agencies.

- **Early Childhood Nurse Liaison** provides care coordination and liaison services to programs that serve children aged 0-3. Examples of CCS programs requiring liaison activities are the Newborn Hearing Screening Program, Medically Vulnerable Infant Program, the High Risk Infant Follow-up Program and CHDP. Early Start and the Department of Education Individual Family Service Plan (IFSP) are examples of public programs requiring care collaboration to coordinate care.

  The liaison responsibilities may include technical assistance to programs, problem resolution to families and providers involved with these agencies, and care coordination of a caseload.

- **Healthy Families/Medi-Cal Managed Care Liaison** is responsible for providing ongoing technical assistance and consultation to Plans and Plan providers to resolve issues/problems; coordinating and providing authorizations for services for Healthy Families and Medi-Cal-eligible beneficiaries with CCS-eligible conditions; and coordinating training and systems development activities with state CMS staff.

f. Therapy staff responsible for administrative Medical Case Management (MCM) of CCS eligible clients shall be listed in this section. This includes review of eligibility for inpatient rehabilitation services, appropriate durable medical equipment, etc. Therapy staff time may be split between the CCS Administrative Budget and costs charged to the MTP.

NOTE: FTEs for CCS employed therapists who are in authorized MTP positions that provide direct therapy services to children are funded through the diagnosis, treatment, and therapy allocations and cannot be reflected on this budget. However, the percentage of therapy staff time devoted to NON-MTP-related administrative activities are reflected on this budget.

3. Other Health Care Professionals

   a. Staffing in this category includes the following professionals who must meet the SPMP requirement stipulated in Section 9 of this manual: audiologist, speech therapist, nutritionist, social worker and dental consultant.

   b. The number of FTEs for these positions for a county is based on caseload when the number of nurse FTEs exceed six. These positions are not mandatory, but are highly recommended for administrative MCM. The need for these types of health care professionals are determined by the county.

4. Ancillary Support

   a. This category includes personnel who may be called case managers, financial eligibility workers, CCS coordinators, etc. The Staffing Standards Profile refers to case managers as Case Management Technicians and financial eligibility workers as Program Eligibility Technicians.

   b. This category includes CCS county employees, under general supervision, who are responsible for making decisions and taking action on individual CCS applicant/client services. They conduct interviews to determine financial and residential eligibility; review and take action on request for services; communicate with providers/vendors; code CCS medical records using appropriate ICD-9 (International Classification of Disease, Ninth Edition) classifications; etc.

5. Clerical and Claiming Support

   a. This category includes CCS County clerical staff working under direct supervision of Administrative or Medical Case Management staff.

   b. The program support staff duties include functions such as: processing mail; answering and directing phone calls; filing CCS records and other documents; typing assignments such as authorizations, notice of actions, appeal response, and other general program correspondence; photocopying; and performing other miscellaneous general office operation assignments.

   c. Clerical staff who provide support to the MTP shall not be charged to this portion of the budget. Transcription of the medical therapy conference reports is not accepted on the CCS administrative budget. These charges shall be reflected in quarterly CCS MTP invoices.

   d. Clerical staff charged to enhanced funding or who support staff performing intensive case management services shall have a job

description and duty statement that reflects the areas of responsibility and percent of time spent in those functions that support the skilled medical professional. Staff charged as enhanced shall also appear on the organization chart as being directly supervised by a skilled medical professional. Clerical staff supporting intensive case management services must time study appropriately for that portion of time spent in those activities.

e. Staff with special training in the processing of medical claims to ensure appropriate payment of CCS providers/vendors.

III. County CCS Caseload

Effective FY 2003-2004, the CCS Caseload Box (see sample page 6-79) added Healthy Families cases along with Medi-Cal and Non Medi-Cal CCS to appropriately reflect program participation in the caseload.

A. Caseload Determination using quarterly invoices

Caseload is determined using the average quarterly active record as reported on CCS Administrative quarterly invoices from July 1 to June 30 of the previous fiscal year, plus a method for counting potential cases for the same period. In this section, "previous year" refers to the most recent fiscal year for which actual, end of year caseload data is available. For budget purposes, counties may submit actual caseload data from a more recent 12-month period (for example, April 1 to March 31). If using a different 12-month period than the fiscal year, the CCS Caseload Summary should still reflect fiscal year data.

Potential cases represent the work required on non-open cases referred to CCS. The potential caseload shall not include cases that have been opened because these cases are already included in the active caseload.

1. Add the average open (active) caseload number for all quarterly invoices from the previous fiscal year and divide by four.

2. Determine the number of potential cases by:

   a. An actual count of potential cases assigned a temporary number if the county CCS Program is using CMS Net, or

   b. An actual count of potential cases if the county CCS Program has a method for assigning a temporary number when the county is not on CMS Net, or

   c. An estimate of potential cases may be used based on the county's experience.

3. Medi-Cal

   Add the average total open (average) caseload (row 1, column A) to the potential cases (row 2, column A) to get the Total Medi-Cal caseload (row 3, column A).

4. Non Medi-Cal

   a. Add the average total open (active) caseload (row 4, column A) to the potential cases (row 5, column A) to get the Total Healthy Families caseload (row 6, column A). **NOTE:** If Healthy Families data are not available for one or more of the requested fiscal years, use zeros.

   b. Add the average total open (active) caseload (row 7, column A) to the potential cases (row 8, column A) to get the Total Straight CCS (row 9, column A).

   c. Add Total Healthy Families (row 6, column A) to the Straight CCS caseload (row 9, column A) to get the Total Non Medi-Cal caseload (row 10, column A).

5. Grand Total

   Add Total Medi-Cal (row 3, column A), to Total Non Medi-Cal (row 10, column A), and place the result in row 11, column A.

6. Determine the total Medi-Cal and Non Medi-Cal percentage split:

   (**NOTE:** Percentages are calculated as a percentage of the Grand Total.)

   a. Medi-Cal: Divide row 3, column A, by the Grand Total in row 11, column A. The resulting percentage is placed in row 3, column B.

   b. Non Medi-Cal: Divide row 10, column A by the Grand Total in row 11, column A. The resulting percentage is placed in row 10, column B.

   c. The percentages in row 3, column B added to row 10, column B, will equal 100 percent.

B. Application of Caseload to Budget Year (BY)

The CCS caseload number to be used to determine the staffing requirements for the budget year are based on the last fiscal year average total CCS caseload. The caseload numbers based on the instruction in A. above are to be used in applying the CCS Staffing Standards to the minimum staff required by a county CCS program to operate its program.

C. The percentage to be applied to the Budget Worksheets for the Medi-Cal/Non Medi-Cal split are from Total Medi-Cal (row 3, column B) and Total Non Medi-Cal (row 10, column B).

Sample CCS Caseload Box

		A	B
	CCS Caseload 0 to 21 Years	Caseload	% of Grand Total
	MEDI-CAL		
1	Average of Total Open (Active) Medi-Cal Children	372	48%
2	Potential Case Medi-Cal	110	14%
3	**TOTAL MEDI-CAL (Row 1 + Row 2)**	482	62%
	NON MEDI-CAL		
	Healthy Families		
4	Average of Total Open (Active) Healthy Families	18	2%
5	Potential Cases Healthy Families	5	1%
6	Total Healthy Families (Row 4 + Row 5)	23	3%
	Straight CCS		
7	Average of Total Open (Active) Straight CCS Children	211	27%
8	Potential Cases Straight CCS Children	64	8%
9	Total Straight CCS (Row 7 + Row 8)	275	35%
10	**TOTAL NON MEDI-CAL (Row 6 + Row 9)**	298	38%
11	**GRAND TOTAL (Row 3 + Row 10)**	780	100%

CCS County Staffing Standards Profile

Number of Staff by Personnel Class and Caseload

CCS Caseload	500-1000	1001-1500	1501-3000	3001-4500	4501-6000	6001-7500	7501-9000	9001-10500	10501-12000	12001-13500	13501-15000	15001-16500	16501-18000	18001-19500	19501-21000	21001-25500	80000-90000 (A)
Program Administration																	
Administrator	0.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Administrative Assistant Personnel	0	0	0	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.7	25-28
Information Technology Support	0.25	0.5	1.0	1.0	1.0	1.0	1.5	1.5	1.5	1.5	2.0	2.0	2.0	2.0	2.5	2.5	12-15
Parent Liaison (B)	0.5	0.5	0.75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Medical Case Management																	
Physician (C)	0.5	0.5	0.5	1.0	1.0	1.0	2.0	2.25	3.0	3.0	3-3.5	4.0	4.0	4.5	5.0	6.0	10-15
Chief Therapist	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Therapist (OT/PT)	0.125	0.25	0.5	0.75	1.0	1.25	1.75	2.0	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.5	8-10
Nurse (D, E)	1-2.5	2.5-3.7	3.7-7.5	7.5-11.25	11.25-15	15-18.75	18.75-22.5	22.5-26.25	26.25-30	30-33.75	33.75-37.5	37.5-41.25	41.25-45	45-48.75	48.75-52.5	52.5-62.5	200-225
Other Health Care Professionals																	
Other Health Care Professionals (F)	0	0.3	0.7	1.0	1.2	1.7	2.0	2.3	2.7	3.0	3.3	3.7	4.0	4.3	4.7	5.0	10-12
Ancillary Support																	
Case Management Technician	1-3	3-4	4-8	8-11	11-15	15-19	19-23	23-26	26-30	30-34	34-38	38-41	41-45	45-49	49-53	53-64	*
Program Eligibility Technician	1	1	2.0	4.0	6.0	7.5	9.0	11.0	13.0	15.0	17.0	19.0	21.0	23.0	24.0	30.0	*
Clerical and Claims Support																	
Clerical Personnel	1	1.5	2.0	3.0	5.0	6.0	7.0	9.0	10.0	11.0	13.0	14.0	15.0	17.0	18.0	23.0	168-189
Claims Personnel	.25	0.5	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	17.0	68-75
Total FTEs	**8.775**	**13.95**	**26.2**	**38.7**	**52.2**	**65.0**	**78.9**	**92.2**	**105.7**	**118.3**	**133.4**	**145.6**	**158.2**	**172.8**	**185.5**	**224.9**	**586.2**

A. Los Angeles County
B. The Parent Liaison position is highly recommended but not required.
C. Counties with more than one physician position shall designate a Medical Director.
D. Nurse staff positions are calculated by using 1 nurse to 400 caseload. The nursing allocation includes Medical Case Management, Concurrent/Utilization Review, and Early Childhood Coordinator. The nurse positions for Medi-Cal Managed Care and Healthy Families Liaison are calculated according to the number of plans in each county as outlined in Section 5.
E. Other Health Care Professional positions are added when the number of nurse FTEs exceeds 6. The positions for administrative MCM are highly recommended but not required. These include Audiologist, Speech Therapist, Nutritionist, Social Worker, and Dental Consultant.
F. Supervision positions for nursing are not included in the staff ratio. Minimum supervisor to nursing staff, clerical and technician staff is calculated at a 1 to 10 FTE ratio.

CCS Administrative Budget Worksheet Instructions

Use the CCS Administrative Budget Worksheet on page 6-84. The Caseload box in the upper left corner of the worksheet must first be completed (see instructions on page 6-79).

I. Personnel Expenses

List each funded position as a separate line item under the appropriate subcategory (Administration, Medical Case Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support). In addition, follow steps A – K below for each position:

A. Column 1: Enter the FTE %.

B. Column 2: Enter the annual full-time salary.

C. Column 3: Multiply Column 1 by Column 2 and enter the result in Column 3.

D. Column 4A: Enter the "Non Medi-Cal %" from the caseload box in Column 4A.

E. Column 4: Multiply the amount in Column 3 by Column 4A and enter the results in Column 4.

F. Column 5A: Enter the "Medi-Cal %" from the caseload box in Column 5A.

G. Column 5: Multiply the amount in Column 3 by Column 5A and enter the result in Column 5 (Column 5 + Column 4 = Column 3).

H. Column 6A: Enter the percentage of the total Medi-Cal dollars from Column 5 that are **enhanced**. The amount in this column shall be supported by time study documentation for each staff position.

I. Column 6: Multiply the amount in Column 5 by the percentage in Column 6A and enter the result in Column 6.

J. Column 7A: Enter the percentage of the total Medi-Cal dollars from Column 5 that are **not enhanced** (% in Column 7A + % in Column 6A = 100%).

K. Column 7: Multiply the amount in Column 5 by the percentage in Column 7A and enter the result in Column 7 (Column 6 + Column 7 = total in Column 5). The amount in Column 7 shall be supported by time study documentation for each staff position.

Staff Benefits – This line item under "Personnel Expenses" requires special instructions as follows:

- If your county uses an **actual** staff benefits amount, enter this amount in column 3 on the "Staff Benefits" line **or**

- If your county uses an **approved staff benefits percentage rate** to calculate these costs, multiply the amount in Column 3 on the "Net Salaries and Wages" line by your county's approved percentage rate and enter the product in Column 3 on the "Staff Benefits" line.

  1. From the "Net Salaries and Wages" line, divide the amount in Column 4 by the amount in Column 3 to calculate the overall percentage of Non-Medi-Cal "Personnel Expenses."

  2. From the "Net Salaries and Wages" line, divide the amount in Column 6 by the amount in Column 3 to arrive at the percentage of enhanced salary costs. Multiply this percentage by the amount in Column 3 on the "Staff Benefits" line. Enter this amount in Column 6 on the "Staff Benefits" line.

  3. From the "Net Salaries and Wages" line, divide the amount in Column 7 by the amount in Column 3 to arrive at the percentage of nonenhanced salary costs. Multiply this percentage by the amount in Column 3 on the "Staff Benefits" line. Enter this amount in Column 7 on the "Staff Benefits" line.

  4. Add Columns 6 and 7 to get Column 5. Divide the amount in Column 5 by the amount in Column 3 to calculate the overall percentage of Medi-Cal personnel expense costs. This percentage will usually be the same as the Medi-Cal % in the Caseload Box.

II. Operating Expenses

A. For "Travel" and "Training" line items under "Operating Expenses," repeat steps under "Personnel Expenses," above.

B. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.

C. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

III. Capital Expenses

A. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.

B. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

IV. Indirect Expenses

A. Multiply the amount in Column 3 by the "Non-Medi-Cal Percent" from the "Caseload" box. Enter this amount in Column 4.

B. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7 (except for training and travel which can be enhanced).

V. Other Expenses

A. For the "Maintenance and Transportation" line item under "Other Expenses":

1. Average the amount of funds spent on Maintenance and Transportation over the last 3 budget years and add 10 percent to determine the budget total in Column 3, or

2. Use actual expenditures from the previous year.

3. Follow the steps identified in B below

B. For all other line items under Other Expenses:

1. Multiply the amount in Column 3 by the Non-Medi-Cal Percent from the Caseload Box. Enter this amount in Column 4.

2. Subtract Column 4 from Column 3 and enter the result in Column 5 and 7.

VI. Budget Grand Total

Add the amounts shown for "Total Personnel Expenses," "Total Operating Expenses," "Total Capital Expenses," "Total Indirect Expenses," and "Total Other Expenses" in each column. Enter the total for each column on the "Budget Grand Total" line.

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Worksheet

County Name: _____

Fiscal Year: _____

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5)**	**% FTE**	**Non-Medi-Cal County/State (50/50)**	**% FTE**	**Medi-Cal (6 + 7)**	**% FTE**	**Medi-Cal Enhanced**	**% FTE**	**Medi-Cal Nonenhanced State/Federal (50/50)**
I. Personnel Expense											
Program Administration											
Subtotal											
Medical Case Management											
Subtotal											
Other Health Care Professionals											
Subtotal											
Ancillary Support											
Subtotal											
Clerical and Claims Support											
Subtotal											

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Worksheet

County Name: _____

Fiscal Year: _____

Total Salary and Wages												
Less Salary Savings												
Net Salary and Wages												
Staff Benefits (Specify %)	0.00%											
I. Total Personnel Expense												
II. Operating Expense												
1. Travel												
2. Training												
II. Total Operating Expense												
III. Capital Expense												
II. Total Capital Expense												
IV. Indirect Expense												
1. Internal												
2. External												
IV. Total Indirect Expense												
V. Other Expen se												
1. Maintenance and Transportation												
V. Total Other Expense												
Budget Grand Total												

Prepared By _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ Date Signed _____ Phone Number _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
TOTAL MEDI-CAL	650	70%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
Total Healthy Families	23	3%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
Total Straight CCS	255	27%
TOTAL NON MEDI-CAL	278	30%
GRAND TOTAL	928	100%

CCS Administrative Budget Worksheet

County Name: Golden

Fiscal Year: 2004-2005

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5)**	**% FTE**	**Non-Medi-Cal County/State (50/50)**	**% FTE**	**Medi-Cal (6 + 7)**	**% FTE**	**Medi-Cal Enhanced**	**% FTE**	**Medi-Cal Nonenhanced State/Federal (50/50)**
I. Personnel Expense											
Program Administration											
1. CCS Administrator	100%	$38,028	$38,028	30%	$11,408	70%	$26,620			100%	$26,620
2. Program Coordinator	50%	$28,334	$14,167	30%	$4,250	70%	$9,917			100%	$9,917
3. Analyst	20%	$39,397	$7,879	30%	$2,363	70%	$5,518			100%	$5,516
Subtotal		$105,759	$60,074		$18,021		$42,053				
Medical Case Management											
1. Medical Consultant	17%	$89,507	$15,216	30%	$4,565	70%	$10,651	90%	$9,586	10%	$1,065
2. PHN	100%	$49,754	$49,754	30%	$14,926	70%	$34,828	85%	$29,604	15%	$5,224
3. PHN	75%	$47,780	$35,835	30%	$10,750	70%	$25,085	85%	$21,322	15%	$3,763
Subtotal		$187,041	$100,805		$30,241		$70,5584		$60,512		$10,052
Other Health Care Professionals											
Subtotal											
Ancillary Support											
1. Eligibility Worker I	100%	$25,887	$25,887	30%	$7,766	70%	$18,121			100%	$18,121
2. Eligibility Worker I	100%	$25,887	$25,887	30%	$7,766	70%	$18,121			100%	$18,121
3. Eligibility Worker I	100%	$25,887	$25,887	30%	$7,766	70%	$18,121			100%	$18,121
Subtotal		$77,661	$77,661		$23,298		$54,383				$54,363
Clerical and Claims Support											
1. Senior Office Assistant	10%	$28,206	$2,821	30%	$846	70%	$1,975	85%	$1,679	15%	$296
2. Office Assistant	100%	$22,562	$22,562	30%	$6,769	70%	$15,793			100%	$15,793
3. Fiscal Assistant	70%	$27,375	$19,162	30%	$5,749	70%	$13,413			100%	$13,413
Subtotal		$78,143	$44,545		$13,364		$31,181		$1,679		$29,502

Column		1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item		**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5)**	**% FTE**	**Non-Medi-Cal County/State (50/50)**	**% FTE**	**Medi-Cal (6 + 7)**	**% FTE**	**Medi-Cal Enhanced**	**% FTE**	**Medi-Cal Nonenhanced State/Federal (50/50)**
Total Salary and Wages				$283,085		$84,924	70%	$198,161		$62,191		$135,970
Less Salary Savings				$0		$0		$0		$0		$0
Net Salary and Wages				$283,085		$84,924		$198,161		$62,191		$135,970
Staff Benefits (Specify %)	32.00%			$90,587		$27,176		$63,411		$19,898		$43,513
I. Total Personnel Expense				$373,672		$112,100		$261,572		$82,089		$179,483
II. Operating Expense												
1. Travel				$10,000	30%		70%	$7,000	85%	$5,950	100%	$1,050
2. Training				$2,500	30%		70%	$1,750	85%	$1,487	100%	$263
3. Communication				$4,500	30%		70%	$3,150			100%	$3,150
4. Office Supplies				$9,150	30%		70%	$6,405			100%	$6,405
5. Reproduction Services				$2,300	30%		70%	$1,610			100%	$1,610
6. Janitorial				$5,600	30%		70%	$3,920			100%	$3,920
7. Office Furniture/Modular				$28,934	30%		70%	$20,254			100%	$20,254
8. Rents/Lease				$6,000	30%		70%	$4,200			100%	$4,200
II. Total Operating Expense				$68,984				$48,289		$7,437		$40,852
III. Capital Expense												
II. Total Capital Expense												
IV. Indirect Expense												
1. Internal				$7,860	30%		70%	$5,502			100%	$5,502
2. External				$4,509	30%		70%	$3,156			100%	$3,156
IV. Total Indirect Expense				$12,369				$8,658				$8,658
V. Other Expense												
1. Maintenance and Transportation				$10,000	30%		70%	$7,000			100%	$7,000
2. Information Technology Consultant				$5,000	30%		70%	$3,500			100%	$3,500
3. Translation Services				$5,000	30%		70%	$3,500			100%	$3,500
V. Total Other Expense				$20,000				$14,000				$14,000
Budget Grand Total				$475,025				$332,519		$89,526		$242,993

John Smith	May 1, 2004	916-555-2222
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 2, 2004	916-555-1111
CCS Administrator (Signature)	Date Signed	Phone Number

CCS Administrative Budget Summary Instructions

I. CCS Administrative Budget Summary

Transfer total amounts from the budget worksheets for Personnel Expenses, Operating Expenses, Capital Expenses, and Other Expenses, and transfer the "Budget Grand Total" lines for each column to the CCS Administrative Budget Summary Form. See page 6-88 for the CCS Administrative Budget Summary Form and a completed example.

II. Source of Funds Instructions

This section displays the funding sources for the CCS Administrative Budget and serves as a control for the expenditure of funds for the local program.

A. Non-Medi-Cal Funds

- Multiply the amount in Column 2 on the "Budget Grand Total" line by 50 percent and enter this amount in Column 2 on the "Source of Funds" line titled "State General Funds.
- Multiply the amount in Column 2 on the "Budget Grand Total" line by 50 percent, and enter the amount in the "Source of Funds" section, Non-Medi-Cal column, on the County Funds line.

B. Enhanced Funds

- Multiply the amount in Column 4 on the "Budget Grand Total" line by 25 percent and enter this amount in Column 4 on the "Source of Funds" line titled "Medi-Cal State."
- Multiply the Enhanced, Column 4 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

C. Non-Enhanced Funds

- Multiply the amount in Column 5 on the "Budget Grand Total" line by 50 percent and enter this amount in Column 5 on the "Source of Funds" line titled "Medi-Cal State."
- Multiply the Nonenhanced, Column 5, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

D. Total Medi-Cal Funds

- Add amounts from Columns 4 and 5 for each category and source of funds and enter totals in Column 3 "Total Medi-Cal".

E. Total Budget

- Add amounts across in Columns 2 and 3 for each of the four lines under "Source of Funds" and enter these totals in Column 1. The sum of these amounts equals "Budget Grand Total" in Column 1.

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Summary

County Name: _____

Fiscal Year: _____

Column	1	2	3	4	5
Category/Line Item	**Total Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
Budget Grand Total					

Column	1	2	3	4	5
Source of Funds	**Total Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State General Funds					
County Funds					
Medi-Cal Funds:					
State					
Federal (Title XIX)					

Prepared By _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ Date _____ Phone Number _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
TOTAL MEDI-CAL	650	70%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
Total Healthy Families	23	3%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
Total Straight CCS	255	27%
TOTAL NON MEDI-CAL	278	30%
GRAND TOTAL	928	100%

CCS Administrative Budget Summary

County Name: Golden

Fiscal Year: 2004-2005

Column	1	2	3	4	5
Category/Line Item	**Total Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expense	$373,672	$112,100	$261,572	$82,089	$179,483
II. Total Operating Expense	$68,984	$20,695	$48,289	$7,437	$40,852
III. Total Capital Expense	$0	$0	$0		$0
IV. Total Indirect Expense	$12,369	$3,711	$8,658		$8,658
V. Total Other Expense	$20,000	$6,000	$14,000		$14,000
Budget Grand Total	$475,025	$142,506	$332,519	$89,526	$242,993

Column	1	2	3	4	5
Source of Funds	**Total Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State General Funds	$71,253	$71,253			
County Funds	$71,253	$71,253			
Medi-Cal Funds:					
State	$143,879		$143,879	$22,382	$121,497
Federal (Title XIX)	$188,640		$143,879	$67,144	$121,496

John Smith	May 1, 2004	916-555-2222
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1111
CCS Administrator (Signature)	Date	Phone Number

CCS Medical Therapy Program Claims Preparation Budget Information

I. General Information

NOTE: These budget instructions supersede those given in CCS Numbered Letter 40-1094.

The CCS Medical Therapy Program (MTP) Claims Preparation Budget is required for a county to receive reimbursement for expenditures in the preparation of Medi-Cal claims for Medical Therapy Unit (MTU) therapy services provided at a MTU/Certified Outpatient Rehabilitation Center (OPRC) to CCS clients who are Medi-Cal beneficiaries, full-scope, no share of cost. The purpose of the budget is to capture the costs incurred in the preparation of Medi-Cal claims and claims prepared for non Medi-Cal clients for the purpose of data collection.

Funding for the MTP claims preparation shall be 50/50 between the State General Fund and the county CCS program for claims prepared for Medi-Cal beneficiaries. Claims prepared for non Medi-Cal beneficiaries receiving services through the MTP are completed to gather data. The cost for preparation of these claims submitted through the Department of Health Services (DHS), fiscal intermediary, Electronic Data Systems (EDS) is funded with State General Funds.

County programs may contract with an outside billing service, establish an in-house manual billing system using standard Medi-Cal provider claim forms, or utilize electronic billing based on software available through a number of vendors (a list can be obtained from EDS).

The MTP Claims Preparation Budget must include a budget justification narrative describing the claiming methodology that will be utilized (i.e., in-house manual claiming, billing service) and, if applicable, the number of in-house staff that will be required for the operation of the system.

II. Source of Funds Explanation

Costs incurred in the preparation of Medi-Cal claims are split equally between the county and State for Medi-Cal beneficiaries, full-scope, no share of cost. Costs for claims preparation for non Medi-Cal MTP clients is funded with State General Funds. The MTP Claims Preparation Budget shall be used strictly for the purpose of claims preparation. Consequently, only staff directly involved in claims preparation will be approved.

CCS Medical Therapy Program Claims Preparation Budget Instructions

The MTP Claims Preparation Budget Form and sample can be found on page 6-98. The "Caseload" box shall reflect the county's total Medi-Cal and Non-Medi-Cal MTP caseload. Only one page is required. Provide the number of Certified OPRCs that are in the county.

Line item definitions and guidelines are the same as those used for other CMS budgets and are explained in detail starting on page 6-6.

I. Personnel Expenses

In this section, list each funded position in the category as a separate line item. Only positions related to claims preparation may be budgeted. In addition, for each line item:

A. Enter the FTE in Column 1 and the annual full-time salary in Column 2. Multiply Column 1 by Column 2 and enter this amount in Column 3.

B. Staff may appear on more than one CMS and/or county budget, but under no circumstances may the same person be budgeted an aggregate FTE in excess of 100 percent.

Staff Benefits must be calculated using the same method, either actual or approved Staff Benefits percentage rate, as used to calculate Staff Benefits for the CCS Administrative Budget.

II. Operating Expenses

A. **No travel or training will be approved on this budget**. It is anticipated that neither travel nor training is necessary to meet the program needs of this budget.

B. Enter total amount in Column 3, "Total Budget".

III. Capital Expenses, Indirect Expenses, And Other Expenses

For all other line items under capital expenses, indirect expenses, and other expenses:

A. Enter Contract Expenses under Other Expenses. See page 6-9.

B. Enter total amounts for each line item in Column 3, Total Budget.

IV. Budget Grand Total

Add Total Personnel Expenses, Total Operating Expenses, Total Capital Expenses, Total Indirect Expenses, and Total Other Expenses for each column. Enter the total for each column on the Budget Grand Total line.

V. Source of Funds

Multiply the "Budget Grand Total" by the percentage of the Medi-Cal caseload Multiply this amount by 50 percent and enter that amount in the Medi-Cal State General Funds line. Enter the same amount in the County funds line.

Multiply the Budget Grand Total by the percentage of the Non Med-Cal caseload and enter that amount in the State General Funds line of the Non Medi-Cal caseload Source of Funds.

Add the State General Funds in the Med-Cal Caseload Source of Funds with the State General Funds in the Non Med-Cal Caseload Source of Funds and enter the total in the line "Total State General Funds".

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Medical Therapy Program Caseload		
Type	**Actuals**	**%**
NON MEDI-CAL		
Healthy Families		
Straight CCS		
Total Non Medi-Cal		
MEDI-CAL		
TOTAL		

Medical Therapy Program Claims Preparation Budget

County Name: _____

Fiscal Year: _____

Number of Certified Outpatient Rehabilitation Units in County: ___

Column		**1**	**2**	**3**	**4A**	**4**	**5A**	**5**
Category/Line Item		**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5)**	**% FTE**	**Non-Medi-Cal State (100%)**	**% FTE**	**Medi-Cal State/County (50/50)**
I. Personnel Expense								
1.								
2.								
Total Salaries and Wages								
Less Salary Savings								
Net Salaries and Wages								
Staff Benefits (Specify %)	0.00%							
I. Total Personnel Expense								
II. Operating Expense								
1.								
2.								
II. Total Operating Expense								
III. Capital Expense								
1.								
2.								
II. Total Capital Expense								
IV. Indirect Expense								
1. Internal (Specify %)	0.00%							
2. External (Specify %)	0.00%							
IV. Total Indirect Expense								
V. Other Expense								
1.								
2.								
V. Total Other Expense								
Budget Grand Total								

Source of Funds							
Medi-Cal Caseload (State/County 50/50)							
State General Funds (1)							
County Funds							
Non-Medi-Cal Caseload (State 100%)							
State General Funds (2)							
Total State General Funds (1 + 2)							

Prepared By _____ Date Prepared _____ Phone Number _____

Approved By _____ Date _____ Phone Number _____

Medical Therapy Program Caseload		
Type	**Actuals**	**%**
NON MEDI-CAL		
Healthy Families	25	
Straight CCS	273	
Total Non Medi-Cal	298	20%
MEDI-CAL	1,192	80%
TOTAL	1,490	100%

Medical Therapy Program Claims Preparation Budget

County Name: _____

Fiscal Year: _____

Number of Certified Outpatient Rehabilitation Centers in County: ___

Column	**1**	**2**	**3**	**4A**	**4**	**5A**	**5**
Category/Line Item	**% FTE**	**Annual Salary**	**Total Budget (1 x 2 or 4 + 5)**	**% FTE**	**Non-Medi-Cal State (100%)**	**% FTE**	**Medi-Cal State/County (50/50)**
I. Personnel Expense							
1.	50%	$26,554	$13,277	20%	$2,655	80%	$10,622
2.							
Total Salaries and Wages			$13,277		$2,655		$10,622
Less Salary Savings			$0		$0		$0
Net Salaries and Wages			$13,277		$2,655		$10,622
Staff Benefits (Specify %) 0.00%			$4,116		$823		$3,293
I. Total Personnel Expense			$17,393		$3,478		$13,915
II. Operating Expense							
1.							
2.							
II. Total Operating Expense							
III. Capital Expense							
1.			$4,518	0%	$904	1%	$3,614
2.			$1,130	0%	$226	1%	$904
II. Total Capital Expense			$5,648		$1,130		$4,518
IV. Indirect Expense							
1. Internal (Specify %) 0.00%							
2. External (Specify %) 0.00%							
IV. Total Indirect Expense							
V. Other Expense							
1.							
2.							
V. Total Other Expense							
Budget Grand Total			$23,041		$4,608		$18,433

Source of Funds							
Medi-Cal Caseload (State/County 50/50)							
State General Funds (1)			$9,216				$9,216
County Funds			$9,217				$9,217
Non-Medi-Cal Caseload (State 100%)							
State General Funds (2)			$4,608		$4,608		
Total State General Funds (1 + 2)			$13,824				

John Smith	May 1, 2004	916-555-1111
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-2222
Approved By	Date	Phone Number

HCPCFC Budget Information and Staffing Guidelines

I. Budget Information

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services for the purpose of increasing the use of public health nurses in meeting the health care needs of children in foster care. These funds were transferred to the State Department of Health Services for distribution through the CHDP program in the form of a fiscal augmentation to operate the HCPCFC.

A. State General funds are matched through the federal Medicaid (XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California) and therefore must be used for activities that are administrative case management functions.

B. Funds for this program are not to supplant public health nurse (PHN) positions in local programs that provide administrative case management services to children in foster care unless the PHN to child ratio is less than 1:200.

C. The required annual administrative budget and quarterly expenditure invoices are prepared and submitted by local CHDP programs in accordance with CMS Budget instructions and guidelines (see Section 8).

D. Program administrative oversight for the HCPCFC PHNs is provided by the local CHDP program. PHNs funded by the HCPCFC are hired by the local health department and physically located at local child welfare agency and probation department offices.

E. State General Funds are distributed to local programs based on caseload data from the Child Welfare System/Case Management System (CWS/CMS), maintained by the California Department of Social Services (CDSS).

F. The caseload data reflect the annual monthly average of children and probation youth in out of home placement, or foster care, supervised by the County and placed in the County from other counties.

G. The local HCPCFC Administrative budgets should reflect the total Public Health Nurse (PHN) and Supervising PHN (SPHN) FTE staffing obtainable with the allocation of State General funds as matched through Federal Financial Participation.

H. The budget has three line items, Personnel, Operating and Indirect Expenses.

1. Personnel Expenses are limited to PHNs and SPHNs who meet the federal definition of Skilled Professional Medical Personnel (SPMP). (see Section 9).

2. Operating Expenses to support the PHNs and SPHNs are limited to travel and training. Space and computer access are provided by the child welfare agency.

3. Internal Indirect Expenses are capped at 10 percent of the total cost of the budgeted personnel. External Indirect Expenses are not allowed on the HCPCFC Budget. (**see Section 6, page 108**)

4. Total expenses are not to exceed the amount of State General funds allocated to the CHDP program for implementation and operation of the HCPCFC.

I. If a local program determines it is necessary to request additional funds for staff who perform administrative case management activities in support of children in out-of-home placement and whose positions were previously on a CHDP Administrative Budget, an optional Foster Care Administrative Budget County/City Match may be submitted. See **Section 6, page 127**. A statement identifying the source of local funds is required (e.g. county child welfare, probation, grant, etc).

II. Staffing Guidelines

A. PHNs implementing the Health Care Program for Children in Foster Care are to be located on site at the child welfare services agency and probation department. PHNs funded by the HCPCFC are dedicated personnel and participate with the social worker/probation officer in the development of health care plan located in the child's case record. In collaboration with the child's social worker/probation officer, PHNs plan and coordinate health care services for children in out-of-home placement in accordance with the PHN responsibilities and program activities outlined in the model interdepartmental HCPCFC MOU and Scope of Work (see Section 11).

B. The administrative activities of the PHN include Informing and Linking; Care Coordination; Orientation and Training with Caseworkers, Probation Officers, Foster Care Providers, Health Care Providers, Officers Of The Court and Others; and Liaison Functions.

1. Informing and Linking activities focus on promoting knowledge of the need for preventive health services; how to access services; and the need to maintain a link to health care services provided through the Child Health and Disability Prevention (CHDP) and Medi-Cal programs. The PHN collaborates with a multi-disciplinary team of health care professionals, community providers and agencies, and understands the principles of child health promotion and nursing care of children with special needs.

2. Care Coordination activities focus on ensuring appropriate health services are accessed; assisting with the health plan as a part of the case plan; providing follow up to maintain continuity of care; providing consultation to the foster care team members, and assisting with the maintenance of the child's Health and Education Passport. PHNs need knowledge and

experience in primary and secondary care in order to assure children in out-of-home placement obtain necessary health care services.

3. Orientation and Training activities focus on the provision of health and medical information to the foster care team as it relates to the special health needs of the child in foster care. The PHN serves as a consultant to social workers; probation officers; biological and substitute care providers, and health care providers.

4. Liaison activities focus on coordinating and problem solving with CHDP program staff, health care providers, community agencies, and transitional programs to ensure the continued effective and appropriate use of the Medi-Cal program; coordinating with county/city social services programs, Independent Living Skills Program; coordinating with other county/city public health department (PHD) programs and social services programs such as the following:

   - California Children's Services (CCS)
   - Schools
   - Regional Center
   - Mental and Behavioral Health programs
   - Immunization
   - Childhood Lead Poisoning Prevention
   - Maternal and Child Health (MCH)
   - Women's, Infants, and Children (WIC)
   - Child Health and Disability Prevention (CHDP)

C. For children in foster care placed out of the supervising county of residence, the PHN will work with the Foster Care PHN in the county of placement to locate and arrange for needed health care services.

D. PHNs working in the HCPCFC require professional nursing supervision. The HCPCFC established ratio is one (1) SPHN FTE to every ten (10) FTEs of PHN, 1:10.

HCPCFC Budget Worksheet Instructions (State/Federal Match)

I. Personnel Expenses

List as a separate line item each funded position by incumbent name and classification. For each line item complete the following columns:

1A. Percentage or Full Time Equivalent (FTE): Enter the annualized FTE in Column 1A, i.e., percentage of time to be spent on program activities during the budget fiscal year for each position listed under " Personnel Expenses."

Formula: Time base multiplied by number of months to be worked in fiscal year divided by number of months in year equals FTE.

Example: Employee works one day per week (1/5 time) for six months out of 12 months (6/12); Formula: 1/5 x 6/12 = 6/60 = 1/10 FTE or .10.

NOTE: The totals of Columns 2A plus 3A must equal 100%. The totals of Column 2 plus 3 must equal the total of Column 1.

1B. Annual Salary: Enter in Column 1B, the annual full time salary for each position listed under "Personnel Expenses."

1. Total Budget

- Multiply each entry in Column 1A, "% FTE", by the corresponding entry in Column 1B, "Annual Salary", and
- Enter the amount in Column 1 "Total Budget." (Column 2 plus Column 3 must equal this amount.)

2/2A. Percentage of FTE/Enhanced (25/75)

- Enter in Column 2A, % FTE", the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget" by the percent of FTE in Column 2A, "% FTE", and
- Enter the amount in Column 2, Enhanced.

3/3A. Percentage of FTE/Nonenhanced (50/50)

- Enter in Column 3A, the portion of annualized FTE to be spent on eligible nonenhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget" by the FTE in Column 3A, and
- Enter the amount in Column 3, Nonenhanced.

Total Salaries and Wages

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salary and Wages" line item.

Less Salary Savings

- "Salary Savings" **cannot** be claimed on this budget.

Net Salaries and Wages

- Re-enter the balance of each column on the line entitled "Net Salaries and Wages."

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages " in Columns 1,2, and 3, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the "Staff Benefits" amounts in each column (1,2, and 3) to the "Net Salaries and Wages " in each column, and
- Enter the total of each column on the "Total Personnel Expenses" line item.

III. Operating Expenses

- Travel. (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.), and
- Training.
- Documents related to these expenses are to be maintained on file by the local program in accordance with the FFP Guidelines, Section 9.

IV. Capital Expenses

- "Capital Expenses" **cannot** be claimed on this budget.

V. Indirect Expenses

Indirect expenses are limited to a maximum of 10 percent of Personnel Expenses.

External – "External Indirect Expenses" cannot be claimed on this budget.

NOTE: Public Health Nurses working in the HCPCFC are located in the local offices of child welfare services or departments of probation. External Indirect Expenses are not incurred by local health departments.

Internal – Internal Indirect Expenses is limited to 10% of the Total Personnel Expenses for this budget. Any departmental overhead costs, which are allocated, must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Princeplies and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87".

- Enter the amount of Internal Indirect Expenses on the appropriate line in Column 3.

- Enter the amounts from Column 3 for each line in Column 1.

NOTE: When calculating indirect expenses for Title XIX funding, apply the nonenhanced (50/50) rate to all qualified expenses in Column 3, regardless of whether personnel expenses are enhanced or nonenhanced.

Total Indirect Expenses

Enter the total for Columns 1 and 3 on the "Total Indirect Expenses" line item.

VI. Other Expenses

"Other Expenses" cannot be claimed on this budget.

Budget Grand Total

- Enter the sum of the "Total Personnel Expenses," "Total Operating Expenses," and "Total Indirect Expenses" lines in each Column (1,2, and 3), and

- Enter the grand total for each column on the "Budget Grand Total" line item.

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HCPCFC Administrative Budget Worksheet
Fiscal Year 2004-2005
County/City Name: _____

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
I. Personnel Expenses							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %) 0.00%							
I. Total Personnel Expenses							
II. Operating Expenses							
1. Travel							
2. Training							
II. Total Operating Expenses							
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 0.00%							
2. External							
IV. Total Indirect Expenses							
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total							

Prepared By _____ Date _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

HCPCFC Administrative Budget Worksheet
Fiscal Year 2004-2005
County/City Name: _____

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	**% or FTE**	**Annual Salary**	**Total Budget (1A x 1B or 2 + 3)**	**% or FTE**	**Enhanced State/Federal (25/75)**	**% or FTE**	**Nonenhanced State/Federal (50/50)**
I. Personnel Expenses							
1. SPHN Jones	10%	$61,000	$6,100	60%	$3,660	40%	$2,440
2. PHN Adams	75%	$55,420	$41,565	85%	$35,330	15%	$6,235
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			$47,665		$38,990		$8,675
Less Salary Savings							
Net Salaries and Wages			$47,665		$38,990		$8,675
Staff Benefits (Specify %) 0.00%			$7,150		$5,849		$1,301
I. Total Personnel Expenses							$9,976
II. Operating Expenses							
1. Travel			$700		$500		$200
2. Training			$300		$250		$50
II. Total Operating Expenses			$1,000		$750		$250
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 0.00%			$5,481				$5,481
2. External							
IV. Total Indirect Expenses			$5,481				$5,481
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			$61,296		$45,589		$15,707

John Smith	May 1, 2004	916-555-1122
Prepared By	Date	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

HCPCFC Administrative Budget Summary Instructions

I. HCPCFC Administrative Budget Summary

Transfer the dollar amount from the total amount of each line item and column of the HCPCFC Administrative Budget Worksheet to the HCPCFC Administrative Budget Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

II. Source of Funds

A. Enhanced Funds

- Multiply the Enhanced "Budget Grand Total" amount in Column 2 by 25 percent. Enter the amount on the "State Funds" line, Enhanced column, in the "Source of Funds" section.
- Multiply the Enhanced Column 2 "Budget Grand Total" amount by 75 percent, and enter the amount in the "Source of Funds" section, Enhanced column, on the Federal Funds line.

B. Nonenhanced Funds

- Multiply the Nonenhanced "Budget Grand Total" amount (Column 3) by 50%. Enter this amount on the "State Funds" line, Nonenhanced column, in "Source of Funds" section.
- Multiply the Nonenhanced, Column 3, "Budget Grand Total" amount by 50 percent, and enter the amount in the "Source of Funds" section, Nonenhanced column, on the Federal Funds line.

C. Total Funds and Grand Total

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

NOTE: The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

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HCPCFC Administrative Budget Summary
Fiscal Year 2004-2005
County/City Name: _____

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Budget Grand Total			

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Prepared By _____ Date _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

HCPCFC Administrative Budget Summary
Fiscal Year 2004-2005
County/City Name: Golden

Column	1	2	3
Category/Line Item	**Total Budget (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses	$54,815	$44,839	$9,976
II. Total Operating Expenses	$1,000	$750	$250
III. Total Capital Expenses			
IV. Total Indirect Expenses	$5,481		$5,481
V. Total Other Expenses			
Budget Grand Total	$61,296	$45,589	$15,707

Column	1	2	3
Source of Funds	**Total Funds**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State Funds	$19,251	$11,397	$7,854
Federal Funds (Title XIX)	$42,045	$34,192	$7,853
Budget Grand Total	$61,296		

John Smith	May 1, 2004	916-555-1212
Prepared By	Date	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CMS Budget Revision General Information

I. Policies for CMS Budget Revisions

All requests for budget revisions must be submitted to the Regional Office Administrative Consultant/Analyst no later than six months (December 31) after the end of the fiscal year. Budget revision requests received after December 31 for the previous fiscal year will not be accepted. A budget revision worksheet, summary, **and** a budget revision justification narrative are required whenever the county/city anticipates:

A. The original approved funding total will be exceeded (e.g., over expenditure due to an increase in caseload, need for special equipment, etc.)

B. The original approved funding total will be decreased by at least 10 percent (e.g., under expended due to unexpected decreases in caseload, inability to fill position, inability to purchase equipment, etc.)

C. Any permanent change in overall FTE during the fiscal year period.

D. Any change in staff composition (e.g., a vacant RN position that will be refilled as a clerk position)

E. A transfer of funds between enhanced and nonenhanced funding sources, even when there is no adjustment of the line item dollar amount

F. A transfer of more than $10,000 among any of the five budget line items (e.g., Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses). *Transfers of less than $10,000 per budget and fiscal year may be made without prior State approval. A Budget Revision Worksheet, Summary and a Budget Justification Narrative are still required for all changes.*

G. Transfer of funds into the Capital Expenses line item.

H. For CCS budgets, a shift in caseload mix of Medi-Cal and non-Medi-Cal claims of greater than 10 percent.

I. For the CCS Program Administrative Budget, if the county match increases, a new Certificate of County Appropriation is required.

The Budget Revision Justification Narrative must include:

- The total dollar amount for each budget line item by category and reason for change.
- The dollar amount for each line item changed within the budget category.
- Explanation of need for revision.

NOTE: If the revision includes expenditures not indicated in the approved budget, explanation of the new expenditure and the need is required.

II. Equipment Purchases

Purchases of equipment (Capital Expenses) require written justification and State approval prior to authorization of State funds for equipment purchases. Submit County/City Capital Expenses Justification Form.

CHDP Administrative Budget Revision Instructions (No County/City Match)

I. CHDP Administrative Budget Revision (No County/City Match)

A. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be number 1.

B. In Column 1, **Approved Budget**:

Copy the amounts from Column 1 of the last approved budget or budget revision:

1. All the amounts in each budget line item (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.

2. The total amounts for all line item (Budget Grand Total).

C. In Column 2, **Revision Amount**:

1. Enter the amount of adjustment (positive or [negative]) for each line item. Use parentheses around a number to indicate a negative number.

2. Enter "0" in the line items with no adjustment.

D. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2).

E. In Column 4, **Revised CHDP Budget**:

Enter the proposed total CHDP amount for each line item.

F. In Column 5, **Revised Medi-Cal Budget**:

Enter the proposed total Medi-Cal amount for each line item.

G. In Column 6, **Enhanced State/Federal (25/75):**

Enter the amount of Personnel and Operating Expenses (travel and training) only to be allocated to program activities eligible for **enhanced** Medi-Cal funding.

H. In Column 7, **Nonenhanced State/Federal (50/50)**

Enter the amount to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding.

NOTE: The totals of Column 6 and 7 must equal Column 5. The totals of Column 5 and 4 must equal Column 3.

I. **Total Expenditures**: Add the totals for each Column and enter the amounts on the Total Expenditures lines.

The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.

CHDP Administrative Budget Revision Number: ___
No County/City Match
CHDP State Funds and Medi-Cal State/Federal Funds
County/City Name: _____
Fiscal Year: _____

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2)**	**Revised CHDP Budget**	**Revised Medi-Cal Budget (6 + 7)**	**Enhanced State/Federal (25/75)**	**Nonenhance State/Federa (50/50)**
I. Total Personnel Expenses							
II. Total Operating Expenses							
III. Total Capital Expenses							
IV. Total Indirect Expenses							
V. Total Other Expenses							
Budget Grand Total							

Column	3	4	5	6	7
Source of Funds	**Total Revision Funds**	**Total CHDP ***	**Total Medi-Cal ****	**Enhanced State/Federal**	**Nonenhanced State/Federal**
State General Funds					
Medi-Cal Funds:					
State					
Federal (Title XIX)					

* Total must not exceed State non-Medi-Cal (100% State Funds) allocation.
** Total State and Federal Funds must not exceed Medi-Cal allocation.

Prepared By _____ Date Prepared _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

CHDP Administrative Budget Revision Number: _1_
No County/City Match
CHDP State Funds and Medi-Cal State/Federal Funds
County/City Name: Golden
Fiscal Year: 2004-2005

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2)**	**Revised CHDP Budget**	**Revised Medi-Cal Budget (6 + 7)**	**Enhanced State/Federal (25/75)**	**Nonenhance State/Federa (50/50)**
I. Total Personnel Expenses	$49,713	$2,459	$52,172	$8,990	$43,182	$8,869	$34,3
II. Total Operating Expenses	$13,494	($2,459)	$11,035	$2,412	$8,623	$1,106	$7,5
III. Total Capital Expenses	$0	$0	$0	$0	$0		
IV. Total Indirect Expenses	$3,275	$0	$3,275	$482	$2,793		$2,7
V. Total Other Expenses	$0	$0	$0	$0	$0		
Budget Grand Total	$66,482	$0	$66,482	$11,884	$54,598	$9,975	$44,6

Column	3	4	5	6	7
Source of Funds	**Total Revision Funds**	**Total CHDP ***	**Total Medi-Cal ****	**Enhanced State/Federal**	**Nonenhanced State/Federal**
State General Funds	$11,884	$11,884			
Medi-Cal Funds:			$54,598		
State	$24,805		$24,805	$2,494	$22,311
Federal (Title XIX)	$29,793		$29,793	$7,481	$22,312

* Total must not exceed State non-Medi-Cal (100% State Funds) allocation.
** Total State and Federal Funds must not exceed Medi-Cal allocation.

John Smith	May 1, 2004	916-555-1212
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CHDP Administrative Budget Revision Instructions

(County/City Match)

I. Complete the heading, entering the number of the budget revision, e.g., the first revision of the approved budget for the fiscal year would be number 1.

II. In Column 1, **Approved Budget**:

Copy from Column 1 of the last approved budget or budget revision:

1. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.

2. The total amount for all line items (Budget Grand Total).

III. In Column 2, **Revision Amount**:

3. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.

4. Enter "0" in the line items with no adjustments.

IV. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2).

V. In Column 4, **Enhanced County/Federal (25/75)**

Enter only the amount of Personnel and Operating Expenses (travel and training) to be allocated to program activities eligible for **enhanced** Medi-Cal funding (Title XIX Federal).

VI. In Column 5, **Nonenhanced County/Federal (50/50)**

Enter the amounts to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding (Title XIX Federal).

NOTE: That totals of Columns 4 and 5 must equal Column 3.

VII. Add the totals for each Column, and enter the amounts of the Total Expenditures lines.

The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.

This page is blank.

CHDP Administrative Budget Revision Number: ___
County/City Match
County/City Funds and Title XIX Federal Funds
County/City Name: _____
Fiscal Year: _____

Column	1	2	3	4	5
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2 or 4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
Budget Grand Total					

Source of Funds	Total Revision Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds			
Federal Funds (Title XIX)			

Prepared By _____ Date Prepared _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

CHDP Administrative Budget Revision Number: _1__
County/City Match
County/City Funds and Title XIX Federal Funds
County/City Name: Golden
Fiscal Year: 2004-2005

Column	1	2	3	4	5
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2 or 4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses	$46,948	($3,541)	$43,407	$34,750	$8,657
II. Total Operating Expenses	$4,000	$4,000	$8,000	$900	$7,100
III. Total Capital Expenses	$0	$0	$0		$0
IV. Total Indirect Expenses	$6,139	($459)	$5,680		$5,680
V. Total Other Expenses	$0	$0	$0		$0
Budget Grand Total	$57,087	$0	$57,087	$35,650	$21,437

Source of Funds	Total Revision Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	$19,631	$8,913	$10,718
Federal Funds (Title XIX)	$37,456	$26,737	$10,719

John Smith	May 1, 2004	916-555-1212
Prepared By	Date Prepared	Phone Number
Dr. John Doe	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

HCPCFC Budget Revision Instructions

HCPCFC Budget Revision Summary Page

I. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be number 1.

II. In Column 1, **Approved Budget**:

Copy amounts from Column 1 of the last approved budget or budget revision:

A. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.

B. The total amounts for all line items. (Budget Grand Total)

III. In Column 2, **Revision Amount**:

A. Enter the amount of adjustment (positive or [negative]) for each line item to be revised.

B. Enter "0" in the line items with no adjustments.

IV. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2).

V. In Column 4, **Enhanced State/Federal (25/75):**

Enter the amount of Personnel and Operating Expenses (travel and training) only to be allocated to program activities eligible for enhanced Medi-Cal funding.

VI. In Column 5, **Nonenhanced State/Federal (50/50):**

Enter the amount to be allocated to program activities eligible for nonenhanced federal funding (Title XIX).

NOTE: The totals of Columns 4 and 5 must equal Column 3.

VII. **Total Expenditures**: Add the totals for each Column, and enter the amounts on the Total Expenditures lines.

The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.

HCPCFC Budget Revision requests must include the worksheet, summary and a Budget Justification Narrative.

HCPCFC Administrative Budget Revision Number __
State/Federal Match
State Funds and Title XIX Federal Funds
County/City Name: _____
Fiscal Year: _____

Column	1	2	3	4	5
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2 or 4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses					
II. Total Operating Expenses					
III. Total Capital Expenses					
IV. Total Indirect Expenses					
V. Total Other Expenses					
Budget Grand Total					

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds			
Federal Funds (Title XIX)			

Prepared By _____ Date Prepared _____ Phone Number _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____

HCPCFC Administrative Budget Revision Number _1_
State/Federal Match
State Funds and Title XIX Federal Funds
County/City Name: Golden
Fiscal Year: 2004-2005

Column	1	2	3	4	5
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2 or 4 + 5)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses	$30,000	$5,000	$35,000	$26,250	$8,750
II. Total Operating Expenses	$8,000	($5,000)	$3,000	$2,250	$750
III. Total Capital Expenses					
IV. Total Indirect Expenses	$3,000	$0	$3,000		$3,000
V. Total Other Expenses					
Budget Grand Total	$41,000	$0	$41,000	$28,500	$12,500

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	$13,375	$7,125	$6,250
Federal Funds (Title XIX)	$27,625	$21,375	$6,250

John Smith	May 1, 2004	916-555-1212
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-1122
CHDP Director or Deputy Director (Signature)	Date	Phone Number

Foster Care Administrative County/City Match Budget Revision Instructions

Foster Care Budget Revision Summary Page

I. Complete the heading, entering the number of the budget revision, e.g., the first revision of the approved budget for the fiscal year would be number 1.

II. In Column 1, **Approved Budget:**

Copy from Column 1 of the last approved budget or budget revision:

1. All the line item amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even though there is no adjustment in the line items.

2. The total amount for all line items (Budget Grand Total).

III. In Column 2, **Revision Amount:**

1. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.

2. Enter "0" in the line items with no adjustments.

IV. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2).

V. In Column 4, **Enhanced County-City/Federal (25/75)**

Enter only the amount of Personnel and Operating Expenses (travel and training) to be allocated to program activities eligible for **enhanced** Medi-Cal funding (Title XIX Federal).

VI. In Column 5, **Nonenhanced County-City/Federal (50/50)**

Enter the amounts to be allocated to program activities eligible for **nonenhanced** Medi-Cal funding (Title XIX Federal).

NOTE: That totals of Columns 4 and 5 must equal Column 3.

VII. Add the totals for each Column, and enter the amounts of the Total Expenditures lines.

The total amount of county/city funds and the amounts of Title XIX Federal Funds authorized in the initial approved CHDP budget cannot be exceeded without specific written authorization.

Foster Care Budget Revision requests must include the worksheet, summary and a Budget Justification Narrative.

Foster Care Administrative Budget Revision Number 1
County/City Match
County/City Funds and Title XIX Federal Funds
County/City Name: Golden
Fiscal Year: 2003-2004

Column	1	2	3	4	5
Category/Line Item	Approved Budget	Revision Amount	Revised Budget (1 + 2 or 4 + 5)	Enhanced County-City/Federal (25/75)	Nonenhanced County-City/Federal (50/50)
I. Total Personnel Expense					
II. Total Operating Expense					
III. Total Capital Expense					
IV. Total Indirect Expense					
V. Total Other Expense					
Budget Grand Total					

Source of Funds	Total Revision Funds	Enhanced County-City/Federal (25/75)	Nonenhanced County-City/Federal (50/50)
County-City Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Prepared By | Date Prepared | Phone Number

CHDP Director or Deputy Director (Signature) | Date | Phone Number

Foster Care Administrative Budget Revision Number 1
County/City Match
County/City Funds and Title XIX Federal Funds
County/City Name: Golden
Fiscal Year: 2003-2004

Column	1	2	3	4	5
Category/Line Item	**Approved Budget**	**Revision Amount**	**Revised Budget (1 + 2 or 4 + 5)**	**Enhanced County-City/Federal (25/75)**	**Nonenhanced County-City/Federal (50/50)**
I. Total Personnel Expense	$35,000	($5,000)	$30,000	$24,250	$5,750
II. Total Operating Expense	$6,000	$5,000	$11,000	$4,500	$6,500
III. Total Capital Expense	$15,000	$0	$15,000		$15,000
IV. Total Indirect Expense	$1,200	$0	$1,200		$1,200
V. Total Other Expense	$1,500	$0	$1,500		$1,500
Budget Grand Total	$58,700	$0	$58,700	$28,750	$29,950

Source of Funds	Total Revision Funds	Enhanced County-City/Federal (25/75)	Nonenhanced County-City/Federal (50/50)
County-City Funds	$22,163	$7,188	$14,975
Federal Funds (Title XIX)	$36,537	$21,562	$14,975
Budget Grand Total	$58,700		

John Smith	May 1, 2004	916-555-4741
Prepared By	Date Prepared	Phone Number
Dr. Jane Doe	May 1, 2004	916-555-4742
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CCS Administrative Budget Revision Instructions

Budget Revision Summary Page

I. Complete the heading, entering the number of the budget revision; e.g., the first revision of the approved budget for the fiscal year would be revision Number 1.

II. In Column 1 **Approved Budget**:

Copy from Column 1 of the last approved budget or budget revision:

A. All the line amounts in each budget category (Total Personnel Expenses, Total Operating Expenses, etc.) even if there is no adjustment for a specific line item.

B. The total amounts for all categories (Total Expenditures).

III. In Column 2, **Revisions**:

A. Enter the amount of adjustment (positive or [negative]) for each line item to be revised. Use parentheses around a number to indicate a negative number.

B. Enter "0" in the line items with no adjustments.

IV. In Column 3, **Revised Budget**:

Enter the proposed total budget amounts (Column 1 plus or minus Column 2.)

V. In Column 4, **CCS Non-Medi-Cal, County/State**:

Multiply the Non-Medi-Cal percentage of open records by each amount in Column 3, and enter the amount for each line in Column 4.

VI. Calculate the total amount available for Medi-Cal reimbursement by subtracting the amount entered in Column 4 for each line from the amount entered in Column 3 and enter in Column 5.

VII. In Column 6, **Medi-Cal, Enhanced, State/Federal**:

Enter the amount allocated to program activities eligible for **enhanced** Medi-Cal funding.

VIII. In Column 7, **Nonenhanced Funding**:

Enter the amount allocated to program activities eligible for nonenhanced Medi-Cal funding.

IX. Add totals from Column 6 and 7 and enter amounts in Column 5.

NOTE: The totals of Columns 4, 5, and must equal Column 3.

X. **Total Expenditures**:

Add the totals for each Column, and enter the amounts on the Total Expenditures lines.

CCS Revision requests must include the worksheet, summary and a Budget Revision Justification Narrative.

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Revision Summary

County Name: _____

Fiscal Year: _____

Revision Number: ____

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expense							
II. Total Operating Expense							
III. Total Capital Expense							
IV. Total Indirect Expense							
V. Total Other Expense							
Budget Grand Total							

Column	1	2	3	4	5	6	7
Source of Funds	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State General Funds							
County Funds							
Medi-Cal Funds:							
State							
Federal (Title XIX)							

Prepared By _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ Date _____ Phone Number _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
TOTAL MEDI-CAL	650	70%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
Total Healthy Families	23	3%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
Total Straight CCS	255	27%
TOTAL NON MEDI-CAL	278	30%
GRAND TOTAL	928	100%

CCS Administrative Budget Revision Summary

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expense	$124,784	($5,015)	$119,768	$35,404	$48,364	$35,907	$48,457
II. Total Operating Expense	$8,600	$5,910	$14,519	$4,211	$10,308	$2,474	$7,834
III. Total Capital Expense	$0						
IV. Total Indirect Expense	$22,461	($903)	$21,558	$6,252	$15,306		$15,306
V. Total Other Expense	$1.500	$0	$1,500	$435	$1,065		$1,065
Budget Grand Total	$157,345	$0	$157,345	$46,302	$111,043	$38,381	$72,662

Column	1	2	3	4	5	6	7
Source of Funds	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State General Funds	$23,151		$23,151	$23,151			
County Funds	$23,151		$23,151	$23,151			
Medi-Cal Funds:							
State	$45,926		$45,926		$45,926	$9,595	$36,331
Federal (Title XIX)	$64,117		$65,117		$65,117	$28,786	$36,331

Prepared By _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ Date _____ Phone Number _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Revision

County Name: _____

Fiscal Year: _____

Revision Number: _____

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Medi-Cal Enhanced State/Federal (25/75)**	**Medi-Cal Nonenhanced State/Federal (50/50)**
I. Personnel Expense							
Program Administration							
Employee Name and Title							
Employee Name and Title							
Employee Name and Title							
Employee Name and Title							
Subtotal							
Medical Case Management							
Employee Name and Title							
Employee Name and Title							
Subtotal							
Other Health Care Professionals							
Subtotal							
Ancillary Support							
Employee Name and Title							
Subtotal							
Clerical and Claims Support							
Employee Name and Title							
Employee Name and Title							
Subtotal							

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children		
Potential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children		
Potential Cases HF		
Total Healthy Families		
Straight CCS		
Average of Total Open (Active) Straight CCS Children		
Potential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CCS Administrative Budget Revision

County Name: _____

Fiscal Year: _____

Revision Number: _____

Total Salary and Wages								
Less Salary Savings								
Net Salary and Wages								
Staff Benefits (Specify %)	0.00%							
I. Total Personnel Expense								
II. Operating Expense								
1. Travel								
2. Training								
3. Office Space								
4. Communications								
5. Equipment Lease								
6. Space Rental								
II. Total Operating Expense								
III. Capital Expense								
II. Total Capital Expense								
IV. Indirect Expense								
1. Internal								
2. External								
IV. Total Indirect Expense								
V. Other Expense								
1. Maintenance and Transportation								
V. Total Other Expense								
Budget Grand Total								

Prepared By _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ Date _____ Phone Number _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
TOTAL MEDI-CAL	650	70%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
Total Healthy Families	23	3%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
Total Straight CCS	255	27%
TOTAL NON MEDI-CAL	278	30%
GRAND TOTAL	928	100%

CCS Administrative Budget Revision

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

Column	1	2	3	4	5	6	7
Category/Line Item	**Approved Budget**	**Revisions**	**Revised Budget**	**Non-Medi-Cal County/State (50/50)**	**Total Medi-Cal State/Federal**	**Medi-Cal Enhanced State/Federal (25/75)**	**Medi-Cal Nonenhanced State/Federal (50/50)**
I. Personnel Expense							
Program Administration							
Employee Name and Title	$1,495	($300)	$3,894	$1,130	$2,765		$2,765
Employee Name and Title	$4,521	($500)	$4,021)	$1,166	$2,855		$2,855
Employee Name and Title	$5,780	($3,000)	$2,780	$806	$1,974		$1,974
Employee Name and Title	$5,048	($1,200)	$3,848	$1,116	$2,732		$2,732
Subtotal	$19,544	(%5,000)	$14,,544	$4,218	$10,326		$10,326
Medical Case Management							
Employee Name and Title	$33,806	$0	$33,806	$9,804	$24,002	$20,402	$3,600
Employee Name and Title	$11,268	$0	$11,268	$3,268	$8,000	$6,800	$1,200
Subtotal	$45,074	$0	$45,074	$13,072	$32,002	$27,202	$4,800
Other Health Care Professionals							
Subtotal							
Ancillary Support							
Employee Name and Title	$18,346	$900	$19,246	$5,581	$13,665		$13,665
Subtotal	$18,346	$900	$19,246	$5,581	$13,665		$13,665
Clerical and Claims Support							
Employee Name and Title	$3,707	$0	$3,707	$1,075	$2,632		$2,632
Employee Name and Title	$7,862	$300	$8,162	$2,367	$5,795		$5,795
Subtotal	$11,569	$300	$11,869	$3,442	$8,427		$8,427

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	542	58%
Potential Cases Medi-Cal	108	12%
TOTAL MEDI-CAL	650	70%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	18	2%
Potential Cases HF	5	1%
Total Healthy Families	23	3%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	214	23%
Potential Cases Straight CCS	41	4%
Total Straight CCS	255	27%
TOTAL NON MEDI-CAL	278	30%
GRAND TOTAL	928	100%

CCS Administrative Budget Revision

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

Total Salary and Wages		$94,533	($3,800)	$90,733	$26,313	$64,420	$27,202	$37,218
Less Salary Savings		$0						
Net Salary and Wages		$94,533	($3,800)	$90,733	$26,313	$64,420	$27,202	$37,218
Staff Benefits (Specify %)	0.00%	$30,251	($1,216)	$29,035	$9,091	$19,944	$8,705	$11,239
I. Total Personnel Expense		$124,784	(%5,016)	$119,766	$35,404	$84,364	$35,907	$48,457
II. Operating Expense								
1. Travel		$2,200	$700	$2,900	$841	$2,059	$1,750	$309
2. Training		$700	$500	$1,200	$348	$852	$724	$128
3. Office Space		$1,500	$2,750	$4,250	$1,233	$3,017		$3,017
4. Communications		$1,200	($231)	$969	$281	$688		$688
5. Equipment Lease		$1,500	$1,200	$2,700	$783	$1,917		$1,917
6. Space Rental		$1,500	$1,000	$2,500	$725	$1,775		$1,775
II. Total Operating Expense		$8,600	$5,919	$14,519	$4,211	$10,308	$2,474	$7,834
III. Capital Expense								
II. Total Capital Expense								
IV. Indirect Expense								
1. Internal		$9,983	($401)	$9,582	$2,779	$6,803		$6,803
2. External		$12,478	($502)	$11,976	$3,473	$8,503		$8,503
IV. Total Indirect Expense		$22,461	($903)	$21,558	$6,252	$15,306		$15,306
V. Other Expense								
1. Maintenance and Transportation		$1,500	$0	$15,00	$435	$1,065		$1,065
V. Total Other Expense		$1,500	$0	$15,00	$435	$1,065		$1,065
Budget Grand Total		$157,345	$0	$157,345	$46,302	$111,043	$38,381	$72,662

Prepared By | Date Prepared | Phone Number

CCS Administrator (Signature) | Date | Phone Number

Sample Budget Revision Justification Narrative

(A budget justification narrative must be included with all budget revision requests along with the Budget Revision Worksheet and Budget Summary.)

1. Personnel expenses total $119,768. Personnel expenses were decreased by $5,016 from the originally approved $124,784 because of PHN vacancies in the program.

2. Operating Expenses total $14,519. In addition to the explanation contained in the original budget narrative, Operating Expenses were increased by $5,919 as follows:

    a. Travel Expenses – includes an increase of $700 to $2,900 to account for the actual mileage driven to attend meetings and perform program activities.

    b. Training – includes an increase of $500 to $1,200 to account for more than expected tuition and registration costs for program training.

    c. Office Supplies – includes an increase of $2,750 to $4,250 to account for actual costs for production of pamphlets and letters for providers, clients, schools, and community agencies.

    d. Communications – includes a decrease of $231 for unused costs.

    e. Equipment lease – includes an increase of $1,200 to $2,700 for actual costs incurred for leasing/maintenance of copier/fax.

    f. Space Rental – includes an increase of $1,000 to $2,500 for costs for additional space acquired.

3. Indirect Expenses total $21,558. Indirect Expenses were decreased by $903. These funds will be unused and redirected to Operating Expenses category as noted in 2. Above.

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SECTION 7 – CHDP SPECIAL PROJECTS

Local CHDP programs have the opportunity to request funds during the program year for multidisciplinary and collaborative projects with regional and statewide applications that extend the purposes of the CHDP program. The availability of funds for these projects varies from year to year.

Special project requests are developed and implemented with collaboration of designated CMS consultant staff. Concepts for special projects should first be shared with Program Operations Section (POS) regional program consultants or statewide specialty consultants, who will seek support from section management prior to further project development. Any product developed as a result of a special project is the property of the State of California.

Funds for special projects are approved separately from the local CHDP annual allocation plan and budget. Existing or new program staff and related expenses, and equipment are not funded by the special project funds. Continuation of a special project from one fiscal year to the next is based on available funds.

Submitting a Special Project Request

After the concept is approved by the CMS Branch, a formal request can be made by completing and submitting the following items:

- Request Form (page 7-2)
- Scope of Work (page 7-3)
- Letters of Support (page 7-4)
- Budget Worksheet (page 7-5)

The original and two copies of the request package should be submitted to the Program Operations section manager with copies sent to collaborating CMS consultant staff.

CHDP Special Project Request Form

1. Name of County/City CHDP Program _____
2. Name of Special Project Coordinator _____
3. Job Title of Special Project Coordinator _____
4. Title of Special Project _____
5. Time Period for Special Project _____
6. Amount of Funds Requested _____
7. Collaborating CHDP Programs _____
8. Using a separate sheet(s) of paper, describe the following:
   - The overall project, including what is unique about this project and not met in the CMS Scope of Work,
   - The problems/needs that this project will address, including targeted population(s), such as clients or providers,
   - The collaborative efforts with other local CHDP programs,
   - The expected outcomes for regional or statewide populations, and
   - The mechanisms for evaluating this project.
9. Signatures and Certification: We understand that this special project will be the property of the State of California.

CHDP Director	Date Signed
CHDP Deputy Director	Date Signed
Special Project Coordinator	Date Signed

CHDP Special Project Scope of Work

Fiscal Year _____

Write measurable objectives to accomplish the Special Project. Under the "Activities to Achieve Objective" column identify staff who have lead responsibilities as well as staff from other program(s) collaborating on the project.

Measurable Objective	Relates to which CMS Goal(s) (I-V)	Activities to Achieve Objective	Start Date	End Date	Extent to which Objective/Activities Achieved

Letters of Support

Provide letters of support from other local CHDP programs that demonstrate their willingness to participate in the special project and/or describe the need for the special project in their local health jurisdiction. Letters of support should identify the name of the contact person for the local program and describe his or her role in the development and implementation of the project. Include letters of support from other agencies or managed care plans that will be impacted by the special project.

Letters should be addressed to the local CHDP program Deputy Director or special project coordinator who will submit the letters as part of the Special Project Request package.

CHDP Special Project Budgets

Special Project Budget Instructions

Prepare a separate budget sheet for each special project request using the budget format on page 7-5. Include a justification for each line item on a budget justification worksheet. General budget policies can be found in Section 6 – Budget Instructions.

The types of items under Operating Expense may include, but are not limited to, printing or copying costs, graphics, media, language translation services, distribution costs, shipping and handling, computer software, field testing and revisions. New or existing program staff, benefits, travel, and training are not funded through special projects. Indirect expenses are only to be included if the county/city applies its cost ratio to all direct costs.

Special Project Invoice Instructions

In general, follow the guidelines found in Section 8 – Expenditure Claims and Property Management. Enter in the appropriate Total Expenditures column the total of all expenses for that line and complete the Expenditure Grand Total. Complete the Sources of Funds Section using the percentage of state/federal funds provided by the CMS Branch when the project was approved.

Provide the contact name and telephone number of the county/city staff member who is responsible for processing the expenditure invoice. The fiscal officer or a county/city official with the authority to certify the invoice on behalf of the county/city does so by signing and dating the invoice. An original signature is required. Type or print the name and title of the official who signed the invoice.

State of California – Health and Human Services Agency Department of Health Services – Children's Medical Services

County/City: _____ Fiscal Year: _____

CHDP Special Project Budget

Name of Special Project: _____

Column	1A	1B	1
Category/Line Item	% or FTE	Annual Salary	Total Budget
I. Personnel Expense			
Total Salary and Wages			
Less Salary Savings			
Net Salaries and Wages			
Staff Benefits (%)			
Total Personnel Expense			
II. Operating Expense			
Total Operating Expense			
III. Capital Expense			
Total Capital Expense			
IV. Indirect Expense			
Internal			
External			
Total Indirect Expense			
V. Other Expense			
Total Other Expense			
BUDGET GRAND TOTAL			

Prepared By	Date Prepared	Phone Number
CHDP Director or Deputy Director	Date Signed	Phone Number

State of California – Health and Human Services Agency Department of Health Services – Children's Medical Services

County/City: _____ Fiscal Year: _____

Quarter Ending: _____

CHDP Quarterly Special Project Expenditure Invoice

Name of Special Project: _____

Category/Line Item	Total Expenditure
I. Total Personnel Expense	
II. Total Operating Expense	
III. Total Capital Expense	
IV. Total Indirect Expense	
V. Total Other Expense	
EXPENDITURE GRAND TOTAL	

Source of Funds			
State Funds			
Federal (Title XIX)			

Prepared By Date Prepared Phone Number

CERTIFICATION: I hereby certify under penalty of perjury that these are actual expenditures (based on county/city records) incurred during the time period specified above, and that they comply with all laws and regulations governing this program.

CHDP Director Date Signed Phone Number

CHDP Deputy Director Date Signed Phone Number

Tips on Writing Measurable Objectives

The following description is taken from material developed by Stanford Center for Research in Disease Prevention and is provided as a resource only.

Definition of Objectives

Objectives are specific indicators of program goals. They define the necessary steps for reaching the goal. Objectives state a specific result within an identifiable time frame.

Objectives are outcomes of program activities (actions), and should not be confused with the activities themselves. Moreover, objectives should not be confused with goal statements, which are long-range anticipated results or consequences. For example, a goal to make domestic violence socially unacceptable.

It is important to break project goals into specific objectives so that everyone clearly understands what needs to be done, and when. The assumption is that if each objective is achieved, it contributes to the accomplishment of the overarching goal.

Developing measurable objectives requires time, systematic thinking, and a thorough understanding of your goals. The process may seem time-consuming, but will allow for smooth implementation and evaluation. In addition, developing specific, measurable objectives allow staff and volunteers to maintain a sharp focus on their commitments, and show how activities relate to desired outcomes.

Guidelines for Stating Objectives

The following are some simple questions that each objective statement should answer:

- What (measurable) change or benefit is expected?
- Who is expected to change or benefit?
- How much change or benefit is expected?
- When is the change or benefit expected to happen?

A helpful rule for writing objectives is that they should be "SMART"

Specific **M**easurable **A**chievable **R**eachable **T**ime-bound

Use these verbs to help decide whether a statement is an objective or not:

Objectives	Not Objectives (Activities or Actions)
• To increase	• To provide
• To decrease	• To establish
• To reduce	• To create
• To change	• To assess

Examples of Objectives

Here is an example of a poorly defined objective: "To raise community awareness of domestic violence."

Measurement concerns with this objective include:

- What is awareness - how will you know it when you see it?
- How is community defined - adults, youth, geographic boundaries, etc.?
- What does "raise" mean - what is the baseline, and how much improvement is anticipated?
- How will this objective be met - via a media campaign, a school program, etc.?
- When is the anticipated change supposed to occur?

Here is an example of a **well-defined objective**:

> At the conclusion of the two-day relationship skills class, at least 80 percent of the junior high school participants will be able to demonstrate non-violent interpersonal skills in role-play scenarios.

This objective tells us that there is a commitment to communicating certain information in a specific way to a group of learners, and that the learners will have demonstrated acquisition of new information during a certain time period.

SECTION 8 – EXPENDITURE CLAIMS AND PROPERTY MANAGEMENT

General Information About CMS Quarterly Administrative Expenditure Invoices

I. The quarterly administrative expenditure invoice forms contain the same five line items used in the budgets.

II. Counties/cities are **not** required to submit expenditure justification worksheets with quarterly administrative invoices. However, justification worksheets and/or documentation of how expenditure amounts were derived must be maintained at the county/city level for audit purposes.

III. Quarterly expenditure invoices for salaries and wages must be supported by time studies or attendance documentation maintained at the county/city level for audit purposes. Documentation for staff who qualify for enhanced federal funding and/or who work on more than one program must include quarterly time studies at a minimum, prepared for each budgeted position using the same representative month each quarter. (See page 9-4 and 9-5).

IV. Tools for using time study information to allocate personnel services and benefits expenses are included in References, Section 11.

V. Overhead costs submitted on the quarterly invoices must be consistent with the county/city cost allocation plans for the approved invoicing period. Internal overhead costs must be prepared in accordance with the Office of the Assistant Secretary, Comptroller (OASC) 10 federal guidelines. External overhead costs invoiced for reimbursement must be based on the plan approved by the State Controller's Office (A-87 approval letter). Documentation must be maintained by the county/city for audit purposes.

VI. Invoices must list **actual** expenditures made during the quarter for items approved n the budget justification worksheet, with the following exceptions:

A. Indirect costs are approved estimates for invoicing purposes based on federal OASC-10 cost allocation methods.

B. Staff benefits may be invoiced at an estimated rate for three quarters but must be adjusted to actual costs on the fourth quarter invoice.

C. Counties may not invoice for goods (e.g., equipment, printing, videos, etc.) until after they have actually been received. Budgeted goods that are supported by a purchase order, issued in the budget and for which funds are encumbered may not be received until the following fiscal year. These costs may be included on the fourth quarter invoice or submitted on a supplemental invoice for the fiscal year in which they were encumbered.

VII. For questions concerning the appropriate line item usage for an expense, refer to Section 6 for the definitions of the five line item categories listed on the quarterly invoice or contact the regional administrative consultant/analyst.

VIII. Round all figures to the nearest whole dollar; 50 cents or more is rounded up, and 49 cents and less is rounded down.

IX. Quarterly invoices for expenditures authorized in CMS budgets shall be submitted no later than 60 days after the end of each quarter.

A. First Quarter invoice (time period of July 1 through September 30) is due by November 30.

B. Second Quarter invoice (time period of October 1 through December 31) is due by February 28.

C. Third Quarter invoice (time period of January 1 through March 31) is due by May 31.

D. Fourth Quarter invoice (time period of April 1 through June 30) is due by August 31.

E. Supplemental invoices will only be accepted up to 6 months after the close of the fiscal year for which they apply. The fiscal year ends June 30; therefore December 31 would be the last day to submit supplemental invoices for any given fiscal year.

X. Headings on invoices must contain the identification items identified below. Additional information as identified in the specific and separate CCS or CHDP instructions must also be provided:

A. Program name (i.e., CCS, CHDP)

B. Name of county or city

C. Fiscal year of invoicing period

D. Quarter ending date

- Quarter 1 ends September 30;
- Quarter 2 ends December 31;
- Quarter 3 ends March 31; and
- Quarter 4 ends June 30.

XI. **Signature/Certification blocks** must contain at a minimum the following, with additional information as identified in the specific and separate CCS or CHDP instructions:

A. Contact person name and telephone number

B. Signatures of authorized officials certifying the accuracy of the expenditures reported.

C. Date signed.

NOTE: Invoices submitted without signatures will be returned for authorized signatures before being processed for payment.

XII. Invoices that exceed budgeted funding sources or do not compute will be returned for corrections.

CHDP Quarterly Administrative Expenditure Invoice Instructions

The CHDP Quarterly Administrative Expenditure Invoice (No County/City Match) form is on Page 8-10. The CHDP Quarterly Administrative Expenditure invoice (County/City Match) form is on Page 8-11. All invoices must be prepared in accordance with these instructions in order to receive reimbursement for county/city administrative expenditures.

I. Instructions for Preparation of CHDP Quarterly Administrative Expenditure Invoices (No County/City Match)

CHPD administrative expenditures are reimbursed according to the individual county/city percentages of the Medi-Cal and non-Medi-Cal portions of the approved program's budget.

An exception to application of the non Medi-Cal percentage is for an expenses qualifying as 100 percent Medi-Cal funded, i.e., costs of services exclusively for Medi-Cal eligibles. A county/city program having a category or line item that includes expenses designated as 100 percent Medi-Cal must asterisk (*) the category, footnote the specific amount and have supporting documentation on file. All other expenses have the non-Medi-Cal percentage rate of the individual county/city approved budget applied to distribute the Medi-Cal and non Medi-Cal share of the expenses.

Column 1 will always be the sum of Column 2 and Column 3 for each category/line item. Column 3 will always be the sum of Column 4 and Column 5 for each applicable category/line item.

A. Category/Line Item

1. (I.) Total Personnel Expenses

Enter the total amount for "Personnel Expenses" for the quarter being claimed on this line in Column 1. This amount is the total amount for all employees performing activities for the program as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, overtime, and temporary help.

Enter the total of non Medi-Cal personnel services claimed in Column 2. This number is derived by multiplying the total expenditures for personnel services in Column 1 by the percentage of the non Medi-Cal share on the approved budget.

Enter the total amount of personnel services expenditures claimed for reimbursement from Medi-Cal in Column 3. This number is derived by subtracting the amount in Column 2 from the amount entered in Column 1 for personnel expenses.

Enter the total amount of Medi-Cal Personnel services claimed for enhanced funds in Column 4 and the total amount claimed for non enhanced funds in Column 5. These amounts are calculated using time study percentages and other applicable documentation.

2. (II) Total Operating Expenses

Enter in Column 1 on this line, the total of all operating expenses.

Enter the non Medi-Cal amount claimed of operating expenses in Column 2. This amount is derived by multiplying the Total Operating Expenses in Column 1 by the percentage of the non Medi-Cal share of the approved budget.

Enter the Medi-Cal amount for operating expenses in Column 3. This amount is derived by subtracting the amount in Column 2 from the amount entered in Column 1 for operating expenses.

Enter the total amount of enhanced operating expenses claimed in Column 4 and enter the nonenhanced operating expenses claimed in Column 5.

NOTE: Only travel and training expenses may qualify as operating expenses in the enhanced funding category, and only when claimed for Skilled Professional Medical Personnel (SPMP) following specific Federal Financial Participation (FFP) guidelines (see Section 9).

3. (III) Total Capital Expenses

Enter in Column 1, the total of all capital expenses. The definitions of equipment and prerequisites for reimbursement are found on Page 8-35.

Enter in Column 2, the amount of Non Medi-Cal capital expenses. This amount is derived by multiplying the Total Capital Expenses amount in Column 1 by the percentage of the non Medi-Cal share of the approved budget.

Enter the Medi-Cal amount for capital expenses in Column 3. This amount is derived by subtracting the amount in Column 2 from the amount entered in Column 1 for Capital Expenses.

Enter the Capital Expenses amount from Column 3 into Column 5, nonenhanced.

4. (IV) Total Indirect Expenses

Enter in Column 1, the total of all Indirect Expenses.

Enter the amount of non Medi-Cal indirect expenses in Column 2. This amount is derived by multiplying the total indirect expenses amount in Column 1 by the percentage of the non Medi-Cal share of the approved budget.

Enter the Medi-Cal amount for indirect expenses in Column 3. This amount is derived by subtracting the amount in Column 2 from the amount entered in Column 1 for the indirect expenses.

Enter the indirect expenses amount from Column 3 in Column 5, non enhanced.

5. (V) Total Other Expenses

Enter the total of all other expenses on this line in Column 1.

Enter in Column 2, the non Medi-Cal other expenses. This amount is derived by multiplying the total Other Expenses amount in Column 1 by the percentage of the non Medi-Cal share of the approved budget.

Enter the Medi-Cal amount claimed for other expenses in Column 3. This amount is derived by subtracting the amount in Column 2 from the amount in Column 1 for Other Expenses.

Enter the amount claimed for Other Expenses from Column 3 into Column 5, nonenhanced.

6. Expenditure Grand Total

Add the totals for Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses for each column, and enter the amounts on this line.

B. Source of Funds

1. State

Enter the amount for State in Column 2. This amount is the same as the Expenditure Grand Total amount for TOTAL CHDP Non Medi-Cal.

2. Medi-Cal Funds

The Medi-Cal Funds under the Source of Funds are calculated beginning with Column 4, Enhanced State/Federal and Column 5, State/Federal.

a. Enhanced State/Federal

Multiply the Expenditure Grand Total line of Column 4, Enhanced by 25 percent and enter this amount on the State Funds line in Column 4.

Subtract the amount of State Funds for Column 4, Enhanced from the Expenditure Grand Total line of Column 4 and enter this amount on the Federal Funds line in Column 4.

b. Nonehnanced State/Federal

Multiply the Expenditure Grand Total line of Column 5, Nonenhanced by 50 percent and enter this amount on the State Funds line for Column 5.

Subtract the amount of State Funds for Column 5, Nonenhanced from the Expenditure Grand Total line of Column 5 and enter this amount on the Federal Funds line in Column 5.

c. Total Medi-Cal Funds

Enter in Column 3 on the State Funds line the total of Column 4 and Column 5, State Funds.

Enter in Column 3 on the Federal (Title XIX) Funds line the total of Column 4 and Column 5, Federal (Title XIX) Funds.

3. Total Funds

Enter in Column 1, Total Funds for the State Funds (non Medi-Cal) line, the same amount as entered in Column 2, Total CHDP Funds.

Add Columns 4 and 5 together for the State Funds line under Medi-Cal Funds and enter the total in Column 3, total Medi-Cal and Column 1, Total Funds.

Add Columns 4 and 5 together for the Federal (Title XIX) Funds line and enter the total in Column 3, Total Medi-Cal Funds, and Column 1, Total Funds.

NOTE: The totals of funding amounts entered under each column in the "Source of Funds" section must agree with the totals for the same column entered on the "Expenditure Grand Total" line.

C. Certification and Signatures

Provide a contact name and telephone number for county or city staff responsible for compiling the expenditure invoice.

Certify the accuracy and policy compliance of the reported expenditures by signing and dating the completed invoice form.

II. Instructions for Preparation of the CHDP Quarterly Administrative Expenditure Invoice Form (County/City Match)

The county/city match invoice for expanded services for Medi-Cal recipients is 100 percent county/city funds with federal fund match. No State Funds are included on this invoice.

A. Category/Line Item

1. (I) Total Personnel Expenses

Enter the total amount of "Personnel Expenses" for the quarter being claimed on this line in Column 1. This amount is the total amount for all employees performing activities for the program as supported by time

study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, overtime, and temporary help.

Enter the total amount of personnel expenses invoiced in Column 2 for enhanced funding and the total amount invoiced in Column 3 for nonenhanced funding. These amounts are calculated using time study percentages and other applicable documentation.

2. (II) Total Operating Expenses

Enter in Column 1, the total of all operating expenses.

Enter the total amount of enhanced operating expenses claimed in Column 2 and enter the nonenhanced operating expenses claimed in Column 3.

NOTE: Only travel and training expenses may qualify as operating expenses for enhanced funding, and only when claimed by an SPMP following specific FFP guidelines (See Section 9).

3. (III) Total Capital Expenses

Enter the total Capital Expenses on this line in Column 1 and Column 3. The definitions of equipment and prerequisites for reimbursement are found on Page 8-34.

4. (IV) Total Indirect Expenses

Enter the total Indirect Expenses on this line in Column 1 and Column 3.

5. (V) Total Other Expenses

Enter the total other expenses on this line in Column 1 and Column 3.

6. Expenditure Grand Total

Add the totals for Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses for each column, and enter the amounts on this line.

B. Source of Funds.

1. County/City Funds

County/city expenditures must meet the Federal Title XIX funding match requirements to obtain this reimbursement but county/city matching funds are not reimbursed. Therefore, a county/city fund line is not completed on the invoice form.

2. Federal (Title XIX) Funds

a. Enhanced Funds

Multiply the Enhanced "Expenditure Grand Total" amount (Column 2) by 75 percent. Enter the amount on the "Federal (Title XIX) Funds" line, Enhanced, in the "Source of Funds" section.

b. Nonenhanced Funds

Multiply the Nonenhanced "Expenditure Grand Total" amount (Column 3) by 50 percent. Enter this amount on the "Federal (Title XIX) Funds" line, Nonenhanced, in "Source of Funds" section.

c. Total Funds

Add Columns 2 and 3 together for the Federal (Title XIX) Funds line and enter the total in Column 1, Total Funds.

C. Certification and Signatures

Provide the contact name and telephone number of the county/city staff who is responsible for processing the expenditure invoice.

The fiscal officer or a county official with the authority to certify the invoice on behalf of the county does so by signing and dating the invoice. An original signature is required (signature stamps are not acceptable).

Type or print the name and title of the official who signed the invoice.

State of California - Health & Human Services Agency
_____COUNTY/CITY

Department of Health Services - Children's Medical Services
QUARTER ENDING: _____
MONTH/DATE/YEAR

CHDP QUARTERLY ADMINISTRATIVE EXPENDITURE INVOICE
(No County / City Match)
FISCAL YEAR_____

CATEGORY/LINE ITEM	**TOTAL EXPENDITURES (COLUMNS 2 + 3)**	**TOTAL CHDP *Non Medi-Cal***	**TOTAL MEDI-CAL (COLUMNS 4 + 5)**	**ENHANCED STATE/FEDERAL 25/75**	**NONENHANCED STATE/FEDERAL 50/50**
COLUMN	**1**	**2**	**3**	**4**	**5**
I. TOTAL PERSONNEL EXPENSES					
II. TOTAL OPERATING EXPENSES					
III. TOTAL CAPITAL EXPENSES					
IV. TOTAL INDIRECT EXPENSES					
V. TOTAL OTHER EXPENSES					
EXPENDITURE GRAND TOTAL					

SOURCE OF FUNDS	TOTAL FUNDS	TOTAL CHDP	TOTAL MEDI-CAL	ENHANCED STATE/FEDERAL	NONENHANCED STATE/FEDERAL
COLUMN	1	2	3	4	5
STATE GENERAL FUNDS					
MEDI-CAL FUNDS:					
STATE					
FEDERAL (TITLE XIX)					

Prepared By

Date Telephone Number

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

CHDP Director/Deputy Director

Date

Revision Date: November 2003

State of California - Health & Human Services Agency
_____COUNTY/CITY

Department of Health Services - Children's Medical Services
QUARTER ENDING: _____
MONTH/DATE/YEAR

CHDP QUARTERLY ADMINISTRATIVE EXPENDITURE INVOICE
(County / City Match)
FISCAL YEAR_____

CATEGORY/LINE ITEM	**TOTAL EXPENDITURES (COLUMNS 2 + 3)**	**ENHANCED COUNTY/FEDERAL 25/75**	**NONENHANCED COUNTY/FEDERAL 50/50**
COLUMN	**1**	**2**	**3**
I. TOTAL PERSONNEL EXPENSES			
II. TOTAL OPERATING EXPENSES			
III. TOTAL CAPITAL EXPENSES			
IV. TOTAL INDIRECT EXPENSES			
V. TOTAL OTHER EXPENSES			
EXPENDITURE GRAND TOTAL			

SOURCE OF FUNDS	TOTAL FUNDS	ENHANCED COUNTY/FEDERAL	NONENHANCED COUNTY/FEDERAL
COLUMN	1	2	3
FEDERAL (TITLE XIX)			

_____ _____
Prepared By Date Telephone Number

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

_____ _____
CHDP Director/Deputy Director Date

Revision Date: November 2003

HCPCFC Quarterly Administrative Expenditure Invoice Instructions

In order to receive reimbursement for Health Care Program for Children in Foster Care (HCPCFC) expenditures, the Quarterly HCPCFC Administrative Expenditure Invoice must be prepared in accordance with the following instructions. The HCPCFC Quarterly Administrative Expenditure Invoice form is found on Page 8-15.

The HCPCFC Quarterly Administrative Expenditure Invoice (No County/City Match) instructions provide information and directions for the completion of the Category/Line Item, Source of Funds, and Certification and Signature sections of the invoice form. Local county and city Child Health and Disability Prevention (CHDP) programs administering the HCPCFC are reimbursed for the actual administrative costs according to the amount of State General Funds and Federal Funds (Title XIX) on the invoice form. General information about Children's Medical Services Quarterly Administrative invoices is on Page 8-1, Plan and Fiscal Guidelines Manual.

A. Category/Line Item

1. Total Personnel Expenses (see I. Total Personnel Expenses on the invoice form).

   Enter the total amount of Personnel Expenses for the quarter in Column 1. This is the total expenditure for all employees performing program activities as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, and overtime.

   Enter the total amount of state and federal funds at the enhanced percentage in Column 2.

   Enter the total amount of state and federal funds at the non-enhanced percentage in Column 3.

   The amount of enhanced and non-enhanced percentages is calculated using completed time study documents and other applicable documentation.

   The Total invoiced amount in Column 1 is the sum of the amounts in Columns 2 and 3.

2. Total Operating Expenses (see II. Total Operating Expenses on the Invoice form)

   Enter the total amount of state and federal funds for the quarter in Column 1.

   Enter the total amount of enhanced travel and training expenses in Column 2.

   Enter the non-enhanced travel and training expenses in Column 3.

   The Total Invoiced amount in Column 1 is the sum of the amounts in Columns 2 and 3.

NOTE: Only travel and training expenses may qualify in the enhanced funding category, and only when claimed for Skilled Professional Medical Personnel (SPMP) following specific Federal Financial Participation (FFP) guidelines (see Section 9).

3. Total Capital Expenses (see the shaded area III. Total Capital Expense on the Invoice form.)

   Total Capital Expenses are not allowed on the HCPCFC Administrative Budget.

4. Total Indirect Expenses (see IV. Total Indirect Expenses on the Invoice form).

   Indirect expenses are non-enhanced, they may not be claimed at the enhanced rate.

   Enter the total of internal indirect expenses for the quarter in Columns 1 and 3.

   The total Invoiced amount in Column 1 is the same as the amount in Column 3.

5. Total Other Expenses (see the shaded area V. Total Other Expenses on the Invoice form).

   Total other expenses are not allowed on the HCPCFC Administrative Budget

6. Expenditure Grand Total (see Expenditure Grand Total on the Invoice form).

   Enter the sum of the Total Personnel Expenses, Operating Expenses, and Indirect Expenses in Column 1 in the Expenditure Grand Total at the bottom of Column 1 on the invoice form.

B. Source of Funds

1. State

   Enter the amount of State General Funds expended for this quarter in Column 1.

   The Total State General Funds in Column 1 is the sum of the amounts in Columns 2 and 3.

2. Federal

   Enter the amount of Federal Funds (Title XIX) expended for this quarter in Column 1.

   The Total Federal Funds (Title XIX) is the sum of the amounts in Columns 2 and 3.

   a. Enhanced State/Federal (Column 2, Source of Funds)

      Multiply the Expenditure Grand Total line of Column 2, by 25 percent. Enter this amount in the State Funds line of Column 2.

Subtract the amount of State Funds in Column 2, from the Expenditure Grand Total line of Column 2. Enter this amount in the Federal Funds (Title XIX) line in Column 2.

b. Non-enhanced State/Federal (Column 3, Source of Funds)

Multiply the Expenditure Grand Total line of Column 3 by 50 percent. Enter this amount in the State Funds line of Column 3.

Subtract the amount of State Funds in Column 3, from the Expenditure Grand Total line of Column 3. Enter this amount in the Federal Funds (Title XIX) line in Column 3.

c. Expenditure Grand Total (Column 1, Source of Funds)

Enter in Column 1 the total of Column 2 and Column 3, in the County/City Funds line.

Enter in Column 1 the total of Column 2 and Column 3, in the Federal Funds (Title XIX) line.

NOTE: The totals of funding amount entered under each column in the "Source of Funds" section must agree with the totals for the same column entered on the Expenditure Grand Total line.

C. Certification and Signatures

Enter the name and telephone number of the staff person responsible for preparing the HCPCFC Quarterly Administrative Expenditure Invoice form.

The county/city official with the authority to certify the invoice on behalf of the county/city does so by signing and dating the completed invoice.

NOTE: An original signature is required. Signature Stamps are not acceptable.

Quarter ending: _____
month/date/year

HCPCFC Quarterly Administrative Expenditure Invoice

Fiscal Year _____

County/City Name: _____

Column	1	2	3
Category/Line Item	**Total Invoiced (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Expenditure Grand Total	$0	$0	$0

Column	1	2	3
Source of Funds	**Total Funds Invoiced**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
State Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditure Grand Total	$0	$0	$0

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Prepared By	Date	Phone Number
CHDP Director or Deputy Director (Signature)	Date	Phone Number

Instructions for Preparation of Child Health and Disability Prevention (CHDP) Program Foster Care Quarterly Administrative Expenditure Invoice

In order to receive reimbursement for the CHDP Program Foster Care expenditure, the Quarterly Foster Care Administrative Expenditure Invoice must be prepared in accordance with the following instructions. The Foster Care Quarterly Administrative Expenditure Invoice form is on Page 8-20.

The CHDP Foster Care Quarterly Administrative Expenditure Invoice (County/City Match) Instructions provide information and directions for the completion of the Category/Line Item, Source of Funds, and Certification and Signature sections of the Invoice form. Local county and city CHDP Programs administering the CHDP Foster Care Administrative Budget (County/City Match) are reimbursed for the actual administrative costs according to the amount of County/City Funds and Federal Funds (Title XIX) on the Invoice form. General information about Children's Medical Services Quarterly Administrative Invoices is on Page 8-1, Plan and Fiscal Guidelines Manual.

The CHDP Foster Care Administrative Budget (County/City Match) is an optional budget to fund staff working in support of children and youth in out-of-home placement or foster care. Local county/city funds may be matched with Federal Funds (Title XIX) for this budget. No State General Funds are used in this budget or included on the CHDP Foster Care Administrative Expenditure Invoice form.

A. Category/Line Item

1. Total Personnel Expenses (see I. Total Personnel Expenses on the Invoice form).

   Enter the total amount of Personnel Expenses for the quarter in Column 1. This amount is the total amount for all employees performing program activities as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, and overtime.

   Enter the total amount of county/city and federal funds at the enhanced percentage in Column 2.

   Enter the total amount of county/city and federal funds at the non-enhanced percentage in Column 3.

   The amount of enhanced and non-enhanced percentages is calculated using completed time study documents and other application documentation.

2. Total Operating Expenses (see II. Total Operating Expenses on the Invoice form).

   Enter the total amount of operating expenses for the quarter in Column 1.

   Enter the total amount of enhanced operating expenses in Column 2.

Enter the non-enhanced operating expenses in Column 3.

NOTE: Only travel and training expenses may qualify as operating expense for enhanced funding, and only when claimed by a Skilled Professional Medical Personnel (SPMP) following specific Federal Financial Participation (FFP) guidelines (see Section 9).

3. Total Capital Expenses (see III. Total Capital Expenses on the Invoice form).

   Enter the total amount capital expenses for the quarter on this line in Column 1 and Column 3. The definitions of equipment and prerequisites for reimbursement are found on Page 8-34, Plan and Fiscal Guidelines.

4. Total Indirect Expenses (see IV. Total Indirect Expenses on the Invoice form).

   Enter the total amount of indirect expenses for the quarter on this line in Column 1 and Column 3.

5. Total Other Expenses (see V. Total Other Expenses on the Invoice form).

   Enter the total other expenses on this line in Column 1 and Column 3.

6. Expenditure Grand Total

   Enter the sum of the Total Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses and Other Expenses in Column 1 in the Expenditure Grand Total at the bottom of Column 1 on the Invoice form.

B. Source of Funds

1. County/City Funds

   County/city expenditures must meet the Federal Funds (Title XIX) funding match requirements to obtain this reimbursement. The county/city matching funds are not reimbursed but must be shown on the invoice.

2. Federal Funds (Title XIX)

   a. Enhanced Funds

      Multiply the Enhanced Expenditure Grand Total amount (Column 2) by 75 percent. Enter the amount on the Federal Funds (Title XIX) line, Enhanced, in the Source of Funds section.

   b. Non enhanced Funds

      Multiply the non-enhanced Expenditure Grand Total amount, Column 3, by 50 percent. Enter this amount on the Federal Funds (Title XIX) line, Non-enhanced in Source of Funds section.

   c. Total Funds

Add Columns 2 and 3 together for the Federal Funds (Title XIX) line and enter the total in Column 1, Total Funds.

C. Certification and Signatures

Enter the name and telephone number of the staff person responsible for preparing the Foster Care Administrative Expenditure Invoice form.

The county/city official with the authority to certify the invoice on behalf of the county/city does so by signing and dating the completed invoice.

NOTE: An original signature is required. Signature stamps are not acceptable.

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Quarter ending: _____
month/date/year

CHDP Foster Care Quarterly Administrative Expenditure Invoice

Fiscal Year _____

County/City Name: _____

Column	1	2	3
Category/Line Item	**Total Invoiced (2 + 3)**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
I. Total Personnel Expenses			
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses			
V. Total Other Expenses			
Expenditure Grand Total	$0	$0	$0

Column	1	2	3
Source of Funds	**Total Funds Invoiced**	**Enhanced State/Federal (25/75)**	**Nonenhanced State/Federal (50/50)**
County-City Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditure Grand Total	$0	$0	$0

Source City-County Funds:

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed hav e been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Prepared By	Date	Phone Number
CHDP Director or Deputy Director (Signature)	Date	Phone Number

CCS Quarterly Administrative Expenditure Invoice Instructions

The CCS Quarterly Administrative Expenditure Invoice form is found on Page 8-27.

All invoices for claiming administrative costs for the CCS Program must be prepared in accordance with the following guidelines:

I. Instructions for preparation of the CCS Quarterly Administrative Expenditure Invoice

CCS County programs are reimbursed for the State/Federal share of actual administrative costs according to the ratio of Medi-Cal caseload to non Medi-Cal caseload and based on the actual average caseload for the quarter and potential cases pending during the quarter.

An exception to the application of the ratio of caseload occurs when the expenses claimed is specific to either Medi-Cal or non Medi-Cal as in the case of Maintenance and Transportation.

The actual average caseload is defined as the count of all CCS Non Medi-Cal and Medi-Cal cases that are open (active) during the quarter, including those cases opened to the Medical Therapy Program.

A. Caseload Procedures for Reporting Caseload

1. Determine the average number of open (active) cases by adding the total number of open (active) cases recorded at the **beginning** of the quarter to the total number of open (active) cases recorded at the **end** of the quarter and dividing the sum of these by two. Enter this amount as the Total County Open (Active) Caseload.

2. Calculate the total average number of Non Medi-Cal open (active) cases by adding the total number of open (active) Non-Medi-Cal cases recorded at the beginning of the quarter to the total number of open (active) Non Medi-Cal cases recorded at the end of the quarter and dividing the sum of these by two. Enter the amount in the appropriate caseload data box.

   Calculate the corresponding percentage by dividing the total average number of open (active) Non Medi-Cal cases by the Total County Open (Active) Caseload. Enter the amount in the appropriate caseload data box.

3. Calculate the total average number of Medi-Cal open (active) cases by subtracting the total average number of open (active) Non Medi-Cal cases from the Total County Open (Active) Caseload. Enter the amount in the appropriate caseload data box.

Calculate the corresponding percentage cases by subtracting the percentage of open (active) Non-Medi-Cal cases from 100 percent. Enter in the appropriate caseload data box.

4. Calculate the Potential cases by using the same method used in determining this caseload in the approved budget.

5. Enter the Caseload Total. This is the sum of the Total County Open (active) Cases and Total Potential Cases.

B. Category Line/Item

1. (I) Total Personnel Expenses

Enter the total amount for "Personnel Expenses" for the quarter being claimed on this line in Column 1. This amount is the total amount for all employees performing activities for the program as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, overtime, and temporary help.

Enter the total of non Medi-Cal personnel services invoiced in Column 2. This number is derived by multiplying the total expenditures for personnel services in Column 1 by the non Medi-Cal percentage of caseload.

Enter the total amount of personnel services expenditures claimed for reimbursement from Medi-Cal in Column 3. This number is derived by subtracting the amount in Column 2 from the amount entered in Column 1 for personnel expenses.

Enter the total amount of personnel expenses claimed for reimbursement from Medi-Cal in Column 4 for enhanced funding and the total amount claimed in Column 5 for nonenhanced funding. These amounts are calculated using time study percentages and other applicable documentation.

2. (II) Operating Expenses

Enter in Column 1, the total of all operating expenses.

Enter the total of non Medi-Cal operating expenses in Column 2. This amount is derived by multiplying the Total Operating Expenses in Column 1 by the non Medi-Cal percentage.

Calculate the total amount available for Medi-Cal reimbursement of operating expenses. This amount is derived by subtracting the non Medi-Cal portion of operating expenses in Column 2 from the total Operating Expenses in Column 1.

Enter the total amount of enhanced operating expenses in Column 4 and enter the nonenhanced operating expenses in Column 5.

NOTE: Only travel and training expenses may qualify as operating expenses in the enhanced funding category, and only when claimed for Skilled Professional Medical Personnel (SPCP) following specific Federal Financial Participation (FFP) guidelines (see Section 9).

3. (III) Total Capital Expenses

The definitions of equipment and prerequisites for reimbursement are found on page 8-34.

Enter the total capital expenses on this line in Column 1.

Enter in Column 2, the non Medi-Cal capital expenses. This amount is derived by multiplying the Total Capital Expenses amount in Column 1 by the non Medi-Cal percentage.

Enter the Medi-Cal amount for capital expenses in Column 3 and 5. This amount is derived by subtracting the amount of non Medi-Cal capital expenses in Column 2 from the amount entered in Column 1 for capital expenses.

4. (IV) Total Indirect Expenses

Enter the total of all indirect expenses on this line in Column 1.

Enter in Column 2, the non Medi-Cal indirect expenses. This amount is derived by multiplying the Total Indirect Expenses amount in Column 1 by the non Medi-Cal percentage.

Enter the Medi-Cal Nonenhanced amount for indirect expenses in Column 3 and 5. This amount is derived by subtracting the non Medi-Cal indirect expenses amount in Column 2 from the indirect expenses amount in Column 1. Column 4 is zero for indirect expenses; enhanced funds may not be invoiced for indirect expenses.

5. (V) Total Other Expenses

Enter the total of all other expenses on this line in Column 1. Make a notation of any maintenance and transportation (M&T expenses as these expenses will be based on actual expenditures for Medi-Cal and non Medi-Cal clients and therefore cannot be distributed by caseload ratios.

Enter in Column 2, the amount for non Medi-Cal other expenses. This amount is derived by a) subtracting the M&T expenditures from the Total Other Expenses amount in Column 1, b) multiplying the remaining other expenses by the non Medi-Cal percentage, and c) adding the actual M&T expenditures for non Medi-Cal clients.

Enter the Medi-Cal Nonenhanced amount claimed for other expenses in Column 3 and 5. This amount is derived by subtracting the non-Medi-Cal other expenses amount in Column 2 from the total other expenses

amount in Column 1. Column 4 is zero for other expenses; enhanced funds may not be invoiced for other expenses.

6. Expenditure Grand Total

Add Totals for Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses for each column, and enter the amounts on this line.

C. Source of Funds

1. State General Funds

Multiply the Expenditure Grand Total line of Column 2 by 50 percent and enter the amount on this line.

2. County Funds

Subtract the State General Funds amount in Column 2 from the Expenditure Grand Total line and enter the amount on this line.

3. Medi-Cal Funds

a. Enhanced

Multiply the Expenditure Grand Total line of Column 4 by 25 percent and enter this amount on the State Funds line for Column 4.

Subtract the State Funds amount in Column 4 from the Expenditure Grand Total line of Column 4 and enter this amount on the Federal Funds line in Column 4.

b. Nonenhanced

Multiply the Expenditure Grand Total line of Column 5 by 50 percent and enter this amount on the State Funds line for Column 5.

Subtract the State Funds amount in Column 5 from the Expenditure Grand Total line of Column 5 and enter this amount on the Federal Funds line in Column 5.

4. Total Expenditures

State General Funds – Enter in Column 1 on the State General Funds line, the same amount calculated for Column 2.

County Funds – Enter in Column 1 on the County Funds line, the same amount calculated for column 2.

State Funds – Add Columns 4 and 5 together for the Medi-Cal State Funds line, and enter the total in Column 1 for State Funds.

Federal Funds – Add Columns 4 and 5 together for the Medi-Cal federal Funds line, and enter the total in Column 1 for Federal Funds.

NOTE: The total source of funds entries when added together for each column should equal the amount entered on the Expenditure Grand Total line for each column.

D. Certification and Sign-off

Provide the contact name and telephone number of the county staff who is responsible for processing the expenditure invoice.

The fiscal officer or a county official with the authority to certify the invoice on behalf of the county does so by signing and dating the invoice. An original signature is required (signature stamps are not acceptable).

Type or print the name and title of the official who signed the invoice.

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tate of California - Health & Human Services Agency

Department of Health Services - Children's Medical Services

COUNTY _____

QUARTER ENDING _____
Month/Day/Year

CCS QUARTERLY ADMINISTRATIVE EXPENDITURE INVOICE

FISCAL YEAR _____

CCS CASELOAD	Number	%
MEDI-CAL		
verage of Total Open (Active) M/C Children		
otential Cases Medi-Cal		
TOTAL MEDI-CAL		
NON MEDI-CAL		
ealthy Families		
verage of Total Open (Active) HF Children		
otential Cases HF		
Total Healthy Families		
Straight CCS		
verage of Total Open (Active) Straight CCS hildren		
otential Cases Straight CCS		
Total Straight CCS		
TOTAL NON MEDI-CAL		
GRAND TOTAL		

CATEGORY/LINE ITEM	TOTAL EXPENDITURES	NON-MEDI-CAL (50/50) COUNTY/STATE	TOTAL MEDI-CAL STATE/FEDERAL	MEDI-CAL Enhanced (25/75) STATE/FEDERAL	MEDI-CAL Non-Enhanced (50/50) STATE/FEDERAL
	1	2	3	4	5
TOTAL PERSONNEL EXPENSE					
.TOTAL OPERATING EXPENSE					
I.TOTAL CAPITAL EXPENSE					
/.TOTAL INDIRECT EXPENSE					
.TOTAL OTHER EXPENSE					
EXPENDITURE GRAND TOTAL					

OURCE OF FUNDS					
TATE FUNDS					
OUNTY FUNDS					
IEDI-CAL FUNDS:					
STATE					
FEDERAL (TITLE XIX)					

ERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the aterials, supplies, or sevices claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures cluded in this claim; that payment has not previoulsy been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

AUTHORIZED OFFICIAL _____

ONTACT PERSON (Type or Print Name) **Signature** **Date**

( )

AUTHORIZED OFFICIAL _____

ELEPHONE NUMBER **(Type or Print Name)**

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CCS Quarterly Medical Therapy Program (MTP) Claims Preparation Invoice Instructions

The CCS Quarterly MTP Claims Preparation Invoice form is found on Page 8-32. All invoices must be prepared in accordance with these instructions in order to receive reimbursement.

I. Instructions for preparation of the CCS Quarterly MTP Claims Preparation Invoice

CCS County programs are reimbursed for expenditures incurred in the preparation of Medi-Cal and non Medi-Cal claims submitted to the DHS fiscal intermediary for MTP services provided to CCS clients at a MTU/Certified Rehabilitation Unit. Reimbursement is according to the ration of Medi-Cal caseload to non Medi-Cal caseload.

The Medi-Cal caseload ratio is applied to the expenditures and is reimbursed at 50 percent. The non Medi-Cal ratio is applied to the expenditures and is reimbursed at 100 percent.

A. Caseload Procedures for Reporting Caseload

1. Enter the total number of MTP clients for the quarter in the caseload data box located at the top left portion of the invoice.

2. Enter the number and percentage of Medi-Cal clients of the total MTP clients in the spaces provided.

3. Enter the number and percentage of non Medi-Cal clients in the appropriate spaces.

B. Category/Line Items

1. (I) Total Personnel Expenses

The amounts invoiced for all employees must be supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, overtime, and temporary help.

Enter the actual expenditures for salaries and wages of staff invoiced in Column 1.

Enter in Column 2 the amount claimed at 100 percent State Reimbursement. This amount is derived by multiplying the amount in Column 1 by the percentage of non Medi-Cal clients.

Enter in Column 3 the amount of expenditures claimed at 50 percent county and 50 percent state. This is the difference of Column 2 subtracted from Column 1.

2. (II) Total Operating Expenses

Enter the actual expenditures for operating expenses in Column 1. **Do not invoice any travel and training costs on this invoice**.

Enter in Column 2, the amount of expenditures claimed at 100 percent State Funds. This amount is derived by multiplying the amount in Column 1 by the percentage of non Medi-Cal clients.

Enter in Column 3, the amount of expenditures claims at 50 percent county and 50 percent state. This is the difference of Column 2 subtracted from Column 1.

3. (III) Total Capital Expenses

The definitions of equipment and guidelines for reimbursement of equipment are found on page 8-34.

Enter the total Capital Expenses on this line in Column 1.

Enter in Column 2, the amount of expenditures claimed at 100 percent State Funds. This amount is derived by multiplying the amount in Column 1 by the percentage of non Medi-Cal clients.

Enter in Column 3, the amount of expenditures claimed at 50 percent county and 50 percent state. This is the difference of column 2 subtracted from Column 1.

4. (IV) Total Indirect Expenses

Enter the total of all indirect expenses on this line in Column 1.

Enter in Column 2, the amount of expenditures claimed at 100 percent State Funds. This amount is derived by multiplying the amount in Column 1 by the percentage of non Medi-Cal clients.

Enter in Column 3 the amount of expenditures claimed at 50 percent county and 50 percent state. This is the difference of Column 2 subtracted from Column 1.

5. (V) Total Other Expenses

Enter the total other Expenses on this line in Column 1.

Enter in Column 2, the amount of expenditures claimed at 100 percent State Funds. This amount is derived by multiplying the amount in Column 1 by the percentage of non Medi-Cal clients.

Enter in Column 3, the amount of expenditures claimed at 50 percent county and 50 percent state. This is the difference of column 2 subtracted from Column 1.

6. Expenditure Grand Total

Add Totals for Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses, and enter the amount on this line.

C. Source of Funds

1. State General Funds

Enter in Column 2 on the State General Funds line, the amount from Column 2 of the Expenditure Grand Total.

Multiply the Expenditure Grand Total in Column 3 by 50 percent and enter this amount in Column 3 on the State General Funds line.

Add Columns 2 and 3 together and enter the sum in Column 1 on the State General Funds line.

2. County Funds

Subtract the State General Funds amount in Column 3 from the Expenditure Grand Total line in Column 3, and enter this amount on the County Funds line in Column 3 and Column 1.

D. Certification and Signatures

Provide the contact name and telephone number of the county staff who is responsible for processing the expenditure invoice.

The fiscal officer or a county official with the authority to certify the invoice on behalf of the county does so by signing and dating the invoice. An original signature is required (signature stamps are not acceptable).

Type or print the name and title of the official who signed the invoice.

COUNTY _____

QUARTER ENDING _____
Month/Day/Year

ledical Therapy Program (MTP) CASELOAD		
	Number	%
traight CCS		
ealthy Families		
ledi-Cal		
OTAL		

CCS QUARTERLY MEDICAL THERAPY PROGRAM

CLAIMS PREPARATION EXPENDITURE INVOICE

FISCAL YEAR_____

CATEGORY/LINE ITEM	**TOTAL EXPENDITURES** 1	**Non-M/C 100% State** 2	**M/C 50%State/50%County** **3**
I. TOTAL PERSONNEL EXPENSE			
II. TOTAL OPERATING EXPENSE			
III. TOTAL CAPITAL EXPENSE			
IV. TOTAL INDIRECT EXPENSE			
V. TOTAL OTHER EXPENSE			
EXPENDITURE GRAND TOTAL			

SOURCE OF FUNDS			
State General Funds			
County Funds			

ERTIFICATION:

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, nd in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed xclusively in connection with the program; that I have not violated any of the provisions of Section 1090 to 1096 of the Government Code in incurring e items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment f all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, ayrolls, and other vouchers in support of this claim are on file with the county.

AUTHORIZED OFFICIAL

ONTACT PERSON (Type or Print Name)

Signature **Date**

( )

AUTHORIZED OFFICIAL

ELEPHONE NUMBER

(Type or Print Name)

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Management of Equipment Purchased with State Funds

I. County/City Guidelines for Equipment

All equipment purchased with funds furnished in whole or in part by the State under the terms of this agreement shall be the property of the State and shall be subject to the following provisions.

A. The county/city shall use its own procurement process when purchasing equipment. The cost of equipment includes the purchase price plus all costs to acquire, install, and prepare equipment for its intended use. Examples of items may include computers, printers, photocopiers, etc.

B. All equipment purchased under this agreement shall be used only to conduct business related to programs funded by Children's Medical Services (CMS) Branch.

C. The county/city shall maintain and administer, in accordance with sound business practice, a program for the utilization, maintenance, repair, protection, and preservation of state property to assure its full availability and usefulness.

D. The county/city shall forward to the CMS Branch regional office with each quarterly invoice a listing of all new equipment purchased during the quarter on the form entitled Equipment Purchased with State Funds, CMSB A-1 (see page 8-36). The CMS Branch will forward identification tags to the attention of the contact person identified on the form. All equipment must have State identification tags affixed to the front left-hand corner of them.

E. Invoices for budgeted equipment purchases are to be submitted only after the equipment is received.

F. The county/city shall submit an annual inventory of state purchased equipment on the form entitled Annual Inventory of State Furnished Equipment, CMSB A-2 (see page 8-38).

G. Final disposition of all equipment shall be in accordance with instructions from the State and reported on the Property Survey Report (see Page 8-40).

H. Management of all county/city equipment purchased with State funds shall be coordinated through the CMS Administrative Consultant in accordance with the procedures described in Section II below.

II. Tagging and Disposal of State Purchased Equipment

A. Equipment subject to these procedures is defined in the State Administrative Manual (SAM), Section 8602, as all equipment with a unit cost of $5,000 or more and a life expectancy of more than four years that is used to conduct state business.

B. In response to the CMSB A-1 received from the county/city, the CMS Branch Administrative Consultant forwards state tag(s) to the county/City with an equipment identification tag transmittal letter (see Page 8-41).

C. State-purchased equipment used by counties/cities in performance of CMS program obligations must be disposed of according to DHS procedures. Disposition occurs when funding is terminated; the useful life of the equipment is expended; the equipment is determined by the State to be obsolete for purpose for which it was intended; or any other reason deemed by the State to be in its own best interest.

1. The county/city representative submits a written request to the CMS Branch Regional Administrative Consultant to dispose of equipment, or the CMS Branch Administrative Consultant notifies the county/city in writing that certain equipment is scheduled for disposition.

2. The CMS Branch Regional Administrative Consultant notifies the DHS Business Services Section, Property Unit, of the need for equipment disposition by submitting a completed Form 152, "Property Survey Report (see page 8-40).

CMSB A-1
EQUIPMENT PURCHASED WITH STATE FUNDS

ounty /City Name: _____

omplete Address: _____

rogram Name: _____

rogram Contact Telephone No.:_____

Fiscal Year Budgeted: _____

DHS Requester: _____

DHS Contact Person: _____

HDS Contact Telephone No: _____

DHS PROPERTY CONTROL USE ONLY STATE ID TAG NO.	Quantity	Description 1. Include Manufacturer's name, model no./type, size, and/or capacity. 2. If motor vehicle, list year, make model no., type of vehicle (van, sedan, truck, etc.) 3. If Van, include passenger capacity.	Base Cost Per Unit	DHS Order or Document No.	Date Received	Serial No. (If Motor Vehicle, List VIN No.)
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			

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tate of California - Health and Human Services
epartment of Health Services

Primary Care and Family Health Division
Children's Medical Services Branch

CMSB A-2
ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

:ounty /City Name: _____

:omplete Address: _____

_____

'rogram Name: _____

'rogram Contact Telephone No.:_____

Date of Report: _____

CMS Administrative Consultant_____

Consultants Address:_____

Consultant's Telephone No: _____

DHS PROPERTY CONTROL USE)NLY STATE ID TAG NO.	Quantity	Description 1. Include Manufacturer's name, model no./type, size, and/or capacity. 2. If motor vehicle, list year, make model no., type of vehicle (van, sedan, truck, etc.) 3. If Van, include passenger capacity.	Base Cost Per Unit	DHS Order or Document No.	Date Received	Serial No. (If Mc Vehicle, List VI No.)
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			

evised: July 2001
MSB A-2 (7/01)

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TATE OF CALIFORNIA

PROPERTY SURVEY REPORT

STD. 152 (REV. 9/00)

Record as of disposition date (lost, stolen or destroyed property--record as of the date such determination was made).

RETURN TO:

REPORTING DEPARTMENT/AGENCY	Attention	DOCUMENT NUMBER
Department of Health Services	Asset Management. Unit ☐ Walter Borgelt ☐ Teresa Madeira	
RETURN ADDRESS: P.O. Box 997413 1501 Capitol Avenue, Suite 71.2101 MS 1404	IMS CODE: A-22	DATE
CITY: Sacramento, California	ZIP CODE: 95899-7413	REPLACEMENTS: SEE PURCHASE ESTIMATE NUMER ATTACHED

Authority is requested to dispose of the following State property:	FUND OWNED BY	CONTACT PERSON	TELEPHONE NUMBER ( )

TEM-DESCRIPTION, MODEL NUMBER, SERIAL NUMBER, ETC.	STATE IDENT. NO. (1)	DATE PURCHASED	ORIGINAL COST	LOCATION (CITY)	PRESENT CONDITION	DISP. CODE*	PRICE OFFERED (2)	PRICE RECEIVED (3)	RECEIPT NUMBER
1.		/ /							
2.		/ /							
3.		/ /							
4.		/ /							
5.		/ /							
6.		/ /							
7.		/ /							

(1) PROPERTY TAG NUMBER OR ◇ NUMBER FOR VEHICLE (2) DO NOT OBTAIN BIDS ON TRADE-INS. ESTIMATE PRICE OFFERED (3) AMOUNT ALLOWED IF TRADED IN OR SOLD

DISPOSITION CODE

1. TRADE-IN
2. SALE (INCLUDING JUNK SALE)
3. JUNK – VALUELESS GS
4. LOST** } department of general services
5. STOLEN** } REVIEW FOR 4, 5, & 6 IS NOT REQUIRED
6. DESTROYED (AS BY FIRE, ETC.) }
7. TO BE SALVAGED
8. PROPERTY REUTILIZATION--GENERAL SERVICES, SURPLUS PROPERTY

**IF LOST, STOLEN OR DESTROYED, REFER TO SAM SECTION 8643 FOR INSTRUCTIONS.

EXPLANATION-REASONS FOR PROPOSED DISPOSITION OF EACH ITEM

APPROVED BY PROPERTY SURVEY BOARD

(A minimum of two signatures is required)

The above statements regarding state property are true and correct; culpable negligence (check appropriate box)

was *was not*

involved in loss, theft, or damage; the disposition proposed is better for the public interest.

SIGNATURE	DATE SIGNED
1.	
2.	
3.	

CERTIFICATION OF DISPOSITION

The above described property was disposed of as follows: (specify if no consideration was received)

MANNER OF DISPOSAL

DISPOSAL DATE

/ /

SIGNATURE *(Officer Supervising Disposal of the Property)*

Ⓡ

TITLE

REVIEWED BY DEPT. OF GENERAL SERVICES

FOR DGS REVIEW, SEND TO:

Department of General Services
State Agency for Surplus Property

NORTH	SOUTH
1700 National Drive Sacramento, CA 95834	701 Burning Tree Road Fullerton, CA 92633

FOR DISPOSITION OF VEHICLES AND MOBILE EQUIPMENT, SEND TO:

Department of General Services
Office of Fleet Administration

802 Q Street
Sacramento, CA 95814

SIGNATURE

Ⓡ

DATE SIGNED

(DO NOT USE HALF SHEETS OR STAPLES)

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Equipment Identification Tag Transmittal Letter

Date

County/City Program
Address
City, State Zip Code

Dear _____:

EQUIPMENT IDENTIFICATION TAG TRANSMITTAL

In accordance with State requirements for equipment management, this equipment identification tag transmittal is being issued in response to your request dated _____ and detailed on the "Equipment Purchased with State Funds" form (CMSB A-1). The enclosed Department of Health Services equipment identification tag(s) is/are to be affixed by county/city staff to the equipment as follows:

ITEM DESCRIPTION	STATE ID NUMBER

All tags must be placed on the front left-hand corner of the item. Manufacturer's marks must be left intact.

If you have any questions regarding the instructions in this letter or the appropriate procedures for affixing the enclosed tag(s), please contact me at ( ) ____ - _____.

Sincerely,

--State CMS Branch Staff Name—
Administrative Consultant
Children's Medical Services Branch

Enclosure(s)

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SECTION 9 – FEDERAL FINANCIAL PARTICIPATION

Time Study Instructions for Enhanced/Nonenhanced Title XIX Medicaid Funding

I. Introduction

The Social Security Act provides for variable federal matching rates for the administrative functions of the Medicaid (Title XIX) program, including a Federal Financial Participation (FFP) rate of 50 percent (nonenhanced) for the majority of expenses necessary to the proper and efficient operation of the program and an FFP rate of 75 percent (enhanced) for expenses of skilled professional medical personnel (SPMP) and their direct clerical support staff necessary for development and administration of a medically sound program. The Medicaid program in California is known as Medi-Cal.

Federal funds may be claimed at:

A. An enhanced rate which is 75 percent of the salaries, benefits, training, and travel expenses for SPMP who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and for the clerical staff who directly support and are supervised by the SPMP. Contract employees are exempted from claiming the enhanced rate.

B. A nonenhanced rate which is 50 percent of the salaries, benefits, travel, training and other administrative expenses for non-SPMP including, but not limited to, administrators, associate staff, clerical staff not providing direct support to, or supervised by, SPMP, and claims processing staff. Staff hired under contract, including SPMP staff, are to be charged at the nonenhanced rate.

II. Time Study Policy and Instructions for Completion

A. Time Study Requirements Overview

1. The basic documentation required by the federal Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration (HCFA), to support FFP claiming for costs of administrative support activities must be collected based on an approved time study method.

2. The Primary Care and Family Health (PCFH) Division's time study is designed to support FFP claiming in a uniform system that allows for the time study to be used by staff working in various Maternal and Child Health (MCH) and CMS programs.

3. Tools for FFP timekeeping including a sample time study form are located in Section 10 – References.

B. Stipulations for Enhanced FFP and Classifications Eligible to Time Study as SPMP

1. SPMP Stipulations

Staff who meet SPMP qualifications for professional education and training (see page 9-4) may record time to SPMP (enhanced) functions in performing those duties that require professional medical knowledge and skills, as evidenced by position descriptions, job announcements, or job classifications and when qualified functions per Title 42, Code of Federal Regulations (CFR), Chapter IV, are performed such as:

a. Liaison on medical aspects of the program with providers of services and other agencies that provide medical care,

b. Furnishing expert medical opinions,

c. Reviewing complex physicians' billings,

d. Participating in medical review, or

e. Assessing, through case management activities, the necessity for, and adequacy, of medical care and services.

PCFH and local programs have the responsibility to determine whether their staff meet the qualifications and must substantiate the qualifications of SPMP status. The State and local program job specifications must stipulate that the job requires staff from one of the classifications listed below, and the program duty statement for the SPMP must (1) reflect SPMP and non-SPMP activities and (2) specify that the incumbent be from one of the following classifications per Title 42, CFR, Chapter IV:

1) Physicians;

2) Registered Nurses;

3) Dentists; and

4) Other specialized personnel who have professional education and training in the field of medical care.

Examples of other specialized personnel classifications that PCFH recognizes as meeting the professional education and training criteria detailed above include but, are not limited to the following:

a) Licensed Clinical Psychologists with a PhD in psychology;

b) Licensed Audiologists certified by the American Speech and Hearing Association;

c) Licensed Physical Therapists;

d) Occupational Therapists Registered registered by the National Registry of American Occupational Therapy Association;

e) Licensed Speech Pathologists;

f) Licensed Clinical Social Workers;

g) Dental Hygienists;

h) Nutritionists with a Bachelor of Science (BS) or Arts (BA) degree in Nutrition or Dietetics and registered with the Commission of Dietetics Registration (RD);

i) Medical Social Workers with a Master's degree in Social Work (MSW) with a specialty in a medical setting;

j) Health Educators with a Master's degree in Public or Community Health Education and graduation from an institution accredited by the American Public Health Association or the Council on Education for Public Health; and

k) Licensed Vocational Nurses with graduation from a two-year program.

2. Direct Support Staff Stipulations

Directly supporting clerical staff time may be recorded when performing those clerical job responsibilities that directly support SPMP (Part 432.2, 42 CFR). To qualify, the clerical staff must be directly supervised by a SPMP and must meet the following criteria for directly supporting clerical staff.

"Directly supporting staff," means clerical staff who:

a. Are secretarial, stenographic, copy, file, or record clerks providing direct support to the SPMP, and

b. Provide clerical services directly necessary for carrying out the professional medical responsibilities and functions of the SPMP.

Directly supporting staff are eligible to record SPMP time when, as clerical staff, their position documentation meets the following stipulations:

1) Job requirements are in the direct support of, and under the direct supervision of, SPMP.

2) Civil service job specifications require clerical skills such as typing, filing, or photocopying.

3) Program duty statements reflect clerical functions in direct support of SPMP.

C. Professional Education and Training For SPMP

SPMP are required to have education and training at a professional level in the field of medical care or appropriate medical practice before time can be recorded by those individuals to SPMP functions. "Education and training at professional level" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. Completion may be demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or state medical licenser or certifying organization, or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care.

SPMP includes only professionals in the field of medical care that meet the above criteria. SPMP does not include non-medical health professionals such as public administrators, medical budget directors or analysts, lobbyists, or senior managers of public assistance or Medicaid programs.

D. Documentation of Staff and Time

Personnel who prepare time studies for FFP must be in an employee-employer relationship with the State, county/city, or may be contract personnel, and must be involved in activities that are necessary for proper and efficient Medi-Cal program administration. An organization chart, civil service classification/specification, and job duty statement for each position must be on file with the county/city program. If the employee is in a position that requires staffing at the level that meets Medicaid criteria for SPMP and the employee is planning to record time to enhanced functions, a SPMP questionnaire (see page 9-9) should be used and maintained on file to document the professional education and training.

The organization chart documents the chain of command which can either qualify or eliminate the enhanced reimbursement rate for direct clerical support staff. Employee job specifications for SPMP must reflect health-related duties and, if possible, health-related qualification requirements as well. The job duty statement should be program specific and reflect the appropriate activities with an estimated percentage of time allocated to each activity. Activities described in a catchall category such as "and other duties as required," are considered to be nonenhanced or General Administrative functions.

It is very important that staff documentation materials be revised when changes occur. All claiming documentation, including the original time study forms, must be kept through the documentation retention period. The documentation retention period is no less than three years after the reimbursement or until the completion of any federal financial audit in progress, whichever time is longer.

Completion of a time study is not required in limited situations. In general, a detailed time study is not required when a person: 1) performs only non-SPMP functions (100 percent of their time); and 2) works for only one program; and 3) is claimed against a single budget. However, all employees must have documentation of time worked on a time certification or employee attendance record. The time certification must identify the hours worked and the paid time away from work, such as sick leave and vacation, and must be signed by the employee and supervisor.

Detailed time studies must be completed, regardless of Medicaid FFP personnel category (SPMP, clerical staff directly supervised by and directly supporting SPMP, or non-SPMP), by those persons who: 1) perform any combination of SPMP, non-SPMP, and/or non-claimable functions; or 2) work for more than one program; or 3) are funded through more than one budget.

The time study must:

1. Utilize the code numbers and function titles as specified and defined by the PCFH Division (see sample form in Section 10 – References).

2. Be completed at the same time either during the first, middle, or last month of each calendar quarter for the fiscal year unless given written permission by the State to do otherwise. (Staff who vacate before or are newly hired after the time study month may time study the month they are available during the quarter; if there is insufficient time to be studied, technical assistance from the State should be requested.)

3. Reflect actual time spent on the functions for each program and account for all time each workday in the period being studied.

4. Be signed and dated by the employee and the immediate supervisor of the employee under declarations of accuracy. These original time study forms must be retained.

   Time study supportive claiming materials, such as day logs, appointment books, meeting agendas or minutes, and SPMP medical training documentation, must be kept through the retention period.

E. Time Study Function Codes

There are twelve time study functions grouped in four categories: (1) Non-SPMP, (2) SPMP, (3) Non-claimable, and (4) Allocated.

1. **Non-SPMP (nonenhanced) functions** include those activities generally performed by clerical, paraprofessional, supervisory, administrative, and contract personnel. However, these functions may be performed by staff classified as SPMP in which case their time must also be recorded to one of these codes. The non-SPMP code numbers and functions are:

   Code 1: Outreach
   Code 4: Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration
   Code 5: Program Specific Administration
   Code 7: Non-SPMP Training

2. **SPMP (enhanced) functions** include those medically related activities performed only by SPMP and the associated typing, filing, and photocopying activities of medically related materials that are performed by clerical personnel directly supervised (immediate first level) by the SPMP. The SPMP code numbers and functions are:

   Code 2: SPMP Administrative Medical Case Management
   Code 3: SPMP Intra/Interagency Coordination, Collaboration, and Administration
   Code 6: SPMP Training
   Code 8: SPMP Program Planning and Policy Development
   Code 9: Quality Management by Skilled Professional Medical Personnel

   Personnel from a variety of disciplines may qualify as SPMP as determined through the use of the SPMP Questionnaire. Multidisciplinary personnel implementing program responsibilities in a position that requires their professional medical education and training should refer to the general description of the functions and apply the principles articulated in that description to their program specific responsibilities. Some examples of activities related to administrative functions in CMS programs (CCS, CHDP, and HCPCFC) follow on page 9-18.

3. The **Non-Claimable function** includes those activities and services the federal government does not reimburse or finance under administrative claiming. Examples of these activities include, but are not limited to:

   a. Direct client services that are reimbursed via the Medi-Cal fee-for-service system or managed care contracts;

   b. Services that benefit a specific client such as child care;

   c. Client services funded as targeted case management services; and,

d. Health department programs or services that are not part of supporting the administration of the Medi-Cal program.

The non-claimable code number and function are:

Code 11: Other Activities

4. **Allocated functions** are activities that relate to multiple functions, or are not specific to any identified function due to their general nature such as general staff meetings, computer training, budget development, overtime, compensatory time off, etc. Allocated code numbers and functions are coded to:

Code 10: Non-Program Specific General Administration
Code 12: Paid Time Off

F. Instructions to General Staff Must Specify:

1. **Only** SPMP and clerical staff who qualify as supervised by and supporting the SPMP may record their time under all of the function codes including the **SPMP** function codes.

2. Staff qualifying as non-SPMP only are not to record any time under the SPMP function codes but can utilize all other function codes.

3. Time study participants must:

a. Include on each time study form, their name, time study period (month/year), position/employee number, personnel classification, agency name, etc.

b. Complete the time study form on a daily basis during the time study period.

c. Specify the program for which any SPMP or non-SPMP activities are performed.

d. Record all time worked each day under the appropriate function. "Extra" time that qualifies as overtime and earned compensating/certified time must be recorded under the General Administration function regardless of any other function under which it would have been recorded.

e. Round time recorded under a function to the nearest half-hour unless the employer elects to have time rounded to a smaller increment.

f. Record time for performing necessary paperwork and travel under the function to which it pertains. If that time pertains to multiple functions or no specific, identifiable function, record the time under General Administration.

g. Clerical staff recording SPMP function time in support of an SPMP should use the same function codes as directed by the SPMP which reflect the SPMP's activities.

h. Record time spent going to, attending, and returning from meetings to the function to which it pertains. The content of a meeting dictates use of the appropriate function code(s). If that time pertains to multiple functions or no specific, identifiable function, record the time under General Administration.

i. Record, under the function Paid Time Off, time spent on vacation, holiday, sick leave, and any other paid time. The exception is the time spent using compensating/certified time earned. Lunch, use of compensating/certified time earned, normal time off, and leave without pay are **not recorded** under any function on a time study.

j. Sign and date the original time study form under a declaration of accuracy and give it to the immediate supervisor as soon as possible following the close of the time study period.

k. All signatures must be original, not photocopies.

Skilled Professional Medical Personnel Quiz

Date: _____

To: _____

From: _____

Re: **Skilled Professional Medical Personnel Questionnaire For Claiming Status**

To determine whether you qualify as Skilled Professional Medical Personnel for recording time worked to enhanced functions of Medi-Cal administration, please complete the following form and return it to the person indicated above no later than _____ as this is very important for our funding. Thank you.

Name: _____

Department: _____

Position Classification: _____

1. **Are you a physician licensed to practice medicine in the State of California?**

   ☐ **YES** ☐ **NO**

   If **YES**, provide license number (_____), sign this form, and turn it in.

   If **NO**, proceed to Question 2.

2. **Have you completed an educational program in a health or health-related field?**

   ☐ **YES** ☐ **NO**

   If **YES**, list the highest academic degree you received in a health or health-related field, the subject in which it was received, and the name of the college/university where it was earned, and proceed to Question 3.

   Academic Degree: _____

   Field: _____

   College/University: _____

   If **NO**, stop, sign this form, and turn it in.

3. **Did your educational program last at least two years?**

   ☐ **YES** ☐ **NO**

   If **YES**, proceed to Question 4.

   If **NO**, stop, sign this form, and turn it in.

4. Did your educational program lead to a California licensure in a medically related profession?

☐ **YES** ☐ **NO**

If **YES**, provide the license type (_____) and number (_____), sign this form, and turn it in.

If **NO**, proceed to Question 5.

5. Did your educational program lead to certification or registration by a health or health-related national or California certifying organization?

☐ **YES** ☐ **NO**

If **YES**, please provide the certification/registration type and number (if appropriate), the name of the certifying organization, sign this form, and turn it in.

Certificate/Registration Type: _____

Certificate/Registration Number: _____

Certifying/Registry Organization: _____

If **NO**, proceed to Question 6.

6. Did part of your educational program involve medical or health-related training including fieldwork (i.e., in the area of health, mental health, or substance abuse)?

☐ **YES** ☐ **NO**

If **YES**, describe the training/fieldwork and sign the form and turn it in.

_____

_____

_____

If **NO**, proceed to Question 7.

7. As a part of your educational program, did you take any courses, which had a medical or health-related focus (e.g., in the area of health, mental health, or substance abuse)?

☐ **YES** ☐ **NO**

If **YES**, list these courses below, sign this form, and turn it in.

_____

_____

If **NO**, sign this form and turn it in.

_____ _____

Signature: Date:

Time Study Function Code Descriptions and General Activities

Function 1 – Outreach

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods that describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program. Examples of administrative activities which are included in the outreach function are:

1. Inform individuals, agencies, and community groups about health programs using oral and written methods.

2. Develop and provide program materials to individuals and their families, community agencies, and health care providers.

3. Inform and assist clients and their families to access program services.

4. Design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.

5. Develop and implement a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

Function 2 – SPMP Administrative Medical Case Management

This function is to be used only by SPMP when participating in medical reviews; assessing the necessity for, and types of, medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries. Examples of activities which are included in this function are:

1. Review the results of health assessments and medical and dental examinations and evaluations needed to coordinate and facilitate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service.

2. Assess and review for determining medical eligibility, medical necessity and sources for services required to correct or ameliorate health conditions identified by a medical or dental provider.

3. Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.

4. Identify eligible, covered medically necessary services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care.

5. Provide follow-up contact to assess the client's progress in meeting treatment goals.

6. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans.

7. Interpret medical guidelines, health assessment results, and medical and dental evaluations, to an individual, a provider, or professional staff of another agency.

8. Provide consultation, separate from a standard medical examination, to clients to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventative and remedial health care as it relates to their medical conditions.

9. Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits.

10. Consult on client-specific appeals relating to medical care issues including expert witness services.

11. Paperwork directly associated with any of the above activities.

12. Travel time directly associated with performance of any of the above activities.

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used only by SPMP when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services. Examples of activities which are included in this function are:

1. Provide technical assistance to other agencies/programs that interface with the medical care needs of clients.

2. Participate in provider meetings and workshops on issues of client health assessment, preventive health services, and medical care and treatment.

3. Develop medical and dental referral resources such as referral directories, round tables, and advisory groups.

4. Assist in health care planning and resource development with other agencies which will improve the access, quality and cost-effectiveness of the health care delivery system, and availability of Medi-Cal medical and dental referral sources.

5. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities. Examples of activities which are included in this function are:

1. Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal program requirements.

2. Assist in health care planning and resource development with other agencies which will improve the access, quality, and cost effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.

3. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

Function 5 – Program Specific Administration

This function is to be used by all staff when performing activities that are related to program specific administration, which are identifiable and directly charged to the program. Examples of activities which are included in this function are:

1. Develop and implement program administrative policies and fiscal procedures in compliance with Medi-Cal program requirements.

2. Participate in the development, maintenance, and analysis of program management information servicing the Medi-Cal population.

3. Participate in the distribution of Medi-Cal program specific information including procedural manuals and brochures.

4. Prepare responses to appeals on non-medical program issues.

5. Provide general supervision of staff, including supervision of interns and students.

6. Develop budgets and monitor program expenditures.

7. Review of technical literature and research articles.

8. Draft, analyze, and/or review reports, documents, correspondence, and legislation.

9. Direct recruitment, selection and hiring process, perform employee evaluations.

Function 6 – SPMP Training

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. Examples of activities which are included in this function are:

1. Training related to the SPMP's performance of allowable administrative activities to include utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management.

2. Completing paperwork directly associated with the above activities.

3. Travel time directly associated with the performance of the above activities.

Function 7 – Non-SPMP Training

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients. Examples of activities which are included in this function are:

1. Training related to the performance of administrative activities to include Medi-Cal outreach; non-emergency, non-medical transportation; and Medi-Cal eligibility.

2. Joint orientation and on-going in-service training.

3. Professional training and technical assistance which improves the quality of health assessment, preventive health services, and care.

4. Training which improves the medical knowledge and skill level of skilled professional medical staff providing Medi-Cal services.

5. Completing paperwork directly associated with the above activities.

6. Travel time directly associated with the performance of the above activities.

Function 8 – SPMP Program Planning and Policy Development

This function is to be used only by SPMP and only when performing program planning and policy development activities. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. Examples of activities which are included in this function are:

1. Participate in the development of program direction and annual scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medi-Cal program outcomes.

2. Participate in the development of Medi-Cal program standards and procedures for coordinating health-related programs and services.

3. Provide consultation and technical assistance in the design, development, and review of health related professional educational material.

4. Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medi-Cal clients.

5. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, treatment, and care.

6. Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, program policy, and regulations.

7. Identify, recruit, and provide technical assistance and support to new Medi-Cal providers.

8. Develop round tables, advisory or work groups of other SPMP to provide Medi-Cal program consultation.

9. Participate in the planning, implementation, and evaluation of services that relate to the Medi-Cal programs.

10. Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.

11. Participate in the development and review of Medi-Cal health-related regulations, policies, and procedures such as scopes of work, MOUs and other related Medi-Cal health care services, and other health care service standards for total quality management.

Function 9 – Quality Management by Skilled Professional Medical Personnel

This function is to be used only by SPMP and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Examples of activities which are included in this function are:

1. Conduct periodic review of protocols.

2. Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process.

3. Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.

4. Schedule, coordinate, and conduct quality assurance activities; evaluate compliance with program standards; and monitor the clinical effectiveness of programs, including Medi-Cal client satisfaction surveys.

5. Evaluate the need for new modalities of medical treatment and care.

6. Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.

7. Complete paperwork directly associated with the above activities.

8. Travel time directly associated with the performance of the above activities.

Function 10 – Non-Program Specific General Administration

This function is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. It is also to be used to record any break time as well as time that may become overtime or earned compensatory or certified time off. Examples of activities which are included in this function are:

1. Review departmental or unit procedures and rules.

2. Develop and implement program administrative policies and fiscal procedures.

3. Participate in the design, development and review of health related professional educational material.

4. Attend non-program related staff meetings.

5. Provide general supervision of staff, including supervision of interns and students.

6. Develop and provide health promotion activities for agency employees.

7. Provide and attend non-program specific in-service orientations and other staff development activities.

8. Develop budgets and monitor program expenditures.

9. Review of technical literature and research articles.

10. Provide general clerical support.

11. Draft, analyze, and/or review reports, documents, correspondence, and legislation.

12. Direct recruitment, selection and hiring process, perform employee evaluations.

Function 11 – Other Activities

This function is to be used by all staff to record time performing activities that are not specific to the administration of the Medi-Cal program. Examples of activities which are included in this function are:

1. Outreach activities that inform individuals about non-Medi-Cal health programs financed by other federal and State programs.

2. Program planning and policy development activities of non-Medi-Cal programs financed by other federal and State programs.

3. Develop funding proposals that do not benefit the Medi-Cal population.

4. Coordinate or participate in research activities that do not benefit the Medi-Cal population.

5. Write grants for federal funding for services/activities which do not benefit the Medi-Cal population.

6. Participation in health promotion activities for agency employees.

7. Provide client-specific, health related services which can be billed as fee-for-service to Medi-Cal, including Targeted Case Management; another State program; private insurance; the client; or the county health department.

8. Activities otherwise funded through the Medi-Cal Program.

Function 12 – Paid Time Off

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, etc. Do not record on the time study lunchtime, dock time, absence without pay, or compensatory/certified time off (CTO). CTO shall be recorded under Function 10, Non-Program Specific General Administration, when it is earned.

Federal Financial Participation Examples of Activities for CMS Programs

Function 1 – Outreach

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods that describe the range of services available through the Medi-Cal program and the benefits of preventive or remedial health care offered by the Medi-Cal program. Examples of administrative activities included in the outreach function are identified below.

California Children's Services

1. Inform individuals, agencies, potential providers, and community groups about the CCS program using written and oral methods.

2. Coordinate and participate in screening programs to facilitate identification of at-risk patient populations that are eligible for program services.

3. Order, maintain, and distribute CCS/CMS program materials to families, community agencies, and health care providers.

4. Determine financial and residential eligibility for CCS, conduct interviews of applicant/client families, including screening potential eligibility for Medi-Cal.

5. Inform and assist applicant/client and family in accessing other Medicaid program services, as related to the client's medical condition, such as Medi-Cal and EPSDT Supplemental Services.

6. Identify barriers and assist the applicant/client, whose primary language is other than English, to secure medical services related to the client's medical condition.

7. Provide translation to assist the applicant/client, whose primary language is other than English.

Child Health and Disability Prevention Program

1. Inform individuals, agencies, potential providers, and community groups about the CHDP program using written and oral methods.

2. Follow up with clients referred from local social service departments including telephone calls, letters, and home visits with respective documentation required on social service referral forms (PM 357).

3. Order, maintain, and distribute program material for outreach purposes.

4. Check with local social service departments for Medi-Cal status and up-to-date client phone numbers and addresses.

5. Inform and assist applicant/client and family with need for support services such as application completion, scheduling appointments and transportation to assure that the client can access services, including EPSDT Supplemental Services.

6. Identify barriers and assist applicants/clients, whose primary language is not English, to secure medical services.

7. Provide translation to assist the applicant/client, whose primary language is other than English.

8. Contact medical and dental providers to schedule appointments for clients and families.

9. Work with other agencies such as churches, homeless shelters, housing authorities, day care providers, hospital discharge planners/emergency rooms, and youth-serving organizations to increase community awareness of preventive health services.

Health Care Program for Children in Foster Care

1. Inform and assist child/youth in foster care and foster care providers with the need to obtain preventive health services within 30 days of placement.

2. Inform and assist child/youth and foster care providers with the need for support services such as finding appropriate resources and scheduling appointments for medical, dental, mental health and developmental services.

3. Promote an understanding of the need to maintain a link to health care services provided through the Child Health and Disability Prevention, Medi-Cal, and Denti-Cal programs.

Function 2 – SPMP Administrative Medical Case Management

This function is to be used only by SPMP when participating in medical reviews; assessing the necessity for, and types of, medical care associated with medical case management and case coordination activities required by individual Medi-Cal beneficiaries. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise to:

1. Determine the medical rationale to ensure timely and appropriate medical follow-up.

2. Collect and interpret information regarding the applicant/client's medical status and his/her needs for medical services; conduct hospital-based utilization review activities to determine number of days for approval; identify resources and referrals needed to support a patient's care in the home for his/her medical condition.

3. Initiate a proactive medical case management plan, including a review of the adequacy and availability of medical services for the applicant/client and participation in medical case management conferences to coordinate medical service needs and program benefits.

4. Assist medical, dental and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal/CCS providers, to obtain EPSDT Supplemental Services for their clients when needed.

5. Review literature and research articles to determine eligibility and/or benefits relating to a client's specific medical condition.

6. Review complex physician billing and making fee determinations.

7. Provide information on specialized medical program services available to medically high-risk children and their families.

8. Furnish medical opinions on decisions relating to adjudication of administrative appeals based on program medical eligibility and benefit laws, regulations, and policies.

9. Determine estimated cost of medical care for exceptional cases.

10. Determine the authorizations to be issued for medical services and benefits to paneled medical/allied health providers and vendors based on knowledge and application of program standards and county requirements.

Child Health and Disability Prevention Program

Use skilled professional medical expertise to:

1. Determine the medical rationale to ensure timely referral for medical and/or dental health assessments services.

2. Collect and interpret information regarding the applicant/client's health status and his/her needs for preventive health services; explain the significance of actual and suspected medical conditions to clients and their families; identify resources and encourage clients to follow up on medical, dental, nutritional, and mental health conditions found during health assessment screens.

3. Participate in medical case conferencing with other agencies regarding client's medical condition to coordinate medical services needs and program benefits including a review of the adequacy and availability of medical services for the applicant/client.

4. Assist medical, dental, and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal providers, to obtain EPSDT Supplemental Services for their clients when needed.

5. Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical/health conditions.

6. Review complex physician billing and making fee determinations.

7. Provide information on specialized medical program services available to medically high-risk children and their families.

8. Furnish medical opinions on program standards, based on laws, regulations, and policies.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise to:

1. Inform caseworkers, foster care providers, judicial court officers, health care providers, etc. about the preventive health services and special medical needs of the client and services available through CHDP, CCS, and other agencies to address those needs.

2. Collect and interpret information regarding the client's health status and his/her needs for services to caseworkers, foster care providers, judicial court officers, health care providers; explain the significance of actual and suspected medical conditions to clients, caseworkers, foster care providers and others; identify resources and assist clients, their caseworkers and foster care providers in obtaining comprehensive assessments and treatment services.

3. Evaluate and prioritize the client's medical and health care needs based on information obtained from court interviews of biological parents, medical and school record reviews, and other medical documentation, etc.

4. Consult with the caseworker, foster care provider, and health care provider to develop and update a health plan in the client's case plan.

5. Provide follow-up consultation on changes in health status, service needs, and effectiveness of services provided to promote continuity of care.

6. Collaborate with the caseworker, biological parent and foster care provider to ensure that all necessary medical/health care information is available to those responsible for providing health care for the client, including the Health and Education Passport or its equivalent.

7. Review the client's health plan with the caseworker as needed and at least every six months.

8. Participate in multi-disciplinary team conferences (MTD) with other members of the foster care team regarding the medical and health care services needs of the clients.

9. Assist medical, dental, mental health, and other health care providers including those not previously enrolled as Medi-Cal/Denti-Cal/CCS providers, to obtain EPSDT Supplemental Services for their clients when needed.

10. Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical/health conditions.

11. Interpret medical information on specialized health services for medically high-risk clients and assist the caseworkers and foster care providers to obtain referrals for necessary services.

12. Interpret the medical, dental, mental health, and developmental needs of the client leaving foster care, consult with the client and caseworker regarding the availability of health care coverage and community resources to meet the client's needs upon emancipation.

13. Consult PHN to PHN regarding the medical and health needs of clients placed outside of their county of jurisdiction or transferred to a new county of jurisdiction.

Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used only by SPMP when performing collaborative activities that involve planning and resource development with other agencies which will improve the cost effectiveness of the health care delivery system and improve availability of medical services. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with groups of physicians, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees.

3. Provide CCS program consultation and technical assistance to the medical provider network, and other health care service providers.

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with groups of physicians, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees.

3. Provide CHDP program and CHDP Gateway consultation and technical assistance to the medical provider network, and other health care service providers.

4. Interpret the medical aspects of CHDP, including the CHDP Health Assessment Guidelines, to recruit and maintain medically qualified providers.

5. Recruit Denti-Cal providers as providers of dental services for the CHDP target population.

6. Participate on child health boards and commissions to appropriately interpret the medical components of the CHDP program.

7. Assure medical input into the development of the health component of Head Start and social services interagency agreement and assure qualified practitioners appropriately provide medically related services.

8. Provide a liaison with public and private schools to assure the delivery of health assessment services to school age children.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Collaborate with caseworkers, medical, dental, mental and developmental health providers, Independent Living Skills Program coordinators, foster care providers, Foster Family Agencies, Group Homes, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services.

2. In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees who are in foster care.

3. Interpret the health care needs of clients in foster care to the medical provider network, other health care service providers, caseworkers, juvenile court officers, and foster care providers.

4. Evaluate the adequacy, accessibility and availability of the referral network for health care services. Collaborate with CHDP, CCS, and other health services programs to recruit qualified providers.

5. Participate on advisory boards and commissions to interpret the health care services needs of clients in foster care.

6. Assure medical input into the negotiation, implementation, and monitoring of the PHN role and activities as outlined in the HCPCFC Memorandum of Understanding with the local departments of social services and probation.

7. Coordinate and network with other programs/services such as WIC, immunization, oral health, mental health, lead poisoning and injury prevention, Independent Living Skills Program, Transitional Housing program, etc. on behalf of the medical needs of clients in foster care.

8. Participate in coordination activities to develop the medical and health care services role of the public health nursing program in foster care in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies (LEAs), public health agencies (including maternal, child, and adolescent health services), Medi-Cal Managed Care Plans, hospitals, and CCS Special Care Centers.

Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in coordination activities to develop the program in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies, public health agencies (including maternal, child, and adolescent health services), Medi-Cal Managed Care Programs, hospitals, and special care centers.

Child Health and Disability Prevention Program

1. Participate in coordination activities to develop the program in relation to other agencies such as Regional Centers, Medi-Cal field offices, local education agencies, public health agencies (including maternal, child and adolescent health services), Medi-Cal Managed Health Care Programs.

2. Negotiate, implement, and monitor the Interagency Agreement with the local social services department.

3. Coordinate/network with other programs/services such as WIC immunization, oral health, child abuse, and injury prevention.

4. Provide lists of CHDP providers to Head Start/State Preschool programs.

Function 5 – Program Specific Administration

This function is to be used by all staff when performing activities that are related to program specific administration, which are identifiable and directly charged to the program. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review CCS data, and analyze and utilize in program-related needs assessments, program planning, and evaluation.

3. Develop, monitor, and revise yearly budgets to implement program plan within program appropriations in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit, orient, supervise, and evaluate personnel responsible for implementing the CCS program according to the Staffing Standards.

5. Assure that CCS funded personnel perform only allowable functions, audit trail is maintained for all expenditures, and staff complete time studies a minimum of one month a quarter and retain on file.

6. Develop and review program standards, regulations, policies, procedures, and health-related educational materials.

7. Develop, maintain, and analyze management information system.

8. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.

9. Analyze and/or review program-related legislation.

10. Formulate and apply program administrative policies.

11. Evaluate fiscal procedures related to the program.

12. Prepare program-related reports, documents, and correspondence.

13. Develop and distribute program specific information including procedure manuals and brochures.

Child Health and Disability Prevention Program

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review CHDP and CHDP Gateway data, and analyze and utilize in program-related needs assessments, program planning, and evaluation.

3. Develop, monitor, and revise yearly budgets to implement program plan within program allocations in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit, orient, supervise, and evaluate personnel responsible for implementing the CHDP program.

5. Assure that CHDP/EPSDT funded personnel perform only allowable functions, audit trail is maintained for all expenditures, and staff complete time studies a minimum of one month a quarter and retain on file.

6. Develop and review program standards, regulations, policies, procedures, health-related educational materials.

7. Develop, maintain, and analyze management information system.

8. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.

9. Analyze and/or review program-related legislation.

10. Formulate and apply program administrative policies.

11. Evaluate fiscal procedures related to the program.

12. Prepare program-related reports, documents, and correspondence.

13. Maintain current list of CHDP medical and dental providers.

14. Develop and distribute program specific information including manuals and brochures.

Health Care Program for Children in Foster Care

1. Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.

2. Review and use HCPCFC data in program planning and evaluation.

3. Develop, monitor, and revise annual budgets within program appropriations, in accordance with CMS Plan and Fiscal Guidelines.

4. Recruit and evaluate PHN personnel responsible for implementing the HCPCFC program in accordance with the Welfare and Institutions Code, Sec.16501.3 and the HCPCFC Model Scope of Work activities.

5. Assure that HCPCFC funded PHN personnel perform only allowable functions and complete time studies a minimum of one month a quarter. Assure that an audit trail is maintained and all appropriate documentation is retained on file.

6. Develop and review program standards, regulations, policies and procedures.

7. Assure that the Health and Education Passport or its equivalent is present and updated as necessary.

8. Develop and use management information systems for local program planning and evaluation.

9. Evaluate the impact of the PHN on the foster care team and the health status of clients in foster care.

10. Use data systems such as the CWS/CMS to assist with program planning and evaluation.

11. Review literature and research articles relating to foster care systems, services, and special health care needs but not specifically requiring skilled professional medical expertise.

12. Analyze and/or review program-related legislation.

13. Formulate and apply program administrative policies.

14. Evaluate fiscal procedures related to the program.

15. Prepare program-related reports, documents, and correspondence.

16. Maintain a current list of CHDP providers, dental, mental health and specialty providers who will care for clients in foster care

17. Develop and distribute program specific information including brochures and general health services information.

Function 6 – SPMP Training

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in training health care professionals on the program medical eligibility requirements and medical services, including but not limited to, physicians, registered nurses, medical social workers, physical therapists, occupational therapists, and dietitians, including Medi-Cal managed care plan providers.

2. Develop, conduct, and/or participate in county, regional, and state-conducted medical training sessions/meetings and include those Managed Care providers under contract with Medi-Cal.

3. Attend professional education programs relevant to the role of the medical professional and/or to medical administration of the program(s).

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in provider in-services and/or workshops and state-conducted medical training sessions/meetings.

2. Attend professional education programs relevant to the role of the medical professional and/or medical administration of the program(s).

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Develop, conduct, and/or participate in training health care professionals on the medical/health aspects of the HCPCFC including special health care services needs of the clients in foster care, standards of care, guidelines for best practices, etc.

2. Develop, conduct, and/or participate in county, regional, and state-conducted medical/health training sessions/meetings for caseworkers, juvenile court officers, and foster care providers on issues related to the health care needs of clients in foster care.

3. Attend professional education programs relevant to the role of the medical professional and/or the medical administration of the program.

4. Attend training on reviewing and interpreting health information that can be entered in the CWS/CMS as documentation of medical and health information in the Health and Education Passport or its equivalent.

5. Provide health training and technical assistance to other agencies/programs that interface with the medical, dental, mental and developmental health care needs of the client in foster care.

6. Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and health needs of the client in foster care.

Function 7 – Non-SPMP Training

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients. Examples of activities included in this function are identified below.

California Children's Services

1. Participate in program-required and/or county, regional, and statewide workshops, meetings, and educational sessions relating to the scope of program benefits and changes in program management.

2. Provide training and technical assistance to other agencies/programs that interface with the medical care needs of the applicant/client.

3. Participate in training/education programs to improve the skill level of the individual staff member in meeting and serving the medical needs of the applicant/client.

Child Health and Disability Prevention Program

1. Conduct in-service training for school staff on CHDP documentation requirements in such areas as first grade entry and current eligibility for CHDP services.

2. Orient all appropriate health, welfare, and probation workers on CHDP requirements and services.

3. Provide training to ensure children who may be eligible are informed of CHDP in appropriate language, provided brochures, and asked if medical, dental, and/or support services are wanted, and that their responses are documented.

4. Periodically observe eligibility workers (EWs) during the CHDP informing process, and based on observations, provide annual updated training and informing materials consistent with federal informing requirements.

5. Conduct and attend educational programs relevant to the scope of services administered by the program.

6. Participate in training/education programs to improve the skill level of the individual staff member in meeting and serving the medical needs of the applicant/client.

7. Conduct training sessions for providers on claiming for CHDP services, CHDP program policy and regulations.

Health Care Program for Children in Foster Care

1. Participate in program-required and/or county, regional, and statewide workshops, meetings, and educational sessions relating to the scope of program benefits and changes in program management.

2. Provide program information to caseworkers, juvenile court officers, foster care providers, foster family agencies, group homes, and other service agencies on the public health nursing services available through the HCPCFC.

Function 8 – SPMP Program Planning and Policy Development

This function is to be used only for SPMP and only when performing program planning and policy development activities. The SPMP's tasks must officially involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Develop medical procedures and protocols for the delivery and coordination of CCS services.

2. Recruit and maintain medical provider resources required to meet the medical needs for the program's population.

3. Inform individual providers and special care center medical staff of medical responsibilities necessary to achieve and maintain CCS panel status.

4. Develop educational resources regarding CCS services and benefits for use by patients/families, providers, and community agencies.

5. Develop and review medically related regulations, policies and procedures, and other health care service standards.

6. Interpret CCS program standards and policy letters to physicians and other health care professionals.

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop and test health education materials related to preventive health services.

2. Develop standards for resolving clinical practice issues.

3. Write medical procedures, and protocols for the delivery and coordination of CHDP services.

4. Draft, analyze, and review medical implications of legislation.

5. Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services.

6. Develop medical strategies needed to incorporate CHDP preventive services into on-going medical and dental care.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Review medical and social services literature and research articles, requiring medical expertise, with a focus on clinical issues, health care service delivery, and ongoing evaluation of the health care needs of clients in foster care.

2. Develop medical/ health related procedures, protocols, and guidelines for the delivery and coordination of HCPCFC services.

3. Participate in the development and review of medically related policies, procedures, and other health care service standards.

4. Recruit and maintain health care provider resources to meet the medical/health care needs for the program's population.

5. Develop medical/health-related strategies needed to incorporate CHDP, AAP preventive health services into on-going medical, dental, mental health and developmental services.

6. Develop standards and statements of guidance for resolving clinical practice issues.

7. Provide supervision and evaluation of the PHN(s) in the performance of their professional program activities.

8. Review, analyze and develop legislation impacting the medical and health care services for clients in foster care.

Function 9 – Quality Management by Skilled Professional Medical Personnel

This function is to be used only by SPMP and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. Examples of activities included in this function are identified below.

California Children's Services

Use skilled professional medical expertise and program knowledge to:

1. Conduct site reviews and perform other activities necessary to complete the CCS approval process for hospitals, special care centers, and satellite centers.

2. Develop the CCS utilization review teams necessary to carry out the utilization review activities.

3. Identify and implement quality management procedures relating to the medical services aspect of the program that would cover such areas as: authorization of health care services, appropriateness of health care delivery, etc.

4. In those counties with Medi-Cal Managed Care Plans, develop and monitor MOUs with managed care contractors according to the guidelines distributed by the CCS program. Assure that providers caring for children have implemented the tracking and case management processes expressed in the MOU.

5. Conduct medical data analysis to determine adequacy and effectiveness of current standards/practices, identify gaps in services, problems with utilization of resources, need for services/benefits not currently available, etc.

6. Perform concurrent utilization review at acute hospital facilities; ensure the appropriateness/level of care and quality of care provided.

7. Perform county, regional, and state program reviews; evaluate performance, attainment of goals/ objectives, measure outcomes, etc.

8. Develop and utilize medical criteria to review claims, reporting forms, and client charts for the purpose of evaluating the appropriateness and adequacy of medical and allied professional health care.

9. Assess provider qualifications to achieve/ maintain CCS panel status.

10. Develop and utilize criteria to assess services of providers, including medical professional, special care centers, hospitals, and other clinical settings (e.g., MTU, surgicenters).

Child Health and Disability Prevention Program

Use skilled professional medical expertise and program knowledge to:

1. Develop and utilize medical criteria to assess provider qualifications and evidence of quality care.

2. Develop and utilize medical criteria to review claims, reporting forms, and individual medical charts for the purpose of determining appropriateness of medical care.

3. Identify and implement quality management procedures relating to the medical service aspects of the program.

4. Conduct site reviews and chart audits to assure quality exams according to periodicity, calibrated equipment, and appropriately-stored vaccines.

5. Assure that providers caring for children have implemented the follow up to diagnosis and treatment or case management processes expressed in their provider agreement.

6. Review data reports on provider specific assessments of children. Address issues with provider.

7. In those counties with Medi-Cal Managed Care, monitor MOUs with managed care contractors according to the guidelines distributed by the CHDP program.

Health Care Program for Children in Foster Care

Use skilled professional medical expertise and program knowledge to:

1. Conduct joint reviews of case records for documentation of medical, dental and health care services with child welfare services agencies and probation departments.

2. Develop and implement a plan for the evaluation of the impact of the PHN component of the foster care team.

3. Develop and utilize medical criteria to determine evidence of quality care for clients in foster care.

4. Establish baseline data for evaluating the medical, dental and health care services provided to clients in foster care.

Function 10 – Non-Program Specific General Administration

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care

1. Review departmental and unit procedures not related to program administration.

2. Formulate and apply administrative policies.

3. Evaluate fiscal procedures.

4. Develop budgets and monitor use of program funds

5. Prepare reports, documents, and correspondence.

6. Draft, analyze, and/or review legislation.

7. Review literature and research articles.

8. Attend non-program related staff meetings.

9. Direct recruitment, selection, and hiring process - not program specific.

10. Provide and attend non-program specific in-service orientation and other staff development activities.

11. Provide general supervision of staff, including supervision of intern students.

12. Provide general clerical support.

Function 11 – Other Activities

California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care

1. Develop funding proposals which do not benefit the Medi-Cal population.

2. Coordinate or participate in research activities which do not benefit the Medi-Cal population.

3. Write grants for federal funding which do not benefit the Medi-Cal population.

4. Participate in health promotion activities for agency employees.

5. Provide related services which can be billed as fee-for-service to Medi-Cal, other State programs, private insurance, the patient, or the county health department, including but not limited to:

    a. Health status monitoring

    b. Direct clinical/treatment services

    c. Individual or group therapy

    d. Developmental assessments

    e. Mental status assessments and examinations

    f. Medical screening services

    g. Counseling services

    h. Targeted case management

    i. Services provided in a Medical Therapy Unit (MTU) such as physical and occupational therapy

Function 12 – Paid Time Off

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, etc. Do not record on the time study lunchtime, dock time, absence without pay, and use of compensated/certified time off (CTO).

SECTION 10 – REFERENCES

Federal Financial Participation Form and Excel File Instructions

There are two parts to calculating FFP for use in quarterly program invoices:

a. Time study activity recording (through the use of forms)

b. Entering time study data into the FFP calculation file worksheets.

After these steps have been taken the resultant information on the FFP Table from the file can be entered on the quarterly invoice.

Time Study Forms

Two sample forms are included in the FFP file. One captures an entire time study period of one. The other is for use on a weekly basis so each time study period would require 4-5 weekly forms. These specific forms are optional. However, regardless of the time study form that is used, it must contain the following information:

1. Name of staff,
2. Time Study Period,
3. All time the staff is reimbursed for,
4. Clearly identified function codes in 30 minute increments,
5. Each function code identified with a Program code, and
6. Each time study signed by a supervisor-verifying accuracy of the time study.

The following instructions relate to the two sample forms.

Monthly Form

This option utilizes the form entitled **Time Study Survey for FFP Program Claiming**. The Centers for Medicare and Medicaid Services (CMS) has given the states the option of documenting the activities done during a time study month by grouping the functions in one-hour increments and summarizing them on a monthly form. Instructions are as follows:

Step 1 Complete the header information; time study period (Month/Year), employee name, position/employee number, personnel classification, agency name, unit name, and location of employee.

Step 2 Identify the program to be assigned to each letter in the Program Coding Scheme.

Step 3 Enter all the work dates included in the time study month.

Step 4 At the end of each day, summarize the number of hours worked by function and program code (across). Total the time at the bottom of the column and verify that the total documented equals the time actually worked.

Step 5 If using the FFP Calculation file furnished by the Children's Medical Services Branch, go to Option 2, Step 5. If not using the FFP Calculation file, transfer rows totals by program to Summary Information at bottom and group by enhanced, non-enhanced, non-claimable, and allocated costs. Perform necessary calculations and prepare invoice.

Step 6 The supervisor of each staff must sign the time study document, attesting to the accuracy and validity of the time study.

Weekly Form

This option utilizes the form entitled **Weekly Time Study for Federal Financial Participation** and provides a format for each employee to document their program time in 30 minute increments. Employees complete one of these forms for each week in the time study period.

Step 1 Complete the header information; time study period (Month/Year), employee name, job title, and location of employee and time base.

Step 2 Identify the program to be assigned to each letter in the Program Code Scheme and dates.

Step 3 Enter all dates in the time study week.

Step 4 Indicate the time worked identified by function and program code (see example). At the end of the week, total the daily information by program and function code in the Summary Information box. The totals of the Summary Information and daily computations are joined by an arrow and should match.

Step 5 The supervisor of each staff must sign the time study document, attesting to the accuracy and validity of the time study.

FFP Calculations

While the forms to record FFP are optional, the calculations of the appropriate amounts of FFP to require the use of the CMS-FFP Excel file. In order to perform the necessary calculations use the following instructions:

Step 6 Pull up the file named **FFP_CALC** in Microsoft Excel for Office 97 format.

Step 7 The spreadsheet is divided into three worksheets. They are: **Employee Info**, **Enter Data**, and **Report**. Click the tab labeled **Employee Info**.

Line 1 Enter the time study period.

Line 2 Enter the name of the employee name.

Line 3 Enter the employee's job classification.

Line 4 Indicate if this person is a Skilled Medical Professional by erasing either the **Yes** or **No**.

Line 5 Enter the name of each program according to the designation on the staff time study (this may vary person to person).

Line 6 Enter the FFP factor for each program claiming Title XIX matching dollars (for information on determining the Medi-Cal factor, contact your Administrative Consultant).

Step 8 Click on the tab labeled **Enter Data**. If you use the weekly time studies, transfer the information from the Summary Information to the appropriate column in each table. (If you use some other form [such as the monthly form], enter information into the column headed **Manual Entry of Totals**). Note that the allocated functions (10 and 12) are listed on the first table and are not associated with any specific program.

Step 9 Click on the tab labeled **Report**. All information for completing the quarterly invoice is shown on this worksheet. This report should be printed and kept with the time study and supporting documentation in the FFP audit file.

Step 10 The percentages identified on the report are the ones to use for each individual listed on the budget when invoicing.

1 Time Study Period:

2 Name of Employee:

3 Classification:

4 SPMP?:

5 Enter Salary and Benefit Information Below if you **do not** identify Program hours on daily Time-Cards.

Quarter's Total Salary:

Quarter's Total Benefits:

OR

6 Enter Salary and Benefit Information below if you identify Program hours on daily Time-Cards for the entire invoice period.

Program A Salary:
Program A Benefits:

Program B Salary:
Program B Benefits:

Program C Salary:
Program C Benefits:

Program D Salary:
Program D Benefits:

Program E Salary:
Program E Benefits:

Program F Salary:
Program F Benefits:

7 For purposes of claiming federal match, indicate the **average** percentage of clients in the target population for each program who are Medi-Cal eligibles.

Program A:
Program B:
Program C:

Program D:
Program E:
Program F:

Monthly Summary of FFP Time Study Information

This information is entered from the weekly or monthly time study document.

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
10							
12							

Program A

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program B

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program C

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program D

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program E

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

Program F

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Mo. Totals	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
11							

FFP Time-Study Calculations

Monthly Summary of Hours by Program

	Program A	Program B	Program C	Program D	Program E	Program F	Allocated Functions	Total Hours By Function
1	0.0	0.0	0.0	0.0	0.0	0.0		0.0
2	0.0	0.0	0.0	0.0	0.0	0.0		0.0
3	0.0	0.0	0.0	0.0	0.0	0.0		0.0
4	0.0	0.0	0.0	0.0	0.0	0.0		0.0
5	0.0	0.0	0.0	0.0	0.0	0.0		0.0
6	0.0	0.0	0.0	0.0	0.0	0.0		0.0
7	0.0	0.0	0.0	0.0	0.0	0.0		0.0
8	0.0	0.0	0.0	0.0	0.0	0.0		0.0
9	0.0	0.0	0.0	0.0	0.0	0.0		0.0
10							0.0	0.0
11	0.0	0.0	0.0	0.0	0.0	0.0		0.0
12							0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	I. TOTAL HOURS from above table	II. PERCENT OF HOURS Col. I / total dist Col. I	III. ALLOCATE PAID TIME OFF HOURS Col. II x Pd time off	IV. TOTAL HOURS Col. I + Col. III	V.PERCENT OF TOTAL IV. Col. IV/ total of Col. IV	VI. PERCENT OF GEN ADMIN	VII. ALLOCATE GEN ADMIN HRS	VIII. TOTAL DIR AND ALLOC HOURS Col. IV+VII	IX. PERCENT TO DISTRIBUTE COSTS Col. VIII/total Col. VIII	X. DISTRIBUTE SALARY Col. IX x Salary	XI. DISTRIBUTE BENEFITS Col. IX x Benefits	XI. DISTRIBUTE SALARY (TS info only)	XI. DISTRIBUTE BENEFITS (TS info only)	IX. PERCENT TO DISTRIBUTE COSTS Col. VIII/total Col. VIII
ENHANCED														
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
NON-ENHANCED				0.0		Enh+Non-Enh from Col. V	Col. VI x New Gen admin hrs.							
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
NON-CLAIMABLE				0.0		non-claimable from Col. V								
Program A	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program C	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program D	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program E	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program F	0.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
GENERAL ADMIN	0.0	#DIV/0!	#DIV/0!				#DIV/0!							
TOTAL FOR DISTRIBUTION	0.0	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	New Gen Admin total hrs Col. I + Col. III	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
PAID TIME OFF	0.0		#DIV/0!											
TOTAL HOURS FOR MONTH	0.0													

Time Study Period: January-00
Name of Employee: 0
Classification: 0

The following percentages have been generated for each program:
(For use by agencies **with** daily record of program time for the entire invoice period)

	Enhanced	Non-Enhanced	Not Claimable	Total	Salary	Benefits
Program A	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program B	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program C	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program D	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program E	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Program F	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$0.00	$0.00
Total					$0.00	$0.00

Total time spent in each program:
(For use by agencies **without** daily record of program time for entire invoice period)

	Percentage of time worked in Program	Salary	Benefits
Program A	0.0%	$0.00	$0.00
Program B	0.0%	$0.00	$0.00
Program C	0.0%	$0.00	$0.00
Program D	0.0%	$0.00	$0.00
Program E	0.0%	$0.00	$0.00
Program F	0.0%	$0.00	$0.00
	0.0%	$0.00	$0.00

Staffing Standards for California Children's Services (Historical Document)

I. Background

In 1992 a mandate to develop staffing standards for county CCS programs was given to a committee of independent CCS county representatives to comply with AB 948, Chapter in 1991 in the Health and Safety Code, Section 123955. The staffing standards and the rationale for their development is contained in the document below. The staffing standards developed by the committee in 1992 have been modified for FY 2000-01 by incorporating the CCS Enhanced Budget staffing requirement into the basis staffing standards.

II. Introduction

A mandate was given to a committee of independent county representatives in order to comply with AB 948, specifically the changes in Section 123955 of the Health and Safety Code. The following apply to the committee's mandate:

123955. (a) The state and the counties shall share in the cost of administration of the California Children's Services program at the local level.

(b)(1) The director shall adopt regulations establishing minimum standards for administration, staffing and local implementation of this article subject to reimbursement by the state.

(b)(2) The standards shall allow necessary flexibility in the administration of county programs, taking into account the variability of county needs and resources, and shall be developed and revised jointly with state and county representatives.

The diversity of independent CCS programs in California made this task extremely difficult. There are presently 26 independent county CCS programs with an active caseload ranging from 300 to 68,000 per county. The counties also vary in their organization structure, staff classifications and the duties and responsibilities assigned to a particular classification. This, in turn, is due to the variation in caseload, availability of personnel, and county policy. Finally, recent program changes, such as the legislatively mandated Due Process, will require an as yet undetermined increase in staff. The development of "standards" in the face of such diversity and uncertainty was problematic.

III. A Theoretical Model as Guide

The deliberations of the committee and the rationale for an approach to the mandate can best be illustrated by applying an "open system" model to the CCS program. A system is a set of interdependent parts designed to achieve a goal. An organization, such as a CCS program, is a system. The characteristic features of an open system are inability to always control the influence of the external environment and an incomplete knowledge of the cause/effect relationships of components within the system. Such a system strives to achieve its goal and to remain viable by self-stabilization or homeostasis. This requires the capability to identify dysfunction within the system and the capability to self-correct. The features of this model and components of the CCS system as they relate to

staffing are illustrated in Figure 1, below. The list of activities under process and outcome measures under output is intended for the purpose of illustration only.

The assumption in the model is that there is relationship between staffing (type, numbers), the activities staff perform, and the outcome (actual or desired). Therefore, the monitoring of outcomes and the review of activities needed to achieve the desired outcome is essential for re-defining the type of staffing and the numbers needed. The open-system model requires that this be a continuous process rather than a one-time formulation of standards. It is a process that continuously monitors its outcome (selected outcome measures are suggested above) and adjusts its staffing and/or activities to achieve the desired outcome in the most efficient manner. Thus, "minimal" standards in this model are those demonstrated to be most cost-effective for goal realization.

IV. Methodology

The subcommittee approached its task by first reviewing the program's rapidly changing environment and the effect of these changes on staffing needs. Examples of major changes considered included: the increasing complexity of medical technology and the fiscal and regulatory changes affecting program operations. The subcommittee also considered the market variation from county to county in a number of areas: caseload; local availability of funds and personnel; and the duties and responsibilities of personnel within a given category.

After considering these constraints, the subcommittee developed a two-pronged approach. The first was to define certain general principles that were to be uniformly applicable. The second was to develop numerical staffing profiles, which incorporated provisions for flexibility. The development of staffing profiles was more difficult and complicated and the methodology/rationale is presented here in more detail.

The Southern California independent counties had begun, several years earlier, to identify staffing needs for optimum case management. By correlating selected outcome measure with number/type of staff required to achieve these measures, staffing ratios (prorated per 1000 active cases) were developed. It was assumed that these ratios could be applied to most counties except those fewer than 1000 and over 10,000. The initial focus of this committee was to revise these ratios and they were revised upward, more on belief than documented fact, to the point that questions were being raised about their being realistic. A survey was, therefore, undertaken to compare current FTEs with FTEs generated by the Southern California and the committee ratios. A fourth category was added - the county estimate of its staffing needs.

V. Results of the Survey

The timeline for a response was short and 20 counties completed the survey forms (11 from Northern California and 9 from Southern California). The data are tabulated in Figure 2 (see page 10-16).

A. Total FTEs in the four categories (current staffing, county estimate of need, FTEs generated by Southern California and the committee ratios) were compared:

1. County estimates were higher than current staffing, but reasonably so.

2. County estimates of FTEs needed correlated most closely with FTEs generated by the Southern California ratios; the correlation was best in counties with an active caseload of 1355-2100; it was less for counties with smaller and larger caseloads. This appears to invalidate the assumption about the broader applicability of the Southern California ratio.

3. FTEs based on committee ratios were higher than FTEs in the other categories. There was a 40 - 400 percent increase over current FTEs.

4. These findings, crude as they were, led to the conclusion that county **estimates of staffing needs** would be the most logical basis for this initial iteration of numerical standards.

B. Caseload

The committee had agreed earlier that **active cases** did not reflect true workload and recommended the use of caseload (or workload) figures, to be defined as follows: "an unduplicated count of the clients and applicants with at least one contact or service during the fiscal year." Because counties were not counting cases in this manner, an interim measure of workload was agreed upon: "open caseload at the beginning of a fiscal year plus all referrals during the same fiscal year."

The survey requested numbers on active cases as well as referrals. However, the figures on the latter were unreliable because many were estimates only or included duplicate counts. Thirteen of the 20 responses were considered to have accurate referral counts and the ratio or referrals to active cases was found to be as follows: range - 0.49 to 1.23; mean - 0.58; median - 0.61; and mode - 0.50, 0.71. These figures suggest that, when the extremes are excluded, the ratio is fairly consistent for most of the counties and active cases can be used in this iteration of the standards as proxy for the caseload. However, in subsequent iterations, caseload, as defined above, is to be used in developing staffing profiles.

C. Staffing Profiles

The committee then focused on identifying patterns in the "county estimates" of FTEs needed. This was done by comparing the following data - range, mean, median, and mode for the various personnel classes. Initially, three profiles or staffing patterns were developed, based on three groupings of counties by caseload.

However, this did not provide sufficient discrimination, particularly for counties with active caseloads over 2600. The committee finally defined the following groups by active caseload:

Group 1:	350-550	**Group 5:**	3,215-3,306
Group 2:	874-951	**Group 6:**	5,926-6,882

Group 3:	1,355-1,792	**Group 7:**	55,000
Group 4:	2,100-2,600		

Again, the range, mean, median and mode were calculated for each group and "profiles" were developed for all but Groups 2, 4, and 7. Groups 2 and 4 were Intermediate and group 7 was in a class by itself.

The profiles are presented in Figure 3 (see page 10-17). The committee recognizes the limitation of this study - the very small sample size, particularly when further divided into groups, hence lack of statistical significance. However, there was a pattern to the profiles, and the figures showed considerable consistency and incremental change with the increase in caseload. The only exception was the lack of a pattern for the technical and clerical staff in groups 5 and 6. The larger counties, represented by groups 5 and 6, have a more highly specialized staff with more classification levels within each category. It is believed that, as a result, there is less distinction between the technical and clerical staff and the functions they perform, hence the lack of the pattern that was seen in the smaller counties. For this reason, these two categories are, for groups 6 and 7, combined. In spite of all the inherent drawbacks noted, it is believed that these figures are a logical and reasonable starting point for "standards" for the administration of an open-system program.

VI. Staffing Standards

A. Composition of Staff

The diversity of personnel essential for CCS case management and program operations today is reflected in the requirements specified below. In the application of these qualitative standards, it is essential to keep in mind that, particularly in small counties, an individual may function in several staff categories while in larger counties a more highly specialized staffing is to be expected.

The type of staff shall include, at minimum, the following:

1. A person who has overall responsibility for the direction and operation of the program.

2. A person who has overall responsibility for the day-to-day operation of the program (e.g., budgeting, personnel management, fiscal and claims management, etc.).

3. A physician who has experience and/or interest in health care services to children with complex disabilities shall be available to provide the following services: determine medical eligibility and medical benefits, participate as team member in the case management of complex cases; assist with the preparation of Notices of Action and responses to appeals and Fair Hearing requests; assist with by-report fee determinations;

estimate the cost of care for selected cases; and to assist with other program activities requiring medical input, as needed The physician may delegate certain functions to a nurse or other health professional, however, direct and on-site consultations well as availability by telephone must be maintained.

4. A nurse (RN or PHN) to provide the following services: determine medical eligibility and/or medical benefits under the overall direction of the physician; determine nursing benefits and related medical supplies; participate in the management of complex cases; and assist, as needed, with other program activities requiring medical input.

5. A physical therapist from the MTU staff to provide services for patients in the general CCS program (i.e., outside the MTU program) such as: determine, under the overall direction of the physician, medical eligibility for the MTU and for inpatient/outpatient rehabilitation; determine DME benefits; participate in the case management of complex cases; and provide consultation to case management staff, as needed.

6. The potential contribution of the MSW professional with a medical background to the case management of CCS clients is well recognized. Due to the selectivity of cases requiring their services, there shall be an MSW in counties with a caseload of 2000 or greater (1300 active cases or more) to perform the following functions: provide direct social work intervention to selected cases; participate in the case management of complex cases; identify community resources; serve as liaison to and provide coordination with referring hospitals, centers, and community agencies; provide consultation to CCS staff as needed.

7. The desirability of a Nutritionist as a member of the health professional team was recognized and such a position may be added (subject to the staffing profile appropriate for the county) but is not required.

8. Account clerks to process claims and determine appropriate payment, as needed.

9. Technical staff to perform non-medical case management functions such as: serve as initial contact with client/family; interpret program to client/family or the provider relative to a specific case; determine financial eligibility/residence; request reports; triage charts to the appropriate health professional, as needed; maintain date files and monitor follow-up; maintain timelines, etc.

10. Clerical staff to provide support to all other program staff. Examples of functions are answering telephone, opening/routing mail, typing, transcribing, photocopying, filing, etc.

B. Staffing Standards (Figure 3)

Staffing profiles, developed as described in IV,C, are the first iteration of the staffing standards, representing the patterns of staffing in county programs

believed to be necessary to carry out the program goals. They are numerical figures for the requisite staff identified in A, above, and are presented in Figure 3 (see page 10-17). The ordering of survey respondents by active caseload produced seven categories. Profiles were developed for four of the groups, with two in intermediate categories and one a special situation due to the extremely large active caseload. These profiles or standards eliminate the extremes in county estimates of staffing needs, specifically inadequate staffing and over staffing. Again, it is worth noting that these profiles or standards are simply the first iteration of a process that requires revision and redesign, as warranted by experience.

VII. Use of "Standards" in FY 1992-93 and Beyond

The need for flexibility and the need to redesign the system on the basis of experience have been stressed throughout this report. To assure that these standards do not violate these basic principles, the following procedures for the use of these standards are outlined.

A. Each county shall submit a budget that is based on the county's estimate of the staff needed to achieve program goals.

B. The state CCS program shall review with each county its proposed county budget and determine the amount of state reimbursement as well as Medi-Cal reimbursement. The review shall include compliance with required staff composition, as outlined in VI, A, as well as the numbers of staff in each category (Figure 3).

C. In determining compliance with the appropriate profile (Figure 3), the following unique circumstances of the county need to be considered:

1. The availability of personnel in the county and other unique circumstances.

2. The allocation of tasks among personnel (these may vary, for good reason, from the profile or standard).

3. Counties that, by virtue of an active caseload, fall into the Intermediate groups, (Groups 2 and 4), may have their budgets evaluated on the basis of the standards for the preceding or succeeding group, as indicated. For example, the midpoint of the active caseload of Group 2 is 912. Counties with an active caseload of 912 or less may be assessed on the staffing standards of Group 1; those with an active caseload higher than 912, may be assessed on the standards of Group 3. However, in keeping with flexibility criterion, judgment and local circumstances are to take precedence in borderline situations, particularly during this initial, learning stage of implementation of the standards.

4. In **all groups** the budget review is to take into consideration the findings of the latest program review with necessary adjustments to be made, as indicated.

D. The committee strongly urges that the state Medicaid plan include a provision for CCS reimbursement under the Federal Funding Participation program. The reimbursement is to be based on the number of Medi-Cal beneficiaries served by CCS and also on county staffing in accordance with these standards. The reimbursement for case management requires an accurate count of Medi-Cal beneficiaries, hence state CCS needs to implement, as quickly as possible, the proposal submitted by another county committee for such a count. Eligibility of a county for FFP on the basis of these staffing standards will also be assessed in the budget review process.

E. These standards are to be reassessed within the next two (2) years. For the next iteration, it is essential that the following procedures be in place:

1. Reporting to the state by counties include caseload, (as defined in IV, B) and subsequent staffing profiles be based on caseload rather than active cases.

2. The reassessment and redesign of the program requires that staffing be considered not in isolation but in relationship to all three components of the system. The next staffing profiles are to be based on such a redesign. This requires the identification of key outcome measure and use of these outcome measures to modify staffing and/or activities.

Figure 2: County Estimates of FTEs Required (Type and Number of Staff)

County	Active Cases	Referrals	MD	Nurse	Other Health Prof	Admin	Admin Sec	Asst Admin	Assoc/ Tech Support	Account Staff	Clerks *	Total	Comments
1	340	220	0.1	0.5	0	1.0	0	0	0	1.0	1.0	3.6	
2	340	240	0.15	0.5	0.06	0.75	0	0	1.0	0.6	1.0	4.06	
3	529	264	0.25	0.5	0	0.40	0.1	0	3.0	1.0	1.0	5.6	
4	550	275+	0.05	1.0	0	1.0	0	0	1.0	0.5	0.5	4.05	
5	874	471	0.1	0.1	0	1.0	0	0	2.0	1.0	1.0	5.2	Automated
6	951	996	0.4	1.5	0.4	1.0	0	0	3.5	1.0	3.0	11.0	Partly Automated
7	1,355	1020	0.4	1.0	0.6	1.0	0.25	0	4.0	2.0	2.0	11.0	
8	1,377	1698	0.3	3.0	0	1.0	0	0	3.0	2.0	5.5	15.05	Nurse count includes traditional PHN services to CCS patients
9	1,586	914	0.25	2.0	0.75	0.25	0	0	4.0	3.0	2.0	12.25	
10	1,591	1400	0.75	1.0	1.0	1.0	0	0	3.0	2.0	2.0	10.75	
11	1,792	892	0.30	2.0	0.37	0.6	0	1.0	4.0	2.0	1.0	11.27	Automated
12	2,100	1128	0.50	1.0	2.0	1.0	0	0	6.0	1.5	3.5	15.50	
13	2,600	2100	0.80	1.0	1.0	1.0	0	0	5.0	2.5	5.0	16.30	
14	3,215	1977	0.50	2.0	0.3	1.0	0	0	8.0	3.0	1.0	15.8	Partly Automated
15	3,277	2623	1.0	4.0	1.5	1.0	0	0	10.0	2.0	9.0	28.5	
16	3,306	2394	1.0	3.6	1.15	1.0	1.0	1.0	8.0	3.0	4.0	23.75	
17	5,926	5898	1.0	7.0	2.0	1.0	1.0	1.4	14.0	15.0	19.4	61.80	
18	6,118	3014	1.0	4.0	1.5	1.0	1.0	0.5	4.5	3.0	18.0	34.50	
19	6,882	6032	1.0	6.0	2.25	1.0	1.0	1.0	16.0	4.3	3.0	32.25	Automated
20	68,061	46005	5.0	29.0	25	1.0	1.0	1.0	38.5	9.5	143.0	253.00	Automated

* Please Note: MTU clerical staff have been excluded from these figures.

Prepared 1992

Figure 3: County Staffing Profiles (Number of Staff by Personnel Class and Active Cases)

	Personnel [A]									
Active Cases	**MD**	**Nurse**	**Other Health Prof [B]**	**Adm**	**Asst Admin**	**Admin Sec**	**Account Clerks**	**Tech Staff**	**Clerks [C]**	**Total**
Group 1: 340-550 (N=4)	0.1-0.15	0.5	0	1.0	0	0	1	1	1	4.6-4.65
Group 2: 874-951 (N=2)	**Intermediate**									
Group 3: 1,335-1,792 (N=5)	0.3	1.0-2.0	0.5	1.0	0	0	2	4	2	10.8-11.8
Group 4: 2,100-2,000 (N=2)	**Intermediate**									
Group 5: 3,215-3,306 (N=3)	1.0	3.5	1.5	1.0	0.	0	3	8	4	22
Group 6: 5,926-6,882 (N=3)	1.0	6.0	2.0	1.0	1.0	1.0	4	32 [D]		48
Group 7: 55,000 (N=1) [C]	3.0	26.0	11.0	**Special Situation** 1.0	3.0	2.0	9	117.4		172.4

a. Numbers are derived primarily from median, mode data.

b. RPT, MSW, Nutritionist (please refer to V/A, staff composition).

c. Figures do not include clerical staff for the MTU program.

d. No meaningful pattern.

e. Figures were developed specifically for this county by making additions, based on needs identified in a program review, to existing staff.

The Staffing Matrix and Funding of the Child Health and Disability Prevention Program (Historical Document)

I. Background

With the transition of the CHDP program to the CHDP Gateway in FY 2002-03, the funding of the local CHDP administrative programs needed to shift correspondingly from expenditures of state-only general funds to those matched through federal participation.

The State convened a workgroup of local CHDP program and state staff in December 2002 to develop a methodology for funding that would be caseload driven and responsive to the fluctuations in target populations and administrative responsibilities. The workgroup analyzed the basic required activities of the CHDP program to assure that Medi-Cal eligible children and youth have an effective access to healthcare resources. Critical functions include seeking out and informing eligible populations about the benefits of prevention and the health care resources available for early and periodic assessments and assuring diagnosis and treatment for any health conditions found as a result of a health assessment through a qualified provider network. Staffing guidelines evolved for these basic program activities using target population, health assessments, and provider data. A statewide survey portrayed the extensive coordination and collaboration among public health department programs and community agencies such as the Women, Infants, and Children (WIC) programs, the Maternal and Child Health programs, Childhood Lead Poisoning Prevention programs, public and private schools, and Head Start and state preschools.

II. Program Activities- Staffing Factors and Methodology

Program activities became the foundational factors in the development of a staffing methodology in which program management and program support were configured.

Staffing methodologies are summarized for Program Activities, Program Management, and Program Support in the following sections.

Informing/Linking — Children and their families and caregivers need information about the kind and location of services available to them and the processes for navigating successfully in the health care delivery system, including that of the CHDP Gateway. This information is provided through a variety of methods and locations with individuals and groups and with an expected outcome that eligible populations are provided periodic health assessments.

There are two broad classifications of staff involved in these activities. One is ancillary staff who are paraprofessionals possessing higher levels of knowledge and problem solving capabilities and the other is health professional staff such as dental staff, health educators, nutritionists, physicians, and public health nurses. - Ancillary staff is designated as the index level of staff for the completion of Informing and Linking activities. The determination of the FTE for informing and linking requires knowledge of the estimated total CHDP target population.

Care Coordination — Care coordination activities assure that children with the identified conditions are provided the necessary diagnosis and treatment. These

conditions may vary from simple and routine areas of follow-up for vision and dental problems to those that require specialty medical and mental health services-The expected outcome is that children's health needs are addressed in a timely way so that potentially disabling and chronic conditions are prevented. This outcome is obtained through the use of qualified available resources for referral, assisting with scheduling and arranging transportation to appointments. The PHN is designated the index classification for Care Coordination. Other staff, namely ancillary and health professional staff is also active in care coordination activities.

The determination of the FTE for the PHN, Ancillary and Health Professional staff requires knowledge of the total number of health assessments or health screens completed for the designated fiscal year, the number of health assessments completed for Medi-Cal Managed Care Plan members and the percent of health assessments or screens that require follow up.

Provider Orientation And Training — CHDP providers are the critical element in California's ability to meet early and periodic screening requirements for Medi-Cal eligible children and youth. Local CHDP program staff assure that participating providers understand the screening and reporting requirements of the CHDP program including the components of a comprehensive health assessment, the importance of comprehensive care and the role of the CHDP program in assisting with care coordination and complex billing problems. A qualified provider network is achieved and maintained through ongoing communication and training found at the local program level.

The PHN is designated the index classification for Provider Orientation and Training. The PHN possesses professional education and training qualifications that allow for the PHN to follow up with the health care provider along with the array of other health professionals such as dental staff, health educator, nutritionist, and physician, when they are available. The determination of the FTE for the PHN and Health Professional staff requires knowledge of the total number of active CHDP providers in the local program area.

Liaison — As required by EPSDT, local CHDP programs have cooperative and collaborative agreements with multiple agencies and organizations that share an interest in healthy children and youth. These agreements outline basic areas of responsibility and reinforce consistent messages about the importance of comprehensive coordinated services. Duplicative services are avoided. Through leadership and coordination, local CHDP programs maintain an infrastructure for preventative health care services for children and youth. The health professional inclusive of the PHN is the designated classification for Liaison. The health professional possesses professional education and training qualifications that allow for the purpose of the program to be interpreted and shared with multiple agencies.

The determination of the FTE for the health professional staff as Liaison requires knowledge of the type of Medi-Cal managed care in the local program area, the local public health department programs and the other community and school programs.

III. Program Management - Staffing Factors and Methodology

The Program Activities and staff of Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison are under the leadership and supervision of Program Management. Program Management involves staff that has overall responsibility for the direction and operation of the program in a leadership role. Program Management staff includes Information Technology staff who are responsible for developing and maintaining management information.

The determination of the FTE for the Program Management staff requires knowledge of the total FTEs in the areas of Program Activity.

IV. Program Support -Staffing Factors and Methodology

The Program Management staff and Program Activities staff clerical support in the performance of their responsibilities. The determination of the FTE for clerical staff requires knowledge of the total FTEs in Program Activity and Program Management.

V. Use of Staffing Factors and Methodology in 2003-04 and Beyond

The staffing factors and methodology were designed to be dynamic with caseload growth in mind. Beginning in FY 2003-04, County/City Local Programs prepared their CHDP No County/City Match budgets using the staffing factors and staffing methodology as outlined.

The CMS Branch has recognized that this methodology will require monitoring and evaluation to assure that the methodology meets the expectations for a dynamic program responsive to shifts in population caseload and available resources.

Legislation, Regulations, and Guidelines for CCS

a. Federal enabling legislation establishing the provisions and funding related to children with special health care needs.

Reference: Title V, Part II of the Social Security Act.

b. State enabling legislation of the CCS program.

Reference: Health and Safety Code, Sections 123800 through 123995.

c. CCS program regulations that implement, interpret, or make specific the enabling legislation.

Reference: California Code of Regulations (CCR), Title 22, Sections 41508 through 42801.

d. Medi-Cal laws pertaining to managed care plan contracts and prior authorization of services by the director as it related to children with conditions eligible under the CCS program.

Reference: Welfare and Institutions Code, Sections 14093, 14093.05, 14094, 14094.1, 14094.2, 14094.3, 14093.05, and 14103.8.

e. Medi-Cal regulations pertaining to the referral of beneficiaries with a medical or surgical condition which would qualify for services under CCS.

Reference: CCR, Title 22, Section 51013.

f. Department of Education laws pertaining to School Therapy Services as it relates to children with conditions eligible under the CCS program.

Reference: Government Code, Sections 7570, 7571, 7572, 7572.5, 7573, 7575, and 7582.

g. Other state laws which impact many CCS families that may be helpful in the CCS case management process:

1. Immunization reactions

   Reference: Health and Safety Code, Section 120455.

2. Ventilator-dependent children in foster family homes

   Reference: Health and Safety Code, Section 1507.5.

h. Current interpretative releases by State Department of Health Services, CCS program.

1. Numbered Letters for communicating policies and procedures.

2. Non-numbered letters for transmitting information.

Selected State Laws Relating to CCS

The following are selected sections of California laws relating to CCS. These sections have been extracted from California's Health and Safety Code, Government Code, Insurance Code, and Welfare and Institutions Code. For more current and complete information on State laws, please visit the Legislative Counsel of California's website at www.leginfo.ca.gov/calaw.html.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CCS Manual of Procedures or CCS Numbered Letters.

Health and Safety Code Section

120455. Immunization Reactions; liability for act or omission in administration of immunizing agent to minor

No person shall be liable for any injury caused by an act or omission in the administration of a vaccine or other immunizing agent to a minor, including the residual effects of the vaccine or immunizing agent, if the immunization is either required by state law, or given as part of an outreach program pursuant to Article 2 (commencing with Section 3395) of Chapter 7 of Division 4, and the act or omission does not constitute willful misconduct or gross negligence.

123800. Title of act

This article shall be known and may be cited as the Robert W. Crown California Children's Services Act.

123805. Services for physically defective or handicapped minors; powers and duties of department

The department shall establish and administer a program of services for physically defective or handicapped persons under the age of 21 years, in cooperation with the federal government through its appropriate agency or instrumentality, for the purpose of developing, extending and improving the services. The department shall receive all funds made available to it by the federal government, the state, and its political subdivisions or from other sources. The department shall have power to supervise those services included in the state plan that are not directly administered by the state. The department shall cooperate with the medical, health, nursing and welfare groups and organizations concerned with the program, and any agency of the state charged with the administration of laws providing for vocational rehabilitation of physically handicapped children.

The reference to "the age of 21 years" in this section is unaffected by Section 1 of Chapter 1748 of the Statutes of 1971 or any other provision of that chapter.

123810. Transfer of duties, purposes, responsibilities and jurisdiction

The department succeeds to and is vested with the duties, purposes, responsibilities, and jurisdiction heretofore exercised by the State Department of Benefit Payments with respect to moneys, funds, and appropriations available to the department for the purposes of processing, audit, and payment of claims received for the purposes of this article.

123815. Possession and control of records, equipment and supplies

The department shall have possession and control of all records, papers, equipment, and supplies held for the benefit or use of the Director of Benefit Payments in the performance of his duties, powers, purposes, responsibilities, and jurisdiction that are vested in the department by Section 123810.

123820. Transfer of officers and employees

All officers and employees of the Director of Benefit Payments who on July 1, 1978 are serving in the state civil service, other than as temporary employees, and engaged in the performance of a function vested in the department by Section 123810 shall be transferred to the department. The status, positions, and rights of these persons shall not be affected by the transfer and shall be retained by them as officers and employees of the department pursuant to the State Civil Service Act, except as to positions exempt from civil service.

123822. Claims for services; submission to fiscal intermediary; centralized billing system

All claims for services provided under this article shall be submitted to the state fiscal intermediary for payment no later than January 1, 1999. The State Department of Health Services shall work in cooperation with the counties to develop a timeline for implementing the centralized billing system. If a department review of those counties participating in the centralized billing system demonstrates that as of January 1, 2000, any county has incurred increased costs as a result of submitting claims for services to the state fiscal intermediary, that county may be exempt from this section.

123825. Intent

It is the intent of the Legislature through this article to provide, to the extent practicable, for the necessary medical services required by physically handicapped children whose parents are unable to pay for these services, wholly or in part. This article shall also include the necessary services rendered by the program to physically handicapped children treated in public schools that provide services for physically handicapped children.

123830. Handicapped child

"Handicapped child," as used in this article, means a physically defective or handicapped person under the age of 21 years who is in need of services. The director shall establish those conditions coming within a definition of "handicapped child" except as the Legislature may otherwise include in the definition. Phenylketonuria, hyaline membrane disease, cystic fibrosis, and hemophilia shall be among these conditions.

The reference to "the age of 21 years" in this section is unaffected by Section 1 of Chapter 1748 of the Statutes of 1971 or any other provision of that chapter.

123835. Keeping program abreast of advances in medical science; pilot studies

The department shall keep the program abreast of advances in medical science, leading to the inclusion of other handicapping conditions and services within the limits of and consistent with the most beneficial use of funds appropriated for this purpose. With the approval of the agency

administrator the department may carry out pilot studies to determine the need for, or the feasibility of, including other handicapping conditions and services in the program within the limits of available funds appropriated for the program.

123840. Services

"Services," as used in this article, means any or all of the following:

(a) Expert diagnosis

(b) Medical treatment

(c) Surgical treatment

(d) Hospital care

(e) Physical therapy

(f) Occupational therapy

(g) Special treatment

(h) Materials

(i) Appliances and their upkeep, maintenance, care and transportation

(j) Maintenance, transportation, or care incidental to any other form of "services"

123845. California Children's Services program

"California Children's Services program," as used in this article, means the program of services established and operated pursuant to this article.

123850. Designation of agency to administer California Children's Services program; standards of local administration

The board of supervisors of each county shall designate the county department of public health or the county department of social welfare as the designated agency to administer the California Children's Services program. Counties with total population under 200,000 persons may administer the county program independently or jointly with the department. Counties with a total population in excess of 200,000 persons shall administer the county program independently. Except as otherwise provided in this article, the director shall establish standards relating to the local administration and minimum services to be offered by counties in the conduct of the California Children's Services program.

123855. Case finding; consent of parent or guardian

The department or designated county agency shall cooperate with, or arrange through, local public or private agencies and providers of medical care to seek out handicapped children, bringing them expert diagnosis near their homes. Case finding shall include, but not be limited to, children with impaired sense of hearing. This section does not give the department or

designated agency power to require medical or other form of physical examination without consent of parent or guardian.

123860. Diagnosis for handicapped children

In accordance with applicable regulations of the United States Children's Bureau, the department and designated county agencies shall provide a diagnosis for handicapped children. Within the limits of available funds, the department and designated local agencies may accept for diagnosis a handicapped child believed to have a severe chronic disease or severe physical handicap, as determined by the director, irrespective of whether the child actually has an eligible medical condition specified in Section 123830. The department shall cause a record to be kept listing all conditions diagnosed by the program and shall publish the information annually, including data on the number and kinds of diagnosed medical conditions that do not come within the definition of "handicapped child" as specified in Section 123830.

123865. Application for services

Whenever the parents or estate of a handicapped child is wholly or partly unable to furnish for the child necessary services, the parents or guardian may apply to the agency of the county that has been designated by the board of supervisors of the county of residence under the terms of Section 123850 to administer the provisions for handicapped children. Residence shall be determined in accordance with the provisions of Section 243 and 244 of the Government Code.[1]

123870. Standards of financial eligibility; exception for services under the medical therapy program in public schools; fees

a. The department shall establish uniform standards of financial eligibility for treatment services under the California Children's Services (CCS) program.

i. Financial eligibility for treatment services under this program shall be limited to persons in families with an adjusted gross income of forty thousand dollars ($40,000) or less in the most recent tax

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[1]**Government Code, Section 243 and 244:**

243. "Every person has, in law, a residence."

244. "In determining the place of residence the following rules shall be observed:

(a) It is the place where one remains when not called elsewhere for labor or other special or temporary purpose, and to which he or she returns in seasons of repose.

(b) There can only be one residence.

(c) A residence cannot be lost until another is gained.

(d) The residence of the parent with whom an unmarried minor child maintains his or her place of abode is the residence of such unmarried minor child.

(e) The residence of an unmarried minor who has a parent living cannot be changed by his or her own act.

(f) The residence can be changed only by the union of act and intent. A married person shall have the right to retain his or her legal residence in the state of California notwithstanding the legal residence or domicile of his or her spouse."

year, as calculated for California State income tax purposes. If a person is enrolled in the Healthy Families Program (Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code), the financial documentation required for that program in Section 2699.6600 of Title 10 of the California Code of Regulations may be used instead of the person's California State income tax return. However, the director may authorize treatment services for persons in families with higher incomes if the estimated cost of care to the family in one year is expected to exceed 20 percent of the family's adjusted gross income.

ii. Children enrolled in the Healthy Families Program who have a CCS program eligible medical condition under Section 123830, and whose families do not meet the financial eligibility requirement of paragraph (1), shall be deemed financially eligible for CCS program benefits.

b. Necessary medical therapy treatment services under the California Children's Services program rendered in the public schools shall be exempt from financial eligibility standards and enrollment fee requirements for the services when rendered to any handicapped child whose educational or physical development would be impeded without the services.

c. All counties shall use the uniform standards for financial eligibility and enrollment fees established by the department. All enrollment fees shall be used in support of the California Children's Services program.

d. Annually, every family with a child eligible to receive services under this article shall pay a fee of twenty dollars ($20), that shall be in addition to any other program fees for which the family is liable. This assessment shall not apply to any child who is eligible for full scope Medi-Cal benefits without a share of cost, for children receiving therapy through the California Children's Services program as a related service in their individualized education plans, for children from families having incomes of less than 100 percent of the federal poverty level, or for children covered under the Healthy Families Program.

123872. Repayment agreement for treatment services

In addition to the other eligibility requirements set forth in this article, prior to being determined financially eligible for services under this article, the applicant family shall agree to repay the California Children's Services program for any treatment services authorized by the program in an amount not to exceed the proceeds of any judgment, award, or settlement for damages as a result of a lawsuit or pursuant to an agreement relating to a California Children's Services medically eligible condition.

123875. Determination that handicapped child is eligible for therapy by California Children's Services medical therapy unit conference team; disagreement; further justification

When the California Children's Service medical therapy unit conference team, based on a medical referral recommending medically necessary occupational or physical therapy in accordance with subdivision (b) of Section 7575 of the Government Code,[2] finds that a handicapped child, as defined in Section 123830, needs medically necessary occupational or physical therapy, that child shall be determined to be eligible for therapy services. If the California Children's Services medical consultant disagrees with the determination of eligibility by the California Children's Services medical therapy unit conference team, the medical consultant shall communicate with the conference team to ask for further justification of its determination, and shall weigh the conference team's arguments in support of its decision in reaching his or her own determination.

This section shall not change eligibility criteria for the California Children's Services programs as described in Sections 123830 and 123860.

This section shall not apply to children diagnosed as specific learning disabled, unless they otherwise meet the eligibility criteria of the California Children's Services.

123880. Continued eligibility; receipt of treatment services under teaching program

The department and designated agencies shall not deny eligibility or aid under the California Children's Services program because an otherwise eligible person is receiving treatment services under a teaching program at an accredited medical school facility or accredited school or college of pediatric medicine, whether or not all or part of the treatment services are performed by the staff at the facility, school, or college, provided that treatment services at the facility, school or college are under the general supervision of a California Children's Services program panel physician and surgeon, including a family physician, and podiatrist.

123885. Panel members; qualifications

Panel members, as set forth in Section 123880, shall be board-certified and have expertise in the care of children.

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[2]**Government Code, Section 7575(b):**

(b) The department shall determine whether a California Children's Services eligible pupil, or a pupil with a private medical referral needs medically necessary occupational therapy or physical therapy. A medical referral shall be based on a written report from a licensed physician and surgeon who has examined the pupil. The written report shall include the following:

(1) The diagnosed neuromuscular, musculoskeletal, or physical handicapping condition prompting the referral.

(2) The referring physician's treatment goals and objectives.

(3) The basis for determining the recommended treatment goals and objectives, including how these will ameliorate or improve the pupil's diagnosed condition.

(4) The relationship of the medical disability to the pupil's need for special education and related services.

(5) Relevant medical records.

123890. Burn victims; treatment in hospital without separate facilities for children

(a) The state department shall not deny a hospital's request to provide treatment to burn victims who are eligible under the California Children's Services program solely on the basis that the hospital does not have separate facilities for child and adult burn victims, provided that the hospital has approval from the department to operate a burn center pursuant to Section 1255.

(b) Subdivision (a) shall only be applied to burn units located in hospitals where there are no regional burn centers, or any other existing burn center, within an 85-mile radius of the hospital.

(c) Subdivision (a) shall only apply if the hospital seeking the exemption has a state-approved burn center in operation as of January 1, 1982, and if there is no hospital specializing in children's services within an 85-mile radius of the hospital seeking the subdivision (a) exemption.

(d) Hospitals having qualified and received a subdivision (a) exemption, shall demonstrate, at the request of the department, that the nursing staff providing burn care to children victims have satisfactorily completed post-graduate training in pediatrics.

123895. Determination of eligibility; certification for care

The designated agency shall determine the financial eligibility of the family according to standards established by the department. The agency will also determine if the parents are residents of the county, if the guardian of the child is a resident of the county, or if the emancipated minor is a resident of the county where application for services is made. If the agency finds that the family, guardian, or emancipated minor is a resident of the county and financially eligible for services, it shall make a record of the facts and shall certify this child for care under the program.

123900. Annual enrollment fee; exemptions; one time start up fee; accounting

(a) Beginning September 1, 1991, in addition to any other standards of eligibility pursuant to this article, each family with a child otherwise eligible to receive services under this article shall pay an annual enrollment fee as a requirement for eligibility for services, except as specified in subdivision (f).

(b) The department shall determine the annual enrollment fee, that shall be a sliding fee scale based upon family size and income, and shall be adjusted by the department to reflect changes in the federal poverty level.

(c) "Family size" shall include the child, his or her natural or adoptive parents, siblings, and other family members who live together and whose expenses are dependent upon the family income.

(d) "Family income" for purposes of this article, shall include the total gross income, or their equivalents, of the child and his or her natural or adoptive parents.

(e) Payment of the enrollment fee is a condition of program participation. The enrollment fee is independent of any other financial obligation to the program.

(f) The enrollment fee shall not be charged in any of the following cases:

(1) The only services required are for diagnosis to determine eligibility for services, or are for medically necessary therapy pursuant to Section 123875.

(2) The child is otherwise eligible to receive services and is eligible for full Medi-Cal benefits at the time of application or reapplication.

(3) The family of the child otherwise eligible to receive services under this article has a gross annual income of less than 200 percent of the federal poverty level.

(4) The family of a child otherwise eligible to receive services under this article who is enrolled in the Healthy Families Program (Part 6.2 [commencing with Section 12693] of Division 2 of the Insurance Code).

(g) Failure to pay or to arrange for payment of the enrollment fee within 60 days of the due date shall result in disenrollment and ineligibility for coverage of treatment services 60 days after the due date of the required payment.

(h) The county shall apply the enrollment fee scale established by the department and shall collect the enrollment fee. The county may arrange with the family for periodic payment during the year if a lump-sum payment will be a hardship for the family. The agency director of California Children's Services may, on a case-by-case basis, waive or reduce the amount of a family's enrollment fee if, in the director's judgment, payment of the fee will result in undue hardship.

(i) By thirty days after the effective date of this section or August 1, 1991, whichever is later, the department shall advance to each county, as a one-time startup amount, five dollars and fifty cents ($5.50) for each county child who was receiving services under this article on June 30, 1990, and who was not a Medi-Cal beneficiary. This one-time payment shall be in addition to the 4.1 percent of the gross total expenditures for diagnoses, treatment, and therapy by counties allowed under subdivision (c) of Section 123955.

(j) Each county shall submit to the state, as part of its quarterly claim reimbursement, an accounting of all revenues due and revenues collected as enrollment fees.

123905. Certification of eligibility; authorization and payment for services; reimbursement

A county of under 200,000 population, administering its county program jointly with the department, shall forward to the department a statement certifying the family of the handicapped child as financially eligible for treatment services. The department shall authorize necessary services within the limits of available funds. The department shall make payment for services, with reimbursement from the county for its proportionate share as specified in this article.

123910. Payment for services without certification; furnishing services; gifts and legacies

The department may, without the possession of a county certification, pay the expenses for services required by any physically handicapped child out of any funds received by it through gift, devise, or bequest or from private, state, federal, or other grant or source.

The department may authorize or contract with any person or institution properly qualified to furnish services to handicapped children. It may pay for services out of any funds appropriated for the purpose or from funds it may receive by gift, devise, or bequest.

The department may receive gifts, legacies, and bequests and expend them for the purpose of this article, but not for administrative expense.

123915. Direct arrangement for services; agreements with parents for payment of enrollment fee

When the department provides, or arranges for the provision of, services to physically handicapped children directly, as in the case of nonresident physically handicapped children, it shall enter into an agreement with parents, guardians or persons responsible for the care of handicapped children for payment of the enrollment fee.

123920. Payment of services for non-resident children; special grants or allotments for costs

Upon the request of another state or of a federal agency, the department may pay the expenses of services required by any physically handicapped child who is not a resident of the state; provided, that the cost the such services is fully covered by special grants or allotments received from the state or federal agency for that purpose.

123925. Supervision over services; records

The department and designated agencies shall maintain surveillance and supervision over the services provided handicapped children under authorization by the program to assure a high quality of service and shall cause a record to be kept showing the condition and improvement of these handicapped children.

123930. Consent of parent or guardian; exception

This article does not authorize any treatment service without the written consent of a parent or guardian except as a person under 18 years of age is an emancipated minor.

123935. Effect of mental retardation

A handicapped child shall not be denied services pursuant to this article because he or she is mentally retarded.

123940. County appropriations and expenditures; state matching

(a)

(1) Annually, the board of supervisors shall appropriate a sum of money for services for handicapped children of the county, including diagnosis, treatment, and therapy services for physically handicapped children in public schools, equal to 25 percent of the actual expenditures for the county program under this article for the 1990-1991 fiscal year, except as specified in paragraph (2).

(2) If the state certifies that a smaller amount is needed in order for the county to pay 25 percent of costs of the county's program from this source. The smaller amount certified by the state shall be the amount that the county shall appropriate.

(b) In addition to the amount required by subdivision (a), the county shall allocate an amount equal to the amount determined pursuant to subdivision (a) for purposes of this article from revenues allocated to the county pursuant to Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code.

(c)

(1) The state shall match county expenditures for this article from funding provided pursuant to subdivisions (a) and (b).

(2) County expenditures shall be waived for payment of services for children who are eligible pursuant to paragraph (2) of subdivision (a) of Section 123870.

(d) The county may appropriate and expend moneys in addition to those set forth in subdivisions (a) and (b) and the state shall match the expenditures, on a dollar-for-dollar basis, to the extent that state funds are available for this article.

(e) Nothing in this section shall require the county to expend more than the amount set forth in subdivision (a) plus the amount set forth in subdivision (b) nor shall it require the state to expend more than the amount of the match set forth in subdivision (c).

123945. State emergency aid

For those counties with a total appropriation of county funds not exceeding one hundred and twenty-five thousand dollars ($125,000) and upon the expenditure of the county funds equivalent to a county appropriation pursuant to Section 123940, the department may, to the extent funds are available from state appropriated funds for the California Children's Services program and upon certification of the county that there are insufficient revenues from the account established pursuant to Chapter 6 (commencing with Section 17600) of Division 9 of the Welfare and Institutions Code, pay for services for cases deemed by the department to represent emergencies or cases where medical care cannot be delayed without great harm to the child.

123950. Administration of medical-therapy program; cost; standards; regulations

The designated county agency shall administer the medical-therapy program in local public schools for physically handicapped children. As provided in Section 123940, the state and

counties will share in the cost of support of therapist salaries in these schools in the ratio of one dollar ($1) of state or federal funds reimbursed quarterly to one dollar ($1) of county funds. The director shall establish standards for the maximum number of therapists employed in the schools eligible for state financial support in this program, the services to be provided, and the county administrative services subject to reimbursement by the state.

The department may adopt regulations to implement this section as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of the Administrative Procedure Act, the adoption of the regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, and general welfare. Not withstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, these emergency regulations shall not be subject to the review and approval of the Office of Administrative Law.

Notwithstanding any other provision of law, if the department determines that emergency regulations are necessary to implement any part of this article, there shall be deemed to be good cause for the regulations to take effect prior to public notice and hearing.

Notwithstanding subdivision (h) of Section 11346.1 and Section 11349.6 of the Government Code, the department shall transmit these regulations directly to the Secretary of State for filing. The regulations shall become effective immediately upon filing by the Secretary of State.

The Office of Administrative Law shall provide for the printing and publication of these regulations in the California Code of Regulations. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, these regulations shall not be repealed by the Office of Administrative Law and shall remain in effect until revised or repealed by the department.

123955. California Children's Services program; sharing costs; standards

(a) The state and the counties shall share in the cost of administration of the California Children's Services program at the local level.

(b)

(1) The director shall adopt regulations establishing minimum standards for the administration, staffing, and local implementation of this article subject to reimbursement by the state.

(2) The standards shall allow necessary flexibility in the administration of county programs, taking into account the variability of county needs and resources, and shall be developed and revised jointly with state and county representatives.

(c) The director shall establish minimum standards for administration, staffing and local operation of the program subject to reimbursement by the state.

(d) Until July 1, 1992, reimbursable administrative costs, to be paid by the state to counties, shall not exceed 4.1 percent of the gross total expenditures for diagnosis, treatment and therapy by counties as specified in Section 123940.

(e) Beginning July 1, 1992, this subdivision shall apply with respect to all of the following:

(1) Counties shall be reimbursed by the state for 50 percent of the amount required to meet state administrative standards for that portion of the county caseload under this article that is ineligible for Medi-Cal to the extent funds are available in the state budget for the California Children's Services program.

(2) On or before September 15 of each year, each county program implementing this article shall submit an application for the subsequent fiscal year that provides information as required by the state to determine if the county administrative staff and budget meet state standards.

(3) The state shall determine the maximum amount of state funds available for each county from state funds appropriated for CCS county administration. If the amount appropriated for any fiscal year in the Budget Act for county administration under this article differs from the amounts approved by the department, each county shall submit a revised application in a form and at the time specified by the department.

(f) The department and counties shall maximize the use of federal funds for administration, of the programs implemented pursuant to this article, including using state and county funds to match funds claimable under Title 19 of the Social Security Act.

123960. Program data; purposes

The department shall require of participating local governments the provision of program data including, but not limited to, the number of children treated, the kinds of disabilities, and the costs of treatment, to enable the department, the Department of Finance, and the Legislature to evaluate in a timely fashion and to adequately fund the California Children's Services program.

123965. Placement of handicapped children for adoption; entitlement to services

A handicapped child placed for adoption, determined to be financially eligible for care at the time of placement, shall not be denied services pursuant to this article based upon the income of the adopting parents, nor shall the adopting parents be required to enter into any agreement to pay toward the costs of services authorized for the care. This section shall only apply to physical handicaps present, and diagnosed, at the time of adoption. Residence, for the purposes of this section, shall be that of the adopting parents.

123970. Notification of prospective adopting parents; termination of program funds

The department and the placing adoption agency at the time of placement shall notify all prospective adopting parents in writing, that funds received under the California Children's Services program shall terminate if the adopting parents move out of the state. However, the department and the placing adoption agency shall advise the prospective adopting parents that they may be eligible for the funds in the new state, subject to any applicable qualifications.

123975. Screening newborn infants for deafness; follow up and assessment

(a) The department, in consultation with selected representatives of participating neonatal intensive care units, shall establish a system to screen newborn infants at high risk for deafness and create and maintain a system of follow up and assessment for infants identified by such screening in neonatal intensive care units participating in the California Children's Services program.

This section shall not be applicable to a newborn child whose parent or guardian objects to the tests on the ground that the tests conflict with his or her religious beliefs or practices.

(b) It is the intent of the Legislature, in enacting this section, to ensure the establishment and maintenance of protocols and quality of standards.

(c) The department shall implement this section for infants in neonatal intensive care units participating in the California Children's Services program.

123980. Actions against third persons liable for injury; notice

If the recipient of services provided by the California Children's Services program, his or her guardian, conservator, personal representative, estate, or survivors, or any of them brings an action against a third person who may be liable for the injury, notice of institution of legal proceedings, notice of settlement, and all other notices required by this code shall be given to the State Director of Health Services in Sacramento and to the county-managed California Children's Services program. The director may provide notice to the Attorney General. All of these notices shall be given by the attorney retained to assert the beneficiary's claim, or by the injured party beneficiary, his or her guardian, conservator, personal representative, estate, or survivors, if no attorney is retained.

123982. Treatment provided under children's services program; claim against judgment, award or settlement received against third-party; liens

Except as otherwise provided by law, the amount of any judgment, award, or settlement relating to a medical condition for which treatment services have been provided under the California Children's Services program shall be subject to a claim by the state department and the designated county agency for reimbursement of the costs of the benefits provided, and to any lien filed against that judgment, award, or settlement. The department or the county designated agency, through its civil legal adviser, may, to enforce this right, institute and prosecute legal proceedings against the person who has received benefits under this article, his or her guardian, conservator, or other personal representative, or his or her estate. In the event of a judgment, award, or settlement in a suit or claim against a third person who is liable for the medical condition for which treatment services have been provided under the California Children's Services program, the court or other agency shall first order paid from the judgment, award, or settlement the actual costs of the care and treatment furnished, or to be furnished, under the California Children's Services program.

123985. Bone marrow transplant; reimbursement; conditions

(a) A bone marrow transplant for the treatment of cancer shall be reimbursable under this article, when all of the following conditions are met:

(1) The bone marrow transplant is recommended by the recipient's attending physician.

(2) The bone marrow transplant is performed in a hospital that is approved for participation in the California Children's Services program.

(3) The bone marrow transplant is a reasonable course of treatment and is approved by the appropriate hospital medical policy committee.

(4) The bone marrow transplant has been deemed appropriate for the recipient by the program's medical consultant. The medical consultant shall not disapprove the bone marrow transplant solely on the basis that it is classified as experimental or investigational.

(b) The program shall provide reimbursement for both donor and recipient surgery.

(c) Any county that has a population of not more than 600,000, as determined by the most recent decennial census conducted by the United States Bureau of the Census, shall be exempt from complying with the 25-percent matching requirement provided for under this article, for any bone marrow transplant reimbursable under this section.

123990. Adoption of regulations; authority of department

The department shall adopt regulations to implement the amendments of this article in 1991. The adoption of the regulations shall be deemed to be an emergency, and necessary for the immediate preservation of the public peace, health, safety, and general welfare.

123995. Medi-Cal application requirements

(a) The department shall require all applicants to the program who may be eligible for cash grant assistance or for Medi-Cal benefits to apply for Medi-Cal.

(b) This section shall not be interpreted to prohibit the coverage of services in emergency cases.

Government Code Sections (Re: School Therapy Services)

7570. Maximum utilization of resources

Ensuring maximum utilization of all state and federal resources available to provide children and youth disabilities, as defined in subsection (1) of the Section 1401 of Title 20 of the United States Code, with a free appropriate public education, the provision of related services, as defined in Subsection (17) of Section 1401 of Title 20 of the United States Code and designated instruction and services, as defined in Section 56363 of the Education Code, to children and youth with disabilities, shall be the joint responsibility of the Superintendent of Public Instruction and the Secretary of Health and Welfare. The Superintendent of Public Instruction shall ensure that this chapter is carried out through monitoring and supervision.

7571. Assumption of responsibilities; department and county agencies to be designated

The Secretary of Health and Welfare may designate a department of state government to assume the responsibilities described in Section 7570. The secretary, or his or her designee, shall also designate a single agency in each county to coordinate the service responsibilities described in Section 7572.

7572. Assessments; provision of related services or designated instruction and services

(a) A child shall be assessed in all areas related to the suspected disability by those qualified to make a determination of the child's need for the service before any action is taken with respect to the provision of related services or designated instruction and services to a child, including, but not limited to, services in the areas of, occupational therapy, physical therapy, psychotherapy, and other mental health assessments. All assessments required or conducted pursuant to this section shall be governed by the assessment procedures contained in Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of the Education Code.

(b) Occupational therapy and physical therapy assessments shall be conducted by qualified medical personnel as specified in regulations developed by the State Department of Health Services in consultation with the State Department of Education.

(c) Psychotherapy and other mental health assessments shall be conducted by qualified mental health professionals as specified in regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, pursuant to this chapter.

(d) A related service or designated instruction and service shall only be added to the child's individualized education program by the individualized education program team, as described in Part 30 (commencing with Section 56000) of the Education Code, if a formal assessment has been conducted pursuant to this section, and a qualified person conducting the assessment recommended the service in order for the child to benefit from special education. In no case shall the inclusion of necessary related services in a pupil's individualized education plan be contingent upon identifying the funding source. Nothing in this section shall prevent a parent from obtaining an independent assessment in accordance with subdivision (b) of Section 56329 of the Education Code, which shall be considered by the individualized education program team.

(1) Whenever an assessment has been conducted pursuant to subdivision (b) or (c), the recommendation of the person who conducted the assessment shall be reviewed and discussed with the parent and with appropriate members of the individualized education program team prior to the meeting of the individualized education program team. When the proposed recommendation of the person has been discussed with the parent and there is disagreement on the recommendation pertaining to the related service, the parent shall be notified in writing and may require the person who conducted the assessment to attend the individualized education program team meeting to discuss the recommendation. The person who conducted the assessment shall attend the individualized

education program team meeting if requested. Following this discussion and review, the recommendation of the individualized education program team members who are attending on behalf of the local educational agency.

(2) If an independent assessment for the provision of related services or designated instruction and services is submitted to the individualized education program team, review of that assessment shall be conducted by the person specified in subdivisions (b) and (c). The recommendation of the person who reviewed the independent assessment shall be reviewed and discussed with the parent and with appropriate members of the individualized education program team prior to the meeting of the individualized education program team. The parent shall be notified in writing and may request the person who reviewed the independent assessment to attend the individualized education program team meeting to discuss the recommendation. The person who reviewed the independent assessment shall attend the individualized education program team meeting if requested. Following this review and discussion, the recommendation of the person who reviewed the independent assessment shall be the recommendation of the individualized education program team members who are attending on behalf of the local agency.

(3) Any disputes between the parent and team members representing the public agencies regarding a recommendation made in accordance with paragraphs (1) and (2) shall be resolved pursuant to Chapter 5 (commencing with Section 56500) of Part 30 of the Education Code.

(e) Whenever a related service of designated instruction and service specified in subdivision (b) or (c) is to be considered for inclusion in the child's individualized education program, the local education agency shall invite the responsible public agency representative to meet the individualized education program team to determine the need for the service and participate in developing the individualized education program. If the responsible public agency representative cannot meet the individualized education program team, then the representative shall provide written information concerning the need for the service pursuant to subdivision (d). Conference calls, together with written recommendations, are acceptable forms of participation. If the responsible public agency representative will not be available to participate in the individualized education program meeting, the local educational agency shall ensure that a qualified substitute is available to explain and interpret the evaluation pursuant to subdivision (d) of Section 56341 of the Education Code. A copy of the information shall be provided by the responsible public agency to the parents or any adult pupil for whom no guardian or conservator has been appointed.

7573. Special education and related services

The Superintendent of Public Instruction shall ensure that local education agencies provide special education and those related services and designated instruction and services contained in a child's individualized education program that are necessary for the child to benefit educationally from his or her instructional program. Local education agencies shall be responsible only for the provision of those services which are provided by qualified personnel

whose employment standards are covered by the Education Code and implementing regulations.

7575. Occupational therapy and physical therapy

(a)

(1) Notwithstanding any other provision of law, the State Department of Health Services, or any designated local agency administering the California Children's Services, shall be responsible for the provision of medically necessary occupational therapy and physical therapy, as specified by Article 2 (commencing with Section 248) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code, by reason of medical diagnosis and when contained in the child's individualized education program.

(2) Related services or designated instruction and services not deemed to be medically necessary by the State Department of Health Services, which the individualized education program team determines are necessary in order to assist a child to benefit from special education, shall be provided by the local education agency by qualified personnel whose employment standards are covered by the Education Code and implementing regulations.

(b) The department shall determine whether a California Children's Services eligible pupil, or a pupil with a private medical referral needs medically necessary occupational therapy or physical therapy. A medical referral shall be based on a written report from a licensed physician and surgeon who has examined the pupil. The written report shall include the following:

(1) The diagnosed neuromuscular, musculoskeletal, or physical disabling condition prompting the referral.

(2) The referring physician's treatment goals and objectives.

(3) The basis for determining the recommended treatment goals and objectives, including how these will ameliorate or improve the pupil's diagnosed condition.

(4) The relationship of the medical disability to the pupil's need for special education and related services.

(5) Relevant medical records.

(c) The department shall provide the service directly or by contracting with another public agency, qualified individual, or a state-certified nonpublic nonsectarian school or agency.

(d) Local education agencies shall provide necessary space and equipment for the provision of occupational therapy and physical therapy in the most efficient and effective manner.

(e) The department shall also be responsible for providing the services of a home health aide when the local education agency considers a less restrictive placement from home to school for a pupil for whom both of the following conditions exist:

(1) The California Medical Assistance Program provides a life-supporting medical service via a home health agency during the time in which the pupil would be in school or traveling between school and home.

(2) The medical service provided requires that the pupil receive the personal assistance or attention of a nurse, home health aide, parent or guardian, or some other specially trained adult in order to be effectively delivered.

7582. Assessment and therapy treatment services; exemption from financial eligibility standards

Assessment and therapy treatment services provided under programs of the State Department of Health Services or the State Department of Mental Health, or their designated local agencies, rendered to a child referred by a local education agency for an assessment or a handicapped child with an individualized education program, shall be exempt from financial eligibility standards and family repayment requirements for these services when rendered pursuant to this chapter.

Insurance Code (Re: Healthy Families)

"CCS Carve-out related to HF Health Benefits"

12693.62. California Children's Services program; plan responsibility for services to eligible subscribers; referral of children; case management

Notwithstanding any other provision of law, for a subscriber who is determined by the California Children's Services program to be eligible for benefits under the program pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, a participating plan shall not be responsible for the provision of, or payment for, the particular services authorized by the California Children's Services program for the particular subscriber for the treatment of a California Children's Services program eligible medical condition. Participating plans shall refer a child who they reasonably suspect of having a medical condition that is eligible for services under the California Children's Services program to the California Children's Services program. The California Children's Services program shall provide case management and authorization of services if the child is found to be medically eligible for the California Children's Services program. Diagnosis and treatment services that are authorized by the California Children's Services program shall be performed by paneled providers for that program and approved special care centers of that program in accordance with treatment plans approved by the California Children's Services program. All other services provided under the participating plan shall be available to the subscriber.

"CCS Carve-out related to HF Dental Benefits"

12693.64. California Children's Services program; plan responsibility for services to eligible subscribers

Notwithstanding any other provision of law, for a subscriber who is determined by the California Children's Services program to be eligible for benefits under the program pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, a participating plan shall not be responsible for the provision of, or payment for, the particular services authorized by the California Children's Services program for the particular subscriber for the treatment of a California Children's Services program eligible medical condition. All other services provided under the participating plan shall be available to the subscriber.

"CCS Carve-out related to HF Vision Benefits"

12693.66. California Children's Services program; plan responsibility for services to eligible subscribers

Notwithstanding any other provision of law, for a subscriber who is determined by the California Children's Services program to be eligible for benefits under the program pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, a participating plan shall not be responsible for the provision of, or payment for, the particular services authorized by the California Children's Services program for the particular subscriber for the treatment of a California Children's Services program eligible medical condition. All other services provided under the participating plan shall be available to the subscriber.

"CCS County Expenditure Exemption"

12693.69. Child enrolled in Health Families Program; eligibility for services under California Children's Services program

A child enrolled in the Healthy Families Program who has a medical condition that is eligible for services pursuant to the California Children's Services program, and whose family is not financially eligible for the California Children's Services program, shall have the medically necessary treatment services for their California Children's Services program eligible medical condition authorized and paid for by the California Children's Services program. County expenditures for the payment of services for the child shall be waived and these expenditures shall be paid for by the state from Title XXI funds that are applicable and state general funds.

Welfare and Institutions Code (Re: Medi-Cal Managed Care Contract Laws)

14093. Purpose

The purpose of this article is to ensure quality of care and to provide increased access to health care services in the most cost-effective and efficient manner possible, to persons who are eligible to receive medical benefits under publicly supported programs other than Medi-Cal.

14093.05. Establishment of contract; amendment of existing Medi-Cal managed care contracts; agreement to hold beneficiaries of publicly supported programs harmless; managed care contractors serving children; standards of care; report of expenditures and savings; reduction in benefits

(a) The director shall enter into contracts with managed care plans under this chapter and Chapter 8 (commencing with Section 14200), including, but not

limited to, health maintenance organizations, prepaid health plans, and primary care case management plans; counties, primary care providers, independent practice associations, private foundations, children's hospitals, community health centers, rural health centers, community clinics, and university medical center systems, or other entities for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs. The director may also amend existing Medi-Cal managed care contracts to include the provision of medical benefits to persons who are eligible to receive medical benefits under publicly supported programs. Contracts may be on an exclusive or nonexclusive basis.

(b) Contractors pursuant to this article and participating providers acting pursuant to subcontracts with those contractors, shall agree to hold harmless the beneficiaries of the publicly supported programs if the contract between the sponsoring government agency and the contractor does not ensure sufficient funding to cover program benefits.

(c) Any managed care contractor serving children with conditions eligible under the California Children's Services (CCS) program shall maintain and follow standards of care established by the program, including use of paneled providers and CCS-approved special care centers and shall follow treatment plans approved by the program, including specified services and providers of services. If there are insufficient paneled providers willing to enter into contracts with the managed care contractor, the program shall seek to establish new paneled providers willing to contract. If a paneled provider cannot be found, the managed care contractor shall seek program approval to use a specific non-paneled provider with appropriate qualifications.

(d)

(1) Any managed care contractor serving children with conditions eligible under the CCS program shall report expenditures and savings separately for CCS covered services and CCS eligible children.

(2) If the managed care contractor is paid according to a capitated or risk-based payment methodology, there shall be a separate actuarially sound rates for CCS eligible children.

(3) Notwithstanding paragraph (2), a managed care pilot project may, if approval is obtained from the State CCS program director, utilize an alternative rate structure for CCS eligible children.

(e) This article is not intended to and shall not be interpreted to permit any reduction in benefits or eligibility levels under the CCS program. Any medically necessary service not available under the managed care contracts authorized under this article shall remain the responsibility of the state and county.

(f) To assure CCS benefits are provided to enrollees with a CCS eligible condition according to CCS program standards, there shall be oversight by the state and local CCS program agencies for both services covered and not covered by the manage care contract.

(g) Any managed care contract which will effect the delivery of care to CCS eligible children shall be approved by the state CCS program director prior to execution. The state CCS program shall continue to be responsible for selection of CCS paneled providers and monitoring of contractors to see that CCS state standards are maintained.

Article 2.98. California Children's Services program and Medi-Cal Managed Care Contracts

14094. CCS

For purposes of this article "CCS" means California Children's Services.

14904.1. Managed care contractors; Standards of care; use of panel providers; report of expenditures and savings; payment according to capitated payment methodology

(a) The director shall investigate and to the extent feasible require any managed care contractor serving children with conditions eligible under the CCS program, to maintain and follow standards of care established by the program, including use of paneled providers and CCS approved special care centers and to follow treatment plans approved by the program, including specified services and providers of services. If there are insufficient paneled providers willing to enter into contracts with the managed care contractor, the program shall seek to establish new paneled providers willing to contract. If a paneled provider cannot be found, the managed care contractor shall seek program approval to use a specific nonpaneled provider with appropriate qualifications.

(b) The director shall investigate and to the extent feasible require any managed care contractor serving children with conditions eligible under the CCS program, to report expenditures and savings separately for CCS covered services and CCS eligible children.

(c)

(1) If the managed care contractor is paid according to a capitated or risk-based payment methodology, there shall be a separate actuarially sound rate for CCS eligible children.

(2) Notwithstanding paragraph (1), a managed care pilot project may, if approval is obtained from the state CCS program director, utilize an alternative rate structure for CCS eligible children.

14094.2. Medically necessary services not available under managed care contracts; state and county responsibility

(a) This article is not intended, and shall not be interpreted, to permit any reduction in benefits or eligibility levels under the CCS program. Any medically necessary service not available under the managed care contracts authorized under this article shall remain the responsibility of the state and county.

(b) In order to ensure that CCS benefits are provided to enrollees with a CCS eligible condition according to CCS program standards, there shall be oversight by the state and local CCS program agencies for both services covered and not covered by the managed care contract.

14094.3. Incorporation of CCS covered services into Medi-Cal managed care contracts; time; fee-for-service billing prior to incorporation; pilot projects

(a) Notwithstanding this article or Section 14093.05 or 14094.1, CCS covered services shall not be incorporated into any Medi-Cal managed care contract entered into after August 1, 1994, pursuant to Article 2.7(commencing with Section 14087.3), Article 2.8 (commencing with Section 14087.5), Article 2.9 (commencing with Section 14088), Article 2.91 (commencing with Section 14089), Article 2.95 (commencing with Section 14092); or either Article 2 (commencing with Section 14200), or Article 7 (commencing with Section 14490) of Chapter 8, until three years after the effective date of the contract.

(b) Notwithstanding any other provision of this chapter, providers serving children under the CCS program who are enrolled with a Medi-Cal managed care contractor but who are not enrolled in a pilot project pursuant to subdivision (c) shall continue to submit billing for CCS covered services on a fee-for-service basis until CCS covered services are incorporated into the Medi-Cal managed care contracts described in subdivision (a).

(c)

(1) The department may authorize a pilot project in Solano County in which reimbursement for conditions eligible under the CCS program may be reimbursed on a capitated basis pursuant to Section 14093.05, and provided all CCS program's guidelines, standards, and regulations are adhered to, and CCS program's case management is utilized.

(2) During the three-year time period described in subdivision (a), the department may approve, implement, and evaluate limited pilot projects under the CCS program to test alternative managed care models tailored to the special health care needs of children under the CCS program. The pilot projects may include, but need not be limited to, coverage of different geographic areas, focusing on certain subpopulations, and the employment of different payment and incentive models. Pilot project proposals from CCS program-approved providers shall be given preference. All pilot projects shall utilize CCS program-approved standards and providers pursuant to Section 14094.1.

(d)

(1) The department shall submit to the appropriate committees of the Legislature an evaluation of pilot projects established pursuant to subdivision (c) based on at least one full year of operation.

(2) The evaluation required by paragraph (1) shall address the impact of the pilot projects on outcomes as set forth in paragraph (4) and, in addition, shall do both of the following:

(A) Examine the barriers, if any, to incorporating CCS covered services into the Medi-Cal managed care contracts described in subdivision (a).

(B) Compare different pilot project models with the fee-for-service system. The evaluation shall identify, to the extent possible, those factors that make pilot projects most effective in meeting the special needs of children with CCS eligible conditions.

(3) CCS covered services shall not be incorporated into the Medi-Cal managed care contracts described in subdivision (a) before the evaluation process has been completed.

(4) The pilot projects shall be evaluated to determine if:

(A) All children enrolled with a Medi-Cal managed care contractor described in subdivision (a) identified as having a CCS eligible condition are referred in a timely fashion for appropriate health care.

(B) All children in the CCS program have access to coordinated care that includes primary care services in their own community.

(C) CCS program standards are adhered to.

(e) For purposes of this section, CCS covered services include all program benefits administered by the program specified in Section 251 of the Health and Safety Code regardless of the funding source.

(f) Nothing in this section shall be construed to exclude or restrict CCS eligible children from enrollment with a managed care contractor or from receiving from the managed care contractor with which they are enrolled primary and other health care unrelated to the treatment of the CCS eligible condition.

Legislation, Regulations, and Guidelines for the CHDP Program

A. Enabling legislation of the CHDP program

Reference: Health and Safety Code, Sections 104395, 105300, 105305, 120475, and 124025 through 124110.

B. CHDP program regulations that implement, interpret, or make specific the enabling legislation.

Reference: California Code of Regulations (CCR), Title 17, Sections 6800 through 6874.

C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.

Reference: CCR, Title 22, Sections 51340 and 51532.

D. Regulations defining county Social Services Department responsibilities for meeting CHDP/EPSDT Program requirements.

1. Social Services Regulations

   a. Staff Development and Training Standards - Manual of Policies and Procedures (MPP) Section 14-530 and 14-610.

   b. Civil Rights - MPP Sections 21-101, 21-107, and 21-115.

   c. Eligibility and Assistance Standards - MPP Sections 40-107.61, 40-131.3(k), 40-181.211, and 45-201.5.

   d. Child Welfare Services Program Standards: MPP Sections 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.18, 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), and 31-405.1(g)(1).

   e. Intra and Interagency relations and agreements Chapters 29-405 and 29-410.

2. Medi-Cal Regulations

   Reference: CCR, Title 22, Sections 50031; 50157(a), (d), (e), and (f) and 50184(b).

E. Current Interpretive release by State Health Services and Social Services Departments:

1. State CHDP Program Letters and Information Notices - Health Services

2. All County Letters - Social Services

3. Joint Letters - Health Services and Social Services

4. CHDP Program Health Assessment Guidelines - Health Services

F. Statutes requiring review of new program standards by State Advisory Groups.

New program standards affecting local programs to be reviewed by the California Conference of Local Health Officers.

Reference: Health and Safety Code Section 1110.111.

G. Federal regulations governing States' provision of EPSDT:

Reference: Title 42, Code of Federal Regulations (CFR), Section 440.40 and Part 441, Subpart B.

H. Federal statutes applying to the EPSDT program:

Reference: Social Security Act (42 USC Section 139(a) Sections 1902(a) (43), 1905(a)(4)(B), and 1905(r).

Reference: OBRA89 - Public Law 101-239, Section 6403.

Selected State Laws Relating to the CHDP Program

The following are selected sections of California laws relating to the CHDP program. These sections have been extracted from California's Health and Safety Code, Insurance Code, and Welfare and Institutions Code. For more current and complete information on State laws, please visit the Legislative Counsel of California's website at www.leginfo.ca.gov/calaw.html.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CHDP Provider Manual, CHDP Program Guidance Manual, CHDP Program Letters, or CHDP Provider Information Notices.

Health and Safety Code Section

104395. Child Health and Disability Prevention (CHDP) Program Expansion

The department shall expand the CHDP program contained in Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 as follows:

(a) Any child between birth and 90 days after entrance into first grade, all persons under 21 years of age who are eligible for the California Medical Assistance Program, and any person under 19 years of age whose family income is not more than 200 percent of the federal poverty level shall be eligible for services under the program in the county of which they are a resident. The department shall adopt regulations specifying which age groups shall be given certain types of screening tests and recommendations for referral.

(b) The first source of referral under the program shall be the child's usual source of health care. If referral is required and no regular source of health care can be identified, the facility or provider providing health screening and evaluation services shall provide a list of three qualified sources of care, without prejudice for or against any specific source.

(c) The department shall issue protocols for an anti-tobacco education component of the child health and disability prevention medical examination. The protocols shall include the following: dissuading children from beginning to smoke, encouraging smoking cessation, and providing information on the health effects of tobacco use on the user, children, and nonsmokers. The protocols shall also include a focus on health promotion, disease prevention, and risk reduction, utilizing a "wellness" perspective that encourages self-esteem and positive decision making techniques, and referral to an appropriate community smoking cessation program.

(d) Notwithstanding any other provision of law, the department shall ensure that a portion of the funds in the Child Health Disability Prevention Program budget is used to facilitate the integration of the medical and dental components of all aspects of that program.

(e) The department shall expand its support and monitoring of county child health and disability prevention program efforts to provide all of the following:

(1) Review of a representative, statistically valid, randomly selected sample of child health and disability prevention health assessments, including, but not limited to, dental assessments, which result in the discovery of conditions which require follow-up diagnosis and treatment, including but not limited to dental treatment, and which qualify for services under this section. The purpose of the survey and follow-up reviews of local programs is to determine whether necessary diagnosis and treatment services are being provided, and the degree to which those services comply with the intent of the act that added this subdivision. These survey reviews shall include all counties and shall be conducted at least three times a year.

(2) At least once a year, as part of regular visits to county child and health and disability prevention programs to provide technical assistance, support services and monitoring and evaluation of program performance, department staff shall review the effectiveness of the mandated treatment program. The purpose of this review is to assure that the county is providing appropriate follow-up services for conditions discovered during child health and disability prevention health assessments. This review shall be done in conjunction with the ongoing survey activity of the Child Health and Disability Prevention Branch of the department and shall utilize data resulting from that activity.

(3) If the department establishes that a county has failed to provide treatment services mandated by the act that added this subdivision, the department shall require the county to submit a plan of correction within 90 days. If the department finds that substantial correction has not occurred within 90 days following receipt of the correction plan, it may require the county to enter into a contract pursuant to Section 16934.5 of the Welfare and Institutions Code for the remainder of the fiscal year and the following fiscal year, and for this purpose shall withhold the same percentage of funds as are withheld from other counties participating in the program pursuant to Section 16934.5 of the Welfare and Institutions Code.

105300. CHDP program Statutory Relationship to the Childhood Lead Poisoning Prevention Program; Regulatory Authority

Notwithstanding Section 124130, the department shall have broad regulatory authority to fully implement and effectuate the purposes of this chapter. The authority shall include, but is not limited to, the following:

(a) The development of protocols to be utilized in screening and the procedures for changing those protocols when more accurate or efficient technologies become available.

(b) The designation of laboratories which are qualified to analyze whole blood specimens for concentrations of lead and the monitoring of those laboratories for accuracy.

(c) The development of reporting procedures by laboratories.

(d) Reimbursement for state-sponsored services related to screening and appropriate case management.

(e) Establishment of lower concentrations of lead in whole blood than specified by the United States Center for Disease Control for the purpose of determining the existence of lead poisoning.

(f) Establishment of lower acceptable levels of the concentration of lead in whole blood than those specified by the United States Center for Disease Control for the purpose of determining the need to provide appropriate case management for lead poisoning.

(g) Development of appropriate case management protocols.

(h) Notification to the child's parent or guardian of the results of blood lead testing and environmental assessment.

(i) The establishment of a periodicity schedule for evaluation for childhood lead poisoning.

105305. Program funding

The program implemented pursuant to this chapter shall be fully supported from the fees collected pursuant to Section 105310. Notwithstanding the scope of activity mandated by this chapter, in no event shall this chapter be interpreted to require services necessitating expenditures in any fiscal year in excess of the fees, and earnings therefrom, collected pursuant to Section 105310. This chapter shall be implemented only to the extent fee revenues pursuant to Section 105310 are available for expenditure for purposes of this chapter.

120475. Immunization of children; CHDP program statutory requirement to report to legislature

On or before March 15, 1991, and on or before March 15 of each year thereafter, the department shall submit a report to the Legislature on all of the following issues:

(a) The immunization status of young children in the state, based on available data.

(b) The steps taken to strengthen immunization efforts, particularly efforts through the Child Health and Disability Prevention Program.

(c) The steps taken to improve immunization levels among currently underserved minority children, young children in family day care and other child care settings, and children with no health insurance coverage.

(d) The improvements made in ongoing methods of immunization outreach and education in communities where immunization levels are disproportionately low.

(e) Its recommendations for a comprehensive strategy for fully immunizing all California children and its analysis of the funding necessary to implement the strategy.

124025. Legislative finding and declaration

The Legislature finds and declares that many physical and mental disabilities can be prevented, or their impact on an individual lessened, when they are identified and treated before they become chronic and irreversible damage occurs. The Legislature finds and declares that a community-based program of early identification and referral for treatment of potential handicapping conditions will be effective in reducing the incidence of the conditions and will benefit the health and welfare of the citizens of this state.

It is the intent of the Legislature in enacting this article and Section 120475 to establish child health and disability prevention programs, which shall be financed and have standards established at the state level and that shall be operated at the local level, for the purpose of providing early and periodic assessments of the health status of children. It is further intended that child health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this article be efficiently provided and be of the highest quality.

124030. Definitions

As used in this article and Section 120475:

(a) "State Board" means the State Maternal, Child, and Adolescent Health Board.

(b) "Department" means the department.

(c) "Director" means the director.

(d) "Governing Body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly.

(e) "Local Board" means local maternal, child, and adolescent health board.

(f) "Local health jurisdiction" means county health department or combined health department in the case of counties acting jointly or city health department within the meaning of Section 101185.

(g) "Child Health and Disability Prevention provider" or "CHDP provider" means any of the following, if approved for participation in the Child Health and Disability Prevention program by the community Child Health and Disability program director in accordance with program standards to practice medicine in California.

(1) A physician licensed to practice medicine in California.

(2) A family nurse practitioner certified pursuant to Sections 2834 and 2836 of the Business and Professions Code.

(3) A pediatric nurse practitioner certified pursuant to Sections 2834 and 2836 of the Business and Professions Code.

(4) A primary care center, clinic, or other public or private agency or organization that provides outpatient health care services.

(5) A physician's group.

(6) A licensed clinical laboratory.

124033.

(a) Commencing July 1, 2003, all applications for services under the Child Health and Disability Prevention program shall be filed electronically in accordance with subdivision (b) of Section 14011.7 of the Welfare and Institutions Code.

(b) To implement the program described in subdivisions (b) to (e), inclusive, of Section 14011.7 of the Welfare and Institutions Code for the use of an electronic application for the Child Health and Disability Prevention program and for preenrollment into the Medi-Cal program or the Healthy Families Program, the following shall apply:

(1) The department may contract with public or private entities, or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, only if services provided under the program are specifically identified and reimbursed in a manner that appropriately claims federal financial reimbursement.

(2) Contracts, including the Medi-Cal program fiscal intermediary contract for the Child Health and Disability Prevention Program, including any contract amendment, any system change pursuant to a change order, and any project or systems development notice shall be exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, Chapter 7 (commencing with Section 11700) of Part 1 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and any policies, procedures, or regulations authorized by these laws.

124035. Administration; minimum standards for approval; rules and regulations; state plan

The department shall administer this article and Section 120475 and shall adopt minimum standards for the approval of community child health and disability prevention programs and regulations as necessary. The standards shall allow necessary flexibility in the administration of county programs, taking into account the variability of county needs and resources. However, the standards, rules, and regulations may be adopted only with the advice and written recommendations of the board. Standards shall be adopted for:

(a) Education and experience requirements for directors of community child health and disability prevention programs.

(b) Health screening, evaluation, and diagnostic procedures for child health and disability prevention programs.

(c) Public and private facilities and providers that may participate in community child health and disability prevention programs.

The department shall adopt a five-year state plan for child health and disability prevention services by October 1,1977. The plan shall include a method for allocating child health and disability prevention funds to counties. The plan shall be reviewed and revised as necessary to provide a basis for allocating state child health and disability prevention program funds throughout the state.

Nothing in this section shall be construed as prohibiting programs provided pursuant to this article from being conducted in public and private school facilities; provided that, with respect to private school facilities, no services provided thereon pursuant to this article and financed by public funds shall result in any material benefit to, or be conducted in a manner that furthers any educational or other mission of, such a school or any person or entity maintaining the school.

124040. Establishment of programs; plan requirements; standards for procedures; record system

(a) The governing body of each county or counties shall establish a community child health and disability prevention program for the purpose of providing early and periodic assessments of the health status of children in the county or counties by July 1,1974. However, this shall be the responsibility of the department for all counties that contract with the state for health services. Contract counties, at the option of the board of supervisors, may provide services pursuant to this article in the same manner as other county programs, provided the option is exercised prior to the beginning of each fiscal year. Each plan shall include, but is not limited to, the following requirements:

(1) Outreach and educational services.

(2) Agreements with public and private facilities and practitioners to carry out the programs.

(3) Health screening and evaluation services for all children including a physical examination, immunizations appropriate for the child's age and health history, and laboratory procedures appropriate for the child's age and population group performed by, or under the supervision or responsibility of, a physician licensed to practice medicine in California or by a certified family nurse practitioner or a certified pediatric nurse practitioner.

(4) Referral for diagnosis or treatment when needed, including, for all children eligible for Medi-Cal, referral for treatment by a provider participating in the Medi-Cal program of the conditions detected, and methods for assuring referral is carried out.

(5) Record keeping and program evaluations.

(6) The health screening and evaluation part of each community child health and disability prevention program plan shall include, but is not limited to, the following for each child:

1. A health and developmental history.

2. An assessment of immunization status.

3. An examination for obvious physical defects.

4. Ear, nose, mouth, and throat inspections, including inspection of teeth and gums, and for all children three years of age and older who are eligible for Medi-Cal, referral to a dentist participating in the Medi-Cal program.

5. Screening tests for vision, hearing, anemia, tuberculosis, diabetes, and urinary tract conditions.

(7) An assessment of nutritional status.

(8) An assessment of immunization status.

(9) Where appropriate, testing for sickle cell trait, lead poisoning, and other tests that may be necessary to the identification of children with potential disabilities requiring diagnosis and possibly treatment.

(10) For all children eligible for Medi-Cal, necessary assistance with scheduling appointments for services and with transportation.

(b) Dentists receiving referrals of children eligible for Medi-Cal under this section shall employ procedures to advise the child's parent or parents of the need for and scheduling of annual appointments.

(c) Standards for procedures to carry out health screening and evaluation services and to establish the age at which particular tests should be carried out shall be established by the director. At the discretion of the department, these health screening and evaluation services may be provided at the frequency provider under the Healthy Families Program and permitted in managed care plans providing services under the Medi-Cal program, and shall be contingent upon appropriation in the annual Budget Act. Immunizations may be provided at the frequency recommended by the Committee on Infectious Disease of the American Academy of Pediatrics and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(d) Each community child health and disability prevention program shall, pursuant to standards set by the director, establish a record system that contains a health case history for each child so that costly and unnecessary repetition of screening, immunization and referral will not occur and appropriate health treatment will be facilitated as specified in Section 124085.

124045. Services by city; election; powers

A city that operates an independent health agency may elect to provide the services described in this article with the approval of the department. In this instance, the powers granted a governing body of a county shall be vested in the governing body of the city.

124050. Directors of community programs

Each community child health and disability program shall have a director meeting qualification standards by the department, appointed by the governing body, except for counties contracting with the state for health services.

124055. Intercounty service contracts

Any community child health and disability prevention program may contract to furnish services to any other county if the contract is approved by the director.

124060. Budget update; community child health and disability prevention plan; requirements; multi-year base plan

(a) On or before September 15 of each year, each county program director shall submit a budget update for the subsequent fiscal year that provides the following information:

(1) A summary of the previous year's activity, including the number of children screened, the number of children referred for diagnosis and treatment, by condition, and the cost of screening services.

(2) A summary description of the results of cases in that a treatable disability was identified and referral made.

(3) A projection and cost estimates of the number of children to be screened for the fiscal year for which the budget is being submitted.

(b) The multi-year base community child health and disability prevention plan shall include the following:

(1) An assessment of the adequacy and availability of the facilities and providers to provide health screening diagnostic and treatment services.

(2) A description of the child health and disability prevention program to be offered, including expected participating providers and outreach mechanisms to be utilized.

(3) A summary description of the current year's activity, including the number of children screened, the number of children referred for diagnosis and treatment, by condition, and the cost of screening services.

(4) A description of how existing school health resources, including school health personnel, are to be utilized for outreach and other services.

(5) Budget estimates, including all sources of revenue, for the budget.

(c) On or before September 15 of each year each governing board shall submit an update to the multi-year base community child health and disability prevention plan.

The director shall determine the amount of state funds available for each county for specified services under an approved multi-year base community child health and disability prevention plan, as updated, from state funds appropriated for child health and disability prevention services.

If the amount appropriated in the Budget Act for the fiscal year as enacted into law differs from the amount in the budget submitted by the Governor for the fiscal year, each governing board shall submit an additional revised update in the form and at the time specified by the department.

Notwithstanding any other provision of this article, no new community child health and disability prevention plan shall be submitted by a county until September 15, 1983. Each county plan and budget approved for the 1981-82 fiscal year shall be updated on or before September 15 by the governing body of each county for the 1982-83 and 1983-84 fiscal years pursuant to regulations adopted by the department. On or before September 15, 1983, the governing body of each county shall prepare and submit to the department a multi-year base plan and budget for the 1984-85 fiscal year that shall be annually updated on or before September 15 of each subsequent year pursuant to regulations adopted by the department.

The department shall develop and implement the format and procedures for the preparation and submission of a multi-year base plan update in order for the counties to have sufficient time prior to September 15, 1983, to prepare and submit their multi-year base plan by September 15, 1983.

For the purposes of simplifying and reducing plan requirements, the Legislature intends that the annual update shall not duplicate any of the material in the multi-year base plan, but serve as a progress report both evaluating what has been accomplished over the past year and describing in more detail what will be accomplished in relation to each of the elements in the base plan during the coming year.

124065. State reimbursement

Counties shall be reimbursed for the amount required by the county to carry out its community child health and disability prevention program in accordance with the approved community child health and disability prevention plan. Claims for state reimbursement shall be made in the manner as the director shall provide. Each claim for state reimbursement shall be payable form the appropriation made for the fiscal year when the expenses upon which the claim is based are incurred.

There shall be no reimbursement for expenditures for the treatment of disabilities identified as a result of the program or for capital improvements or the purchase or construction of buildings, except for the equipment items and remodeling expenses as may be allowed by regulations adopted by the director.

124070. State reimbursement

Counties shall be reimbursed for the amount required by the county to carry out its community child health and disability prevention program in accordance with the approved community child health and disability prevention plan. Claims for state reimbursement shall be made in a manner as the director shall provide. Each claim for state reimbursement shall be payable from the appropriation made for the fiscal year in which the expenses upon which the claim is based are incurred.

There shall be no reimbursement for expenditures for the treatment of disabilities identified as a result to the program, except for the costs of immunizations necessary to bring the child current in his or her immunization status as provided for by regulations of the department, or for capital improvements or the purchase or construction of buildings, except for the equipment items and remodeling expenses as may be allowed by regulations adopted by the director.

124075. Schedule and method of reimbursement; use of federal funds

(a) In order to ensure the maximum utilization of the California Medical Assistance Program and other potential reimbursement sources, the department shall develop a schedule and method of reimbursement at reasonable rates for services rendered pursuant to this article. The reimbursement schedule shall include provision for well child examinations as well as for administrative expenses incurred by providers pursuant to meeting this article. Inquiry shall be made of all recipients of services under this article as to their entitlement for third-party reimbursement for medical services. Where an entitlement exists it shall be billed. Notwithstanding subdivision (c) of Section 14000 of the Welfare and Institutions Code and Section 14005 of that code, the California Medical Assistance Program shall be billed for services rendered pursuant to this article for every Medi-Cal eligible beneficiary.

(b) The department and counties shall maximize the use of federal funds for carrying out of this article, including using state or county funds to match funds claimable under Title 19 of the Social Security Act. Services and administrative support costs claimable under federal law shall include, but not be limited to, outreach, health education, case management, resource development, and training at state and local levels. Any federal funds received shall augment and not replace funds appropriated from the General Fund for carrying out the purposes of this chapter.

124080. Contracts for claims processing

The department may contract with a private entity for the performance of processing claims for state reimbursement, so long as the cost of the contract is no more than 85 percent of the cost of the service if performed in state service and there is compliance with other applicable provisions of the Government Code including, but not limited to, Sections 19130 to 19132, inclusive.

124085. Certificate of receipt; health screening and evaluation services; waiver by parent or guardian

On and after July 1, 1976, each child eligible for services under this article shall, within 90 days after entrance into the first grade, provide a certificate approved by the department to the school where the child is to enroll documenting that within the prior 18 months the child has received the appropriate health screening and evaluation services specified in Section 124040. A waiver

signed by the child's parents or guardian indicating that they do not want or are unable to obtain the health screening and evaluation services for their children shall be accepted by the school in lieu of the certificate. If the waiver indicates that the parent or guardian was unable to obtain the services for the child, then the reasons why should be included in the waiver.

124090. Eligibility for services; rules and regulations specifying age groups for screening tests and recommendations for referral; sources of referral

Any child between birth and 90 days after entrance into the first grade and all persons under 21 years of age who are eligible for the California Medical Assistance Program shall be eligible for services from the child health and disabilities prevention program in the county where they are a resident. The department, with review and recommendation by the board, shall adopt regulations specifying age groups that shall be given certain types of screening tests and recommendations for referral.

The first source of referral shall be the child's usual source of health care. If referral is required and no regular source of health care can be identified, the facility or provider providing health screening and evaluation services shall provide a list of three qualified sources of care, without prejudice for or against any specific source.

124095. Copy of results of screening and evaluation; reference for further diagnosis and treatment

Each community child health and disability prevention program shall provide the child or his or her parent or guardian with a copy of the results of the health screening and evaluation, as well as an explanation of the meaning of the results, and shall, where the need indicates, refer the child for further diagnosis and treatment.

124100. School districts and private schools; information to parents or guardians of kindergarten children; withholding of average daily-attendance funds

(a) In cooperation with the county child health and disability prevention program, the governing body of every school district or private school that has children enrolled in kindergarten shall provide information to the parents or guardians of all children enrolled in kindergarten of this article and Section 120475. Every school district or private school that has children enrolled in the first grade shall report by January 15 of each year to the county child health and disability prevention program, the department, and the Department of Education the following information:

(1) The total number of children enrolled in first grade.

(2) The number of children who have had a health screening examination, as evidenced by the certificate required by Section 124085.

(3) The number of children whose parents or guardian have given written waiver pursuant to Section 124085 that they do not want their child to receive a health screening examination.

(b) Each county child health and disability prevention program shall reimburse school districts for information provided pursuant to this section. The

Superintendent of Public Instruction may withhold state average daily attendance funds to any school district for any child for whom a certification or parental waiver is not obtained.

124105. Health screening; school districts; exclusion of enrolled pupils from school; short title; legislative intent

(a) This section shall be known and may be cited as the "Hughes Children's Health Enforcement Act."

(b) The Legislature recognizes the importance of health to learning and to a successful academic career. The Legislature also recognizes the important role of schools in ensuring the health of pupils through health education and the maintenance of minimal health standards among the pupil population. Therefore, it is the intent of the Legislature that schools ensure that pupils receive a health screening before the end of the first grade.

(c) The department shall compile district information, using the information reported pursuant to Section 124100, and report to the Legislature the percentage levels of compliance with Section 124085 on an annual basis commencing January 1, 1994, utilizing data from the prior school year.

(d) The governing board of each school district shall exclude from school, for not more than five days, any first grade pupil who has not provided either a certificate or a waiver, as specified in Section 124085, on or before the 90th day after the pupil's entrance into the first grade. The exclusion shall commence with the 91st calendar day after the pupil's entrance into the first grade, unless school is not in session that day, then the exclusion shall commence on the next succeeding school day. A child shall not be excluded under this section if the pupil's parent or guardian provides to the district either a certificate or a waiver as specified in Section 124085.

(e) The governing board of a school district may exempt any pupil from the exclusion described in subdivision (d) if, at least twice between the first day and the 90th day after the pupil's entrance into the first grade, the district has contacted the pupil's parent or guardian and the parent or guardian refuses to provide either a certificate or a waiver as specified in Section 124085. The number of exemptions from exclusion granted by a school district pursuant to this subdivision may not exceed 5 percent of a school district's first grade enrollment. It is the intent of the Legislature that exemptions from exclusion are used in extraordinary circumstances, including, but not limited to, family situations of great dysfunction or disruption, such as substance abuse by parents or guardians, child abuse, or child neglect.

(f) It is the intent of the Legislature that, upon a pupil's enrollment in kindergarten or first grade, the governing board of the school district notify the pupil's parent or guardian of the obligation to comply with Section 124085 and the availability for low-income children of free health screening for up to 18 months prior to entry into first grade through the Child Health Disabilities Prevention Program.

(g) It is the intent of the Legislature that school districts provide information to parents regarding the requirements of Section 124085 within the notification of immunization requirements. Moreover, the Legislature intends that the information sent to parents encourage parents to obtain health screens simultaneously with immunizations.

124110. Confidentiality of information and results; health screening and evaluation; release; professional interpretation of results

All information and results of the health screening and evaluation of each child shall be confidential and shall not be released without the informed consent of a parent or guardian of the child.

The results of the health screening and evaluation shall not be released to any public or private agency, even with the consent of a parent or guardian unless accompanied by a professional interpretation of what the results mean.

Insurance Code (Re: CHDP Gateway)

12693.41.

(a) The board shall consult and coordinate with the State Department of Health Services in implementing a preenrollment program into the Healthy Families Program or the Medi-Cal program pursuant to subdivision (b) of Section 14011.7 of the Welfare and Institutions Code. The board shall accept the follow-up application provided for in Section 14011.7 of the Welfare and Institutions Code as an application for the Healthy Families Program. Preenrollment shall be administered by the State Department of Health Services to provide full-scope benefits pursuant to Medi-Cal program requirements, at no cost to the applicant.

(b) The board may use the state fiscal intermediary for Medicaid to process the eligibility determinations and payments required pursuant to Section 14011.7 of the Welfare and Institutions Code.

(c) The board shall be exempt from the requirements of Chapter 7 (commencing with Section 11700) of Division 3 of Title 2 of the Government Code and Chapter 3 (commencing with Section 12100) of Part 2 of Division 2 of the Public Contract Code as those requirements apply to the use of processing services by the state fiscal intermediary.

The board may adopt emergency regulations to implement preenrollment into the Healthy Families Program or the Medi-Cal program pursuant to Section 14011.7 of the Welfare and Institutions Code. The emergency regulations shall include, but not be limited to, regulations that implement any changes in rules relating to eligibility, enrollment, and disenrollment in the programs pursuant to Sections 12693.45 and 12693.70. The initial adoption of emergency regulations and one readoption of the initial regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, and general welfare. Initial emergency regulations and the first readoption of those regulations shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and one readoption of those regulations

authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations and each shall remain in effect for no more than 180 days.

This section shall become operative on April 1, 2003.

Welfare and Institutions Code (Re: CHDP Gateway)

14011.7.

(a) To the extent allowed under federal law and only if federal financial participation is available, the department shall exercise the option provided in Section 1396r-1a of Title 42 of the United States Code and the Managed Risk Medical Insurance Board shall exercise the option provided in Section 1397gg(e)(1)(D) of Title 42 of the United States Code to implement a program for preenrollment of children into the Medi-Cal program or the Healthy Families Program. Upon the exercise of both of the federal options described in this subdivision, the department shall implement and administer a program of preenrollment of children into the Medi-Cal program or the Healthy Families Program.

(b) Before July 1, 2003, the department shall develop an electronic application to serve as the application for preenrollment into the Medi-Cal program or the Healthy Families Program and to also serve as an application for the Child Health and Disability Prevention (CHDP) program, to the extent allowed under federal law.

(c)

(1) The department may designate, as necessary, those CHDP program providers described in paragraphs (1) to (5), inclusive, of subdivision (g) of Section 124030 of the Health and Safety Code as qualified entities who are authorized to determine eligibility for the CHDP program and for preenrollment into either the Medi-Cal program or the Healthy Families Program as authorized under this section.

(2) The CHDP provider shall assist the parent or guardian of the child seeking eligibility for the CHDP program and for preenrollment into the Medi-Cal program or the Healthy Families Program in completing the electronic application.

(d) The electronic application developed pursuant to subdivision (b) may only be filed through the CHDP program when the child is in need of CHDP program services in accordance with the periodicity schedule used by the CHDP program.

(e)

(1) The electronic application developed pursuant to subdivision (b) shall request all information necessary for a CHDP provider to make an immediate determination as to whether a child meets the eligibility requirements for CHDP and for preenrollment into either the Medi-Cal program or the Healthy Families Program pursuant to the federal options

described in Section 1396r-1a or 1397gg(e)(1)(D) of Title 42 of the United States Code.

(2)

(A) If the electronic application indicates that the child is seeking eligibility for either no cost full-scope Medi-Cal benefits or enrollment in the Healthy Families Program, the department shall mail to the child's parent or guardian a follow-up application for Medi-Cal program eligibility or enrollment in the Healthy Families Program. The parent or guardian of the child shall be advised to complete and submit to the appropriate entity the follow-up application.

(B) The follow-up application, at a minimum, shall include all notices and forms necessary for both a Medi-Cal program and a Healthy Families Program eligibility determination under state and federal law, including, but not limited to, any information and documentation that is required for the joint application package described in Section 14011.1.

(C) The date of application for the Medi-Cal program or the Healthy Families Program is the date the completed follow-up application is submitted with the appropriate entity by the parent or guardian.

(3) Upon making a determination pursuant to paragraph (1) that a child is eligible, the CHDP provider shall inform the child's parent or guardian of both of the following:

(A) That the child has been determined to be eligible for services under the CHDP program and, if applicable, eligible for preenrollment into either the Medi-Cal program or the Healthy Families Program.

(B) That if the child has been determined to be eligible for preenrollment into either the Medi-Cal program or the Healthy Families Program, the period of preenrollment eligibility will end on the last day of the month following the month in which the determination of preenrollment eligibility is made, unless the parent or guardian completes and returns to the appropriate entity the follow-up application described in paragraph (2) on or before that date.

(4) If the follow-up application described in paragraph (2) is submitted on or before the last day of the month following the month in which a determination is made that the child is eligible for preenrollment into either the Medi-Cal program or the Healthy Families Program, the period of preenrollment eligibility shall continue until the completion of the determination process for the applicable program or programs.

(f) The scope and delivery of benefits provided to a child who is preenrolled for the Healthy Families Program pursuant to this section shall be identical to the scope and delivery of benefits received by a child who is preenrolled for the Medi-Cal program pursuant to this section.

(g) The department and the Managed Risk Medical Insurance Board shall seek approval of any amendments to the state plan, necessary to implement this section, for purposes of funding under Title XIX (42 USC 1396 et seq.) and Title XXI (42 USC 1397aa et seq.) of the Social Security Act. Notwithstanding any other provision of law and only when all necessary federal approvals have been obtained, this section shall be implemented only to the extent federal financial participation is available.

(h) Upon the implementation of this section, this section shall control in the event of a conflict with any provision of Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code governing the Child Health and Disability Prevention Program.

(i) To implement this section, the department may contract with public or private entities, or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, only if services provided under the program are specifically identified and reimbursed in a manner that appropriately claims federal financial reimbursement. Contracts, including the Medi-Cal fiscal intermediary contract for the Child Health and Disability Prevention Program, including any contract amendment, any system change pursuant to a change order, and any project or systems development notice shall be exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, Chapter 7 (commencing with Section 11700) of Part 1 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and any policies, procedures, or regulations authorized by these laws.

(j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement this section by means of all-county letters or similar instructions, without taking any further regulatory action. Thereafter, the department shall adopt regulations, as necessary, to implement this section in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(k) Notwithstanding subdivision (g), in no event shall this section be implemented before April 1, 2003.

Legislation, Regulations, and Guidelines for the HCPCFC

A. Enabling legislation of the HCPCFC.

Reference: Welfare and Institutions Code; Section 16501.3.

B. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.

Reference: CCR, Title 22, Sections 51340 and 51532.

C. Statutes and regulations defining county Social Services Department responsibilities for meeting HCPCFC requirements.

1. Social Services Statutes

   Reference: Welfare and Institutions Code Section 16010, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d).

2. Social Services Regulations

   Reference: Child Welfare Services Program Standards: MPP Sections 31-002(10), 31-075 (l 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l, l1), and 31-420.1(.7).

3. Medi-Cal Regulations

   Reference: CCR, Title 22, Sections 50031; 50157(a), (d), (e), and (f) and 50184(b).

D. Current interpretive releases by California Departments of Health Services and Social Services.

1. State CHDP Program Letters and Information Notices - Health Services. Specifically CHDP Program Letter 99-6 and CMS Information Notice 99-E.

2. All County Letters - Social Services. Specifically, All County Information Notice No I-55-99 and All County Letter No. 99-108.

3. Joint Letters - Health Services and Social Services

4. CHDP Program Health Assessment Guidelines - Health Services

E. New program standards affecting local programs to be reviewed by the California Conference of Local Health Officers.

Reference: Health and Safety Code, Section 100925

F. New regulations shall be adopted only after consultation and approval by the California Conference of Local Health Officers.

Reference: Health and Safety Code, Section 100950.

G. Federal regulations governing States' provision of EPSDT:

Reference: Title 42, Code of Federal Regulations (CFR), Section 440.40 and Part 441, Subpart B.

H. Federal statutes applying to the EPSDT program:

Reference: Social Security Act (42 USC Section 139(a) Sections 1902(a) (43), 1905(a)(4)(B), and 1905(r).

Reference: OBRA89 - Public Law 101-239, Section 6403.

Selected State Laws Relating to the HCPCFC

The following are selected sections of California laws relating to the HCPCFC. These sections have been extracted from California's Welfare and Institutions Code. For more current and complete information on State laws, please visit the Legislative Counsel of California's website at www.leginfo.ca.gov/calaw.html.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CHDP Provider Manual, CHDP Program Guidance Manual, CHDP Program Letters, or CHDP Provider Information Notices.

Welfare and Institutions Code Section

16501.

(a) As used in this chapter, "child welfare services" means public social services which are directed toward the accomplishment of any or all the following purposes: protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; restoring to their families children who have been removed, by the provision of services to the child and the families; identifying children to be placed in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption. "Child welfare services" also means services provided on behalf of children alleged to be the victims of child abuse, neglect, or exploitation. The child welfare services provided on behalf of each child represent a continuum of services, including emergency response services, family preservation services, family maintenance services, family reunification services, and permanent placement services. The individual child's case plan is the guiding principle in the provision of these services. The case plan shall be developed within 30 days of the initial removal of the child or of the in-person response required under subdivision (f) of Section 16501 if the child has not been removed from his or her home, or by the date of the jurisdictional hearing pursuant to Section 356, whichever comes first.

(1) Child welfare services may include, but are not limited to, a range of service-funded activities, including case management, counseling, emergency shelter care, emergency in-home caretakers, temporary in-home caretakers, respite care, therapeutic day services, teaching and demonstrating homemakers, parenting training, substance abuse testing, and transportation. These service-funded activities shall be available to children and their families in all phases of the child welfare program in accordance with the child's case plan and departmental regulations.

Funding for services is limited to the amount appropriated in the annual Budget Act and other available county funds.

(2) Service-funded activities to be provided may be determined by each county, based upon individual child and family needs as reflected in the service plan.

(3) As used in this chapter, "emergency shelter care" means emergency shelter provided to children who have been removed pursuant to Section 300 from their parent or parents or their guardian or guardians. The department may establish, by regulation, the time periods for which emergency shelter care shall be funded. For the purposes of this paragraph, "emergency shelter care" may include "transitional shelter care facilities" as defined in paragraph (11) of subdivision

(a) of Section 1502 of the Health and Safety Code.

(b) As used in this chapter, "respite care" means temporary care for periods not to exceed 72 hours. This care may be provided to the child's parents or guardians. This care shall not be limited by regulation to care over 24 hours. These services shall not be provided for the purpose of routine, ongoing child care.

(c) The county shall provide child welfare services as needed pursuant to an approved service plan and in accordance with regulations promulgated, in consultation with the counties, by the department. Counties may contract for service-funded activities as defined in paragraph (1) of subdivision (a). Each county shall use available private child welfare resources prior to developing new county-operated resources when the private child welfare resources are of at least equal quality and lesser or equal cost as compared with county-operated resources. Counties shall not contract for needs assessment, client eligibility determination, or any other activity as specified by regulations of the State Department of Social Services, except as specifically authorized in Section 16100.

(d) Nothing in this chapter shall be construed to affect duties which are delegated to probation officers pursuant to Sections 601and 654.

(e) Any county may utilize volunteer individuals to supplement professional child welfare services by providing ancillary support services in accordance with regulations adopted by the State Department of Social Services.

(f) As used in this chapter, emergency response services consist of a response system providing in-person response, 24 hours a day, seven days a week, to reports of abuse, neglect, or exploitation, as required by Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code for the purpose of

investigation pursuant to Section 11166 of the Penal Code and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his or her own home or to protect the safety of the child. County welfare departments shall respond to any report of imminent danger to a child immediately and all other reports within 10 calendar days. An in-person response is not required when the county welfare department, based upon an evaluation of risk, determines that an in-person response is not appropriate. This evaluation includes collateral, contacts, a review of previous referrals, and other relevant information, as indicated.

(g) As used in this chapter, family maintenance services are activities designed to provide in-home protective services to prevent or remedy neglect, abuse, or exploitation, for the purposes of preventing separation of children from their families.

(h) As used in this chapter, family reunification services are activities designed to provide time-limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home, and needs temporary foster care, while services are provided to reunite the family.

(i) As used in this chapter, permanent placement services are activities designed to provide an alternate permanent family structure for children who because of abuse, neglect, or exploitation cannot safely remain at home and who are unlikely to ever return home. These services shall be provided on behalf of children for whom there has been a judicial determination of a permanent plan for adoption, legal guardianship, or long-term foster care.

(j) As used in this chapter, family preservation services include those services specified in Section 16500.5 to avoid or limit out-of-home placement of children, and may include those services specified in that section to place children in the least restrictive environment possible.

(k)

(1)

(A) In any county electing to implement this subdivision, all county welfare department employees who have frequent and routine contact with children shall, by February 1, 1997, and all welfare department employees who are expected to have frequent and routine contact with children and who are hired on or after January 1, 1996,and all such employees whose duties change after January 1, 1996, to include frequent and routine

contact with children, shall, if the employees provide services to children who are alleged victims of abuse, neglect, or exploitation, sign a declaration under penalty of perjury regarding any prior criminal conviction, and shall provide a set of fingerprints to the county welfare director.

(B) The county welfare director shall secure from the Department of Justice a criminal record to determine whether the employee has ever been convicted of a crime other than a minor traffic violation. The Department of Justice shall deliver the criminal record to the county welfare director.

(C) If it is found that the employee has been convicted of a crime, other than a minor traffic violation, the county welfare director shall determine whether there is substantial and convincing evidence to support a reasonable belief that the employee is of good character so as to justify frequent and routine contact with children.

(D) No exemption shall be granted pursuant to subparagraph (C) if the person has been convicted of a sex offense against a minor, or has been convicted of an offense specified in Section 220, 243.4,264.1, 273d, 288, or 289 of the Penal Code, or in paragraph (1) of Section 273a of, or subdivision (a) or (b) of Section 368 of, the Penal Code, or has been convicted of an offense specified in subdivision (c) of Section 667.5 of the Penal Code. The county welfare director shall suspend such a person from any duties involving frequent and routine contact with children.

(E) Notwithstanding subparagraph (D), the county welfare director may grant an exemption if the employee or prospective employee, who was convicted of a crime against an individual specified in paragraph (1) or (7) of subdivision (c) of Section 667.5 of the Penal Code, has been rehabilitated as provided in Section 4852.03 of the Penal Code and has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years and has the recommendation of the district attorney representing the employee's or prospective employee's county of residence, or if the employee or prospective employee has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code. In that case, the county

welfare director may give the employee or prospective employee an opportunity to explain the conviction and shall consider that explanation in the evaluation of the criminal conviction record. If no criminal record information has been recorded, the county welfare director shall cause a statement of that fact to be included in that person's personnel file. (2) For purposes of this subdivision, a conviction means a plea or verdict of guilty or a conviction following a plea of no lo contendere. Any action which the county welfare director is permitted to take following the establishment of a conviction may betaken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, notwithstanding a subsequent order pursuant to Sections 1203.4 and1203.4a of the Penal Code permitting the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment. For purposes of this subdivision, the record of a conviction, or a copy thereof certified by the clerk of the court or by a judge of the court in which the conviction occurred, shall be conclusive evidence of the conviction.

16501.3.

(a) The Department of Social Services shall establish a program of public health nursing in the child welfare services program. The purpose of the public health nursing program shall be to enhance the physical, mental, dental, and developmental well being of children in the child welfare system.

(b) As a condition of receiving funds under this section, counties shall use the services of a foster care public health nurse. The foster care public health nurse shall work with the appropriate child welfare services workers to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. This shall include coordination with county mental health plans and local health jurisdictions, as appropriate.

(c) The duties of a foster care public health nurse may include, but need not be limited to, the following:

(1) Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referral and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services required by the child.

(2) Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting caseworkers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, advocating for the health care needs of the child and ensuring the creation of linkage among various providers of care.

(3) Providing follow-up contact to assess the child's progress in meeting treatment goals.

(d) The services provided by foster care public health nurses under this section shall be limited to those for which reimbursement may be claimed under Title XIX at an enhanced rate for services delivered by skilled professional medical personnel. Not withstanding any other provision of law, this section shall be implemented only if, and to the extent that, the department determines that federal financial participation, as provided under Title XIX of the federal Social Security Act (42 USC Sec. 1396 et seq.), is available.

Notwithstanding Section 10101 of the Welfare and Institutions Code, there shall be no required county match of the nonfederal cost of this program.

Annual Review for Cash Aid and Food Stamps (TEMP CA 600)

Online Version: www.dss.cahwnet.gov/pdf/TEMPCA600.pdf

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

ANNUAL REVIEW

FOR CASH AID AND FOOD STAMPS

A redetermination of your continued eligibility for cash aid and/or recertification for food stamps is now due. You do not need to come to the office for an interview unless you want to.

If you get food stamps, your certification period ends on the last day of next month. If you want to keep getting food stamps, you must fill out the TEMP DFA 377.2B ESP, Shelter Information, and return it with your next Monthly Report.

The TEMP DFA 377.2B ESP, Shelter Information:

- ☐ is enclosed
- ☐ will be mailed under separate cover with the Notice of Expiration of Certification, TEMP DFA 377.2A ESP

You need to read and save the enclosed important informing documents. They give you facts about cash aid, food stamps, the Cash Aid Lump Sum Rule, Greater Avenues to Independence (GAIN), Food Stamp Employment and Training Rules, the Child Health and Prevention Disability Prevention Program, Family Planning Services, etc.

If you have any questions or want an interview, call your worker.

Please submit the following items:

_____

_____

_____

_____

_____

_____

_____

_____

TEMP CA 600 (4/99) ESP COVERLETTER - RECOMMENDED FORM

CHDP Pre-Enrollment Application (DHS 4073)

Online Version: www.ca.gov/pcfh/cms/chdp/publications.htm#dhs4073

State of California—Health and Human Services Agency

Department of Health Services
Children's Medical Services Branch

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program (Title 17, California Code of Regulations, Sections 6802 and 6832).
- Filling out and signing this form may provide you or your child with a complete health exam today and may provide dental, vision, mental, and other health services at no cost for this month and next month.

Is the patient less than 19 years of age? ☐ Yes ☐ No

How many people are in your family? _____

How much money does your family make before taxes? $_____ Monthly Or $_____ Yearly

- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families. If you answer NO to this question, the patient's coverage for health, dental, and vision benefits will stop the end of next month. You will still be eligible for CHDP preventive services.

I want to apply for continuing coverage through Medi-Cal or Healthy Families. ☐ Yes ☐ No

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? ☐ Yes ☐ No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last	First	Middle

Date of birth (month/day/year)	Gender ☐ Male ☐ Female

☐ If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address	Apartment number	City	State	ZIP code

County of residence

Mailing address (if different from home address)	Apartment number	City	State	ZIP code

Patient's social security number *(optional)*	Mother's name—Last	First

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last	First	Middle

Home telephone number	Work telephone number	Message telephone number
( )	( )	( )

What language do you speak at home?	read best?

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date

An individual has a right to review records containing his/her personal information. The official responsible for keeping this information is the Department of Health Services, P.O. Box 942732, Sacramento, CA 94234-7320. A copy of this information will also be kept with your child's medical record.

DHS 4073 (English) (7/03)

CHDP Referral (PM 357)

State of California—Health and Human Services Agency | Department of Health Services

CHDP REFERRAL

All Medi-Cal eligible persons under 21 years of age can receive a health and dental check-up.
Client: Fill in unshaded areas only.

PART A: Completed by county Department of Social Services (DSS)/welfare staff for all cases requesting services or additional information

1. Case name (last)	(first)	(middle)	2. County code	3. Aid code	4. Case number

5. ☐ Requested additional information, but no services.

Requested Medical Services (Health Assessment)

6. Services ☐ Yes ☐ No
7. Transportation ☐ Yes ☐ No
8. Scheduling ☐ Yes ☐ No

Requested Dental Services

9. Services ☐ Yes ☐ No
10. Transportation ☐ Yes ☐ No
11. Scheduling ☐ Yes ☐ No

12. ☐ New application
13. ☐ Redetermination
14. ☐ Self-referral
15. ☐ CALWORKs
16. ☐ Foster care
17. ☐ Medi-Cal only
18. ☐ Share-of-cost
19. Primary language, if other than English _____
20. Other circumstances _____

	Person Number	Client(s) Name (Last, First, Middle)	Birth Date Month	Day	Year	Age	If health care plan member, give plan name
21.		Parent or caretaker name					
22.		Other parent in home					
23.		Child's name					
24.		Child's name					
25.		Child's name					
26.		Child's name					
27.		Child's name					
28.		Other person in home					

29. Residence address (number, street)	City	State	ZIP code	32. Home phone
		CA		( )
31. Mailing address (if different) (number, street, P.O. Box)	City	State	ZIP code	32. Message phone
				( )

33. Family or child's doctor (optional)	34. Family or child's dentist (optional)

This information is requested to meet federal requirements (Federal Register CFR 42, Part 441) and to inform you of services available. The county is required by law to keep this information confidential except as provided in state or federal law or regulation. Further information is available at your local welfare or CHDP offices.

Comments:

35. DSS worker signature	36. DSS worker number	37. DSS worker telephone	38. Date eligibility determined

Copy 1—County CHDP *Copy 2—County CHDP* *Copy 3—Client Case Report (Welfare Department)*
CHDP Referral and Case Management Form

12-1204.34

PM 357 (6/99) Required Form

State of California—Health and Human Services Agency | Department of Health Services

PART B: Completed by EPSDT staff to document assistance with requested health assessment and/or dental services.

Case name (last) (first) (middle)

Contact attempt with responsible person:

Type of Contact	Date	Result	Who Contacted	Date	Result	Who Contacted	FINAL RESULT:
☐ Face-to-face							☐ Contact made
☐ Telephone							☐ No contact made
☐ Mail							

Comments:

Client Name		Type T	Type S	Assistance Given	Date	Provider Name and Telephone	Appt. Date	Appt. Kept Yes	Appt. Kept No	Further Dx/ Rx Needed Yes	Further Dx/ Rx Needed No	Source of Info.	Date PM 160 Received
	M												
	D												
	M												
	D												
	M												
	D												
	M												
	D												

(If more space is needed, attach additional sheets.)

Comments:

EPSDT worker signature | Date

Part C: Completed by CHDP program staff to document follow-up to diagnosis and treatment.

Contact attempt with responsible person:

Type of Contact	Date	Result	Who Contacted	Date	Result	Who Contacted	FINAL RESULT:
☐ Face-to-face							☐ Contact made
☐ Telephone							☐ No contact made
☐ Mail							

Comments:

Client Name	Type of Condition	Response to Offer Trans.	Response to Offer Sched.	Assistance Given	Date	Provider Name and Telephone	Appt. Date	Appt. Kept Yes	Appt. Kept No	Source of Info.

Comments:

CHDP Health Professional Signature | Date

PM 357 (6/99) Required Form

INSTRUCTIONS FOR COMPLETING PART A

ITEM

1–4 Self-explanatory.

5 Check the box if no services are requested but the client wants additional information about the program.

6 Check yes or no as appropriate.

7–8 If item 6 is checked no, skip these items. If item 6 is checked yes, check the boxes in both items 7 and 8 indicating the response to the offer of transportation and scheduling assistance.

9 Check yes or no as appropriate.

10–11 If item 9 is checked no, skip these items. If item 9 is checked yes, check the boxes in both items 10 and 11 indicating the response to the offer of transportation and scheduling assistance.

12–13 When the referral is being made by a CalWORKS, Medi–Cal, or placement worker, check item 12 if the request for services is from a new application or restoration or item 13 if the request is made at the annual redetermination.

14 When services have been requested directly from the local EPSDT Unit or CHDP Program, check item 14.

15–17 Check the one applicable box.

18 Check the box when a Medi–Cal only beneficiary has to pay a share of the costs.

19–20 Complete if applicable. Indicate special communications needs such as deaf, blind, or illiterate—for other circumstances, item 20.

21–28 Fill in the state person number. (Example: 01-father, 02-mother, 11-child, etc.), and the name of the health care plan, if applicable. A person number need not be entered on self-referrals. The unshaded portion must be completed in full by the county welfare department, local EPSDT Unit, or CHDP Program staff for self-referrals, or may be completed by the client.

29–32 Record the caretaker's address and telephone number.

33–34 Optional—not required. Enter the name of the doctor or dentist who currently provides care the eligible children.

Comments: Use this section to record any comments which will help recipients receive requested services, such as the best time for them to be contacted.

35–37 Self-explanatory.

38 "Date eligibility determined"—Enter the date the application is determined eligible, not the date the application was made. For redetermination, the date eligibility determined is the date that the county verifies and certifies that eligibility continues. For "self-referrals" the date of request for services should be entered.

12.1204.35.a

PM 357 (6/99) Required Form

CHDP Referral for SAWS Automated Template

SOME COUNTY
DEPARTMENT OF SOCIAL SERVICES
760 Madison Avenue
P.O. Box 4650
Anywhere, CA 95973

SAWS CHDP REFERRAL

Date:

CASE INFORMATION

CASE LAST NAME FIRST M APP CO AID CODE CASE NUMBER

29 84

RESIDENCE ADDRESS HOME TELEPHONE:
MESSAGE PHONE:

MAILING ADDRESS:

CASE STATUS PRIMARY LANGUAGE

DATE ELIGIBILITY DETERMINED:

☐ NEW APPLICATION ☐ REDETERMINATION ☐ SELF-REFERRAL
☐ CALWORKS ☐ FOSTER CARE ☐ MEDI-CAL ONLY ☐ SHARE OF COST

OTHER CIRCUMSTANCES: _____

PARENT/CARETAKER

PERS LAST NAME FIRST M BIRTH AGE IF HEALTH PLAN MEMBER, GIVE PLAN NAME

PERS CHILD'S LAST NAME FIRST M BIRTH AGE IF HEALTH PLAN MEMBER, GIVE PLAN NAME

OTHER PERSON IN HOME:

REQUESTED MEDICAL SERVICES: SERVICES? Y/N TRANSPORTATION? Y/N SCHEDULING? Y/N

REQUESTED DENTAL SERVICES: SERVICES? Y/N TRANSPORTATION? Y/N SCHEDULING? Y/N

REQUESTED ADDITIONAL INFORMATION BUT NO SERVICES? Y/N

FAMILY DOCTOR:

FAMILY DENTIST:

FORM PM 357 Revision Date: March, 1999

CHDP Referral for Welfare Case Data System Counties

PM 357
DEL 4/87

BD50120--5Z

COUNTY OF ALAMEDA
WELFARE CASE DATA SYSTEM
CHDP REFERRAL FORM

CDS286

CODE 4 SW EW WH6H

CASE NAME LAST FIRST AID-T MS-X CASE NUMBER ELIG. DET. DATE 4-14-00

PAYEE -

PHONE NUMBER-

LANGUAGE-

OAKLAND CA 94603-1602

CASE REFERRED FOR- MEDICAL AND DENTAL WITH SCHEDULING/TRANSPORTATION

ELIGIBLE PERSONS IN CASE REFERRED

PERS NBR	FIRST	LAST	SEX	BIRTHDATE	HC
11	YAS		F	8-13-92	N
12	AD		M	9-28-97	N
13	UNBORN			9-25-00	N

PART B: FOLLOW-UP TO HEALTH ASSESSMENT AND/OR DENTAL SERVICES
CONTACT ATTEMPT WITH RESPONSIBLE PERSON:

TYPE OF CONTACT	DATE	RESULT	WHO CONTACTED	DATE	RESULT	WHO CONTACTED
☐ FACE - TO - FACE						
☐ TELEPHONE						
☐ MAIL						

COMMENTS:

FINAL RESULT:
☐ CONTACT MADE
☐ NO CONTACT MADE

PART B CONTINUED ON REVERSE SIDE

Confidential Referral/Follow Up Report (PM 161)

Online Version: www.ca.gov/pcfh/cms/chdp/publications.htm#pm161

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP CONFIDENTIAL REFERRAL/FOLLOW-UP REPORT

CHDP Health Assessment Provider:

- Retain original form in patient's medical record.
- Send photocopy to diagnosis/treatment provider.

Diagnosis/Treatment Provider:

- Complete and sign form. Retain the signed form in patient's medical record.
- If patient consent is given, send photocopy of completed and signed form to the CHDP Health Assessment Provider.
- If patient consent is given, send photocopy of completed and signed form to the local CHDP program. To find the mailing address for the local CHDP Program, go to www.dhs.ca.gov/chdp.

CHDP HEALTH ASSESSMENT PROVIDER COMPLETES THIS SECTION:

Patient name (Last) (First) (Initial) | BIC number

Date of birth Month Day Year | Sex ☐ Female ☐ Male | Patient's county of residence | Code | Telephone number

Responsible person (Name) (Street) (City) (ZIP code)

Dear _____:
(Diagnosis/Treatment Provider)

The above named patient received a CHDP health assessment on _____. The following suspected condition(s) was identified as needing further evaluation:
(Date)

1. _____

2. _____

3. _____

After you have seen and examined the patient, please note your findings below. If appropriate consent has been obtained below, please send a photocopy to me and/or the local CHDP program. Thank you,

Printed name of CHDP Health Assessment Provider | Signature | Date

Mailing Address (street, number) | City | ZIP code | ( ) Telephone number

PARENT COMPLETES THIS SECTION:

CONSENT: I have read the release of information disclosure on page 2 and I hereby authorize release of information to:

☐ Local CHDP Program ☐ CHDP Health Assessment Provider

Signature of Responsible Person | Date

DIAGNOSIS/TREATMENT PROVIDER COMPLETES THIS SECTION:

A. What was your diagnosis (ICD terminology) of **suspected condition 1**?	What was your diagnosis (ICD terminology) of **suspected condition 2**?	What was your diagnosis (ICD terminology) of **suspected condition 3**?
ICD Code *(optional)*	ICD Code *(optional)*	ICD Code *(optional)*
B. **Result of diagnosis:** *(Check appropriate line.)*	**Result of diagnosis:** *(Check appropriate line.)*	**Result of diagnosis:** *(Check appropriate line.)*
☐ Abnormality not confirmed	☐ Abnormality not confirmed	☐ Abnormality not confirmed
☐ Abnormality confirmed:	☐ Abnormality confirmed:	☐ Abnormality confirmed:
☐ No treatment indicated	☐ No treatment indicated	☐ No treatment indicated
☐ Treatment indicated—given	☐ Treatment indicated—given	☐ Treatment indicated—given
☐ Treatment indicated—referred	☐ Treatment indicated—referred	☐ Treatment indicated—referred
☐ Treatment indicated—not given nor referred	☐ Treatment indicated—not given nor referred	☐ Treatment indicated—not given nor referred
Reason:	**Reason:**	**Reason:**

Diagnosis/Treatment Provider signature ➤ | Date examined Month Day Year | Diagnosis/Treatment Provider's telephone number ( )

PM 161 (4/03) Page 1 of 2

RELEASE OF INFORMATION DISCLOSURE

To the responsible person:

When your child or you are referred for diagnosis and/or treatment as a result of a CHDP health assessment, this form will be used to assist in the referral. Certain information regarding the reason for referral will be written on this form.

The original will be kept in your child's or your confidential patient file by the CHDP health assessment provider, and a copy will be sent to the health care provider or agency providing diagnostic and/or treatment services.

The results of the diagnostic and/or treatment services will be recorded on the copy. It will be kept by the diagnostic and/or treatment provider in your child's or your confidential patient file. With your permission, copies will be distributed as follows:

- A copy will be sent to your local CHDP program to let them know that your child or you received the recommended services. The director or the deputy director of the local CHDP program at your local health department has the responsibility to maintain this copy as a confidential record.

- A copy will be sent to the CHDP health assessment provider to let this provider know that your child or you received the recommended services. This copy will be kept by the health assessment provider in your child's or your confidential patient file.

Confidential Screening/Billing Report - Standard (PM 160)

State of California—Health and Human Services Agency

Department of Health Services

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

7

PLEASE PRINT

PATIENT NAME (LAST) (FIRST) (INITIAL) | MEDICAL RECORD NUMBER | L.A. CODE

BIRTH DATE Month Day Year | AGE | SEX M/F | PATIENT'S COUNTY OF RESIDENCE | CO. CODE | TELEPHONE NUMBER ( ) | NEXT CHDP EXAM Month Day Year | Ethnic Code 1—American Indian 2—Asian 3—Black 4—Filipino 5—Mexican American Hispanic 6—White 7—Other 8—Pacific Islander

RESPONSIBLE PERSON (NAME) (STREET) (APT/SPACE NUMBER) (CITY) (ZIP CODE)

S

CHDP ASSESSMENT Indicate outcome for each Screening procedure	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow-up Code in Appropriate Column NEW C	KNOWN D	DATE OF SERVICE Month Day Year / FEES
01 HISTORY AND PHYSICAL EXAM					01
02 DENTAL ASSESSMENT/REFERRAL					
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05 DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT					06
07 AUDIOMETRIC					07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
10 COMPLETE URINALYSIS					10
12 TB MANTOUX					12

A

M

P

CODE	OTHER TESTS—PLEASE REFER TO THE CHDP LIST OF TEST CODES					CODE	OTHER TESTS

HEIGHT IN INCHES 0 4 | WEIGHT Pounds Ounces | BLOOD PRESSURE

HEMOGLOBIN . | HEMATOCRIT .0% | BIRTH WEIGHT Pounds Ounces

IMMUNIZATIONS
PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

	GIVEN TODAY: NOW UP TO DATE FOR AGE A	GIVEN TODAY: STILL NOT UP TO DATE FOR AGE B	NOT GIVEN TODAY: ALREADY UP TO DATE FOR AGE C	NOT GIVEN TODAY: REFUSED OR CONTRA-INDICATED D

FOLLOW-UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED.
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED.

REFERRED TO | TELEPHONE NUMBER

REFERRED TO | TELEPHONE NUMBER

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA.

ROUTINE REFERRAL(S) (✓) ☐ BLOOD LEAD ☐ DENTAL | PATIENT IS A FOSTER CHILD (✓) ☐

ICD 9 CODES 1 2 3

THE QUESTIONS BELOW MUST BE ANSWERED.

	Yes	No
1. Is patient exposed to passive (second-hand) tobacco smoke?	☐	☐
2. Is tobacco used by patient?	☐	☐
3. Is patient counseled about/referred for tobacco use prevention/cessation?	☐	☐

PATIENT VISIT (✓) 1 ☐ New Patient or Extended Visit 2 ☐ Routine Visit

TYPE OF SCREEN (✓) 1 ☐ Initial 2 ☐ Periodic

TOTAL FEES

PROVIDER OF SERVICE: Name, address, telephone number (please include area code)

PROVIDER NUMBER

1 ☐ Enrolled in WIC 2 ☐ Referred to WIC
NOTE: WIC requires Ht., Wt., and Hemoglobin/Hematocrit

1 ☐ PARTIAL SCREEN 2 ☐ SCREENING PROCEDURE RECHECK
ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY COUNTY AID IDENTIFICATION NUMBER

1 ☐ If covered by Medi-Cal or preenrolled in CHDP Gateway, enter BIC number above.

2 ☐ Patient eligible for CHDP benefits only.

SITE OF SERVICE IF OTHER THAN ABOVE:

This is to certify that the screening information is true and complete, and the results explained to the child or his/her parent or guardian. I understand that payment and satisfaction of this claim may be from federal or state funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable federal or state law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

SIGNATURE OF PROVIDER | DATE

STATE OF CALIFORNIA—CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

COPY 1—MAIL TO MEDI-CAL CHDP

Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT

PM 160 (7/03)

RELEASE OF INFORMATION NOTICE TO THE RESPONSIBLE PERSON:

The information provided on this form is voluntary and is used by the California Child Health and Disability Prevention (CHDP) program in accordance with Article 7, Subchapter 13, Title 17, of the California Administrative Code to monitor program quality, to reimburse providers of health assessments for their services, and to facilitate diagnosis and treatment at the local level for children found to have health problems. Information provided may be transferred to local health departments for follow-ups. Refusal to supply the information requested will hamper efforts to monitor this program, may delay reimbursement procedures, and may delay diagnosis and treatment of health conditions affecting your child. For access to records containing this information, you may contact the individual listed below. You may also request the location of this information and the categories of persons who use it.

Chief, Children's Medical Services Branch
Primary Care and Family Health Division
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

(916) 327-1400

PM 160 (7/03)

Confidential Screening/Billing Report – Information Only (PM 160 INFO ONLY)

State of California—Health and Human Services Agency

Department of Health Services

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

7

PLEASE PRINT

PATIENT NAME (LAST) (FIRST) (INITIAL) | MEDICAL RECORD NUMBER | L.A. CODE

BIRTH DATE Month Day Year | AGE | SEX M/F | PATIENT'S COUNTY OF RESIDENCE | CO. CODE | TELEPHONE NUMBER ( ) | NEXT CHDP EXAM Month Day Year | Ethnic Code 1—American Indian 2—Asian 3—Black 4—Filipino 5—Mexican American Hispanic 6—White 7—Other 8—Pacific Islander

RESPONSIBLE PERSON (NAME) (STREET) (APT/SPACE NUMBER) (CITY) (ZIP CODE)

S

CHDP ASSESSMENT
Indicate outcome for each Screening procedure

	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow-up Code in Appropriate Column: NEW C	KNOWN D	DATE OF SERVICE Month Day Year / FEES
01 HISTORY AND PHYSICAL EXAM					01
02 DENTAL ASSESSMENT/REFERRAL					
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05 DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT					06
07 AUDIOMETRIC					07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
10 COMPLETE URINALYSIS					10
12 TB MANTOUX					12

A

M

FOLLOW-UP CODES
1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED.
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED.

REFERRED TO | TELEPHONE NUMBER

REFERRED TO | TELEPHONE NUMBER

COMMENTS/PROBLEMS
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA.

CODE	OTHER TESTS—PLEASE REFER TO THE CHDP LIST OF TEST CODES					CODE	OTHER TESTS

HEIGHT IN INCHES 0 4 | WEIGHT Pounds Ounces | BLOOD PRESSURE

HEMOGLOBIN | HEMATOCRIT .0% | BIRTH WEIGHT Pounds Ounces

INFORMATION ONLY REPORTING

P

ROUTINE REFERRAL(S) (✓) ☐ BLOOD LEAD ☐ DENTAL | PATIENT IS A FOSTER CHILD (✓) ☐

ICD 9 CODES 1 2 3

IMMUNIZATIONS
PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

	GIVEN TODAY: NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	NOT GIVEN TODAY: ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

THE QUESTIONS BELOW MUST BE ANSWERED.

L

	Yes	No
1. Is patient exposed to passive (second-hand) tobacco smoke?	☐	☐
2. Is tobacco used by patient?	☐	☐
3. Is patient counseled about/referred for tobacco use prevention/cessation?	☐	☐

PATIENT VISIT (✓) 1 ☐ New Patient or Extended Visit 2 ☐ Routine Visit

TYPE OF SCREEN (✓) 1 ☐ Initial 2 ☐ Periodic

TOTAL FEES

PROVIDER OF SERVICE: Name, address, telephone number (please include area code)

HEALTH PLAN CODE/PROVIDER NUMBER

1 ☐ Enrolled in WIC 2 ☐ Referred to WIC

NOTE: WIC requires Ht., Wt., and Hemoglobin/Hematocrit

E

1 ☐ PARTIAL SCREEN 2 ☐ SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY COUNTY AID IDENTIFICATION NUMBER

RENDERING PROVIDER (PRINT NAME):

SIGNATURE OF PROVIDER | DATE

STATE OF CALIFORNIA—CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

COPY 1—MAIL TO MEDI-CAL CHDP

Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT

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Chief, Children's Medical Services Branch
Primary Care and Family Health Division
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

(916) 327-1400

PM 160 INFORMATION ONLY (7/03)

Important Information for Persons Requesting Medi-Cal (MC 219)

Online Version: www.dhs.ca.gov/publications/forms/pdf/mc219.pdf

State of California—Health and Human Services Agency | Department of Health Services

ENGLISH

IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL

PRIVACY AND CONFIDENTIALITY NOTIFICATION

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get Medi-Cal benefits. The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Administrative Vendor (AV) to process claims and make Benefits Identification Cards (BICs).
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and Social Security Numbers (SSNs).
4. To verify alien status with the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or Permanently Residing in the U.S. Under Color of Law (PRUCOL) or Amnesty Aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

MEDI-CAL APPLICANT/BENEFICIARY RIGHTS, RESPONSIBILITIES, AND UNDERSTANDINGS

I HAVE THE RIGHT TO:

1. Ask for an interpreter to help me in applying for Medi-Cal if I have difficulty in speaking or understanding the English language.
2. Request a face-to-face interview with a county representative.
3. Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
4. Apply as a disabled person if I think I am disabled.
5. Receive information about the rules for retroactive Medi-Cal eligibility.
6. Apply for Medi-Cal and to be told in writing whether I qualify for any Medi-Cal program.
7. Review Medi-Cal program rules and regulation manuals if I want to question the basis on which my eligibility is approved or denied.
8. Have all facts that I give to the county welfare department kept in the strictest confidence and to look at those facts during regularly scheduled office hours.
9. Receive an immediate need card, **when possible and eligible**, if I have a medical emergency or I am pregnant.
10. Receive Medi-Cal, as authorized, while my satisfactory immigration status is being documented and verified, if I am otherwise eligible. **Aliens who are lawfully admitted for permanent residence or PRUCOL or Amnesty Aliens with a valid and current I-688 card are in a satisfactory immigration status.**
11. Receive information about the Child Health and Disability Prevention Program (CHDP) and the Special Supplemental Food Program for Women, Infants, and Children (WIC), and to ask for help in receiving those services.
12. Receive information about the Personal Care Service Program (PCSP), and to ask for help in receiving those services.
13. Receive information about the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).
14. Ask for and receive information about the Family Planning Program and be told if I am eligible for those services.

MC 219 (2/02) On-line | Page 1 of 4

IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL (Continued)

15. Speak to a social worker about other public or private services or resources that I can get.
16. Receive information about Medi-Cal Health Care Plans that my family and I can join to get a doctor and other medical care, and to choose the option I prefer.
17. Lower my share of cost by providing past unpaid medical bills (that I still owe).
18. Reduce my property reserve to within the Medi-Cal property limit by the last day of a month for which I want Medi-Cal, including the month I apply, and to be told how I may spend my excess property.
19. Divide countable (nonexempt) community (MY SPOUSE's AND MY) property by written agreement into equal shares of separate property if ether of us entered a long-term care (LTC) facility before September 30, 1989.
20. Keep a certain amount of countable separate and community property if I enter an LTC facility on or after January 1, 1990. My spouse and I have the right to be told the amount.
21. Have a state hearing if I am dissatisfied with an action taken (or not taken) by the county welfare department or the State Department of Health Services, except actions relating to the Health Insurance Premium Payment (HIPP) and Employer Group Health Plan (EGHP) programs. If I want a state hearing to appeal the decision, I must ask for it within **90 days** of the date the Notice of Action (NOA) was mailed to me. If I do not receive a NOA, I must request a hearing within **90 days** from the date I discover the action (or inaction) with which I am dissatisfied. The date of discovery is the date I know, or should have known, of the action. The best way to ask for a hearing is to contact the nearest county welfare department.

I HAVE THE RESPONSIBILITY TO TELL MY COUNTY REPRESENTATIVE WITHIN TEN DAYS WHENEVER:

1. Income received by me or any member of my family increases, decreases, starts, or stops. This includes income from Social Security Administration (SSA), loans, settlements, or any other source.
2. I plan to change or have already changed my place of residence or mailing address.
3. A person, including a newborn child, whether or not related to me or my family, moves into or out of my home.
4. An absent parent returns to the home.
5. I or a member of my family gives birth, becomes pregnant, or ends a pregnancy.
6. I, my spouse, or any member of my family enters or leaves a nursing home or an LTC facility.
7. I receive, transfer, give away, or sell real or personal property (including money), or when someone gives me or a member of my family such things as a car, house, insurance payments, etc.
8. I have any expenses that are paid for by someone other than myself.
9. I or a member of my family gets a job, changes jobs, or no longer has a job.
10. I have a change in expenses related to my job or education. (For example: child care, transportation, etc.)
11. I or a member of my family becomes physically or mentally impaired (this would include a child in the family).
12. I or a member of my family applies for disability benefits with the SSA, Veterans Administration, or Railroad Retirement.
13. One of my children drops out of school or returns to school.
14. There is a change in the citizenship/immigration status of any family member applying for or receiving Medi-Cal.
15. Health insurance coverage for me or a member of my family changes.

I HAVE THE RESPONSIBILITY TO:

1. Complete and return a status report by the date required when requested.
2. Give proof that I am a resident of California.

IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL (Continued)

3. Make a declaration about my citizenship/immigration status.
4. Provide an SSN for myself and/or for any member of my family who has an SSN and wants Medi-Cal benefits. If I am a U.S. citizen, a U.S. national, or an alien in a satisfactory immigration status, I must apply for an SSN and provide it to the county if I do not already have one. If I need to apply for an SSN, I can get help from my eligibility worker, but I must work with the SSA to clear up any questions or my Medi-Cal will be denied or stopped. (Aliens who are not in a satisfactory immigration status and do not have an SSN can get **restricted Medi-Cal** without applying for an SSN if they meet all the rules.)
5. Apply for any income that may be available to me or any member of my family.
6. Apply for Medicare benefits if I am blind, disabled, have End Stage Renal Disease, or am 64 years and 9 months of age or older and eligible. I am responsible for telling my providers that I have both Medi-Cal and Medicare coverage.
7. Apply for and enroll in any health insurance if that is available to me and my family at no cost. I have the responsibility to remain enrolled in the health plan when Medi-Cal approves payment of plan premiums by the State of California.
8. Report to the county department, and to the health care provider, any health care coverage/insurance I carry or am entitled to use, including Medicare. If I willfully fail to give this fact, I may be guilty of a criminal offense, or may be billed by my provider.
9. Go to my health care plan (such as Kaiser, CHAMPUS, or a Medicare HMO) for medical care. (Medi-Cal will not pay for any services covered by the plan.)
10. Give any insurance payments I receive to the State if Medi-Cal has already paid for my care.
11. Go to a presentation, if presentations are given, and make a written choice, **or** answer if received by mail, about how I want to get my Medi-Cal benefits. If I do not go and make a choice, **or** choose by mail, my eligible family members and I may be signed up in a Medi-Cal Health Care Plan near my home.
12. Sign and date my BIC when I get it and ensure it is used only to get necessary health care for myself or eligible family members.
13. Take my BIC to my medical provider when I am sick or have an appointment. In emergencies when the BIC is not in hand, I must get the BIC to the medical provider when possible.
14. Report to the county department when I receive health care services because of an accident or injury caused by another person's action or failure to act, for which Medi-Cal has been, or may be billed.
15. Cooperate with the State or county in establishing paternity and identifying any possible medical coverage I or my family may be entitled to through an absent parent.
16. Cooperate with the State of California if my case is selected for review by the quality control review team. If I refuse to cooperate, my Medi-Cal benefits will be stopped.

I UNDERSTAND THAT:

1. Failure to give necessary facts or deliberately giving false facts can result in Medi-Cal benefits being denied or stopped. My case may also be investigated for suspected fraud.
2. The facts I give will be checked by computer with facts given by employers, banks, SSA, Franchise Tax Board, welfare, and other agencies. I will have the right to give proof to correct any facts which are found to be wrong.
3. Aliens who are not in a satisfactory immigration status and do not have an SSN can get **restricted** Medi-Cal without applying for an SSN if they meet all the rules.
4. Immigration status data given as part of the Medi-Cal application is confidential.
5. Based on my income, I will have to pay or be billed for part of my medical expenses before I can get Medi-Cal.
6. If I do not report changes promptly, and because of this, receive Medi-Cal benefits that I am not eligible for, I may have to repay the State Department of Health Services.

IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL (Continued)

7. If I am receiving Medi-Cal based on disability and I apply for disability benefits from the **SSA, and the SSA** denies my disability claim, my Medi-Cal may be stopped. If I appeal my SSA denial right away, my Medi-Cal will continue until the SSA makes a final decision. If the SSA allows my claim, then my Medi-Cal benefits will continue. If the SSA does not allow my claim, then my Medi-Cal benefits will stop.
8. As a condition of Medi-Cal eligibility, all rights to medical support and/or payment for medical services for myself and any eligible persons that I have legal responsibility for, are automatically assigned to the State.
9. If medical support is court-ordered from an absent parent for my children, the insurance carrier must allow me to enroll and provide benefits to my children without the absent parent's consent.
10. If I don't apply for or keep no-cost health coverage or state-paid coverage, my Medi-Cal benefits and/or eligibility will be denied or stopped.
11. When I apply for Medi-Cal, I will be evaluated for potential eligibility under other medical assistance programs, including the HIPP and EGHP programs.
12. If I ask a Medi-Cal provider for any services not covered by my **non-Medi-Cal** health insurance plan, I must give the medical provider a written statement from my health plan saying it does not offer the Medi-Cal-covered services.
13. Medi-Cal providers cannot collect insurance copayment, coinsurance, or deductibles from me unless the payment is used to meet my Medi-Cal share-of-cost and/or copayment.
14. If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.
15. After my death, the State has the right to seek reimbursement from my estate for all Medi-Cal benefits I received after age 55 unless I have a surviving spouse (during his or her lifetime), minor children, blind or permanently and totally disabled children, or it would create a hardship for my heirs.
16. After the death of my surviving spouse, the State has the right to claim from the part of his or her estate received from me, all Medi-Cal benefits I received after age 55 up to the amount of property my spouse received from my estate.

Sign and keep for your records.

I hereby state that I have reviewed the information on this form with the county representative and that I fully understand my RIGHTS AND RESPONSIBILITIES to have my eligibility determined for Medi-Cal and to maintain that eligibility.

➤ _____ _____

Applicant/Representative Signature *(optional)* Date

COUNTY USE SECTION

I have provided (check one) ❒ In person ❒ By mail to the applicant the rights, responsibilities, and other information listed on this form.

➤ _____ _____ _____

Eligibility Worker's Signature Worker Number Date

MC 219 (2/02) On-line Page 4 of4

State of California – Health and Human Services Agency Department of Health Services

NOTE: The Temp 602 B CHDP/FP Questionnaire form is no longer in use since the end of the option for CalWORKs Redetermination by mail. However, this form may be useful when considering strategies for informing those persons who apply to Medi-Cal Only by mail.

Medical and Dental Exams for Children and Youth and Family Planning Services (TEMP 602 B)

Please read the enclosed booklets. If you have any questions about the Child Health and Disability Prevention (CHDP) Program, please call the number listed on the back of the CHDP booklet. If you have any questions about Family Planning, please call toll-free 1-800-942-1052.

Your answers to the following questions will not affect your eligibility for cash aid.

a. Members of your family who are under age 21 and on Medi-Cal are eligible for free medical and dental exams. The medical exam includes a complete physical, immunizations (shots), eye and hearing tests, and information about growth and development. Regular medical and dental exams help protect your family's health and are available upon request through the CHDP program.

Please check box if you want:

- More information about CHDP services. ☐ Yes
- More information about immunization services. ☐ Yes
- A medical exam for your children. ☐ Yes
- A dental exam for your children. ☐ Yes
- Help making an appointment or getting to the doctor or dentist. ☐ Yes

b. Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.

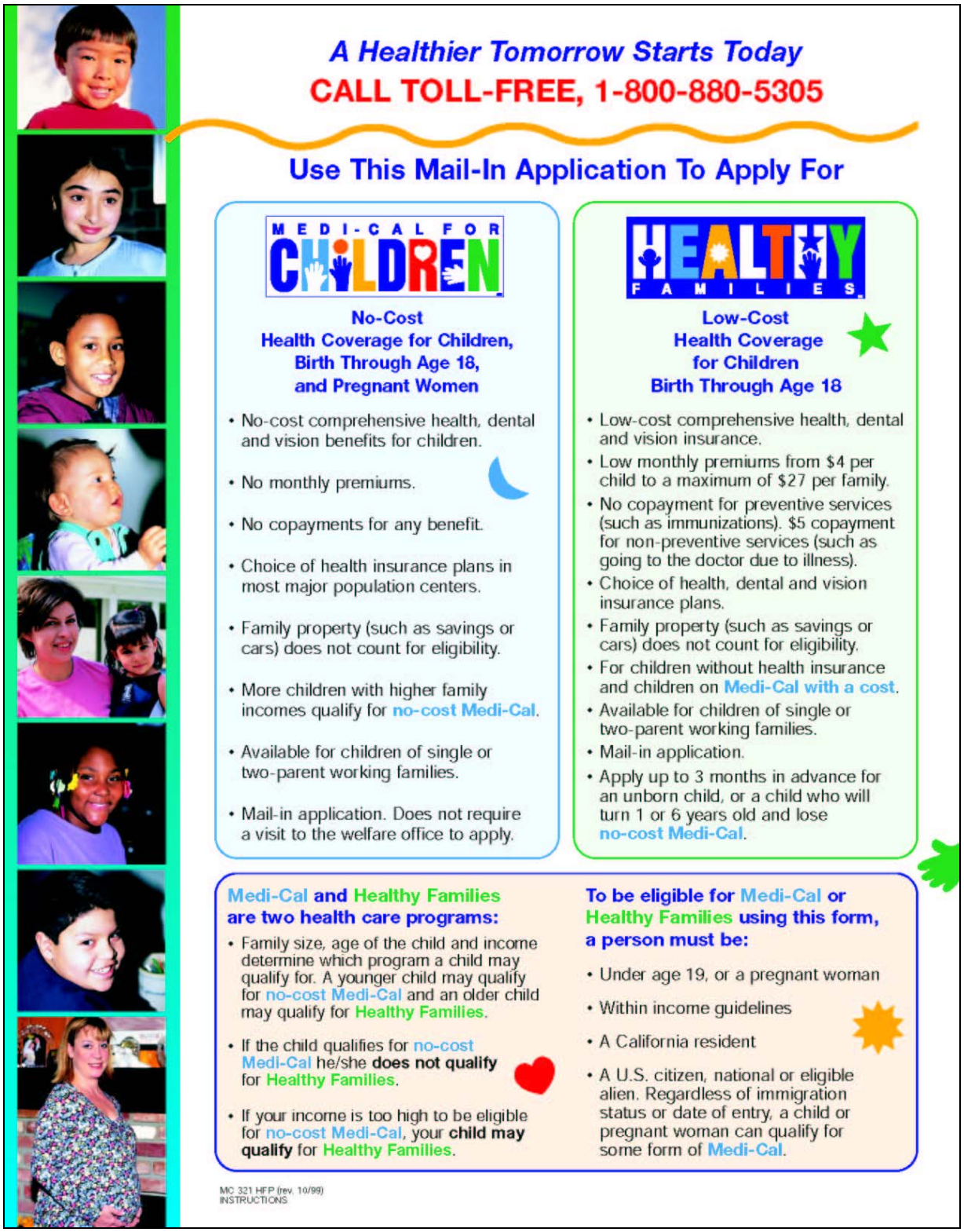
✉ Please print your name, address, telephone and social security numbers in the space below. Return this form with your next Monthly Income Eligibility form.

Name:	_____	Telephone Number:	( ) _____
Address:	_____	Social Security Number:	_____
City:	_____	Zip Code:	_____

Temp 602B CHDP/FP Questionnaire Revision Date March 1999

Medi-Cal/Healthy Families Mail-In Application (MC 321 HFP)

Online Version: www.mrmib.ca.gov/MRMIB/HFP/HFPApplication.pdf



A Healthier Tomorrow Starts Today

CALL TOLL-FREE, 1-800-880-5305

Use This Mail-In Application To Apply For

MEDI-CAL FOR CHILDREN

No-Cost Health Coverage for Children, Birth Through Age 18, and Pregnant Women

- No-cost comprehensive health, dental and vision benefits for children.
- No monthly premiums.
- No copayments for any benefit.
- Choice of health insurance plans in most major population centers.
- Family property (such as savings or cars) does not count for eligibility.
- More children with higher family incomes qualify for no-cost Medi-Cal.
- Available for children of single or two-parent working families.
- Mail-in application. Does not require a visit to the welfare office to apply.

HEALTHY FAMILIES

Low-Cost Health Coverage for Children Birth Through Age 18

- Low-cost comprehensive health, dental and vision insurance.
- Low monthly premiums from $4 per child to a maximum of $27 per family.
- No copayment for preventive services (such as immunizations). $5 copayment for non-preventive services (such as going to the doctor due to illness).
- Choice of health, dental and vision insurance plans.
- Family property (such as savings or cars) does not count for eligibility.
- For children without health insurance and children on Medi-Cal with a cost.
- Available for children of single or two-parent working families.
- Mail-in application.
- Apply up to 3 months in advance for an unborn child, or a child who will turn 1 or 6 years old and lose no-cost Medi-Cal.

Medi-Cal and Healthy Families are two health care programs:

- Family size, age of the child and income determine which program a child may qualify for. A younger child may qualify for no-cost Medi-Cal and an older child may qualify for Healthy Families.
- If the child qualifies for no-cost Medi-Cal he/she **does not qualify** for Healthy Families.
- If your income is too high to be eligible for no-cost Medi-Cal, your **child may qualify** for Healthy Families.

To be eligible for Medi-Cal or Healthy Families using this form, a person must be:

- Under age 19, or a pregnant woman
- Within income guidelines
- A California resident
- A U.S. citizen, national or eligible alien. Regardless of immigration status or date of entry, a child or pregnant woman can qualify for some form of Medi-Cal.

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HOW TO APPLY:

To apply, you **do not** have to figure out what program(s) the child or pregnant woman is eligible for.

- Just fill out application pages A1-A3 and mail it with all required documents.
- If it appears your child is eligible for Healthy Families, you may also fill out page A4. Mail all 4 pages (A1-A4), with a premium payment and all required documents. You can do this now or we will contact you after we determine your child is eligible. If you fill it out now, coverage will start sooner.

DO YOU NEED HELP? ALL HELP IS FREE!

If you want to know which program you qualify for **before** you sign and submit your application, or you need help completing the application, call us **toll-free, 1-800-880-5305**. Our operators can also give you the name and telephone number of a trained Certified Application Assistant in your community.

GROSS MONTHLY INCOME

You do not have to know which program your child may qualify for, but you can use the chart below if you want an idea. If your family's monthly income is at or below the amount shown, your child may qualify for Healthy Families or no-cost Medi-Cal. If you work, pay for child care, or pay/receive child support and/or alimony, we will reduce the family's income level. Family income, family size and allowable deductions are explained throughout these instructions. For information about larger families, call us **toll-free, 1-800-880-5305** or ask a **Certified Application Assistant**.

FAMILY SIZE	CHILD BIRTH UP TO AGE 1 OR PREGNANT WOMAN MEDI-CAL	CHILD BIRTH UP TO AGE 1 HEALTHY FAMILIES	CHILD AGE 1 THRU 5 MEDI-CAL	CHILD AGE 1 THRU 5 HEALTHY FAMILIES	CHILD AGE 6 THRU 18 MEDI-CAL	CHILD AGE 6 THRU 18 HEALTHY FAMILIES
1	$0 - $1,477	$1,478 - $1,846	$0 - $982	$ 983 - $1,846	$0 - $ 739	$ 740- $1,846
2	$0 - $1,990	$1,991 - $2,488	$0 - $1,324	$1,325 - $2,488	$0 - $ 995	$ 996- $2,488
3	$0 - $2,504	$2,505 - $3,130	$0 - $1,665	$1,666 - $3,130	$0 - $1,252	$1,253 - $3,130
4	$0 - $3,017	$3,018 - $3,771	$0 - $2,007	$2,008 - $3,771	$0 - $1,509	$1,510 - $3,771
5	$0 - $3,530	$3,531 - $4,413	$0 - $2,348	$2,349 - $4,413	$0 - $1,765	$1,766 - $4,413
6	$0 - $4,044	$4,045 - $5,055	$0 - $2,689	$2,690 - $5,055	$0 - $2,022	$2,023 - $5,055

APPLICATION INSTRUCTIONS

SECTION 1

Tell us about the person applying for the child, the pregnant woman, the unborn child, or him or herself.

Question 16

We encourage you to take advantage of health care for your children regardless of which program they qualify for.

- **Children**: We will enroll your child in the program he/she is eligible for unless you tell us not to. If you do not want your child enrolled in one of these programs, tell us by checking the box of the program you do not want. This means if you check the Medi-Cal box and your child is eligible for Medi-Cal, he or she will not get health care coverage from either program.
- **Pregnant Women**: The Access for Infants and Mothers (**AIM**) program provides health care to uninsured pregnant women whose income is too high to qualify for no-cost Medi-Cal. **AIM** also provides health care for the baby for up to 2 years. For more information and an application for AIM, call **1-800-433-2611**.

SECTION 2

Tell us about the children under 19 and/or the pregnant woman who want health coverage.

Answer Questions 17-32 for each child or pregnant woman wanting health coverage. If you are applying for an unborn child, check the box for unborn child under the **Child 1** column and tell us all the information you know at this time. Coverage for the unborn child will begin after Healthy Families receives documentation of the child's birth. To add more children, use a separate piece of paper or a photocopy of pages A1 and A2 of the application.

Question 18

Answer this question if it is different from the answer for Question 17.

Question 19

Write the complete address including Street Number and Name, Apartment Number, City and Zip Code, if different from Section 1.

Question 20

How is each child or pregnant woman related to the person in Section 1, Question 1. **For example:** daughter, spouse, stepchild, nephew, etc.

GO TO PAGE 3

MEDI-CAL FOR CHILDREN

APPLICATION

Please use the instructions to complete this application.
Print clearly. Use black or blue ink only.

HEALTHY FAMILIES

TEAR HERE

SECTION 1: Tell us about the person applying for the child, the pregnant woman, the unborn child, or him or herself.

1 LAST NAME	FIRST NAME	MIDDLE INITIAL	2 BIRTHDATE / / MO DATE YR
3 HOME ADDRESS (NUMBER AND STREET). **DO NOT USE A P.O. BOX**		4 APARTMENT NUMBER	5 HOME PHONE # ( )
6 CITY	7 COUNTY	8 ZIP CODE	9 WORK PHONE # ( )
10 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) OR P.O. BOX		11 APARTMENT NUMBER	12 MESSAGE PHONE # ( )
13 CITY			14 ZIP CODE
15A WHAT LANGUAGE DO YOU SPEAK BEST?		15B WHAT LANGUAGE DO YOU WRITE BEST?	

16 We will enroll the child or pregnant woman in the program they qualify for. If you do not want to be enrolled in one of these programs, check the box(es) below.

I DO NOT WANT:
- ❑ **Healthy Families**: Do not send birth certificates. Do not complete the Healthy Families Page.
- ❑ **Medi-Cal**

SECTION 2: Tell us about the children under 19 and/or the pregnant woman who want health coverage.

	Child 1 or Unborn (Check box ❑ if unborn)	Child 2	Child 3	Child 4	Pregnant Woman
17 Name: Last					
First					
Middle					
18 Name on Birth Certificate: Last (If same as #17 above, leave blank.)					
First					
Middle					
19 If the child's address is **not** the same as in Section 1, Question 3, give complete address:					
20 Relationship to person in Section 1:					
21 Sex:	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
22 Date of Birth:	/ / MO DATE YR	/ / MO DATE YR	/ / MO DATE YR	/ / MO DATE YR	/ / MO DATE YR
23 Place of Birth: County or State or Country, if outside the U.S.					
24 Ethnic Code: (See #24 Instructions)					
25 U.S. Citizen or National? If "no", please write date of entry into U.S.	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR
26 Social Security #:					

Social Security Numbers are not required for Healthy Families or for persons who want emergency or pregnancy related services only.

TEAR HERE

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FOR HELP, CALL TOLL-FREE, 1-800-880-5305

SECTION 2: Continued

	Child 1 or Unborn (Check box ☐ if unborn)	Child 2	Child 3	Child 4	Pregnant Woman
27 Mother's Name: Last					
First					
Does the mother live in the home?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
28 Father's Name: Last					
First					
Does the father live in the home?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
29 Name of teen's spouse or pregnant woman's husband: *(If living in the home)*					
30 Does any person(s) being applied for have **no-cost Medi-Cal**? If "yes", give date coverage ends/ended.	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR	❑ Yes ❑ No / / MO DATE YR
31 Does the pregnant woman and/or children have other health, dental or vision insurance?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
32 Were any of the children insured by an employer in the last 90 days? If "yes", check the main reason why health insurance stopped and give the date it stopped.	❑ Yes ❑ No ❑ Lost job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other / / MO DATE YR	❑ Yes ❑ No ❑ Lost job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other / / MO DATE YR	❑ Yes ❑ No ❑ Lost job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other / / MO DATE YR	❑ Yes ❑ No ❑ Lost job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other / / MO DATE YR	❑ Yes ❑ No ❑ Lost job ❑ Moved and no insurance available ❑ Employer ended benefits to all employees ❑ COBRA coverage ended ❑ Other / / MO DATE YR

SECTION 3: Family members living in the home. Family size is taken into consideration when determining which program your children are eligible for.

33 List any other children living in the home under age 21 who are not listed in Section 2. Give their relationship to the person in Section 1, Question 1.

LAST NAME, FIRST NAME _____ RELATIONSHIP _____ LAST NAME, FIRST NAME _____ RELATIONSHIP _____

LAST NAME, FIRST NAME _____ RELATIONSHIP _____ LAST NAME, FIRST NAME _____ RELATIONSHIP _____

34 Are any family members who are living in the home pregnant? ❑ Yes ❑ No

If yes, who: _____ Date Due: _____

35 List any stepparent living in the home not already listed: _____ LAST NAME, FIRST NAME

36 Do any of the people listed in this Section, or any of the parents listed in Section 2, want **Medi-Cal**? ❑ Yes ❑ No

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TEAR HERE

SECTION 4: List the gross income (before taxes) of all persons listed in Section 2, Questions 17, 27, 28, 29 and Section 3 who live in the home. If self-employed or using federal income tax return to prove income, only complete Questions 37, 38 and 40 in this section.

37 NAME OF PERSON WITH INCOME	38 SOURCE OF INCOME?	39 HOW OFTEN RECEIVED?	40 HOW MUCH GROSS INCOME?	41 SOCIAL SECURITY # *(Optional)*
1.				
2.				
3.				
4.				

SECTION 5: Deductions from Family Income. The answers in this section will help determine what amounts will be deducted from your family's gross monthly income.

42 TYPE OF PAYMENT YOUR FAMILY MAKES	43 NAME OF PERSON WHO PAYS	44 MONTHLY AMOUNT PAID
Child Support		
Alimony		

45 CHILD CARE OR DEPENDENT CARE *(List child's name)*	46 AGE	47 MONTHLY AMOUNT PAID
1.		
2.		
3.		
4.		

SECTION 6: Other Coverage.

48 Has anyone filed a lawsuit because of an accident or injury on behalf of the pregnant woman and/or child applying for benefits? ❑ Yes ❑ No

49 Does the pregnant woman and/or child want to apply for Medi-Cal coverage for any unpaid medical expenses in the last 3 months? ❑ Yes ❑ No

If "yes", list month(s):_____

SECTION 7: Voluntary Information. Not required. Your answers will not affect your eligibility but they will help the state to get additional federal money to pay for health care programs.

50 Is there more than one car in the children's household? ❑ Yes ❑ No

51 Is there more than $3,150 cash in bank accounts in the children's household? ❑ Yes ❑ No

SECTION 8: Signature and Certification.

52 I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application, the declarations made, and the documents submitted are true and correct to the best of my knowledge and belief. I declare that I have read and understand the application instructions, the declarations, and all information printed on this application.

Signature_____ Date_____

Witness Signature_____ Date_____
(If person signed with a mark)

Authorized Representative *(If any)* _____ Date_____

SECTION 9: Reimbursement for Application Assistance. For Certified Application Assistant use only.

TEAR HERE

53 I certify I had help completing this form from the Certified Application Assistant listed below. This CAA help was **FREE** of charge. The state will not issue a reimbursement to the EE unless Section 9 is completely and correctly filled out at the time this application is submitted.

Applicant Signature_____ Date_____

CAA Signature_____ CAA#_____ EE#_____ Date_____

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FOR HELP, CALL TOLL-FREE, 1-800-880-5305

HEALTHY FAMILIES

If it appears you qualify for **Healthy Families** and want to choose your health, dental and vision plan now, fill out this page. Otherwise, we will contact you later for this information. See your **Healthy Families Handbook** for more information, or visit our web site at **www.healthyfamilies.ca.gov**.

SECTION A: Health, Dental and Vision Plan Choices.

54 Health Plan/Code	55 Dental Plan/Code	56 Vision Plan/Code

57 Name of Doctor/Clinic *(optional)*	58 Doctor/Clinic Code *(optional)*	59 Name of Dentist/Clinic *(optional)*	60 Dentist/Clinic Code *(optional)*

SECTION B: Rural Demonstration Project.

61 If you are in any of these groups, there is a new statewide health, dental and vision plan combination offered to you. You can pick this new combination and put the code in the box below. See the **Healthy Families Handbook** for the combination code number.

Check all boxes that apply to you.

❑ Native American Indian **OR** Working in seasonal or migratory jobs: ❑ Agriculture ❑ Forestry ❑ Fishing

Plan Combination Code

SECTION C: Healthy Families Declarations

I declare that each person I am applying for:

- is a resident of California.
- is not in jail or in a mental hospital.
- is not eligible for Medicare Part A and Part B.
- is not a member of a family that is eligible for health benefits from the California Public Employees Retirement System Health Benefits Program(s).

I further declare that:

- all individuals listed on this application will abide by the rules of participation, the utilization review process and the dispute resolution process of the participating plans in which the individual is enrolled.
- I have read and understand the **Healthy Families Handbook**. I understand what it says about each health, dental and vision plan and the benefits they offer.
- I am applying for all of my children eligible for **Healthy Families**, unless they are already enrolled, or I am 18 years old or a minor and applying for myself.
- I agree to pay 6 monthly premiums. If I do not pay the premiums, I will be taken off the program and cannot participate again for 6 months. I will have to pay for any **Healthy Families** services I use in the last month after coverage ended.
- I give permission to **Healthy Families** to check my family income, health coverage, immigration status of the people I am applying for, and all other facts on this application.
- I agree to notify the program within 30 days of any change of address of any person applied for who is accepted into the program and any change in the applicant's billing address.

SECTION D: Privacy Notice.

The Information Practices Act of 1977 and the Federal Privacy Act require the **Healthy Families** Program to provide the following notice to individuals who are asked by **Healthy Families** to supply information:

Personal and medical information requested is for subscriber identification and program administration purposes only. Program regulations under Title 10, CCR, Section 2699.6600 require that every individual furnish certain information when applying to the **Healthy Families** Program. Subscriber's information may be shared with State and local agencies involved in the administration of health programs. Information (including immigration status) about persons who do not become subscribers, will be used only for purposes of eligibility determination and program administration. Failure to furnish this information may result in the return of the application as incomplete.

The following information on the application is not mandatory: social security number, ethnicity information (unless the subscriber is a Native American Indian) and any other item marked voluntary or optional. An individual has a right to access records containing his/her personal information that are maintained by the Managed Risk Medical Insurance Board. The official responsible for maintaining the information is the Deputy Director of Eligibility and Enrollment, Managed Risk Medical Insurance Board, 1000 G Street, Room 450, Sacramento, California 95814, (916) 324-4695.

SECTION E: Resolving Disputes.

If you enroll in certain plans you agree to have certain claims (which may include medical malpractice claims) decided by neutral binding arbitration. Members give up their right to a jury or court trial. The **Healthy Families Handbook** has information about each plan and the arbitration requirements. You may call the plans you choose to find out more.

SECTION F: Signature and Certification.

62 **I certify** that I have read and understand the information above. **I also certify** that the information I have given on this form is true and correct.

Signature _____ Date _____

Witness Signature _____ Date _____
(If person signed with a mark)

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FOR HELP, CALL TOLL-FREE, 1-800-880-5305

APPLICATION INSTRUCTIONS

SECTION 2 Continued

Question 23

Write the place of birth for each child or pregnant woman. If born in California, write the name of the county. If born outside of California, write the name of the state. If born outside the United States, write the name of the country.

Question 24

Use the chart below to find the ethnic code number or letter to answer Question 24. Giving an ethnic code is optional unless Native American Indian.

Ethnic Codes

1	White	A	Amerasian	N	Asian Indian
2	Hispanic	C	Chinese	P	Hawaiian
3	Black/African American	H	Cambodian	R	Guamanian
4	Asian	J	Japanese	T	Laotian
5a	Native American Indian	K	Korean	V	Vietnamese
5b	Alaskan Native	M	Samoan	Z	Other
7	Filipino				

Question 25

- Immigration information we get as part of this application is private and confidential. The State will use this information only for eligibility determination and program administration. (See Privacy Notifications.)

Medi-Cal and Healthy Families do not collect information on the immigration status of parents/guardians who are not seeking health coverage for themselves. These programs cannot and will not provide information on the immigration status of such parents to the INS or use immigration information to demand or collect repayment information from recipients for services lawfully received.

- Give immigration information **only for** the people applying for health coverage. Do not give information for people (such as parents) who are not applying.
- Many immigrants can qualify for **Healthy Families** and **Medi-Cal**.

  For **Healthy Families**: children must be eligible qualified aliens. The **Healthy Families Handbook** explains which aliens may be eligible and lists different types of immigration status.

  For **Medi-Cal**: undocumented children and pregnant women can get pregnancy-related and emergency services. Immigrants who meet all income and immigration requirements can get **complete Medi-Cal benefits**.

Question 26

- Social Security numbers **are not required** for **Healthy Families** or for persons who want **Medi-Cal** for emergency or pregnancy related services only.
- The Social Security number of each child, teen or pregnant woman applying for **complete Medi-Cal benefits** is required.
- If you do not have a Social Security number and want **complete Medi-Cal benefits**, you can apply now and provide the number within the next 60 days.
- For more information on how to apply for a Social Security number, please call the Social Security Administration **toll-free, 1-800-772-1213**.

Question 27

Write the name of the mother of each child and/or the pregnant woman. If the mother is the same for all children, write her name for child 1, write "same" for the other children and/or pregnant woman.

Question 28

Write the name of the father of each child and/or the pregnant woman. If the father is the same for all children, write his name for child 1, write "same" for the other children and/or pregnant woman.

Question 29

Write the name of the spouse of the teen if the spouse is living in the home. Write the name of the pregnant woman's husband if her husband is living in the home.

Question 30

If the child had or now has **no-cost Medi-Cal** and the county sent a notice stating that the child now has or will have **Medi-Cal with some cost**, check "yes". Give the date the **no-cost Medi-Cal** coverage will end for each person. If the answer is "no", check "no".

Questions 31 and 32

- For **Medi-Cal**: You can get **no-cost Medi-Cal** and still have other health coverage. **Medi-Cal** may cover what your other insurance does not.
- For **Healthy Families**: Your child will not be eligible for **Healthy Families** if he/she has employer-sponsored health insurance.

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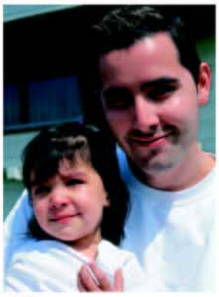
SECTION 3



Family members living in the home. Family size is used to determine which program your children are eligible for.

Who counts as an adult family member?

- natural or adoptive parents of the child who would get benefits
- husband of the pregnant woman applying
- pregnant woman
- emancipated minor or minor living on their own and self supporting

Who counts as natural and adoptive children?

- unborn child
- all children under age 21 living in the home
- all children under age 21 away at school and claimed as tax dependents

Do not count family members who get public assistance such as **SSI/SSP** or **CalWORKs**.

Question 33

Children under 21 years of age living in the home are counted as family members in family income calculation. **For example:** if there are two children listed in Section 2 and two children listed in Section 3, we may be able to count four children in the home instead of two. List the brothers, sisters, stepbrothers, stepsisters in the home who are not listed in Section 2, Question 17 (child 1, child 2, child 3 or child 4).

Question 34

Prenatal care is important for all pregnant women. The answer to this question will help a **Medi-Cal** program representative identify pregnant women's applications and process them faster.

Question 35

The answer to this question will help us figure your correct family income.

Question 36

Check "yes" if a brother/sister, stepbrother/stepsister between the ages of 19-21, or a parent or stepparent want **Medi-Cal** coverage. If you check "yes", you will be contacted for more information.

SECTION 4

List income of all persons in Section 2 and 3 who live in the home. This information is used to determine which program you are eligible for.

Question 37

Use a separate line for each person who gets income. If a person gets income from two different sources, use two lines. **For example:** If Maria has two jobs, use one line for each job to report her earnings.

Question 38

List where the income comes from. **For example:** income could come from work (employer or self employment); child support from a parent who is not in the home; alimony from an ex-spouse; benefit payments from government agencies such as Social Security Retirement Survivor Disability Insurance and Veterans Administration; insurance policies; pension funds; rental properties; and gifts from relatives and friends, etc. If you have questions about what income to list, please call **toll-free, 1-800-880-5305**.

Do not list as income SSI/SSP payments; foster care payments for foster children in your care; college work study; CalWORKs payments (replaces AFDC); loans; and earnings of a child under age 14 or who goes to school.

Question 39

How often is this income received?
For example: once-a-week (weekly), every two weeks, two times a month, once a month, once a year, etc.

Question 40

- Write the amount of income you get each time. **For example:** if the income is received once a week, write the weekly amount in the box.
- If the income amounts change from time to time, put the average amount received on a regular basis. We will use the paystubs or other documents you give us to figure out the correct monthly income.
- If you know your family's income will go up or down **in the next few months** due to overtime, promotion, raises in pay, expected increases in child support/alimony, layoffs, furloughs, etc., explain on a separate sheet of paper. **For example:** Maria's income from her job this month is $1000 but her regular monthly pay is only $800. Explain on the paper that Maria's paycheck included $200 overtime pay (or a $200 bonus), and how long the overtime will last (how often she gets bonuses).
- If self-employed, write the net profit from Schedule C of last year's federal income tax return. Or give the last 3 months' profit and loss statements.
- If using last year's federal income tax return, add all income amounts reported. Do not deduct losses.

Question 41

- Social Security numbers are optional for this question.

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SECTION 5

Deductions From Family Income.
The answers in this section help us determine what amounts we will use to lower your family's monthly income.

Question 42

We will deduct payments for court-ordered **child support or alimony** from the family's income.

Question 43

Write the name of the person who pays the child support or alimony.

Question 44

Write in the total amount the parent of the child or spouse of the pregnant woman (listed in Section 2) pays in one month for child support or alimony.

Question 45

Write in the name of each person receiving child care or dependent care.

Question 47

Write in the total amount that is paid in one month for each child or disabled dependent.

We will deduct payments for **child care and/or disabled dependent care** from the family's income if:

- the payments are made by a parent of the child or spouse of the pregnant woman (listed in Section 2); and
- the parent of the child or spouse of the pregnant woman (in Section 2) is working or in job-training and no one in the home can provide care.

We will not deduct more than the maximum allowed for each child's care or disabled dependent's care. Maximums depend on the age of the person receiving care.

Monthly maximum deductible amounts for each child and disabled dependent are:

Child under the age of 2 = $ 200
Child age 2 and older = $ 175
Disabled dependent of any age = $ 175

WORK EXPENSE DEDUCTIONS
Up to a $90 deduction will be given for each person in your family listed in Section 4 working or receiving State Disability Insurance or Workers Compensation.

CHILD SUPPORT AND ALIMONY DEDUCTIONS
If you get income from child support or alimony, a $50 deduction from your family income will be made.

SECTION 6

Other Coverage.

Question 48

If Medi-Cal pays for medical services you need because of accident or injury, the costs may be taken out of the lawsuit settlement if you received money.

Question 49

Medi-Cal may be able to help pay for some unpaid medical expenses you have had in the 3 months before you completed this application.

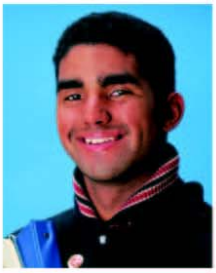
- Even if you are applying for Healthy Families and have unpaid medical expenses in the 3 months before you completed this application, Medi-Cal may be able to help.
- If you check "yes", a Medi-Cal representative will call you for more information.

SECTION 7

Voluntary Information.

Questions 50 and 51

You do not have to answer these questions.



SECTION 8

Signature and Certification.

Question 52

State and federal laws require your signature on this application form. Your signature in this section indicates that your declarations and answers are truthful and the documents you submit are true and correct.

SECTION 9

Application Assistance.

Question 53

Complete this box **only** if you had help from a trained Certified Application Assistant.

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FILLING OUT THE HEALTHY FAMILIES PAGE

Questions 54 through 62

Answer these questions if your children appear to be eligible for **Healthy Families** and you want their health coverage to begin as soon as possible. Otherwise, we will contact you later for this information. The **Healthy Families Handbook** has important information about the program, the plans in your county, selecting a doctor or dentist and premium payments. Use the **Handbook** to select a health, dental and vision plan.

Send your first month's premium payment with the application, pages A1-A4. If you pay premiums for 3 months at one time now, your fourth (4th) month is **FREE!** Make your premium payment payable to the **Healthy Families** Program. Personal checks, money orders and cashier's checks are fine. Sorry, we do not accept cash. See the **Healthy Families Handbook** to find out what your monthly premium will be. If your child is not eligible for **Healthy Families**, your premium payment will be refunded to you.

To request a copy of the **Healthy Families Handbook**, please **call toll-free, 1-800-880-5305**. **Visit our web site at www.healthyfamilies.ca.gov**.

WHAT DOCUMENTS ARE NEEDED

- **A copy of the birth certificate** for any U.S. citizen or national applying for health coverage. Send it now or within 60 days of enrollment.

  OR

  Proof of immigration status or a receipt from the INS showing you have applied to replace a lost document. Only persons seeking health coverage should send a copy of the document showing date of entry (both sides) or receipt now or within 30 days of enrollment. If the child or pregnant woman does not have any immigration documents, he/she may still be eligible for emergency or pregnancy related **Medi-Cal** services.
- **Proof of the deductions** listed in Section 5. For child care and dependent care, send receipts or cancelled checks.
- **Proof of California residency**. You can use your proof of income as proof of residency, too. If your income is not from California, send other proof of residency.
- If pregnant, or applying for an unborn child, **proof of pregnancy** from a doctor or clinic.
- **Proof of income**. Send a copy of the most recent paystub. If a paystub is not available, get a signed statement from employer. Gross monthly income and the dates received should be on the statement.

  OR

  Send a **copy of last year's federal income tax return**.

Other proof of income you may need to send:

- If a person is self-employed, send last year's federal income tax return (with a Schedule C) or the last **3 months' profit and loss statements**.
- If a person has income such as **disability or retirement**, send **copies of award letters or bank statements** showing the direct deposits.
- If anyone gets **child support and/or alimony** or spousal support, send **copies of the checks** received or **statements from the District Attorney's Family Support Division**, for the last month.
- For **Healthy Families** only: A **Medi-Cal** **"Share-of-Cost Notice of Action"** received in the last 30 days which shows the child has share-of-cost, may be used as proof of income.

GO TO PAGE 7

Medi-Cal Confidentiality Notice:

The information given in this application is private and confidential under Welfare and Institutions Code Sections 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

Medi-Cal Rights, Responsibilities and Declarations:

I have the right to:

- be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- ask for an interpreter.
- ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action". To find out about Medi-Cal fair hearings, call **toll-free, 1-800-952-5253**.

I have the responsibility to:

- send in a status report when the county asks me to.
- report any changes within 10 days in the information I gave on this application.
- let the county know if a family member: applies for disability benefits; is in a public institution; or gets medical care for any accident or injury caused by another person.
- cooperate if my case is reviewed.

I declare that each person I am applying for:

- lives in California and plans to stay here.
- does not own or lease a principal residence outside California.
- is not getting public assistance from outside California.
- is not in jail, prison, or any other correctional facility.

I further declare that:

- I understand that as a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I am not eligible for this Medi-Cal program, I understand I may qualify for other programs and have the right to apply for them.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.

Medi-Cal Privacy Notice:

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following information: Welfare and Institutions Code section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in this application. This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except in cases of fraud.) The information will be used by Electronic Data Systems to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application.

Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1147(a)(1) of the Social Security Act and by Welfare and Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services. Contact your county health and human services/ social services office to request your records.

MC 321 HFP (rev. 10/99)
INSTRUCTIONS

7

For Help In Your Language...Please Call Toll-Free, 1-800-880-5305

1 English

2 Spanish

3 Vietnamese

4 Cambodian

5 Hmong

6 Armenian

7 Cantonese

8 Korean

9 Russian

0 Farsi

Provided by the State of California

PUB: 326 (rev. 10/99)

English

Quarterly Report of Medi-Cal Recipients Requesting CHDP Services

County/City	Fiscal Year

Reporting Quarter

Beginning Month	Ending Month

Number of CalWORKS and Foster Care (AFDC) Recipients Requesting CHDP Services	
Number of Medi-Cal Only Recipients Requesting CHDP Services	
Total	

Signature of CHDP Representative

Send to: Program Support Section Chief
Children's Medical Services Branch
MS 8104
P.O. Box 997413
Sacramento, CA 95899-7413

Statement of Citizenship, Alienage, and Immigration Status (MC 13)

Online Version: www.dhs.ca.gov/publications/forms/pdf/mc013.pdf

State of California—Health and Human Services Agency | Department of Health Services

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print name of applicant (the applicant is the person who wants Medi-Cal)	Date
Print name of person acting for applicant	Relationship to applicant

SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

Satisfactory immigration status and full Medi-Cal benefits for aliens: Federal and state law provide that *full* Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements **including California residency**. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). **The 16 PRUCOL categories are listed in SECTION B, question 6 below.**

Documented aliens not in a satisfactory immigration status who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Citizenship/immigration status information: Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

Alien status documents and verification requirements: Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

Social Security number requirement: Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? ☐ Yes ☐ No

   If the applicant is a citizen or a national of the United States, where was he/she born? _____
   (city, state)

   IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. **IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDI-CAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.**

2. Is the applicant an amnesty alien with a valid and current I-688? ☐ Yes ☐ No
3. Is the applicant a lawful permanent resident? ☐ Yes ☐ No
4. Is the applicant a PRUCOL alien? ☐ Yes ☐ No

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:

   ☐ A conditional entrant admitted to the United States before April 1, 1980

   ☐ An alien paroled into the United States, including Cuban/Haitian entrants

MC 13 (11/99)

- ❒ An alien subject to an Order of Supervision
- ❒ An alien granted an indefinite stay of deportation
- ❒ An alien granted an indefinite voluntary departure
- ❒ An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- ❒ An alien who has properly filed an application for lawful permanent resident status
- ❒ An alien granted a stay of deportation for a specified period
- ❒ An alien granted asylum
- ❒ A refugee admitted to the United States since April 1, 1980
- ❒ An alien granted voluntary departure who is awaiting issuance of a visa
- ❒ An alien in deferred action status
- ❒ An alien who entered and has continuously resided in the United States since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry Alien)
- ❒ An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- ❒ An alien granted withholding of deportation pursuant to INA Section 243(h)
- ❒ An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances

SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

IMPORTANT: Complete this section only if you answered "yes" to questions 2, 3, or 4 in SECTION B on the front of this form.

1. Alien Registration number and/or Alien Admission number (INS Form I-94): _____
2. Date the applicant first entered the United States: _____
3. Applicant's name when he/she first entered the United States: _____
4. Of what country is the applicant a citizen: _____
5. Where was the applicant born: _____

SECTION D: SOCIAL SECURITY NUMBER

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

- ❒ Yes, the applicant's Social Security number is: _____
- ❒ No

SECTION E:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant signature	Date
Signature of person acting for applicant	Date

FOR COUNTY USE ONLY

EW number: _____ County: _____ Date:_____

Action taken:

- ❒ None necessary.
- ❒ SAVE primary verification performed. Date: _____
- ❒ Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. Date: _____
- ❒ Full Medi-Cal benefits were granted pending verification of immigration status.
- ❒ Copies of alien status documents are in the case file.
- ❒ Person referred to INS to obtain replacement documents. Date: _____

COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.

Based on the information provided on this form:

- ❒ The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive **FULL** Medi-Cal benefits.
- ❒ The above named applicant is an alien, who, if otherwise eligible, would receive **RESTRICTED** Medi-Cal benefits.

MC 13 (11/99)

Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (SAWS 2)

Online Version: www.dss.cahwnet.gov/pdf/SAWS2.pdf

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

WORK PAYS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH SERVICES

STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS, AND MEDI-CAL/ STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "FS" for Food Stamps, and "MC" for Medi-Cal/State CMSP listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

COUNTY USE ONLY
CASE NAME
CASE NUMBER
WORKER DATE RCD

☐ New ☐ Restoration
☐ Redetermine ☐ Recertification
☐ Residency Verified
☐ FS ID
☐ FS Aged/Disabled Verified
☐ MC ID
☐ MC Minor Consent: Exempt from ID, Residency, SSN, Verifs

CA FS MC (1) A. Person applying, or caretaker relative of child(ren) for whom aid is wanted. NAME: HOME PHONE ( )
HOME ADDRESS (NUMBER, STREET) MAILING ADDRESS (IF DIFFERENT) DAYTIME PHONE ( )
CITY STATE ZIP CODE CITY STATE ZIP CODE

FS B. Are you homeless? ☐ YES ☐ NO
If "YES": Are you temporarily staying in someone else's home? ☐ YES ☐ NO
If "YES": Give date you began staying at this home:

(2) For each ADULT living in the home, give us all the facts.

CA FS MC (A) ADULT'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F BLIND, DEAF OR DISABLED ☐ YES ☐ NO PREGNANT ☐ YES ☐ NO BIRTHPLACE CITY STATE COUNTRY
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Medi-Cal ☐ State CMSP
MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed
☐ AU ☐ NON-AU ☐ MFBU
FS Non-HH/Excluded Member Code:
Work Registration/Exemption Codes: WELFARE to WORK FS ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
Alien Reg. # D.O.E.

CA FS MC (B) ADULT'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F BLIND, DEAF OR DISABLED ☐ YES ☐ NO PREGNANT ☐ YES ☐ NO BIRTHPLACE CITY STATE COUNTRY
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Medi-Cal ☐ State CMSP
MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed
☐ AU ☐ NON-AU ☐ MFBU
FS Non-HH/Excluded Member Code:
Work Registration/Exemption Codes: WELFARE to WORK FS ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
Alien Reg. # D.O.E.

CA FS MC (C) ADULT'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO
RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) BIRTHDATE (MONTH DAY YEAR) SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F BLIND, DEAF OR DISABLED ☐ YES ☐ NO PREGNANT ☐ YES ☐ NO BIRTHPLACE CITY STATE COUNTRY
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Medi-Cal ☐ State CMSP
MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed
☐ AU ☐ NON-AU ☐ MFBU
FS Non-HH/Excluded Member Code:
Work Registration/Exemption Codes: WELFARE to WORK FS ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
Alien Reg. # D.O.E.

COUNTY USE ONLY

FS NON-HH/EXCLUDED MEMBER (63-402)
1. Separate HH (Purchase/prepare) (.12, .13)
2. Separate HH (Elderly/disabled) (.17)
3. Roomer (must be listed in (13)) (.211)
4. Live-in attendant (.212)
5. Other shared living quarters (.213)
6. Ineligible alien (.221)
7. Boarder (must be listed in (13)) (.3)
8. SSN disqualified (.222)
9. IPV disqualified (.223)
10. Workfare sanctioned (.225)
11. SSI/SSP recipient (.226)
12. Ineligible student (.227)
13. Work req. disqualified (.228)
14. Questionable Citizenship (300.51(b))
15. Vol. quit ineligible (408.1, .2)
16. Ineligible/disqualified ABAWD (410.4)
17. Fleeing felon/parole or probation violator (.224)
18. Drug felon (.229)

FS WORK/TRAINING EXEMPTIONS (63-407.21)
a. Under 16/60 or older
a.(1) 16/17 not head of household; or 16/17 in school/training at least 1/2 time
b. Mentally/physically unfit for work
c. Mandatory participant in Welfare to Work activities
d. Cares for child under 6 or incapacitated person
e. Applicant for/recipient of UIB
f. Participant in drug/alcohol program
g. 30 hour week/min. x 30
h. 1/2 time student in school, training or higher education

FS ABAWD EXEMPTIONS (63-410.3)
1. ABAWD with FS Work/Training Exemption Code 63-407.21
2. Under 18/50 or older (.321)
3. Pregnant (.322)
4. Adult living in HH with dep. child (.323)
5. Lives in ABAWD exempt area (.33)

WIW WORK EXEMPTIONS (42-712)
Age under 16 (.41)
School Attendance (.42)
Age 60 or older (.43)
Disability (.44)
NCR caring for dependent or ward of the court or at risk of FC placement (.45)
Care of another ill or incap member of the household (.46)
Care of child:
- Age 6 months or under (or as allowed under county's CalWORKs plan) (.471)
- Member (who previously claimed .471) upon birth or adoption of subsequent child(ren) (.472)
Pregnancy (.48)
VISTA-full or part time volunteer (.49)

SAWS 2 (6/02) CA 2/DFA 265-A2/MC 210 REQUIRED FORM—SUBSTITUTE PERMITTED
Page 1 of 14

Page 2 of 14

COUNTY USE ONLY

3 For each CHILD living in the home, child out of the home for a short time, or child you claim as a tax dependent, give us all the facts. If you are pregnant, list child as "unborn" and give due date.

CA FS MC (A) CHILD'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL ☐ NONCITIZEN: SPONSORED ☐ YES ☐ NO
CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK ✓) BELOW: DEATH | DISABILITY | ABSENCE | UNEMPLOYMENT
SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F
BIRTHDATE OR DUE DATE (Month, Day, Year)
AGE OF CHILD
BIRTHPLACE (CITY/STATE/COUNTRY)
PREGNANT ☐ YES ☐ NO
ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO
BLIND, DEAF OR DISABLED? ☐ YES ☐ NO
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO
IF YES, NAME OF SCHOOL:
TYPE OF AID REQUESTED ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ None
MOTHER'S NAME
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE
IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO
FATHER'S NAME

AU (✓) | NON-AU (✓) | MFBU (✓) | MFG CHILD ☐ YES ☐ NO | FS Non-HH/Excluded Member Code: | ☐ MC: not in home, 18-21 & tax dep.
☐ CW 2.1 CW 37 | Alien Reg. # | D.O.E.
Work Registration/Exemption Codes:
Welfare-to-Work | FS
Verified: ☐ Age ☐ Deprivation ☐ SSN
☐ Blind/Deaf/Disabled ☐ DED Packet
☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
☐ Immunization ☐ School Attendance

CA FS MC (B) CHILD'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL ☐ NONCITIZEN: SPONSORED ☐ YES ☐ NO
CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK ✓) BELOW: DEATH | DISABILITY | ABSENCE | UNEMPLOYMENT
SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F
BIRTHDATE OR DUE DATE (Month, Day, Year)
AGE OF CHILD
BIRTHPLACE (CITY/STATE/COUNTRY)
PREGNANT ☑ YES ☐ NO
ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO
BLIND, DEAF OR DISABLED? ☐ YES ☐ NO
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO
IF YES, NAME OF SCHOOL:
TYPE OF AID REQUESTED ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ None
MOTHER'S NAME
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE
IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO
FATHER'S NAME

AU (✓) | NON-AU (✓) | MFBU (✓) | MFG CHILD ☐ YES ☐ NO | FS Non-HH/Excluded Member Code: | ☐ MC: not in home, 18-21 & tax dep.
☐ CW 2.1 CW 37 | Alien Reg. # | D.O.E.
Work Registration/Exemption Codes:
Welfare-to-Work | FS
Verified: ☐ Age ☐ Deprivation ☐ SSN
☐ Blind/Deaf/Disabled ☐ DED Packet
☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
☐ Immunization ☐ School Attendance

CA FS MC (C) CHILD'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL ☐ NONCITIZEN: SPONSORED ☐ YES ☐ NO
CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK ✓) BELOW: DEATH | DISABILITY | ABSENCE | UNEMPLOYMENT
SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F
BIRTHDATE OR DUE DATE (Month, Day, Year)
AGE OF CHILD
BIRTHPLACE (CITY/STATE/COUNTRY)
PREGNANT ☐ YES ☐ NO
ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO
BLIND, DEAF OR DISABLED? ☐ YES ☐ NO
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO
IF YES, NAME OF SCHOOL:
TYPE OF AID REQUESTED ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ None
MOTHER'S NAME
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE
IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO
FATHER'S NAME

AU (✓) | NON-AU (✓) | MFBU (✓) | MFG CHILD ☐ YES ☐ NO | FS Non-HH/Excluded Member Code: | ☐ MC: not in home, 18-21 & tax dep.
☐ CW 2.1 CW 37 | Alien Reg. # | D.O.E.
Work Registration/Exemption Codes:
Welfare-to-Work | FS
Verified: ☐ Age ☐ Deprivation ☐ SSN
☐ Blind/Deaf/Disabled ☐ DED Packet
☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
☐ Immunization ☐ School Attendance

CA FS MC (D) CHILD'S NAME (FIRST, MIDDLE, LAST)
CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL ☐ NONCITIZEN: SPONSORED ☐ YES ☐ NO
CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK ✓) BELOW: DEATH | DISABILITY | ABSENCE | UNEMPLOYMENT
SOCIAL SECURITY NUMBER
SEX (✓) ☐ M ☐ F
BIRTHDATE OR DUE DATE (Month, Day, Year)
AGE OF CHILD
BIRTHPLACE (CITY/STATE/COUNTRY)
PREGNANT ☐ YES ☐ NO
ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO
BLIND, DEAF OR DISABLED? ☐ YES ☐ NO
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO
IF YES, NAME OF SCHOOL:
TYPE OF AID REQUESTED ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ None
MOTHER'S NAME
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE
IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO
FATHER'S NAME

AU (✓) | NON-AU (✓) | MFBU (✓) | MFG CHILD ☐ YES ☐ NO | FS Non-HH/Excluded Member Code: | ☐ MC: not in home, 18-21 & tax dep.
☐ CW 2.1 CW 37 | Alien Reg. # | D.O.E.
Work Registration/Exemption Codes:
Welfare-to-Work | FS
Verified: ☐ Age ☐ Deprivation ☐ SSN
☐ Blind/Deaf/Disabled ☐ DED Packet
☐ Citizen ☐ Eligible Noncitizen ☐ SAVE
☐ Immunization ☐ School Attendance

		COUNTY USE ONLY
CA (4)	**List any parent(s) of the child(ren) or unborn who does not live in the home with you.** NAME OF PARENT / REASON THE PARENT DOES NOT LIVE IN THE HOME	☐ Verif. on File ☐ MC 13
CA FS (5)	**Has anyone changed citizenship/immigration status in the last 12 months?** ☐ YES ☐ NO If "YES", complete below: NAME / WHAT CHANGED / DATE / ALIEN NUMBER (IF APPLICABLE)	
CA FS (6)	A. **Is a foster child living in the home?** ☐ YES ☐ NO If "YES", who:	☐ CA and FC Elig/CR Chooses: Child: ☐ CA ☐ FC CR: ☐ CA ☐ None ☐ Kin-GAP
FS	B. **Do you want the foster child(ren) and foster care income counted on the Food Stamp Case?** ☐ YES ☐ NO	
CA FS (7)	**Has anyone ever used any other name (maiden, adoptive, etc.)?** ☐ YES ☐ NO If "YES", complete below: NAME / OTHER NAME(S) USED NAME / OTHER NAME(S) USED	
CA MC (8)	A. **Does everyone live in California?** (YES / NO) If "NO", explain:	Calif. Resident: ☐ YES ☐ NO
CA	B. **Does everyone plan to stay in California permanently?** (YES / NO)	☐ Property
CA	C. **Does anyone own, lease or maintain a home outside California?** (YES / NO)	☐ PA
CA MC	D. **Is anyone currently getting public assistance outside California?** (YES / NO) If "YES", explain:	
CA	E. **Is anyone planning to leave California for more than 30 days?** (YES / NO)	
MC (9)	**Are you 18 to 21 years of age and claimed as a dependent for income tax purposes?** ☐ YES ☐ NO If Yes, who:	☐ Tax Dependent Letter Sent ☐ CA 2.1
CA FS (10)	A. **Has anyone's cash aid or food stamps been stopped due to: non-cooperation during a quality control review, work or training sanctions or failure to meet the Food Stamp Able Bodied Adults Without Dependent (ABAWD) work requirement, or for any other reason?** ☐ YES ☐ NO If "YES", explain below: NAME / WHY / WHEN / WHAT COUNTY/STATE	
CA FS	B. **Has anyone's cash aid or food stamps been stopped for a period of time or forever due to welfare fraud or a food stamp Intentional Program Violation?** ☐ YES ☐ NO If "YES", explain below: NAME / WHY / WHEN / WHAT COUNTY/STATE	
FS (11)	**Does anyone living with you buy food and fix meals separately from others in the home?** ☐ YES ☐ NO If "YES", who:	Separate household eligible: ☐ YES ☐ NO
FS (12)	**Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?** ☐ YES ☐ NO If "YES", who:	Separate household eligible: ☐ YES ☐ NO

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COUNTY USE ONLY

Household Elects		ROOMER
BOARDER	HH MEMBER	

FS (13) A. Do you pay someone else for meals and/or a room? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON YOU PAY	CHECK (✔) ☐ Meals ☐ Room ☐ Both	HOW MUCH $	HOW OFTEN	NO. OF MEALS PER DAY

CA FS B. Does anyone pay you for meals and/or a room? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON WHO PAYS YOU	CHECK (✔) ☐ Meals ☐ Room ☐ Both	HOW MUCH $	HOW OFTEN	NO. OF MEALS PER DAY

FS (14) Does anyone get food from any of the following programs? ☐ YES ☐ NO
- Communal dining facility for the elderly or disabled
- Food distribution program operated by a Native American reservation
- Other food program

NAME	NAME OF PROGRAM	NAME	NAME OF PROGRAM

CA FS MC (15) A. Does anyone live in any of the following: ☐ YES ☐ NO
If "YES", complete below:
- Shelter, center
- Reservation for Native Americans
- Psychiatric hospital/mental institution
- Group living arrangement for the disabled/blind
- Hospital or nursing home
- Subsidized housing for the elderly
- Drug or alcohol rehabilitation center
- Board and care home
- Penal institution/correctional facility

NAME	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE

FS Eligible Institution: ☐ YES ☐ NO
CA Eligible: ☐ YES ☐ NO

MC B. Does the person who is in a hospital or nursing home have a spouse or other family member at home? ☐ YES ☐ NO

CA (16) List any child age 6-16 who does not attend school regularly and explain why he/she is not attending regularly. ☐ No Child Age 6-16

NAME	REASON NOT ATTENDING SCHOOL REGULARLY

School Attendence Verified: ☐ YES ☐ NO

CA FS MC (17) A. Is anyone age 14 or older enrolled in school, college, or a training program? If "YES", complete below: ☐ YES ☐ NO

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	ENROLLED (✔) STATUS	UNITS/HOURS PER WEEK / EXPECTED DATE OF GRADUATION	WORKING
			☐ Full time ☐ Half time ☐ Other (specify):		☐ YES ☐ NO

School Enrollment Verif.: ☐ YES ☐ NO
Date Verified:
FS Eligible Student: ☐ YES ☐ NO

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	ENROLLED (✔) STATUS	UNITS/HOURS PER WEEK / EXPECTED DATE OF GRADUATION	WORKING
			☐ Full time ☐ Half time ☐ Other (specify):		☐ YES ☐ NO

School Enrollment Verif.: ☐ YES ☐ NO
Date Verified:
FS Eligible Student: ☐ YES ☐ NO

CA FS B. Complete below for anyone enrolled in college or attending a similar educational institution.

NAME	TERM (✔) CHECK STATUS	TUITION/FEES PER TERM	BOOKS, EQUIPMENT, ETC., PER TERM
	☐ Semester ☐ Year ☐ Quarter	$	$

MILES ROUND TRIP PER DAY TO SCHOOL/CHILD CARE	DAYS ATTENDING PER WEEK	TRANSPORTATION USED

TRANSPORTATION COST PER WEEK	AMOUNT PAID PER WEEK BY CAR POOL MEMBERS	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY
$	$	$

Expenses Verified: ☐ YES ☐ NO
Date Verified:
Financial Aid: ☐ YES ☐ NO
☐ MC 210 S-E

CA (18) A. Is anyone under age 20 and pregnant or a parent? ☐ YES ☐ NO
If "YES", complete below:

NAME	AGE	CHECK (✔) STATUS
		☐ Pregnant ☐ Teen Parent

SCHOOL STATUS, CHECK (✔)
☐ Has a High School Diploma ☐ Has a GED ☐ Not Attending School Regularly (explain):
☐ Currently Attending School Regularly ☐ Other (explain):

B. Has anyone received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? ☐ YES ☐ NO
If "YES", complete below:

NAME	WHERE (COUNTY)	DATE(S) RECEIVED

Referred to:
☐ Cal-Learn
☐ CW 25
☐ CW 25A
☐ Referred to Welfare-to-Work

CA FS (19) Is anyone on strike? ☐ YES ☐ NO
If "YES", complete below:

NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM
NAME OF UNION	
DATE WENT ON STRIKE	MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE $

Striker Regs Apply:
☐ CA ☐ FS

CA FS (20) **Has anyone, including children, worked or does anyone expect to go to work, including part-time and occasional work? Check (✔)** "YES" or "NO" for each item. If "YES", complete below:

	YES	NO
Has anyone stopped or refused work or training within the last 60 days?		
Is anyone working or in training now?		
Does anyone expect to be working or in training in the next two months?		

If self-employed: **For Food Stamps:** List your business expenses on a separate sheet of paper.
For Cash Aid: Check (✔) how you want your business expenses figured each month:
☐ 40% standard deduction ☐ Actual business expenses ☐ Monthly average (yearly business costs divided by 12 months). **If actual,** you must list your business expenses on a separate sheet of paper.

(A) NAME — CA FS MC
NUMBER OF HOURS OF WORK/TRAINING PER MONTH — LAST MONTH_____ THIS MONTH_____
EMPLOYER'S NAME AND ADDRESS
PAY DATE(S)
SELF-EMPLOYED ☐ YES ☐ NO
WAGES BEFORE DEDUCTIONS $ per
DATE LAST CHECK RECEIVED
RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS ☐ YES ☐ NO IF "YES", COMPLETE BELOW
AMOUNT RECEIVED $_____
AMOUNT EXPECTED $_____
REASON FOR LEAVING JOB/TRAINING
LAST DAY OF WORK/TRAINING
DATE NEXT CHECK EXPECTED
AMOUNT EXPECTED BEFORE DEDUCTIONS $
OCCUPATION

(B) NAME — CA FS MC
NUMBER OF HOURS OF WORK/TRAINING PER MONTH — LAST MONTH_____ THIS MONTH_____
EMPLOYER NAME AND ADDRESS
PAY DATE(S)
SELF-EMPLOYED ☐ YES ☐ NO
WAGES BEFORE DEDUCTIONS $ per
DATE LAST CHECK RECEIVED
RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS ☐ YES ☐ NO IF "YES", COMPLETE BELOW
AMOUNT RECEIVED $_____
AMOUNT EXPECTED $_____
REASON FOR LEAVING JOB/TRAINING
LAST DAY OF WORK/TRAINING
DATE NEXT CHECK EXPECTED
AMOUNT EXPECTED BEFORE DEDUCTIONS $
OCCUPATION

CA FS MC (21) A. **Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job?** ☐ YES ☐ NO
If "YES", complete below and (✔) if for work or training.

WHO GETS CARE	WHO PAYS	WHO GIVES CARE	☐ WORK ☐ TRAINING	AMOUNT PAID/HOW OFTEN
				$ EVERY
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	☐ WORK ☐ TRAINING	AMOUNT PAID/HOW OFTEN
				$ EVERY

CA FS MC B. **Does anyone else pay all or part of your child care costs?** ☐ YES ☐ NO
Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc. If "YES", complete below:

NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID	WHO ELSE PAYS	MONTHLY AMOUNT PAID
		$		$
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID	WHO ELSE PAYS	MONTHLY AMOUNT PAID
		$		$

FS MC (22) **Does anyone pay child or spousal support?** ☐ YES ☐ NO
If "YES", complete below:

WHO PAYS	FOR WHOM	AMOUNT PER MONTH
		$

CA FS MC (23) **Has anyone, including children, applied for or received unemployment or disability insurance benefits in the last 12 months OR expect to receive these benefits in the future?** ☐ YES ☐ NO
If "YES", complete below:

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

CA (24) **Has anyone received a Diversion cash payment or non-cash services from any county or other state?** ☐ YES ☐ NO
If "YES", complete below:

NAME	COUNTY/STATE	AMOUNT RECEIVED	LIST SERVICES RECEIVED	ESTIMATED VALUE OF SERVICES	DATE RECEIVED
		$		$	

COUNTY USE ONLY

(A) (✔) if exempt			FS S/E Farmer
CA	MC	☐ FS Adult ☐ FS Child	☐ Yes ☐ No
(B) (✔) if exempt			FS S/E Farmer
CA	MC	☐ FS Adult ☐ FS Child	☐ Yes ☐ No

☐ Verif(s) on file for: ☐ (A) ☐ (B)

FS: Work history last 120 days ☐ (A) ☐ (B)

(A)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		

(A) ☐ CA: 28 Days ☐ FS: 60 days ☐ MC: 30 days
(B) ☐ CA: 28 Days ☐ FS: 60 days ☐ MC: 30 days

(B)	YES	NO
Empl. Statement		
Good Cause Determ		
Voluntary Quit		

CA: S/E Client Chooses:

(A)	(B)
☐ Actual	☐ Actual
☐ 40% deduction	☐ 40% deduction
☐ Annualize	☐ Annualize

Child Care Informing:
☐ Trustline Informing (CCP 2)
☐ Health & Safety Certification (CCP 5)
☐ Dependent Care Verified

DEP. CARE ELIGIBLE	YES	NO
FS		
MC		

Is there another person in household who could provide care? ☐ YES ☐ NO

If "YES", who: _____

Court Order on File ☐ YES ☐ NO
Amount Ordered: $

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Employment History

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CA FS (25) **Has any parent living in the home worked or been in training in the past 24 months?** ☐ YES ☐ NO

If "YES", complete below:

- Include all work done in and outside the United States (U.S.).
- Include work done in exchange for something besides money, such as rent, food, utilities or **anything else.**
- Begin with each person's most recent job or training.

A. NAME — IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO — IF "YES", LIST TRIBE:

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	4. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly

B. NAME — IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO — IF "YES", LIST TRIBE:

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed MO DAY YR From To	Amount Paid
1. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	4. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From To	$ ☐ Weekly ☐ Monthly

FS (26) **Are all Food Stamp household members citizens of the United States (U.S.)?** ☐ YES ☐ NO

If "NO", complete below for each Food Stamp household member who is **not a citizen of the U.S.**

Name of each noncitizen	A. How many years total has this person, their spouse, and/or their parents (before this person was 18 years old) lived in the U.S.?	B. While living in the U.S., in how many of the years reported in Column A did this person, their spouse, and/or their parents (before this person was 18 years old) earn money by working in the U.S.?	C. While living outside the U.S., how many total years did this person, their spouse, and/or their parents (before this person was 18 years old) work in the U.S?
1.			
2.			
3.			
4.			

CA FS MC (27) **Has anyone been in the U.S. military service or the spouse, parent, or child of a person who has been in the military service?** If "YES", complete below: ☐ YES ☐ NO

NAME	U.S. CITIZEN	(✓) STATUS	HONORABLE DISCHARGE	BRANCH OF SERVICE	DATE OF SERVICE
	☐ YES ☐ NO	☐ ACTIVE DUTY MILITARY/VETERAN ☐ SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	☐ YES ☐ NO		
NAME	U.S. CITIZEN	(✓) STATUS	HONORABLE DISCHARGE	BRANCH OF SERVICE	DATE OF SERVICE
	☐ YES ☐ NO	☐ ACTIVE DUTY MILITARY/VETERAN ☐ SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	☐ YES ☐ NO		

COUNTY USE ONLY

PRINCIPAL EARNER (PE) *	DATE OF APPLICATION	QUARTER OF APPLICATION

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

COUNTY USE ONLY

PE/UIB Requirements
Earnings from month prior to month of application
App Date: _____
Earnings from _____ to _____

MO/YR	(25) A	(25) B
	$	$
TOTAL	$	$

(25)	A	B
Tribal JOBS Referral		
UIB Verif(s) on file		
Must apply for UIB		
Currently Receiving/Got/ or UIB eligible in last 12 months		

UIB Ineligible Reason:

(26) *FS:* ☐ *40 Quarters Verif.*

(27) ☐ *CW 5*

FS: Noncitizen's Honorable Discharge Verif. ☐ *YES* ☐ *NO*

CA FS MC (28) **A. Does anyone, including children, get or expect to get money from any source listed below?**
Check (✔) "YES" or "NO" for each item.

	YES	NO		YES	NO
Work Study, JTPA, Welfare-to-Work, or other program			VA (Veterans) educational related income		
Other training allowance			VA Aid & Attendence		
Educational grants, loans and scholarships			Social Security disability or supplemental security income/state supplementary payment (SSI/SSP)		
CalWORKs/Cash aid from another state			VA disability		
Refugee (RCA) Assistance			Railroad disability		
Cash Assistance Program for Immigrants (CAPI)			Other disability income from a federal, state, or local governmental agency		
GA/GR (General Assistance/Relief)			Other non-government disability or sick leave		
Workers Compensation			Social Security retirement or survivors		
Child/spousal support or money for medical bills or premiums			Railroad retirement		
Strike benefits			Other retirement income from a federal, state, or local governmental agency		
Loans, gifts, contributions			Other non-government retirement income		
Legal or insurance settlements/ court actions pending			Per capita payments		
Sales of notes, contracts, trust deeds, promissary notes			Winnings (gambling/lottery/bingo, prizes, etc.)		
Military allotment or pension			Other (Explain)		

COUNTY USE ONLY

- ☐ Casualty Unit Notified
- ☐ CWC 6041
- ☐ DHS 6155
- ☐ Verif(s) on File
  Explain Anticip. Income

Workers Comp:
☐ Temporary ☐ Permanent

If "YES", complete below:

NAME	SOURCE	(AMOUNT RECEIVED BEFORE DEDUCTIONS)	WHEN	HOW OFTEN	(✔) if exempt CA	FS	MC
		$					
		$					

CA FS MC **B. Does anyone expect a change in the amount of money received now, such as a cost-of-living raise?** ☐ YES ☐ NO
If "YES", complete below:

NAME	WHAT	AMOUNT	WHEN
		$	

CA FS MC (29) **Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?** ☐ YES ☐ NO
If "YES", complete below and check (✔) if free or in exchange for work:

In-Kind Income:
Verif. on file: ☐ YES ☐ NO

ITEM RECEIVED	Free	For Work	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM	Partial	Full	Earned	Unearned
Housing or rent				$					
Utilities				$					
Food				$					
Clothing				$					

CA FS MC (30) **A. Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S.?** ☐ YES ☐ NO
If "YES", complete below. Include land and/or buildings in which the title is shared.

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✔)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
	LIVE IN IT					$	$
LISTED FOR SALE	RENTAL PROPERTY						
☐ YES ☐ NO	OTHER (EXPLAIN):						

Home Exempt ☐ YES ☐ NO
Other Real Property
Market Value $
Amount Owed $
Net Value $
Lien Applicable ☐ YES ☐ NO
Listed for sale ☐ YES ☐ NO

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✔)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
	LIVE IN IT					$	$
LISTED FOR SALE	RENTAL PROPERTY						
☐ YES ☐ NO	OTHER (EXPLAIN):						

Home Exempt ☐ YES ☐ NO
Other Real Property
Market Value $
Amount Owed $
Net Value $
Lien Applicable ☐ YES ☐ NO
Listed for sale ☐ YES ☐ NO

CA MC **B. Does anyone own a house that is not lived in now that he/she hopes to return to someday?** ☐ YES ☐ NO
If "YES", complete below:

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total countable property: Page 7
(List totals on page 9)
CA $
FS $
MC $

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CA FS MC (31) **A. Does anyone, including children, have any of the following personal or business-related resources?** Check (✔) each item either "YES" or "NO".
Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only). The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Long term care insurance		
			EBT cash balance from a previous month		
Income tax refund			Other (explain)		

IF "YES", COMPLETE BELOW:

RESOURCE	BUSINESS-RELATED	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
	☐ YES ☐ NO				$
	☐ YES ☐ NO				$
	☐ YES ☐ NO				$

COUNTY USE ONLY

☐ Trust Fund/Not Court Ordered
☐ Court Petitioned
Date _____
☐ Resource Verified:
Explain how:

Total Value = $_____
☐ Burial Reserve or Trust (MCO)
Amount Owed $_____
☐ Revocable
☐ Irrevocable
☐ Designated Fund and Current Value $_____
☐ CA Restricted Account

Check (✔) if exempt

CA	FS	MC

CA FS MC **B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?** ☐ YES ☐ NO
If "YES", complete below:

NAME	SOURCE OF MONEY	AMOUNT	HOW OFTEN	BUSINESS-RELATED
		$		☐ YES ☐ NO
		$		☐ YES ☐ NO

MC (32) **Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services?** ☐ YES ☐ NO
If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
$			
$			

Verified: ☐ YES ☐ NO
Lien Applicable: ☐ YES ☐ NO
Security Agreement: ☐ YES ☐ NO
MC 174 completed and sent: ☐ YES ☐ NO

MC (33) **A. Does anyone own any personal property, such as:** ☐ YES ☐ NO
- Non-motorboats, camper shells, non-motor trailers.
- Guns; tools; or sporting equipment, etc.
- Pets or livestock for personal use.
- Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).

If "YES", complete below: Do not include wedding and engagement rings or heirlooms. List jewelry worth more than $100 and household goods or personal items worth more than $500 per item.

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	☐ YES ☐ NO	$	$		☐ YES ☐ NO	$	$
	☐ YES ☐ NO	$	$		☐ YES ☐ NO	$	$

☐ Owned Jointly
☐ Owned Separately
☐ Personal Property $500 + for Pickle Program
☐ Insignificant Value for 1931(b)
☐ Listed for sale (Specify):

MC **B. Does anyone have any business property, including tools, inventory and materials, business equipment, livestock, etc.?** Include any property that is shared or held jointly with any other person(s). If "YES", complete below: ☐ YES ☐ NO

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	☐ YES ☐ NO	$	$		☐ YES ☐ NO	$	$
	☐ YES ☐ NO	$	$		☐ YES ☐ NO	$	$

Total Countable Property: Page 8
(List totals on Page 9)
CA $ _____
FS $ _____
MC $ _____
☐ Listed for sale (Specify):

CA MC (34) **Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?** (List any property sold or traded within the last 12 months for cash aid, 3 months for food stamps, and within the last 2 1/2 years (30 months) for Medi-Cal). If "YES", explain what and when: ☐ YES ☐ NO

CA FS MC (35) **Does anyone own, have the use of or have their name on the registration of any motor vehicle, such as: automobile, motorcycle, snowmobile, recreational vehicle, motorboat, etc., even if not running?** If "YES", complete below. Look at your registration to get facts for each vehicle: ☐ YES ☐ NO

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	$		$		$	
BALANCE OWED	$		$		$	
LICENSED	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
LEASED	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
HOW DO YOU USE THE VEHICLE? Check (✔) each item "YES" OR "NO."	YES	NO	YES	NO	YES	NO
As a Home						
To go to work or training or for job search						
For self-employment, self-support, or business use						
Needed for disabled household member						
To get household's fuel or water						
For recreational use only						

COUNTY USE ONLY

Transfer of Assets:
☐ CA in last 12 months
☐ FS in last 3 months
☐ Medi-Cal in last 30 months
LTC ONLY
☐ Adequate Consideration
☐ Spenddown
Total Nonexempt Property
$

Compute Vehicle Valuation in Section Below:
☐ Verifications viewed
☐ Leased vehicle:
☐ (1) ☐ (2) ☐ (3)
☐ Pickle Program:
Use Pickle Handbook
(Reference Section 9)

Vehicle Value
(Enter Date of blue book issue or other documentation)

(1) Date:_____$_____

(2) Date:_____$_____

(3) Date:_____$_____

COUNTY USE ONLY - VEHICLES

CASH AID/FOOD STAMPS	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	☐ YES (Exclude)	☐ NO Go to (B).	☐ YES (Exclude)	☐ NO Go to (B).	☐ YES (Exclude)	☐ NO Go to (B).
(B) (1) Equity: exempt one vehicle, regardless of use. (63-501.523) [If "YES", go to (C). If "NO", go to (B)(2).]	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
(2) Is other vehicle(s) used for job search, employment or training?	☐ YES Go to (C). Use Excess Value.	☐ NO Go to (C) and (D). Use Greater Value.	☐ YES Go to (C). Use Excess Value.	☐ NO Go to (C) and (D). Use Greater Value.	☐ YES Go to (C). Use Excess Value.	☐ NO Go to (C) and (D). Use Greater Value.

(C) Fair Market Values-CA/FS

FMV			
Minus	Minus $4,650	Minus $4,650	Minus $4,650
Excess Value			

(D) Equity Values-CA/FS

FMV			
Minus Encum-brance			
Equity Value			

MEDI-CAL

	(1)	(2)	(3)
DMV/YR/Class Code	_____	_____	$ _____
Vehicle Market Value	$ _____	$ _____	$ _____
Less Encumbrances	$ _____	$ _____	$ _____
Net Value	$ _____	$ _____	$ _____
Exempt	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Pickle Program (Ref. Sec. 9 in Pickle Handbook):

Is vehicle used:	(1) Exempt	(2) Yes	(2) No	(3) Yes	(3) No
As a home					
For self-employment					
To Go to Work or Medical Appointment					

TOTALS: VEHICLE CA/FS
Excess Value $ _____
Equity Value $ _____

Grand Total Countable Property
(List totals from pages 7, 8, and 9)

Page	CA	FS	MC
(9)	$_____	$_____	$_____
(8)	$_____	$_____	$_____
(7)	$_____	$_____	$_____
Total	$_____	$_____	$_____

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CA FS (36) **A. Does anyone have any housing costs?** ☐ YES ☐ NO
If "YES", complete below:

HOUSING COSTS	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	$	$	$	
House (mortgage) payment	$	$	$	
Property taxes (if not in house payment)	$	$	$	
Insurance (if not in house payment)	$	$	$	
Other (explain)	$	$	$	

CA FS **B. Does anyone else pay all or part of these housing costs? Include a relative or friend not living in the home, any rental assistance programs, such as HUD, Section 8, etc.** If "YES", complete below: ☐ YES ☐ NO

TYPE OF HOUSING COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		$	
		$	

COUNTY USE ONLY

Housing verified: ☐ YES ☐ NO

Total housing: $ _____

Shared housing: ☐ YES ☐ NO

FS (37) **A. Does anyone have any utility costs?** ☐ YES ☐ NO
If "YES", complete below:

UTILITY COSTS	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Gas or other fuel	$	$	$	
Electricity or other fuel	$	$	$	
Is the gas or electricity or other fuel used to heat or cool your house?	☐ YES ☐ NO			
Water	$	$	$	
Sewer	$	$	$	
Garbage or trash	$	$	$	
Telephone (basic rate for one phone plus tax)	$	$	$	
Installation of utilities	$	$	$	
Other (explain)	$	$	$	

FS **B. Does anyone else pay all or part of these utility costs? Include a relative/friend not living in the home, Low Income Energy Assistance, etc.** ☐ YES ☐ NO
If "YES", complete below:

TYPE OF UTILITY COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		$	
		$	

Utilities verified: ☐ YES ☐ NO

Metered: ☐ YES ☐ NO

Client elects
☐ Actual
If Actual, Total Utilities
$_____

☐ SUA
SUA prorated:
☐ YES ☐ NO

FS (38) **You can authorize someone else in your household or someone outside your household to pick up your food stamps or to use them to buy food for you. If you would like to authorize someone, complete below:**

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		( )

☐ F.S. I.D. Issued

CA MC (39) Did anyone get medical/pregnancy treatment this month or in the three months before this month? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDI-CAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

COUNTY USE ONLY
Retroactive Application
☐ Retro Only
☐ Retro and Cont.
☐ MC 210A

CA FS MC (40) Does anyone have MEDICARE coverage? ☐ YES ☐ NO
If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	(✔) HOW MONTHLY PREMIUM IS PAID			
		FOR	DEDUCTED FROM CHECK	OUT OF POCKET	OTHER
		Part A			
		Part B			
		Part A			
		Part B			

☐ MEDICARE referral
FS: ☐ DFA 285-C
Gross Premium $ _____
☐ QMB
☐ SLMB/QI
☐ QDWI

CA MC (41) Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans, such as Kaiser, Blue Cross, CHAMPUS, etc.? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

State Certified LTC Policy: ☐ YES ☐ NO
☐ DHS 6155
Benefits Paid Out $_____

CA MC (42) Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		$	
		$	

☐ DHS 6155

CA MC (43) Is anyone's health insurance expected to end or has it ended within the last 60 days? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

☐ DHS 6155

CA MC (44) Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON	TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

☐ Third Party Liability

CA FS (45) A. Does anyone have a medical condition(s) or situation(s) that requires any of the following?
Check (✔) each item "YES" or "NO":

	YES	NO		YES	NO
Special diet-prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

If "YES", explain:

Verified: ☐ YES ☐ NO
Special Need: ☐ YES ☐ NO
Amount: $ _____

CA MC FS B. Is there a child or disabled person in the household who needs care from another household member? ☐ YES ☐ NO
If "YES", explain:

CA MC C. Is anyone a disabled person who is working and who has medical expenses (wheelchair, etc.), which are needed for the person to be able to work? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		$
		$

☐ Receipts
☐ MC 272 ☐ MC 273
☐ IRWE (QMB and SGA)
FS: ☐ DFA 285-C

CA FS D. Is anyone getting In-Home Supportive Services (IHSS)? ☐ YES ☐ NO
If "YES", who gets service? _____ How much do you pay each month? $_____

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			COUNTY USE ONLY
CA (46)	**Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire, or flood?** If "YES", explain below.	☐ YES ☐ NO	Special Need Verified YES NO Eligible for Special Need
CA FS (47)	**Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole?** If "YES", give name of the person:	☐ YES ☐ NO	
CA FS (48)	**Has any member of the household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for cash aid, for convictions on or after 1/1/98; and for food stamps, for crimes and convictions after 8/22/96.** If "YES", complete below:	☐ YES ☐ NO	

NAME OF PERSON CONVICTED	DATE CONVICTED	DATE CRIME COMMITTED

CA MC (49)	**The following services are available. Your answers to these questions will not affect your eligibility. Check (✔) each item "YES" or "NO."**	YES	NO	
	A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.			☐ CHDP Brochure and Explanation Given Date: _____ ☐ CHDP Referral
	• Do you want more information about CHDP Services?			☐ Social Services Referral (MCO)
	• Do you want CHDP medical services?			
	• Do you want CHDP dental services?			
	• Do you need help making appointments or with transportation to CHDP services?			
	B. Do you want more information about immunization services?			☐ Referred for Immuniz.
	C. If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?			☐ Pregnant ☐ Parent or Guardian of child under 5
	D. Are you breastfeeding a child?			☐ Breastfeeding ☐ Postpartum
	If "YES", have you given birth within the last 12 months?			
	If you checked "YES" to (49) C or D, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).			☐ WIC referral
	E. Do you or any family member want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.			☐ Family Planning Information Given ☐ Referred Date:

CERTIFICATION

I understand that:

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, etc. And for cash aid and food stamps, records will be matched with law enforcement agencies for arrest warrants.
- All facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, food stamps, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the Immigration and Naturalization Service (INS) to verify immigration status and the facts the county gets from INS may affect my eligibility for cash aid, food stamps, and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident noncitizen (LPR), (b) an amnesty alien with a valid and current I-688, or (c) a noncitizen permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the INS.
- I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I or other family members will be required to repay any cash aid I should not have received.
- The Food Stamp household, any adult member of a Food Stamp household (even if he/she moves out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- Any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of their parole or probation cannot get cash aid or food stamps.
- Anyone who has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) since August 22, 1996, cannot get food stamps or if convicted on or after January 1, 1998, cannot get cash aid.
- For cash aid and food stamps, the county will require that I and certain household members be fingerprint and photo imaged. My benefits may be denied or stopped if I do not cooperate.

I also understand that:

I will get disqualification and/or welfare fraud penalties if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, food stamps, and Medi-Cal.

For cash aid:

- If I on purpose do not follow cash aid rules, I may be fined up to $10,000 and/or sent to jail/prison for 3 years. And my cash aid can be stopped:
  - For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third; and for Refugee Cash Assistance, 3 months for the first and 6 months for any later offense.
  - For submitting one or more applications to get aid in more than one case at the same time: 2 years for the first conviction, 4 years for the second, or forever for the third.
  - For conviction of felony thefts to get aid: 2 years for theft of amounts under $2000; 5 years for amounts of $2000 through $4999.99; and forever for amounts of $5000 or more.
  - For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county false proof for an ineligible child or a child that does not exist; getting more than $10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing: forever.

For food stamps:

- If on purpose I do not follow food stamp rules, my food stamps will be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to $250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
  - I traded or sold food stamps for firearms, ammunition, or explosives, my food stamps can be stopped forever for the first violation.
  - I traded or sold food stamps for controlled substances, my food stamps can be stopped for 24 months for the first violation and forever for the second.
  - I traded or sold food stamps that were worth $500 or more, my food stamps can be stopped forever.
  - I filed two or more applications for food stamps at the same time and gave the county false identity or residence information, my food stamps can be stopped for 10 years.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT FOOD STAMP HOUSEHOLD MEMBER OR FOOD STAMP AUTHORIZED REPRESENTATIVE)			DATE
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

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Page 14 of 14

COUNTY USE ONLY

ELIGIBILITY FACTORS REVIEWED	CA		FS		MC	
	YES	NO	YES	NO	YES	NO
Residency						
Deprivation						
Age						
Immunizations						
Citizen/Eligible noncitizen						
School enrollment						
Pregnancy verif./ WIC Referral						
SSN						
Income—Applicant/Recipient test(s)						
SFIS						
TANF Time Limits						
CalWORKs Time Limits						

ELIGIBILITY FACTORS REVIEWED	CA		FS		MC	
	YES	NO	YES	NO	YES	NO
Property/Resources—Within limits						
Work participation						
FSET						
ABAWDs						
CFAP						
Sponsored noncitizen Federal participation established (If "NO", explain)						
Referred for Health Care Options (HCO) Presentation						

FOOD STAMP TESTS	YES	NO	NA
Categorically Eligible			
Gross Income Test Household Size Gross Monthly Income $			
Gross Income Eligible			
Separate HH Income Test Household Size Gross Monthly Income $			
Eligible for Separate HH Status			
Aged/Disabled			
DFA 285-C			

COMMENTS

AU Size:	Non-AU Size:	AU/MFBU Size:
☐ INELIGIBLE (REASON)		
☐ ELIGIBLE ☐ DIVERSION ☐ REDETERMINATION ☐ EXEMPT MAP		AUTHORIZATION DATE
ELIGIBILITY CONDITIONS MET (DATE):		EFFECTIVE DATE
WORKER'S SIGNATURE		DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)		DATE

FS:	HH Size:
☐ INELIGIBLE (REASON)	
☐ ELIGIBLE ☐ RECERTIFICATION	AUTHORIZATION DATE
WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE

Medi-Cal New Mail-In Application and Instructions (MC 210)

Online Version: www.dhs.ca.gov/mcs/medi-calhome/MC210.htm

HEALTH CARE COVERAGE

FOR PEOPLE WITH LIMITED INCOME OR RESOURCES

MEDI-CAL

NEW MAIL-IN APPLICATION AND INSTRUCTIONS

For *FREE* help to apply for Medi-Cal, contact your local welfare office.

What is Medi-Cal?

- Health care coverage for qualifying persons who live in California, who have income and resources below established limits

Who can get Medi-Cal?

- Persons 65 or older or
- Persons who are under 21 years of age
- Certain adults, between 21 and 65 years of age, if they have minor children living with them
- Persons who are blind or disabled
- Pregnant women
- Persons receiving nursing home care
- Certain Refugees, Asylees, Cuban/Haitian Entrants

Do I have to be a U.S. citizen to get Medi-Cal?

- No, documented and undocumented aliens may be eligible for Medi-Cal. Some persons may receive pregnancy related and emergency services only; others are eligible for full Medi-Cal benefits depending on their alien status

When Medi-Cal says "a minor child," what does it mean?

- A child married or unmarried under 21 years of age living in your home or away at school

What do I do to get Medi-Cal coverage?

- Complete and send in the enclosed application
- Send copies of any required documentation (See instructions)

How can my family and I qualify for Medi-Cal coverage?

If you are in one of the groups listed in "Who can get Medi-Cal?" above:

- We look at your income and subtract some expenses you pay to decide your family's countable income for Medi-Cal
- We look at things you and your family own (bank accounts, vehicles, etc.) to see if you meet the resource limit. **Please Note:** Not all the things you or your family own are counted; your local welfare office can give you more information

If I do not fall into one of the covered groups, how can I get coverage?

- Contact your local welfare office for information about medical services in your county

MC 210 08/01
INSTRUCTIONS

When Applying For Medi-Cal Health Coverage

What Should I Do If...

I have an immediate need for health care services, such as severe illness or pregnancy.

- Take this application directly to the nearest welfare office to start the application process.

I have the application, but need help.

- Read Instructions carefully.
- Contact your local welfare office for help.
- Ask a friend or relative to help you.

My spouse or I are entering a nursing home and applying for Medi-Cal.

- Immediately contact your local welfare office for a copy of the notice regarding standards for Medi-Cal eligibility form (DHS 7077). This form will explain certain exempt resources, certain protections against spousal impoverishment, and certain circumstances under which an interest in a home may be transferred without affecting Medi-Cal eligibility.

I filled out the application and want to mail it.

- Complete the application and mail it to your nearest local welfare office.

I'm homeless or do not have a mailing address.

DO NOT MAIL THIS APPLICATION.

- Go to the nearest local welfare office to turn in this application.

I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/ counseling, sexually transmitted diseases (STD) or sexual assault.

- To maintain confidentiality, you must take this application to the local welfare office or eligibility worker site.

DO NOT MAIL IT.

I want to ask for Medi-Cal in person. I do not want to mail the application.

- Contact your local welfare office and ask for an interview to apply in person.

Remember, whether you take your application to the local welfare office or you mail it, you should *not pay* anyone to help you with this application.

www.dhs.ca.gov

For *FREE* help to apply for Medi-Cal, contact your local welfare office.

MC 210 08/01
INSTRUCTIONS

INSTRUCTIONS ➡

How to fill out the application

- Tear out the application
- Read the instructions completely
- Fill out as much of the application as you can
- Include requested documentation (See instructions)
- If help is needed contact the local welfare office
- Do not delay in sending in your application

Whose information should you put on this application?

- If you are an adult not living with a spouse, and you have no children, enter your own information.
- If you are legally married and living together, enter your and your spouse's information.
- If you are legally married but one or both of you are living in a nursing home or board and care facility, enter your and your spouse's information.
- If your children are under 21 years of age and living with you and their other parent, enter your own information, your children's and the other parent's.
- If you are under 21 years of age and not living with your parents, enter your own information.
- If you are an unmarried minor under 21 years of age living with your parent(s) and asking for Minor Consent confidential services, enter your own information.

What will happen after I send in my application?

- The local welfare office will notify you within 10 working days that they received your application. They will give you the name of someone you can contact for more information about your application.
- You will receive a packet from the county with additional program information.
- You may receive a request for additional information that the county will need in order to determine your eligibility.
- In most instances the local welfare office will determine your eligibility within 45 days and notify you in writing of that decision. An eligibility determination based on disability may take up to 90 days.
- If you are determined eligible, depending on what county you live in, you may be able to choose a health plan by completing a separate enrollment form.
- If you do not qualify for no-cost Medi-Cal and you wish to apply for the Healthy Families program, the local welfare office will forward this application to that program.

MC 210 08/01
INSTRUCTIONS

TEAR HERE

State of California - Health and Human Services Agency

Department of Health Services

APPLICATION FOR MEDI-CAL

To complete this form, use the instructions. Print clearly. Use black or blue ink only.

SECTION 1 **Tell us about the person who wants Medi-Cal for themselves, their family or children in their care.**

1 LAST NAME	FIRST NAME		MIDDLE INITIAL
2 HOME ADDRESS (NUMBER AND STREET). **DO NOT LIST A P.O. BOX** UNLESS HOMELESS		3 APARTMENT NUMBER	4 HOME PHONE # ( )
5 CITY	6 COUNTY/STATE	7 ZIP CODE	8 WORK PHONE # ( )
9 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) OR P.O. BOX		10 APARTMENT NUMBER	11 MESSAGE PHONE # ( )
12 CITY			13 ZIP CODE
14A WHAT LANGUAGE/DIALECT DO YOU SPEAK BEST?		14B WHAT LANGUAGE DO YOU READ BEST?	

SECTION 2 **Tell us about the person listed in Section 1, his or her family and the children they care for, even if they don't want coverage.**

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
15 Name: Last					
First					
Middle					
16 Relationship to person in Section 1.					
17 If address where living is not the same as listed in Section 1, put address where living:					
18 Gender:	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
19 Marital Status:	❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed	❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed	❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed	❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed	❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed
20 Name of spouse(s) of married minors in the home.					
21 Date of Birth:	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR
22 Pregnant:	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Due Date:	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR	/ / MO DAY YR
23 Has a physical, mental or emotional disability?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Disability expected to last:	❑ 30 Days or More ❑ 12 Months or More	❑ 30 Days or More ❑ 12 Months or More	❑ 30 Days or More ❑ 12 Months or More	❑ 30 Days or More ❑ 12 Months or More	❑ 30 Days or More ❑ 12 Months or More

TEAR HERE

MC 210 08/01
APPLICATION

A1

CONTINUED ➡

SECTION 2 Continued

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
24 Has any one ever received **cash aid, SSI, Food Stamps** or **Medi-Cal**?	Yes No	Yes No	Yes No	Yes ❑ No	Yes No
If "Yes," under what name?					
25 Medi-Cal benefits BIC card number, if you have it:					
26 Wants Medical benefits?	❑ Yes No	❑ Yes ❑ No	❑ Yes No	❑ Yes ❑ No	❑ Yes ❑ No
27 Do you own or are you buying a home outside California?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

SECTION 3 Answer for ***all*** children in Section 2.

28 Mother's Name:	Mother's Name:	Mother's Name:	Mother's Name:
Is Mother: Employed Disabled Unemployed Deceased Absent	Is Mother: Employed Disabled Unemployed Deceased Absent	Is Mother: Employed Disabled Unemployed Deceased Absent	Is Mother: Employed Disabled Unemployed
29 Father's Name:	Father's Name:	Father's Name:	Father's Name:
Is Father: Employed Disabled Unemployed Deceased Absent	Is Father: Employed Disabled Unemployed Deceased Absent	Is Father: Employed Disabled Unemployed Deceased Absent	Is Father: Employed Disabled Unemployed Deceased Absent

SECTION 4 List ***all*** income/money received by persons listed in Section 2.

30 NAME OF PERSON RECEIVING INCOME/MONEY	31 SOURCE OF INCOME/ MONEY RECEIVED (Employment, social security)	32 HOW MUCH INCOME/MONEY IS RECEIVED	33 HOW OFTEN INCOME/ MONEY RECEIVED (Monthly, bimonthly, weekly, biweekly, daily)

SECTION 5 Give information about the listed expenses/cost paid by ***all*** persons listed in Section 2.

TYPE OF PAYMENT YOUR FAMILY MAKES	34 NAME OF PERSON WHO PAYS	35 MONTHLY AMOUNT PAID
Child Support		
Alimony		
Other Health Insurance Premium		
Medicare Premium		

36 CHILD CARE OR DEPENDENT CARE (*List child's or dependent's name*)	37 AGE	38 NAME OF PERSON WHO PAYS	39 MONTHLY AMOUNT PAID
1.			
2.			
3.			
4.			

MC 210 08/01
APPLICATION

A2

TEAR HERE

SECTION 6 ***Skip this Section if you are only applying for children under 19 and/or pregnant women (pregnancy related services only).***

Otherwise answer for *all* persons listed in Section 2.

40	Does anyone have cash or uncashed checks? If "Yes," list amount here _____ (See instructions)	❑ Yes ❑ No
41	Does anyone have a checking, savings account, or life insurance? (See instructions)	❑ Yes ❑ No
42	Is there one car or more in the household? (See instructions)	❑ Yes ❑ No
43	Does anyone have a court ordered settlement or judgement? (See instructions)	❑ Yes ❑ No
44	Does anyone have Long-Term Care insurance? (See instructions)	❑ Yes ❑ No
45	Does anyone own any items such as stocks, bonds, retirement funds, trusts, real estate, motor vehicles for a business, business accounts, promissory notes, mortgages, deeds of trust, recreational vehicles, burial trusts or funds, annuities, jewelry (not heirloom or wedding), oil or mineral rights? (See instructions)	❑ Yes ❑ No
46	Has anyone listed on this form, transferred, sold, traded or given away any items such as those listed above in the last 30 months? (See instructions)	❑ Yes ❑ No
47	Have any items listed in this section been spent or used as security for medical costs? (See instructions)	❑ Yes ❑ No

SECTION 7 **Answer *only* for persons who want Medi-Cal.**

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
48 Social Security #:					
	You may be able to receive Medi-Cal even if you do not have a Social Security Number.				
49 Place of Birth: *State or Country*					
50 U.S. Citizen or National? If "No," write in date of entry into U.S.	❑ Yes ❑ No / / MO DAY YR	❑ Yes ❑ No / / MO DAY YR	❑ Yes ❑ No / / MO DAY YR	❑ Yes ❑ No / / MO DAY YR	❑ Yes ❑ No / / MO DAY YR
51 Living in a Long-Term Care or Board and Care Facility?	❑ Yes No	Yes No	❑ Yes ❑ No	❑ Yes No	❑ Yes No
If "Yes," name of facility: Do you intend to return home?	❑ Yes No	Yes No	❑ Yes ❑ No	❑ Yes No	Yes No
Do you intend to return home within six months?	Yes ❑ No	Yes ❑ No	Yes ❑ No	Yes ❑ No	Yes No
52 Has health/dental or vision coverage?	❑ Yes No	❑ Yes No	❑ Yes No	❑ Yes No	Yes No
53 Had medical expenses within the 3 months before the month you applied and want Medi-Cal for those expenses.	Yes No	Yes No	Yes No	Yes No	Yes No
54 Lawsuit pending due to accident or injury?	Yes No	Yes ❑ No	Yes No	❑ Yes No	❑ Yes No

TEAR HERE

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CONTINUED ➡

SECTION 7 Continued

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
55 Current or past U.S. Military Service for adults, spouse or child's parents?	Yes No ❑ Self ❑ Spouse ❑ Parent	Yes ❑ No Self ❑ Spouse ❑ Parent	Yes No ❑ Self ❑ Spouse ❑ Parent	❑ Yes No Self ❑ Spouse ❑ Parent	❑ Yes No Self Spouse Parent
56 Ethnicity (race): (optional)					
57 In school full time?	Yes ❑ No	Yes ❑ No	Yes No	Yes No	Yes No
58 Living away from home?	Yes No	Yes ❑ No	Yes No	Yes No	Yes No

SECTION 8 Information Release (Optional).

59 If family member cannot get no-cost Medi-Cal but may be able to get low-cost health care coverage, can the local welfare office send this form to the Healthy Families Program? ❑ Yes ❑ No

60 I got help from (give name of person) _____ when I filled out this application. I agree that the local welfare office may give them information about the status of this application. ***Applicant please initial*** _____

SECTION 9 Signature and Certification.

61 I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application, and the documents given are correct and true to the best of my knowledge and belief.
I declare that I have read and understand the application instructions, the declarations, and all information printed on this application.

Signature _____ Date _____

Witness Signature *(If person signed with a mark)* _____ Date _____

Signature of person helping Applicant fill out the form _____ Telephone Number _____ Relationship to Applicant _____ Date _____

Signature of person acting for Applicant/Beneficiary _____ Telephone Number _____ Relationship to Applicant _____ Date _____

For information about any of the following programs, check the box(es) below and information will be sent to you. See the Medi-Cal brochure, "Health Care for Families with Children" or visit our website, www.dhs.ca.gov

Personal Care Service Program (PCSP). A program for in-home care.

Access for Infants, and Mothers (AIM). A program to help pregnant women with moderate income obtain health care.

Woman, Infants and Children Nutrition Program (WIC). A nutrition program for pregnant and postpartum women and children under 5.

Family Planning

Child Health and Disability Program (CHDP). Preventive healthcare for children and youth.
Do you want your children or youth referred to the CHDP program? Yes No

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INSTRUCTIONS

Please read before beginning application.

SECTION 1

Tell us about the person who wants Medi-Cal for themselves, their family or children in their care.

Question 1:
Enter the name of the person who wants Medi-Cal, or the parent/caretaker of the children who want Medi-Cal.

Questions 2-8:
Enter the address and telephone numbers of the person who wants Medi-Cal.

Questions 9-13:
Enter the phone number and mailing address (if different than home address provided in #2) of the person who wants Medi-Cal. This is the address where all information regarding the application and health benefits will be mailed.

Question 14A-B:
Enter the language you speak and/or read best.

Send proof of identity. Only one person (a parent or caretaker) in a family needs to provide an identity document. Send a **photocopy** of one of the following identity items:

- California driver license
- Identification card issued by the Department of Motor Vehicles
- U.S. citizenship or alien status documents (passport).
- School identification card
- Birth certificate
- Marriage record
- Social Security card or document containing a Social Security number.
- Divorce decree
- Work badge, building pass
- Adoption record
- Court order for name change
- Church membership or baptismal confirmation certificate

Identity proof is not needed for

- Persons in an institution
- Children in a family, if identity of one parent has been established
- Children requesting Medi-Cal for Minor Consent services
- The spouse of a person whose identity has been verified

SECTION 2

Tell us about the person listed in Section 1, whether or not they want Medi-Cal, his or her family and the children they care for.

If you are applying for more than 5 people, use a separate piece of paper or a photocopy of pages A1, A2, A3 and A4 of the application, to give us information about the additional persons.

Who counts as an adult?

- Persons 21 years of age or older
- Persons under 21 years of age who is not living in the home of their parent or caretaker relative and is not claimed as a tax dependent

Who counts as children?

- All natural and adoptive children under 21 living in the home
- All natural and adoptive children between 18 and 21 years of age, away from home and claimed as a tax dependent
- All stepchildren under age 21 living in the home

Question 15:
Write the last, first and middle name of each person in the house.

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SECTION 2 Continued

Question 16:
How is each person related to the person in Section 1. *Example: self, wife, husband, grandparents, friend, daughter, stepchild, nephew, etc.*

Question 17:
Write the complete address, if different from the address in Section 1. *Example: child is in college and living at school.*

Question 18:
Indicate gender of each person.

Question 19:
Indicate the marital status of each person listed.

Question 20:
Write the name of the spouse of any married minors living in the home. Any income of the spouse must be listed in Section 4.

Question 21:
Write month, day and year of birth for each person.

Question 22:
Tell us if this person is pregnant. If "Yes," tell us the due date.

Send proof of pregnancy from a Doctor's office or a clinic within 60 days to continue receiving full Medi-Cal benefits. You do not need to send verification if you only want pregnancy related services.

Question 23:
Check "Yes," if person is blind or has a physical or mental illness that is expected to last at least 30 days. If person is unable to work, check "Yes," and check the box that best describes how long the person will be unable to work if declared disabled. This will help us decide if you are eligible for Medi-Cal based on disability.

Question 24:
Tell us if anyone has ever had cash aid, SSI, Food Stamps or Medi-Cal. This will help the local welfare office check for needed information before asking you to give it. If you checked "Yes," tell us the name you received benefits under.

Question 25:
If you have ever received Medi-Cal, tell us your Medi-Cal Benefits Identification Card (BIC) number if you have it.

Your Medi-Cal Benefits Identification Card (BIC) number can be found here.

Question 26:
Check "Yes," if you are asking for medical benefits for this person.

Question 27:
Tell us if you own or are buying a home outside California. Your answer helps us determine your residency.

Send proof of California residency. You can use your proof of income as proof of residency, too. If your income is not from California, send other proof of residence. For example: rent receipts, utility bill or a child's school records.

SECTION 3

Answer for *all* children in Section 2.

Question 28:
Write the name of the natural or adoptive mother of each child. Check the box to tell us if the mother is employed, disabled, unemployed, deceased or absent from the home.

Question 29:
Write the name of the natural or adoptive father of each child. Check the box to tell us if the father is employed, disabled, unemployed, deceased or absent from the home.

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English

SECTION 5

Give information about the listed expenses/costs paid by *all* persons listed in Section 2.

Tell us if you pay court-ordered **child support,** or **alimony,** or have other **health insurance or Medicare** premium costs.

Medi-Cal will pay your medicare premiums and deduct the cost of any other insurance premium from your countable income.

Question 34:
Write the name of the person who pays the cost.

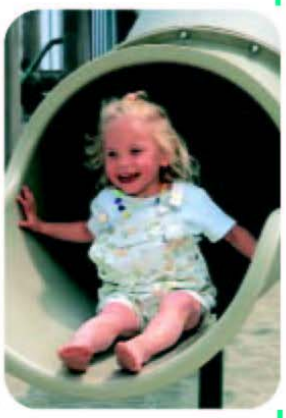
Question 35:
Write in the total amount paid each month.

Question 36:
Write in the costs paid for child care and/or disabled dependent care.

Question 37:
List the age of the child or disabled dependent.

Question 38:
Write the name of the person who pays the cost.

Question 39:
List the total amount paid monthly for each child or disabled dependent.



Send proof of expenses (costs) listed in Section 5. Send in proof of child support or alimony costs. For childcare and dependent care, send receipts or cancelled checks.

SECTION 6

Skip this section if you are only applying for Children under 19 and/or pregnant women applying for pregnancy related services only. Otherwise answer for *all* persons listed in Section 2.

If you have questions or concerns about completing Section 6, leave it blank and contact the local welfare office for help.

The value of the home you are living in is not counted for Medi-Cal

Question 40:
Tell us the amount of all cash you have on hand and the amount of any checks you have received but not cashed.

Question 41:
If anyone listed has a checking and/or savings account or life insurance policy, please send copies of the following documents:

- Account statements showing current balances in accounts.
- Copies of all life insurance policies.

Question 42:
If you checked "Yes," send us a copy of the vehicle registration(s) or pink slip(s) or estimate(s) of value from a qualified source, such as a dealer or mechanic.

Question 43:
If you check "Yes," send us copies of all court orders, documents and agreements.

Question 44:
If you check "Yes," send us copies of your policies, contracts and purchase agreements. If your policy is certified by the California Partnership for Long-Term Care, give us a copy of your most recent benefit statement.

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Questions 45-47:
If you check "Yes," you may be asked to provide additional information. You may also have to fill out a property supplement form.

SECTION 7

Answer *only* for persons who want Medi-Cal.

Question 48:
A Social Security number for each person applying for full Medi-Cal benefits is required. If you do not have a Social Security number, do not delay sending in this application. You can apply now and give us the number within the next 60 days.

Pregnancy and emergency care services may be available to persons who are unable to get a Social Security number.

For information on how to apply for a Social Security number, call Social Security Administration toll-free, 1-800-772-1213.

Question 49:
Write the place of birth for each person. If born in the United States, write the name of the state. If born outside the U.S., write the name of the country.

Question 50:
Check "Yes" or "No," telling us if the person is a Citizen or U.S. National.

Give immigration information only for people applying for health coverage. Do not give information for people not applying. The State will use this information only for eligibility determination. Information about immigration is private and confidential.

Immigrants who meet all immigration requirements may get **full Medi-Cal benefits.** Undocumented immigrants can get pregnancy related and emergency services.

Send proof of immigration status or an INS receipt showing that you applied to replace a lost document. Many immigrants may get full Medi-Cal even if they do not have a green card or immigration document. Copy both sides and send now or within 30 days of application. If you do not send this proof, you may still be eligible for emergency or pregnancy related services.

Do not give immigration information about people who are not asking for Medi-Cal. Information about immigration is private and confidential.

Question 51:
Tell us if the person is in a nursing facility, residential, or board and care facility. If you check "Yes," tell us the name of the facility.

Question 52:
Check box to show if each person has other health insurance coverage.

You can get Medi-Cal and still have other health coverage. Medi-Cal may cover what your other health coverage does not.

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SECTION 7 Continued

Question 53:
If you check "Yes," Medi-Cal may be able to help pay some or all of the paid or unpaid medical costs you have had in the 3 months before you apply.

Question 54:
Check "Yes," if any person has filed a lawsuit because of an accident or injury, workers compensation, or car accident.

Question 55:
Check box(es) to show if individual, spouse or parent of individual is or was in the U.S. Military. We are asking for this information to see if you can get other services or benefits.

Question 56 (Optional):
You can choose to enter the Ethnicity (race) for each person. This information is used for statistics only and has no effect on your eligibility for Medi-Cal.

Question 57:
Check box to show if person is in school. The earnings of a person under 21 years may not be counted if the person is attending school.

Question 58:
Tell us if the person is living away from home, is away at school, or out of town working.

SECTION 8

Information Release (Optional).

Question 59:
Check "Yes," and the local welfare office will send this application to the Healthy Families program, if one or more of the family members applying do not qualify for the Medi-Cal program.

The Healthy Families Program provides comprehensive health, dental, and vision coverage for eligible children and adults. For further information call **1-800-880-5305** or visit their website at www.healthyfamilies.ca.gov

Question 60:
If you fill out this item you are telling the local welfare office it is okay to give information about your application to the persons you have named.

SECTION 9

Signature and Certification.

Who can sign this application?

- The person who wants Medi-Cal, or the spouse of the person who wants Medi-Cal
- The conservator, guardian executor, or caretaker of a child who wants Medi-Cal
- Someone acting for the person who wants Medi-Cal when the person is incompetent, in a comatose condition, or suffering from amnesia and there is no spouse, conservator, guardian or executor
- Persons 14 to 21 years old if they are not living with a parent, caretaker relative, or foster parent
- Persons 14 to 21 requesting Minor Consent Services

Question 61:
State and federal laws require your signature on this application form. Your signature in this section indicates that your declarations and answers are truthful and the documents you submit are true and correct.

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Medi-Cal Confidentiality Notice

The information given in this application is private and confidential under Welfare and Institutions Code 14100.2.
The information will be disclosed only in accordance with those laws.

Medi-Cal Rights, Responsibilities and Declarations

I have the right to:

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- Ask for an interpreter.
- Ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action". To find out about Medi-Cal fair hearings, call toll-free, 1-800-952-5253.
- A face-to-face interview.
- Review Medi-Cal program rules and manuals.

I have the responsibility to:

- Report any changes within 10 days in the information I give on this application.
- Let local welfare office know if a family member applies for disability benefits; is in a public institution; or gets medical care for any accident or injury caused by another person.
- Cooperate if my case is reviewed.
- Apply for available income.
- Cooperate with appropriate paternity determinations and medical support enforcement efforts.
- Assignment of rights to medical support to the State of California.
- Assign rights to third party medical support to the State of California.

I understand that:

- As a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.
- Persons I am applying for are not in jail, prison, or any other correctional facility.
- After my death, the State has the right to seek repayment from my estate for all Medi-Cal benefits I receive after age 55 unless I have a surviving spouse, minor child(ren), blind or permanently and totally disabled child(ren).
- If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.

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INSTRUCTIONS

Medi-Cal Privacy Notice

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following information: Welfare and Institutions Code Section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in this application.

This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) The information will be used to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application.

Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1137(a)(1) of the Social Security Act and by Welfare and Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services.

Contact your local welfare office to request your records.

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Provided by the State of California

MC 210 08/01

English

SECTION 11 – APPENDIX

The Essential Services of Public Health and Ten Essential Public Health Services to Promote Child Health in America[3]

1. Monitor health status to identify community health problems.

   Assess the status of child health at the local, state, and national levels so problems can be identified and addressed.

2. Diagnose and investigate health problems and health hazards in the community.

   Diagnose and investigate the occurrence of health problems and health hazards that impact children.

3. Inform, educate, and empower people about health issues.

   Inform, educate, and empower the public and families regarding child health in order to promote positive health beliefs, attitudes and behaviors.

4. Mobilize community partnerships to identify and solve health problems.

   Mobilize community partnerships between policy makers, health care providers, the public, and others to identify and implement solutions to child health problems.

5. Develop policies and plans that support individual and community health efforts.

   Work with the community to assess the relative importance of children's needs based on scientific, economic and political factors, and provide leadership for planning and policy development to address priority needs.

6. Enforce laws and regulations that protect health and ensure safety.

   Promote and enforce laws, regulations, standards, and contracts that protect the health and safety of children and that assure public accountability for their well being.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

   Link children to needed population-based, personal health and other community and family support services, and assure availability, access, and acceptability by enhancing system capacity, including directly supporting services when necessary.

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[3] See United States Public Health Service. "A Time for Partnership. Report of State Consultations on the Role of Public Health." Prevention Report, December 1994/January 1995: 1-12; and United States Public Health Service, Maternal Child Health Bureau. "Ten Essential Public Health Services to Promote Maternal and Child Health in America." In Public Maternal and Child Health Program Functions: Essential Public Health Services to Promote Maternal and Child Health in America, Preliminary Edition, March 1995.

8. Assure a competent public health and personal health care workforce.

   Assure the capacity and competency of the public health and personal health work force to effectively address children's needs.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

   Evaluate effectiveness, accessibility, and quality of personal health and population-based child health services.

10. Research for new insights and innovative solutions to health problems.

    Conduct research and support demonstrations to gain new insights and innovative solutions to child health-related problems.

Data and Research Resource Guide

This guide has been prepared to assist local health departments in accessing data for community health assessments and program planning. These websites provide health, demographic, and socioeconomic data relative to children and youth.

Those data tables marked with an asterisk (*) have been included in previous editions of the CMS Plan and Fiscal Guidelines. Local CMS programs should now obtain these data tables on the web.

Child Care

California Child Care Resource and Referral Network

Homepage and Path: www.rrnetwork.org > Enter > Our Research > Select Data

Notes: The California Child Care Portfolio, zip code level maps for childcare supply, and other research and data on working parents and childcare.

Demographics

California Department of Finance *

Homepage and Path: www.dof.ca.gov > Demographic Information > Reports and Research Papers > Select document.

Notes: County-level populations by race/ethnicity, age, and gender, City and county population estimates, school enrollment projections, immigration estimates

U.S. Bureau of Census

Homepage and Path: www.census.gov > Subjects A to Z > Select subject

Notes: Current and historical demographic data from the U.S. Census; poverty estimates; data on child support and health insurance

Education

California Department of Education *

Homepage: www.cde.ca.gov

Notes: For data on public school enrollment, student demographics, academic performance measures, school lunch programs, and more, go to http://data1.cde.ca.gov/dataquest. For private school listings and enrollment, go to www.cde.ca.gov/PrivateSchools

California Department of Finance (see Demographics above)

Health

Business Objects Reporting System

Homepage: http://dhsreports.dhs.ca.gov

Notes: Refer to CHDP Program Letter No. 03-08 for information on accessing the system.

California Department of Alcohol and Drug Programs

Homepage: www.adp.ca.gov/risk_indicators.shtml

Note: County-level statistics on substance use and treatment, health, crime, and other indicators.

California Health Interview Survey

Homepage and Path: www.chis.ucla.edu > Products and Findings

Notes: Website includes online query system (AskCHIS) as well as downloadable data files; survey data on health behavior and status, service utilization, and demographics; statewide, regional, and county data.

Center for Health Statistics (CDHS)

Homepage and Path: www.dhs.ca.gov/hisp/chs > click on Vital Statistics Query System or Vital Statistics Data Tables

Notes: Create ad hoc reports or view standard reports for specific birth and death indicators; statewide, county, and zip code level data.

Department of Justice

Homepage and Path: http://caag.state.ca.us/ > Programs and Services > Criminal Justice Statistics Center > Publications or Statistics

Notes: Data tables and reports on domestic violence, crime, and substance use.

Epidemiology and Prevention for Injury Control Branch (CDHS) *

Homepage: www.applications.dhs.ca.gov/epicdata

Data System: EPICenter - California Injury Data Online

Notes: Create ad hoc reports or view standard reports; data on fatal and nonfatal injuries, intentional and unintentional injuries; statewide and county data.

Immunization Branch (CDHS) *

Homepage and Path: www.dhs.ca.gov/ps/dcdc/izgroup > Immunization Levels in Child Care and Schools > Select Desired Report

Reports: Child Care Centers Assessment Survey Result; Kindergarten Assessment Survey Result

Notes: Statewide and county-level data on immunization rates for young people.

Improved Perinatal Outcome Data Management

Homepage: http://datamch.berkeley.edu

Notes: Perinatal data by county of residence and zip code.

Managed Risk Medical Insurance Board

Homepage and Path: www.mrmib.ca.gov > click on Access for Infants and Mothers (AIM) or Healthy Families Monthly Enrollment Reports > Select Reports

Medi-Cal Policy Institute

Homepage: www.medi-cal.org > Click on County Data

Note: Data on Medi-Cal expenditures and enrollment trends.

Medical Care Statistics Section (CDHS) *

Homepage and Path: www.dhs.ca.gov/mcss > Publications > California's Medical Assistance Program - Annual Statistical Reports > Select Desired Year > Select Desired Format > Go to Table 17

Report: Persons Certified Eligible by County, Sex, and Age (Table 17)

Homepage and Path: www.dhs.ca.gov/mcss > Publications > Medi-Cal Funded Deliveries - Annual Statistical Reports > Select Desired Format > Go to Desired Tables

Reports: Number of Medi-Cal Funded Deliveries by County of Beneficiary and Age of Mother; Number of Medi-Cal Funded Deliveries by County, Age, and Ethnicity of Mother

UCLA Center for Health Policy Research

Homepage: www.healthpolicy.ucla.edu

Notes: Research studies on statewide, regional, and county health insurance coverage and medical service utilization.

Social Services

Child Welfare Research Center

Homepage and Path: http://cssr.berkeley.edu/CWSCMSreports > Select Foster Care Dynamics

Notes: These reports include entry and/or exit cohorts as well as other data beyond the first entry cohorts.

Employment Development Department

Homepage and Path: http://www.edd.ca.gov/ > Labor Market Information

Notes: County level data on income, unemployment, and labor trends

Research and Development Division (CDSS)

Homepage and Path: www.dss.cahwnet.gov/research > Children's Programs > Data Tables> Select CWS/CMS2

Data System: Child Welfare Services/Case Management System (CWS/CMS)

Notes: This monthly report provides information on children in out-of-home care statewide and for each county. It shows the characteristics of the children, including age, gender, ethnicity, type of placement home, funding source, agency responsible, number of cases that were terminated and reason for termination.

Homepage and Path: www.dss.cahwnet.gov/research > Program Area

Notes: Utilization data on CalWorks, Food Stamps, Community Care Licensing, and other social services program.

Abbreviations and Acronyms

AAP ..... American Academy of Pediatrics
AB ..... Assembly Bill
ACIN ..... All County Information Notice
ACL ..... All County Letter
ACWDL ..... All County Welfare Directors Letter
AER ..... Annual Eligibility Review
AFLP ..... Adolescent Family Life Program
BIC ..... Benefits Identification Card
BY ..... Budget Year
CalWORKS ..... California Work Opportunity and Responsibility to Kids
CCR ..... California Code of Regulations
CCS ..... California Children's Services
CDC ..... Centers for Disease Control and Prevention
CDHS ..... California Department of Health Services
CDSS ..... California Department of Social Services
CFR ..... Code of Federal Regulations
CHDP ..... Child Health and Disability Prevention Program
CHEAC ..... County Health Executives Association of California
CIN ..... Client Index Number
CLPPP ..... Childhood Lead Poisoning Prevention Program
CMS Net ..... Children's Medical Services Network
CMS ..... Children's Medical Service; Centers for Medicare and Medicaid Services
CMSP ..... County Medical Services Program
COHS ..... County Organized Health Systems
CSHCN ..... Children with Special Health Care Needs
CTO ..... Compensatory/Certified Time Off
CWS ..... Child Welfare Services
CWS/CMS ..... Child Welfare System/Case Management System
CY ..... Calendar Year
DARE ..... Data Analysis, Research, and Evaluation Unit
DHS 4073 ..... CHDP Pre-Enrollment Application
DHS 4505 ..... CHDP Report of Distribution
E 47 ..... Enhancement 47
EDC ..... Expected Date of Confinement
EDS ..... Electronic Data Systems (CDHS's Fiscal Intermediary)
EPSDT ..... Early and Periodic Screening, Diagnosis, and Treatment
EPSDT-SS ..... Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services
EW ..... Eligibility Worker
FFP ..... Federal Financial Participation

FIG ..... Federal Income Guidelines
FTE ..... Full Time Equivalent
FY ..... Fiscal Year
GHPP ..... Genetically Handicapped Persons Program
GMC ..... Geographic Managed Care
HCC ..... Hearing Coordination Center
HCFA ..... Health Care Financing Administration (now known as CMS)
HCPCFC ..... Health Care Program for Children in Foster Care
HEP ..... Health Education Passport
HF ..... Healthy Families
HFP ..... Healthy Families Program
HIPAA ..... Health Insurance Portability and Accountability Act
HRIF ..... High Risk Infant Follow-up Program
HRIF ..... High-Risk Infant Follow-up Program
HRSA ..... Health Resources and Services Administration
ICD 10 ..... International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD 9 ..... International Classification of Diseases, Ninth Revision
IEP ..... Individualized Educational Plan
IFSP ..... Individualized Family Services Plan
IHO ..... In-Home Operations
IN ..... Information Notice
LEA ..... Local Education Agency
M & T ..... Maintenance and Transportation
MC 13 ..... Statement of Citizenship, Alienage, and Immigration Status
MC 210 ..... Statement of Facts (Medi-Cal Only Mail in Application)
MC 219 ..... Important Information for Persons Requesting Medi-Cal
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MC ..... Medi-Cal
MCAH ..... Maternal, Child, and Adolescent Health
MCH ..... Maternal and Child Health
MCMC ..... Medi-Cal Managed Care
MEBIL ..... Medi-Cal Eligibility Branch Information Letter
MEDS ..... Medi-Cal Eligibility Data System
MMCD ..... Medi-Cal Managed Care Division
MOE ..... Maintenance of Effort
MOU ..... Memorandum of Understanding
MPP ..... Manual of Policies and Procedures
MRMIB ..... Managed Risk Medical Insurance Board
MTC ..... Medical Therapy Conference
MTP ..... Medical Therapy Program

MTU ..... Medical Therapy Unit
MVIP ..... Medically Vulnerable Infant Program
NHSP ..... Newborn Hearing Screening Program
NICU ..... Neonatal Intensive Care Unit
NL ..... CCS Numbered Letter
Non SPMP ..... Non Skilled Professional Medical Personnel
NPP ..... Notice of Privacy Practices
OPRC ..... Outpatient Rehabilitation Centers
PCFH ..... Primary Care and Family Health Division
PCMS ..... Program Case Management Section
PFG ..... Plan and Fiscal Guidelines
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PM 357 ..... CHDP Referral Form
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SCC ..... Special Care Center
SCHIP ..... State Child Health Insurance Program
SELPA ..... Special Education Local Planning Area
SOW ..... Scope of Work
SPHN ..... Supervising Public Health Nurse
SPMP ..... Skilled Professional Medical Personnel
SRO ..... CCS Sacramento Regional Office

SY ..... School Year
TCM ..... Targeted Case Management
TEMP 602 B .. Medical and Dental Exams for Children and Youth and Family Planning Services, Annual Mail-In Redetermination Referral
TEMP CA 600 ..... Annual Review for Cash Aid and Food Stamps
WIC ..... Women Infants and Children Supplemental Nutrition Program

CHDP School Annual Report (PM 272)

Online Version: www.dhs.ca.gov/pcfh/cms/chdp/publications.htm

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school County / School District / School Code	2. Check one ☐ Public school district ☐ Private school	3. School year 20____ to 20____
	4. Number of schools in district with first grade enrollment	5. Telephone number ( )

6. Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

7. Physical address (if different from mailing address)	City	State	ZIP code

Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 10–15 for Each School Reported) 8.	Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14) 9.	Number of Children With Report of Health Examination for School Entry (PM 171 A) On File 10.	Number of Children with Waiver of Health Examination for School Entry (PM 171 B)			Number of Children with Neither Documentation Nor Waiver of Examination On File 14.
			Parent Does Not Want the Examination 11.	Parent Unable to Obtain the Examination 12.	Reason Not Specified 13.	
15. Total number of schools reporting	16. Total enrolled first graders	17.	18.	19.	20.	21.

22. Is reimbursement desired? ☐ Yes ☐ No If yes, enter the total from item 16 (x $1) = $_____ (reimbursement)

HAVE ALL ITEMS BEEN COMPLETED?

23. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print name	Signature	Date

24. Name of contact person, if different from above	25. Telephone number of contact person, if different from item 5 ( )

Send the signed original and three copies to the CHDP program in your local health department by January 15.

Page 1 of 2

PM 272 (12/01)

CHDP ANNUAL SCHOOL REPORT (PM 272)

INSTRUCTIONS

This form is used to report data mandated by Section 124100 of the Health and Safety Code and to invoice for desired reimbursement. Additional copies of the CHDP Annual School Report (PM 272) can be printed from the following web address: www.dhs.ca.gov/publications/forms/pcfh/cms.htm.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at www.cde.ca.gov/schooldir.

2–7. Self-explanatory.

8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.

9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

   NOTE: **Ungraded Schools**—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

   Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.

11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) indicating the parent is waiving because they do not want the examination.

12. Enter the number of children with a Waiver (PM 171 B) indicating the parent is waiving because they cannot obtain the examination.

13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.

14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11–13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.

15. Enter the total number of schools reporting (include schools on any attached sheets).

16–21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.

22. Place an "X" in the appropriate box. If reimbursement is desired, the total count from item 16 is multiplied by $1.00, and the total is entered in the space provided.

23. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.

24. Print or type the name of contact person, if different from item 23.

25. Print or type the telephone number of the contact person (from items 23 or 24) if it is different from the telephone number in item 5.

Send the signed original and three copies to the CHDP program in the local health department by January 15. Retain one copy for school records.

PM 272 (12/01)

Page 2 of 2

Department of Health Services - Childrens's Medical Services (CMS) Branch

Child Health and Disability Prevention (CHDP) Program - CHDP Annual School Report

Table 1: Enrollment, Certification, Waivers, Neither, and Compliance Rates for Fiscal Year 1999-2000 - Sorted by County

County/City	Total Schools	First Grade Enrollment	Number With Certificate	Number With Waiver	Number With Neither	Percent Compliance	Percent Non-Compliance
1 - ALAMEDA	340	19,421	18,056	129	1,254	93.64	6.46
2 - ALPINE	4	22	17	2	3	86.36	13.64
3 - AMADOR	9	309	257	54	2	100.65	0.65
4 - BUTTE	55	2,388	2,104	230	56	97.74	2.35
5 - CALAVERAS	13	409	361	14	34	91.69	8.31
6 - COLUSA	6	331	270	37	24	92.75	7.25
7 - CONTRA COSTA	208	13,592	13,088	135	369	97.29	2.71
8 - DEL NORTE	12	350	266	75	9	97.43	2.57
9 - EL DORADO	40	2,008	1,828	92	92	95.62	4.58
10 - FRESNO	193	14,816	12,218	570	2,028	86.31	13.69
11 - GLENN	10	467	354	12	101	78.37	21.63
12 - HUMBOLDT	63	1,481	1,278	31	172	88.39	11.61
13 - IMPERIAL	41	2,790	2,544	129	120	95.81	4.30
14 - INYO	9	216	201	9	6	97.22	2.78
15 - KERN	242	17,967	16,873	819	275	98.47	1.53
16 - KINGS	37	1,988	1,643	284	65	96.93	3.27
17 - LAKE	21	693	626	22	45	93.51	6.49
18 - LASSEN	10	220	173	5	42	80.91	19.09
19 - LOS ANGELES	1,137	80,815	73,050	2,938	4,497	94.03	5.56
20 - MADERA	37	2,093	1,891	109	96	95.56	4.59
21 - MARIN	70	2,744	2,643	27	84	97.30	3.06
22 - MARIPOSA	9	116	101	10	5	95.69	4.31
23 - MENDOCINO	29	1,234	827	31	156	69.53	12.64
24 - MERCED	54	3,990	3,761	86	143	96.42	3.58
25 - MODOC	6	131	114	14	3	97.71	2.29
26 - MONO	6	144	138	4	2	98.61	1.39
27 - MONTEREY	105	6,208	5,721	67	420	93.23	6.77
28 - NAPA	40	1,606	1,438	23	145	90.97	9.03
29 - NEVADA	34	1,060	952	30	78	92.64	7.36
30 - ORANGE	497	45,632	42,447	1,101	2,111	95.43	4.63
31 - PLACER	63	3,828	3,495	46	287	92.50	7.50

Department of Health Services - Childrens's Medical Services (CMS) Branch

Child Health and Disability Prevention (CHDP) Program - CHDP Annual School Report

Table 1: Enrollment, Certification, Waivers, Neither, and Compliance Rates for Fiscal Year 1999-2000 - Sorted by County

County/City	Total Schools	First Grade Enrollment	Number With Certificate	Number With Waiver	Number With Neither	Percent Compliance	Percent Non-Compliance
32 - PLUMAS	9	238	196	19	23	90.34	9.66
33 - RIVERSIDE	285	26,406	22,450	1,224	2,733	89.65	10.35
34 - SACRAMENTO	257	17,930	10,151	535	7,263	59.60	40.51
35 - SAN BENITO	20	1,036	935	74	27	97.39	2.61
36 - SAN BERNARDINO	401	32,091	30,661	1,027	442	98.74	1.38
37 - SAN DIEGO	511	40,969	37,818	2,193	1,707	97.66	4.17
38 - SAN FRANCISCO	144	6,825	6,586	10	229	96.64	3.36
39 - SAN JOAQUIN	145	9,618	8,642	715	261	97.29	2.71
40 - SAN LUIS OBISPO	59	2,731	2,611	49	70	97.40	2.56
41 - SAN MATEO	167	8,880	7,975	34	887	90.19	9.99
42 - SANTA BARBARA	90	5,809	5,144	148	517	91.10	8.90
43 - SANTA CLARA	275	19,177	16,104	713	2,360	87.69	12.31
44 - SANTA CRUZ	55	3,274	2,785	112	372	88.49	11.36
45 - SHASTA	55	2,207	1,929	150	130	94.20	5.89
46 - SIERRA	11	241	219	17	3	97.93	1.24
47 - SISKIYOU	29	405	354	31	20	95.06	4.94
48 - SOLANO	84	6,035	4,882	210	946	84.37	15.68
49 - SONOMA	125	5,070	4,479	84	517	90.00	10.20
50 - STANISLAUS	109	8,433	7,340	639	181	94.62	2.15
51 - SUTTER	27	1,250	1,103	12	136	89.20	10.88
52 - TEHAMA	19	861	697	154	10	98.84	1.16
53 - TRINITY	12	131	70	3	58	55.73	44.27
54 - TULARE	108	7,663	6,529	162	939	87.32	12.25
55 - TUOLUMNE	17	506	408	63	35	93.08	6.92
56 - VENTURA	195	12,665	11,716	295	801	94.84	6.32
57 - YOLO	38	2,232	1,696	52	485	78.32	21.73
58 - YUBA	25	1,066	709	11	346	67.54	32.46
59 - CITY OF BERKELEY	20	894	817	20	57	93.62	6.38
62 - CITY OF LONG BEACH	75	8,409	6,440	174	1,795	78.65	21.35
63 - CITY OF PASADENA	44	2,640	2,465	106	69	97.39	2.61
STATEWIDE:	**6,811**	**464,761**	**412,646**	**16,171**	**36,143**	**92.27**	**7.78**

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