



March 14, 2003

CMS Information Notice No.: 03-02

To: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION  
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL  
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)  
BRANCH STAFF AND REGIONAL OFFICE STAFF.

Subject: CMS PLAN AND FISCAL GUIDELINES MANUAL – FISCAL YEAR  
(FY) 2003-04

This CMS Information Notice contains the FY 2003 -04 revisions to the CMS Plan and Fiscal Guidelines Manual. A new CMS Plan and Fiscal Guidelines Manual will not be issued for FY 2003-04. Updates have been made to the manual with some revisions. Enclosed is a listing of the revisions with pages to be removed and replaced.

Highlights of revisions to the Plan and Fiscal Guidelines Manual are as follows:

- Program overview of CHDP revised to reflect implementation of the Gateway.
- Interagency agreements for CHDP Program and Health Care Program for Children in Foster Care (HCPCFC) are now to be submitted biennially.
- Examples of Children Helped Through CMS Program have been expanded to assist local programs in preparation of the content of the form.
- Data form entitled "CHDP Program Number of Target Population and Health Assessment Reported on Screening/Billing Report Form", is no longer required.
- Reporting of CCS caseload has been revised to include Healthy Families to appropriately reflect participation in the CCS Program. This revision is located on the CCS Caseload Summary sheet and on all CCS budget worksheets.
- Personnel category "Case Management Support" was changed to "Ancillary Support" to be consistent with personnel categories now used in the CHDP Program and to eliminate the confusion in use of the term "case management" as titles in two sections of the CCS Administrative Budget. For the purposes of the CCS and CHDP



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

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Programs, ancillary support personnel work in conjunction with skilled professional medical personnel (SPMP) in a paraprofessional capacity as part of a multidisciplinary team.

- Personnel category "Program Support Staff" was renamed "Clerical and Claims Support", to more accurately reflect activities performed by staff in this Personnel category.

The budget format for the CCS Program is not changed for Fiscal Year 2003-04. The budget format for the CHDP Program is currently under revision. Each local CHDP Program has received a preliminary copy of the CHDP budget format and instructions for completion. We anticipate sending an electronic copy of the finalized package by March 7, 2003

Your CMS Plan and Budget package is due June 6, 2003. Please submit one original and three copies to your CMS Regional Administrative Consultant.

As a reminder, reporting on performance measures in Section 3 is due to the CMS Branch by November 30, 2003. An Information Notice will be issued in July 2003 with instructions on the submission of the performance measures.

Individual CHDP, HCPCFC, and CCS budgets will be approved when all required documents have been submitted and reviewed by appropriate regional office staff. The Certification Statement and Interagency Agreement may be sent under separate cover after other documents have been submitted. Fourth quarter invoices will not be paid until all documents required have been submitted, reviewed, and approved.

Local programs may download forms for the budget, plan submission, quarterly administrative expenditure invoicing, and data collection, as well as templates for Memorandum of Understanding and Interagency Agreement from the CMS website. To access these materials, go to [www.dhs.ca.gov/pcfh/cms/pfg.htm](http://www.dhs.ca.gov/pcfh/cms/pfg.htm).

If you have questions about completing your plan and budget, please contact your Regional Nurse or Administrative Consultant.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

**CMS Plan and Fiscal Guidelines  
Manual Revision**

Revision: February 2003

Instructions: Following is a listing of the pages to be removed and replaced in your Plan and Fiscal Guidelines Manual:

| Section | Remove Current Page Number | Replace with New Page Number | Changes Made  |
|---------|----------------------------|------------------------------|---|
| 2       | 25                         | 25                           | Updated Fiscal Year   |
| 2       | 26                         | 26                           | Instructions under IV.D. have been changed to request identification of all Nurse Liaison positions on the CCS Incumbent List.  |
| 2       | 28                         | 28                           | Instructions under VII. Interagency Agreement (IAA) and Memorandum of Understanding (MOU) List have been changed: Submit Interdepartmental MOU for HCPCFC and the IAA with DSS "biennially".  |
| 2       | 30-31                      | 30-31                        | Updated Fiscal Year. The "Enclosed" column on the checklist has been renamed to "Page Number" to emphasize the need to number all pages.  |
| 2       | 32, 33                     | 32, 33                       | Updated fiscal year.  |
| 2       | 35-37                      | 35-37                        | The Words "Percent of Time" have been changed to "FTE %" to be consistent throughout. In addition, on page 37 Instructions for identifying Nurse Liaison positions have been added. In the Job Title box, counties are to add (MCMC) for Medi-Cal Managed Care, (HF) for Healthy Families, (IHO) for In-Home Operations and (RC) for Regional Center. |
| 2       | 38                         | 38                           | Updated Fiscal Year.  |
| 3       | 39                         | 39                           | Updated Fiscal Year.  |
| 3       | 53                         | 53                           | Added "3" next to check box on item 1.  |
| 3       | 57                         | 57                           | Item D: changed wording from "will begin" to "began".   |
| 4       | 59, 62                     | 59, 61                       | The instructions for completion of the Examples of Children Helped Through CMS form have been expanded to assist local programs in the preparation of the content of the form.  |
| 4       | 61                         | Deleted                      | The data form entitled "CHDP Program Number of Target Population and Health Assessment Reported on Screening/Billing Report Form" will no longer be used. The forthcoming Business Objects CHDP reporting system will replace it.   |

|   |               |               |  |
|---|---------------|---------------|--|
| 4 | 62            | 61            | Two characteristics have been added to the Child section of the form, the Ethnicity of the child and the Type of Placement for those examples of children helped through the HCPCFC.   |
| 4 | 63            | 65            | Dates have been updated. Minor typographical changes.  |
| 4 | 64, 65        | 63, 64        | CCS Caseload Summary Instructions and Form have been revised: adds Healthy Families cases along with Medi-Cal and Non Medi-Cal to appropriately reflect program participation in the caseload.   |
| 4 | 66            | 66            | The form entitled "Quarterly Report of Medi-Cal Recipients Requesting CHDP Services" should now be submitted to the Chief of the Program Support Section.  |
| 5 | 83            | 83            | The Health Care Program for Children in Foster Care (HCPCFC) Memorandum of Understanding (MOU) among local health, welfare and probation departments is required at least biennially. The signature page should be submitted biennially. |
| 5 | 85, 101       | 85, 101       | Inserted lines so that dates could be plugged in.  |
| 5 | 112           | 112           | The effective dates in the paragraph preceding the signature lines in the Model HCPCFC MOU have been replaced with blank lines and should reflect the timelines agreed upon in the MOU.  |
| 6 | 117           | 117           | Budget Tips, Item VI. Revised. Last sentence deleted.  |
| 6 | 119           | 119           | Bilingual or any other differential was added under Personnel Expense, Item A.   |
| 6 | 123           | 123           | Item V. Other Expense was revised combining portions of A&B and deleting D. Program Resource Development.  |
| 6 | 153, 155, 159 | 153, 155, 159 | Personnel Categories under CCS Staffing Standards have been renamed: "Case Management Support" is now called "Ancillary Support"; "Program Support Staff" is now called "Clerical and Claims Support".                                   |
| 6 | 160-163       | 160-163       | County CCS Caseload Instructions and Caseload Box on Budget Worksheets have been revised to include Healthy Families under the Non Medi-Cal caseload count.  |

|    |                     |         |   |
|----|---------------------|---------|---|
| 6  | 165                 | 165     | Deleted last sentence of first paragraph. The numbers in the caseload box do not have to match the CCS Caseload Summary form on page 64.  |
| 6  | 169-172             | 169-172 | The CCS Budget Worksheets have been revised: Caseload Box revised; the word "or" is deleted from columns 1, 4A, 5A, 6A, and 7A. Personnel categories have been changed to "Ancillary Support" and "Clerical and Claims Support".  |
| 6  | 177-178             | 177-178 | The Sample Budget Narrative has been revised to better delineate the explanations required for each major line item. Incumbent names, classifications, percentages of time, and individual salaries are no longer required on the Narrative. Changes in FTEs, significant increases/decreases, and new line items must be identified and explained. |
| 6  | 183                 | 183     | The MTP Claims Preparation Budget Worksheet caseload box has been changed to add Healthy Families.  |
| 8  | 266                 | 266     | Clarified the definition of what constitutes equipment purchased with State funds 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.  |
| 12 | 496-507,<br>510-528 | 496-497 | Hardcopy data tables and reports are now available on the Internet. Refer to the replacement pages for websites with the most current data available.   |

## **General Instructions for Submitting Plan and Budget**

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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 CHDP, HCPCFC and CCS 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) 2003-2004:

**I. Checklist (page 30)**

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 (page 32)**

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

- A. Official name and address of the county/city agency in which the CHDP, HCPCFC and CCS programs are organizationally located
- B. Name and contact information of the CHDP Director
- C. Name and contact information of the CCS Administrator
- D. Name and contact information of the Clerk of the County Board of Supervisors or City Council
- E. Name and contact information of the Director of the Social Services Agency for the HCPCFC Program
- F. Name and contact information of the Chief Probation Officer for the HCPCFC Program.

### **III. Certification Statement (page 33)**

- 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 CHDP, HFPCFC and CCS programs are listed in Section 11.
- 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 CHDP, HCPCFC and CCS programs are located; and
  - 2. The current organizational structures of the CHDP, HCPCFC and CCS programs within the local agencies (Health and/or Social Services); and
  - 3. The progress on the affiliation and integration of the CHDP, HCPCFC and CCS programs within the 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.
- C. Submit a copy of the CCS Staffing Standards Profile (page 163) 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 (page 163) and highlight those words only.
- D. Complete Incumbent List (see pages 35 through 37) for CHDP, HCPCFC and CCS Programs. Starting FY 2003-2004, identify Nurse Liaison positions on the CCS incumbent list.
- 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 35 through 37).

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 CHDP, HCPCFC, and/or CCS program and percent FTE in other program(s) if applicable
- d. actual job duties appropriate and specific to the CHDP, HCPCFC, and/or CCS program with an estimated percentage of time allocated to each activity

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

## V. **Implementation of Performance Measures**

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

B. CHDP, HCPCFC and CCS programs under separate administrations should collaborate to ensure coordination of services and resources and cooperatively submit one package when reporting Performance Measures to the State 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 will began with fiscal year 2002-2003. **Reporting on these Performance Measures are due November 30, 2003.**

**VI. Data Forms**

- A. CHDP Target Population and Health Assessments Reported
- B. CHDP Case Management Data
- C. CHDP Examples of Children Helped
- D. HCPCFC Examples of Children Helped
- E. CCS Caseload Summary
- F. CCS Examples of Children Helped

**VII. Interagency Agreement (IAA) and Memorandum of Understanding (MOU) List (page 38)**

- A. List all current MOUs and IAAs
- B. Submit all MOUs and IAAs that are new or have been revised since FY 2001-2002
- C. Submit biennial Interdepartmental MOU for HCPCFC
- D. Submit CHDP IAA with DSS biennially. Submit signature page only for current IAAs that have been extended through FY 2003-2004.

**VIII. Budgets**

- A. CHDP Administrative Budget Summary (No County/City Match)  
Budget Worksheet  
Budget Narrative
- B. CHDP Administrative Budget Summary (County/City Match) **(Optional)**  
Budget Worksheet  
Budget Narrative
- C. HCPCFC Budget Summary  
Budget Worksheet  
Budget Narrative

D. CCS Administrative Budget Summary  
Budget Worksheet  
Budget Narrative

E. CCS Medical Therapy Program Claims Preparation Budget (**Optional**)  
Budget Narrative

**Children's Medical Services Branch**  
**CMS Plan and Budget Required Documents Checklist**

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County/City: \_\_\_\_\_

FY 2003-2004

| Document  | Page Number |
|---|-------------|
| <b>1. Checklist</b>   |             |
| <b>2. Agency Information Sheet</b>  |             |
| <b>3. Certification Statement (complete with original signatures) and one photocopy</b>         |             |
| <b>4. Agency Description</b>  |             |
| A. Brief Narrative  |             |
| B. Organizational Charts for CHDP, HCPCFC and CCS   |             |
| C. CCS Staffing Standards Profile   |             |
| D. Incumbent Lists for CHDP, HCPCFC and CCS   |             |
| E. Civil Service Classification Statements (include if newly established, proposed, or revised) |             |
| F. Duty Statements (include if newly established, proposed, or revised)                         |             |
| <b>5. Implementation of Performance Measures</b>  |             |
| Performance Measures for FY 2002-2003 due November 30, 2003.                                    | N/A         |
| <b>6. Data Forms</b>  |             |
| A. CHDP Target Population and Health Assessments Reported                                       |             |
| B. CHDP Case Management Data  |             |
| C. CHDP Examples of Children Helped   |             |
| D. HCPCFC Examples of Children Helped   |             |
| E. CCS Caseload Summary   |             |
| F. CCS Examples of Children Helped  |             |
| <b>7. Interagency Agreements (IAA) and Memoranda of Understanding (MOU) List</b>                |             |

County/City: \_\_\_\_\_

FY 2003-2004

| Document  | Page Number |
|---|-------------|
| A. MOU/IAA List   |             |
| B. New or Revised IAAs/MOUs   |             |
| C. Biennial Interdepartmental HCPCFC MOU  |             |
| D. Submit CHDP IAA with DSS annually  |             |
| <b>8. Budgets</b>   |             |
| A. CHDP Administrative Budget Summary (No County/City Match)<br>Budget Worksheet<br>Budget Narrative                |             |
| B. CHDP Administrative Budget Summary (County/City Match) <b>(Optional)</b><br>Budget Worksheet<br>Budget Narrative |             |
| C. HCPCFC Budget Summary<br>Budget Worksheet<br>Budget Narrative  |             |
| D. CCS Administrative Budget Summary<br>Budget Worksheet<br>Budget Narrative  |             |
| E. CCS Medical Therapy Program Claims Preparation Budget <b>(Optional)</b><br>Budget Narrative                      |             |

**Children's Medical Services Branch  
Agency Information Sheet for FY 2003-2004**

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**County/City Name:** \_\_\_\_\_

**Official Agency** \_\_\_\_\_

Name and Title of Director: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Main Fax: \_\_\_\_\_

Main Phone: \_\_\_\_\_

**CHDP Director** \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_

**CCS Administrator** \_\_\_\_\_

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 \_\_\_\_\_

**Children's Medical Services Branch  
Certification Statement**

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County/City: \_\_\_\_\_

FY 2003-2004

The undersigned certify that (1) the statements herein are true and complete to the best of their knowledge; (2) this community's CHDP and CCS programs will comply with all federal and State 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 CHDP Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CCS Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Health Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Other (Optional)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Local Governing Body  
Chairperson

\_\_\_\_\_  
Date

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**Child Health and Disability Prevention (CHDP) Program Incumbent List for FY 2003-2004**

County/City: \_\_\_\_\_

For FY 2003-2004, complete the table below for all personnel listed in the CHDP budget. Use **the same** job titles for both the budget and the incumbent list. Total percent 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.

- Revised Page -

| Job Title | Incumbent Name | FTE % on CHDP No County/ City Match Budget | FTE % on CHDP County/City Match Budget | FTE % in Other Programs (Specify) | Has Job Duty Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
|-----------|----------------|--|--|-----------------------------------|-----------------------------------|---|
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**Health Care Program for Children in Foster Care (HCPCFC) Incumbent List for FY 2003-2004**

County/City: \_\_\_\_\_

For FY 2003-2004, complete the table below for all personnel listed in the HCPCFC budget. Use **the same** job titles for both the budget and the incumbent list. Total percent 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.

- Revised Page -

| Job Title | Incumbent Name | FTE % on HCPCFC Budget | FTE % on in Other Programs (Specify) | Has Job Duty Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
|-----------|----------------|------------------------|--------------------------------------|-----------------------------------|---|
|           |                |                        |                                      |                                   |   |
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**California Children’s Services (CCS) Incumbent List for FY 2003-2004**

County: \_\_\_\_\_

For FY 2003-2004, complete the table below for all personnel listed in the CCS budget. Use **the same** job titles for both the budget and the incumbent list. Total percent 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.

- Revised Page -

| Job Title | Incumbent Name | FTE % on<br>CCS<br>Administrative<br>Budget | FTE % on<br>CCS MTP<br>Claims Budget | FTE % in<br>Other<br>Programs<br>(Specify) | Has Job Duty<br>Changed?<br>(Yes or No) | Has Civil<br>Service<br>Classification<br>Changed?<br>(Yes or No) |
|-----------|----------------|---|--------------------------------------|--|---|---|
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**Memoranda of Understanding (MOU) / Interagency Agreements (IAA) List for FY 2003-2004**

County/City: \_\_\_\_\_

List all current MOUs or IAAs in Child Health and Disability Prevention Program, Health Care Program for Children in Foster Care, California Children’s Services. Specify whether the MOU or IAA has changed. Submit only those MOUs and IAAs that are new or have been revised since Fiscal Year 2002. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

- Revised Page -

| Title or Name of MOU/IAA | Is this a MOU or 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) |
|--------------------------|-----------------------|-----------------|-----------------------------------|---|--------------------------------------|
|                          |                       |                 |                                   |   |                                      |
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## The CMS Scope of Work

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### Introduction

Children's Medical Services (CMS) used fiscal year 2002-2003 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 2002-2003, 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 will continue to provide the foundation for program components and activities that move local Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HPCFC) and California Children's Services (CCS) 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.

The day-to-day operations of the CHDP, HCPCFC and CCS 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. All of the required activities identified in the CMS Branch Scope of Work are to be conducted using the yearly allocation.

### **CMS Program Components (Scope of Work)**

#### **I. Program Planning and Administration**

- A. Develop CMS plans and updates reflective of CHDP, HCPCFC, and CCS 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. CHDP, CCS, 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.

## 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 members are hired as paid staff or consultants to the CCS program (a family member is hired for their expertise as a family member).
- 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**

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The degree to which local CHDP, HCPCFC and CCS 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 Sources/Issues:** Will require local tracking mechanisms for each characteristic.

**Reporting Form:** See page 55.

## **Directions for Completion**

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- A. CHDP, HCPCFC and CCS programs under joint administrations should submit joint performance measures when reporting to the State CMS Branch.
- B. CHDP, HCPCFC and CCS programs under separate administrations should collaborate to ensure coordination of services and resources for California's children and **cooperatively submit one package** when reporting performance measures to the State 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. Counties may report in a format of their choosing.
- D. Data collection for these performance measures began with fiscal year 2002-2003. Therefore, reporting on these performance measures will not be due until November 30, 2003.

### **Performance Measure Profile**

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| <b>Performance Measure</b> | <b>FY 2002-03</b> | <b>FY 2003-04</b> | <b>FY 2004-05</b> | <b>FY 2005-06</b> | <b>FY 2006-07</b> |
|----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| <b>#1</b>                  |                   |                   |                   |                   |                   |
| <b>#2</b>                  |                   |                   |                   |                   |                   |
| <b>#3</b>                  |                   |                   |                   |                   |                   |
| <b>#4</b>                  |                   |                   |                   |                   |                   |
| <b>#5</b>                  |                   |                   |                   |                   |                   |
| <b>#6<br/>(Optional)</b>   |                   |                   |                   |                   |                   |

## **Data Forms**

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### **General Overview of Data Forms**

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.

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 is 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**

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.

**V. CHDP Number and Percent of Children Enrolled in First Grade (See Section 11)**

As reported to the state on PM 272s, the Reports of Health Examinations for School Entry 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.

## **Examples of Children Helped Through CMS**

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Using the general instructions and elements of a good example on page 59, 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:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**Program:**     CCS     CHDP     HCPCFC

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

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**Intervention and Coordination of Care:**

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

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## California Children's Services Caseload Summary

### Report for Budget Year: July 1, 2003 to June 30, 2004

#### County: \_\_\_\_\_

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 2003-2004, the CCS Caseload format (see page 64) 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 is 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**  
**Prepared for Budget Fiscal Year 2003-2004**

**County:** \_\_\_\_\_

| CCS Caseload<br>0 to 21 Years |  | A                           |                        | B                           |                        |                             |                        |
|-------------------------------|--|-----------------------------|------------------------|-----------------------------|------------------------|-----------------------------|------------------------|
|                               |  | 99-00<br>Actual<br>Caseload | % of<br>Grand<br>Total | 00-01<br>Actual<br>Caseload | % of<br>Grand<br>Total | 01-02<br>Actual<br>Caseload | % of<br>Grand<br>Total |
|                               | <b>MEDI-CAL</b>  |                             |                        |                             |                        |                             |                        |
| 1                             | Average of Total Open<br>(Active) Medi-Cal Children        |                             |                        |                             |                        |                             |                        |
| 2                             | Potential Case Medi-Cal                                    |                             |                        |                             |                        |                             |                        |
| 3                             | <b>TOTAL MEDI-CAL<br/>(Row 1 + Row 2)</b>                  |                             |                        |                             |                        |                             |                        |
|                               | <b>NON MEDI-CAL</b>  |                             |                        |                             |                        |                             |                        |
|                               | <b>Healthy Families</b>                                    |                             |                        |                             |                        |                             |                        |
| 4                             | Average of Total Open<br>(Active) Healthy Families         |                             |                        |                             |                        |                             |                        |
| 5                             | Potential Cases Healthy<br>Families                        |                             |                        |                             |                        |                             |                        |
| 6                             | Total Healthy Families<br>(Row 4 + Row 5)                  |                             |                        |                             |                        |                             |                        |
|                               | <b>Straight CCS</b>  |                             |                        |                             |                        |                             |                        |
| 7                             | Average of Total Open<br>(Active) Straight CCS<br>Children |                             |                        |                             |                        |                             |                        |
| 8                             | Potential Cases Straight<br>CCS Children                   |                             |                        |                             |                        |                             |                        |
| 9                             | Total Straight CCS<br>(Row 7 + Row 8)                      |                             |                        |                             |                        |                             |                        |
| 10                            | <b>TOTAL NON MEDI-CAL<br/>(Row 6 + Row 9)</b>              |                             |                        |                             |                        |                             |                        |
| 11                            | <b>GRAND TOTAL<br/>(Row 3 + Row 10)</b>                    |                             |                        |                             |                        |                             |                        |

## 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 99-00

FY 00-01

FY 01-02

|   | FY 99-00 |            | FY 00-01 |            | FY 01-02 |            |
|---|----------|------------|----------|------------|----------|------------|
|   | Cases    | Recipients | Cases    | Recipients | Cases    | Recipients |
| <b>A.</b> Total number of CalWORKS/Medi-Cal cases informed and determined eligible by Department of Social Services. (Data Source: Department of Social Services)   |          |            |          |            |          |            |
| <b>B.</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." (Date Source: PM 357 or State-approved equivalent form)<br>1. Number of CalWORKS cases/recipients.<br>2. Number of Foster Care cases/recipients.<br>3. Number of Medi-Cal only cases/recipients. |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
| <b>C.</b> Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following: (Date Source: PM 357 or State-approved equivalent form)<br>1. Medical and/or dental services<br>2. Medical and/or dental services with scheduling and/or transportation<br>3. Information only (optional)   |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
| <b>D.</b> 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.   |          |            |          |            |          |            |
| <b>E. 1.</b> Total number of persons actually provided scheduling and/or transportation assistance by program staff.<br>2. Total number of persons in E.1 (those provided scheduling and/or transportation assistance) who actually received medical and/or dental services.  |          |            |          |            |          |            |
|   |          |            |          |            |          |            |
| <b>F. 1.</b> Total number CHDP health assessments (PM 160s)* 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.<br>2. Total number of children in F.1 where the follow-up appointments were kept.   | Medi-Cal | Non-MC     | Medi-Cal | Non-MC     | Medi-Cal | Non-MC     |
|   |          |            |          |            |          |            |

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**Quarterly Report of Medi-Cal Recipients Requesting CHDP Services**

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County/City: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

**Report 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** \_\_\_\_\_

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Signature of CHDP Representative

Send to: Section Chief  
Program Support Section  
Children's Medical Services Branch  
P.O. Box 942732  
Sacramento, California 94234-7320

## **General Instructions for Inter/Intra-Agency Agreements (IAA) and Memoranda of Understanding (MOU)**

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Please complete the MOU/IAA listing to summarize all the MOUs and IAAs in your county/city program (see page 38). MOUs and IAAs that have been **changed** should be submitted.

### **Child Health and Disability Prevention (CHDP) 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 each fiscal year. A model format is provided in this section that reflects the minimum requirements (see page 85). 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), Checklist-Eligibility Simplification Project (Temp CA 601), Medical and Dental Exams for Children and Youth and Family Planning Services (Temp 602 B) can be found in References, Section 11, of this manual. The name of the local health jurisdiction and the effective dates of agreement are to be listed on each page of the IAA.

#### **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 signature page should be submitted biennially.

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 109. The name of the local health jurisdiction and the effective dates of agreement are to be listed on each page of the MOU.

#### **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 Children Lead Poisoning Prevention Program, the Adolescent Family Life Program (AFLP), Head Start, etc., should also be attached to the Plan.

## **California Children's Services (CCS) Program**

### **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. Counties that have a new Healthy Families plan in their jurisdiction should develop procedures to implement the MOU with that plan. **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 it should be periodically reviewed with them.

**Dependent County Responsibilities:** Counties that have a new Healthy Families plan in their jurisdiction should coordinate with the plan and the State to implement the MOU that contains joint responsibilities for the dependent county and the State.

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 CSS 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.

**County/City CHDP Program Model Interagency Agreement**  
**Fiscal Years \_\_\_\_ to \_\_\_\_**

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**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**

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

County/City: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

- 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.*
- 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 (See Section 10)
- 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.

County/City: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

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: \_\_\_\_\_

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| <b>Service Provided</b>                                  | <b>Local CHDP Responsibilities Foster Care PHN</b>   | <b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>   |
|--|--|--|
| <b>Health Care Planning and Coordination (continued)</b> | <p>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.</p> <p>PHN will collaborate with the social worker/probation officer and SCP 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.</p> <p>PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</p> |  |
| <b>Training/ Orientation</b>                             | <p>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.</p> <p>PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</p>  | <p>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.</p> <p>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</p> <p>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.</p> |
| <b>Policy/ Procedure Development</b>                     | <p>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</p> <p>PHN will participate in multi-disciplinary meetings for review of health-related issues.</p>  | <p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>   |
| <b>Transition from Foster Care</b>                       | <p>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.</p>  | <p>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.</p>  |

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.  | CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services   |
|                   | 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 | 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. |
|                   | PHN will establish baseline data for evaluating health care services provided to children in foster care.   | 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.

- Revised Page -

|   |      |
|---|------|
| 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 |

County/City: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

- F. 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.
- G. Local programs charging administrative overhead must include such costs in all budgets.
- H. The Budget Summary must be signed by the department fiscal officer and a county 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.
- I. Highest rate of pay in salary range may be used.
- J. 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.

## II. **CMS Budget Descriptions**

### 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.

The CHDP Administrative Budget is comprised of five major line items: Personnel Expense, Operating Expense, Capital Expense, Indirect Expense, and Other Expense. 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 Expense, Operating Expense, Capital Expense, Indirect Expense, and Other Expense. This budget is funded through county and Title XIX Federal Funds.

#### B. CCS Administrative Budgets

1. **CCS Administrative Budget** – represents a county request for CCS program funding for administration and operational 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 Expense, Operating Expense, Capital Expense, Indirect Expense, and Other Expense. 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 Clinics may request this budget. The MTP Claims Preparation Budget is comprised of five major line items: Personnel Expense, Operating Expense, Capital Expense, Indirect Expense, and Other Expense. This budget is funded by the State General Fund and County Funds.

#### C. HCPCFC Administrative Budgets

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

## **Budget Tips**

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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. The budget grand total must be within the allocation (this does not apply to the CCS Administrative Budget).
  
- II. **Double-check the math.** The figures for both percentages and calculated amounts must add down and across.
  - A. Percentages – The percentages must be accurately reflected in the budget and must total 100 percent.

Using the CHDP Administrative Budget (No County/City Match) as an example, the percentages in Columns 2A and 3A must equal 100 percent. Also, the percentages in Columns 4A and 5A must equal 100 percent.
  
  - B. Calculated Amounts
    1. The amounts that result from using percentages in their calculations must represent the exact dollar equivalent of the percentage identified, e.g., 32 percent of \$10,000 equals \$3,200.
    2. Add each line across to ensure accuracy.
    3. Add each column down to ensure accuracy.
    4. The Total lines and columns must calculate correctly across and down in order to ensure accuracy. If any amount in the Total lines or columns is off, then all lines and columns that generate the amount in question must be recalculated.
  
- III. Annual salaries must match when the same personnel are listed on multiple budgets.
  
- IV. FTEs on the duty statement must match FTEs on the budget worksheet and incumbent listing.
  
- V. No staff total time can exceed 100 percent.
  
- VI. No full-time FTE in a single program can be 100 percent enhanced.
  
- VII. A budget narrative (see sample on page 177) must accompany the budget worksheet and budget summary and must justify budget line items, e.g.:

- A. The basis or formula used to determine travel costs, rent, etc.
  - B. Increases/decreases in FTE and enhanced/nonenhanced time
  - C. Significant increases/decreases in line item amounts
  - D. Staffing changes or changes in duties
  - E. Staff benefits and indirect cost plan
- VIII. Line item amounts on the budget worksheets and budget narrative must match.
- IX. A "Capital Expense Justification Form" must be submitted for items of equipment purchased with CMS Program funds that exceed \$5,000 per item (see page 197).
- X. Staff must be appropriately classified under enhanced and nonenhanced in accordance with the duty statements.
- XI. Staff listed on the budget worksheet shall correspond with the incumbent listing and organizational chart.
- XII. Enhanced clerical staff must be supervised by SPMP.
- XIII. The time of a CHDP Director who is also the County Health Officer cannot be claimed on the CHDP budget.
- XIV. 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.
- XV. The Budget Summary must be signed by the department fiscal officer and a county 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**

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

- I. **Personnel Expense** – 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. Percentage estimates for staff benefits may be budgeted at actual dollar amounts.
  
- II. **Operating Expense** – Includes travel, training, space rental, office supplies, furniture, and other operating expenses.
  - 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 Expense" or "Indirect Expense."
- 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 expense" 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 expense not noted above may be listed as a line item.

III. **Capital Expense** – 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 Expense" line item. These items shall be budgeted as office supplies and detailed on a budget worksheet under "Operating Expense."

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

1. Does the number of computers requested match 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 Expense Justification Form, page 197.
- 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.

IV. **Indirect Expense** – 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 allocations must have been developed using a cost allocation plan (CAP) prepared in accordance with federal OASC-10 guidelines.

- A. County/city agencies must maintain internal records supporting indirect costs. The county 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 Expense** – 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. Make sure to complete the form 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 CCS benefit changes the reimbursement of the CCS benefit from reimbursement funds through the CCS maintenance of effort funds for Diagnosis, Treatment, and Therapy services 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 16-0801. (See Section 8 of this manual for claiming instructions.)

**CHDP Administrative Budget Worksheet Instructions  
(No County/City Match)  
CHDP State General Funds and Medi-Cal State/Federal Funds**

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The CHDP Administrative Budget Worksheet for FY 2002-03 No County/City Match has been revised. The new format contains column 3A, which shows the Medi-Cal percentage of CHDP funding for this budget. The new format now consistently shows percentages and dollar amounts in both the State-funded CHDP budget and the Medi-Cal funded CHDP budget. These dollar amounts must match the dollar amounts allocated to you in the annual CHDP allocation letter.

Complete the County/City Name/Budget Fiscal Year. See sample on page 130.

**I. Personnel Expense**

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 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%

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

## 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 163).
- 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 ( $300 \div 500 = .60$  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 ( $.60 \times .50 = .30$ ).

## 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 ( $300 \div 500 = .60$  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 ( $.60 \times .50 = .30$ ).

- 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:  $300 \times 15 \text{ percent} = 45$ .

Divide 45 by 80, which equals .56 or 56 percent FTE PHN staff ( $45 \div 80 = .56$  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.

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 can be 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 FTE exceeds 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. According to the new Staffing Standards Profile, case managers are now called Case Management Technicians and financial eligibility workers are now called 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**

Beginning FY 2003-2004, the CCS Caseload Box (see sample page 162) 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 Box have been labeled using numbers 1 to 11, and the columns have been labeled using letters A to B.

#### **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 (page 64) 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 is 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<br>0 to 21 Years |  | 99-00 Actual<br>Caseload | % of Grand Total |
| <b>MEDI-CAL</b>               |  |                          |                  |
| 1                             | Average of Total Open (Active) Medi-Cal Children     | 372                      | 48%              |
| 2                             | Potential Case Medi-Cal                              | 110                      | 14%              |
| 3                             | <b>TOTAL MEDI-CAL (Row 1 + Row 2)</b>                | 482                      | 62%              |
| <b>NON MEDI-CAL</b>           |  |                          |                  |
| <b>Healthy Families</b>       |  |                          |                  |
| 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%               |
| <b>Straight CCS</b>           |  |                          |                  |
| 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                            | <b>TOTAL NON MEDI-CAL (Row 6 + Row 9)</b>            | 298                      | 38%              |
| 11                            | <b>GRAND TOTAL (Row 3 + Row 10)</b>                  | 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<br>(A) |
|--|--------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------|
| <b>Program Administration</b>                  |              |              |             |             |             |             |             |             |              |              |              |              |              |              |              |              |                    |
| 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 <sup>(B)</sup>                  | 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                |
| <b>Medical Case Management</b>                 |              |              |             |             |             |             |             |             |              |              |              |              |              |              |              |              |                    |
| Physician <sup>(C)</sup>                       | 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 (OP/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 <sup>(D, E)</sup>                        | 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            |
| <b>Other Health Care Professionals</b>         |              |              |             |             |             |             |             |             |              |              |              |              |              |              |              |              |                    |
| Other Health Care Professionals <sup>(F)</sup> | 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              |
| <b>Ancillary Support</b>                       |              |              |             |             |             |             |             |             |              |              |              |              |              |              |              |              |                    |
| 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         | *                  |
| <b>Clerical and Claims Support</b>             |              |              |             |             |             |             |             |             |              |              |              |              |              |              |              |              |                    |
| 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              |
| <b>Total FTEs</b>                              | <b>8.775</b> | <b>13.95</b> | <b>26.2</b> | <b>38.7</b> | <b>52.2</b> | <b>65.0</b> | <b>78.9</b> | <b>92.2</b> | <b>105.7</b> | <b>118.3</b> | <b>133.4</b> | <b>145.6</b> | <b>158.2</b> | <b>172.8</b> | <b>185.5</b> | <b>224.9</b> | <b>586.2</b>       |

- Revised Page -

- 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.

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## **CCS Administrative Budget Worksheet Instructions**

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Use CCS Administrative Budget Worksheet on page 169. The Caseload box in the upper left corner of the worksheet must first be completed (see instructions on page 160).

### **I. Personnel Expense**

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 Expense” 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 Expense."

**NOTE:** This percentage will usually be the same as the "Non-Medi-Cal" from the Caseload Box. However, the percentage will not be the same if any "Personnel Expense" line items are 100 percent Medi-Cal funded. Multiply this calculated percentage by the amount in Column 3 on the "Staff Benefits" line. Enter this amount in Column 6 on the "Staff Benefits" line.

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 Expense

- A. For "travel" and "training" line items under "operating expense," repeat steps under "personnel expense," above.



| Column                             | 1     | 2             | 3                                   | 4A    | 4                                       | 5A    | 5                   | 6A    | 6                    | 7A    | 7   |
|------------------------------------|-------|---------------|-------------------------------------|-------|---|-------|---------------------|-------|----------------------|-------|---|
| Category/Line Item                 | % FTE | Annual Salary | Total Budget<br>(1 x 2 or<br>4 + 5) | % FTE | Non-Medi-Cal<br>County/State<br>(50/50) | % FTE | Medi-Cal<br>(6 + 7) | % FTE | Medi-Cal<br>Enhanced | % FTE | Medi-Cal<br>Nonenhanced<br>State/Federal<br>(50/50) |
| Total Salary and Wages             |       |               |                                     |       |   |       |                     |       |                      |       |   |
| Less Salary Savings                |       |               |                                     |       |   |       |                     |       |                      |       |   |
| Net Salary and Wages               |       |               |                                     |       |   |       |                     |       |                      |       |   |
| Staff Benefits (Specify %)         | 0.00% |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>I. Total Personnel Expense</b>  |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>II. Operating Expense</b>       |       |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Travel                          |       |               |                                     |       |   |       |                     |       |                      |       |   |
| 2. Training                        |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>II. Total Operating Expense</b> |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>III. Capital Expense</b>        |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>II. Total Capital Expense</b>   |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>IV. Indirect Expense</b>        |       |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Internal                        |       |               |                                     |       |   |       |                     |       |                      |       |   |
| 2. External                        |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>IV. Total Indirect Expense</b>  |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>V. Other Expense</b>            |       |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Maintenance and Transportation  |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
|                                    |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>V. Total Other Expense</b>      |       |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>Budget Grand Total</b>          |       |               |                                     |       |   |       |                     |       |                      |       |   |

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone Number \_\_\_\_\_



| Column                               | 1      | 2             | 3                                   | 4A    | 4                                       | 5A    | 5                   | 6A    | 6                    | 7A    | 7   |
|--------------------------------------|--------|---------------|-------------------------------------|-------|---|-------|---------------------|-------|----------------------|-------|---|
| Category/Line Item                   | % FTE  | Annual Salary | Total Budget<br>(1 x 2 or<br>4 + 5) | % FTE | Non-Medi-Cal<br>County/State<br>(50/50) | % FTE | Medi-Cal<br>(6 + 7) | % FTE | Medi-Cal<br>Enhanced | % FTE | Medi-Cal<br>Nonenhanced<br>State/Federal<br>(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  |
| <b>I. Total Personnel Expense</b>    |        |               | \$373,672                           |       | \$112,100                               |       | \$261,572           |       | \$82,089             |       | \$179,483   |
| <b>II. Operating Expense</b>         |        |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Travel                            |        |               | \$10,000                            | 30%   | \$3,000                                 | 70%   | \$7,000             | 85%   | \$5,950              | 15%   | \$1,050   |
| 2. Training                          |        |               | \$2,500                             | 30%   | \$750                                   | 70%   | \$1,750             | 85%   | \$1,487              | 15%   | \$263   |
| 3. Communication                     |        |               | \$4,500                             | 30%   | \$1,350                                 | 70%   | \$3,150             |       |                      | 100%  | \$3,150   |
| 4. Office Supplies                   |        |               | \$9,150                             | 30%   | \$2,745                                 | 70%   | \$6,405             |       |                      | 100%  | \$6,405   |
| 5. Reproduction Services             |        |               | \$2,300                             | 30%   | \$690                                   | 70%   | \$1,610             |       |                      | 100%  | \$1,610   |
| 6. Janitorial                        |        |               | \$5,600                             | 30%   | \$1,680                                 | 70%   | \$3,920             |       |                      | 100%  | \$3,920   |
| 7. Office Furniture/Modular          |        |               | \$28,934                            | 30%   | \$8,680                                 | 70%   | \$20,254            |       |                      | 100%  | \$20,254  |
| 8. Rents/Leases                      |        |               | \$6,000                             | 30%   | \$1,800                                 | 70%   | \$4,200             |       |                      | 100%  | \$4,200   |
| <b>II. Total Operating Expense</b>   |        |               | \$68,984                            |       | \$20,695                                |       | \$48,289            |       | \$7,437              |       | \$40,852  |
| <b>III. Capital Expense</b>          |        |               |                                     |       |   |       |                     |       |                      |       |   |
|                                      |        |               |                                     |       |   |       |                     |       |                      |       |   |
|                                      |        |               |                                     |       |   |       |                     |       |                      |       |   |
|                                      |        |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>II. Total Capital Expense</b>     |        |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>IV. Indirect Expense</b>          |        |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Internal                          |        |               | \$7,860                             | 30%   | \$2,358                                 | 70%   | \$5,502             |       |                      | 100%  | \$5,502   |
| 2. External                          |        |               | \$4,509                             | 30%   | \$1,353                                 | 70%   | \$3,156             |       |                      | 100%  | \$3,156   |
| <b>IV. Total Indirect Expense</b>    |        |               | \$12,369                            |       | \$3,711                                 |       | \$8,658             |       |                      |       | \$8,658   |
| <b>V. Other Expense</b>              |        |               |                                     |       |   |       |                     |       |                      |       |   |
| 1. Maintenance and Transportation    |        |               | \$10,000                            | 30%   | \$3,000                                 | 70%   | \$7,000             |       |                      | 100%  | \$7,000   |
| 2. Information Technology Consultant |        |               | \$5,000                             | 30%   | \$1,500                                 | 70%   | \$3,500             |       |                      | 100%  | \$3,500   |
| 3. Translation Services              |        |               | \$5,000                             | 30%   | \$1,500                                 | 70%   | \$3,500             |       |                      | 100%  | \$3,500   |
|                                      |        |               |                                     |       |   |       |                     |       |                      |       |   |
| <b>V. Total Other Expense</b>        |        |               | \$20,000                            |       | \$6,000                                 |       | \$14,000            |       |                      |       | \$14,000  |
| <b>Budget Grand Total</b>            |        |               | \$475,025                           |       | \$142,506                               |       | \$332,519           |       | \$89,526             |       | \$242,993   |

John Smith  
Prepared By

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*Dr. Jane Doe*  
CCS Administrator (Signature)

May 1, 2003  
Date Prepared

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May 2, 2003  
Date Signed

916-555-2222  
Phone Number

---

916-555-1111  
Phone Number

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     |                 |                        |
| Potential Cases Medi-Cal                             |                 |                        |
| <b>TOTAL MEDI-CAL</b>                                |                 |                        |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           |                 |                        |
| Potential Cases HF                                   |                 |                        |
| <b>Total Healthy Families</b>                        |                 |                        |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children |                 |                        |
| Potential Cases Straight CCS                         |                 |                        |
| <b>Total Straight CCS</b>                            |                 |                        |
| <b>TOTAL NON MEDI-CAL</b>                            |                 |                        |
| <b>GRAND TOTAL</b>                                   |                 |                        |

**CCS Administrative Budget Summary**

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

| Column                             | 1            | 2                                       | 3                                  | 4                                    | 5                                       |
|------------------------------------|--------------|---|------------------------------------|--------------------------------------|---|
| Category/Line Item                 | Total Budget | Non-Medi-Cal<br>County/State<br>(50/50) | Total<br>Medi-Cal<br>State/Federal | Enhanced<br>State/Federal<br>(25/75) | Nonenhanced<br>State/Federal<br>(50/50) |
| <b>I. Total Personnel Expense</b>  |              |   |                                    |                                      |   |
| <b>II. Total Operating Expense</b> |              |   |                                    |                                      |   |
| <b>III. Total Capital Expense</b>  |              |   |                                    |                                      |   |
| <b>IV. Total Indirect Expense</b>  |              |   |                                    |                                      |   |
| <b>V. Total Other Expense</b>      |              |   |                                    |                                      |   |
| <b>Budget Grand Total</b>          |              |   |                                    |                                      |   |

| Column                     | 1            | 2                                       | 3                                  | 4                                    | 5                                       |
|----------------------------|--------------|---|------------------------------------|--------------------------------------|---|
| Source of Funds            | Total Budget | Non-Medi-Cal<br>County/State<br>(50/50) | Total<br>Medi-Cal<br>State/Federal | Enhanced<br>State/Federal<br>(25/75) | Nonenhanced<br>State/Federal<br>(50/50) |
| <b>State General Funds</b> |              |   |                                    |                                      |   |
| <b>County Funds</b>        |              |   |                                    |                                      |   |
| <b>Medi-Cal Funds:</b>     |              |   |                                    |                                      |   |
| <b>State</b>               |              |   |                                    |                                      |   |
| <b>Federal (Title XIX)</b> |              |   |                                    |                                      |   |

Prepared By \_\_\_\_\_

Date Prepared \_\_\_\_\_

Phone Number \_\_\_\_\_

CCS Administrator (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

| <b>CCS CASELOAD</b>                                  | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     | 542             | 58%                    |
| Potential Cases Medi-Cal                             | 108             | 12%                    |
| <b>TOTAL MEDI-CAL</b>                                | 650             | 70%                    |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           | 18              | 2%                     |
| Potential Cases HF                                   | 5               | 1%                     |
| <b>Total Healthy Families</b>                        | 23              | 3%                     |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children | 214             | 23%                    |
| Potential Cases Straight CCS                         | 41              | 4%                     |
| <b>Total Straight CCS</b>                            | 255             | 27%                    |
| <b>TOTAL NON MEDI-CAL</b>                            | 278             | 30%                    |
| <b>GRAND TOTAL</b>                                   | 928             | 100%                   |

**CCS Administrative Budget Summary**

**County Name: Golden**

**Fiscal Year: 2003-2004**

| <b>Column</b>                      | <b>1</b>            | <b>2</b>   | <b>3</b>                                    | <b>4</b>                                      | <b>5</b>   |
|------------------------------------|---------------------|--|---|---|--|
| <b>Category/Line Item</b>          | <b>Total Budget</b> | <b>Non-Medi-Cal<br/>County/State<br/>(50/50)</b> | <b>Total<br/>Medi-Cal<br/>State/Federal</b> | <b>Enhanced<br/>State/Federal<br/>(25/75)</b> | <b>Nonenhanced<br/>State/Federal<br/>(50/50)</b> |
| <b>I. Total Personnel Expense</b>  | \$373,672           | \$112,100  | \$261,572                                   | \$82,089                                      | \$179,483  |
| <b>II. Total Operating Expense</b> | \$68,984            | \$20,695   | \$48,289                                    | \$7,437                                       | \$40,852   |
| <b>III. Total Capital Expense</b>  | \$0                 | \$0  | \$0   |   | \$0  |
| <b>IV. Total Indirect Expense</b>  | \$12,369            | \$3,711  | \$8,658                                     |   | \$8,658  |
| <b>V. Total Other Expense</b>      | \$20,000            | \$6,000  | \$14,000                                    |   | \$14,000   |
| <b>Budget Grand Total</b>          | \$475,025           | \$142,506  | \$332,519                                   | \$89,526                                      | \$242,993  |

| <b>Column</b>              | <b>1</b>            | <b>2</b>   | <b>3</b>                                    | <b>4</b>                                      | <b>5</b>   |
|----------------------------|---------------------|--|---|---|--|
| <b>Source of Funds</b>     | <b>Total Budget</b> | <b>Non-Medi-Cal<br/>County/State<br/>(50/50)</b> | <b>Total<br/>Medi-Cal<br/>State/Federal</b> | <b>Enhanced<br/>State/Federal<br/>(25/75)</b> | <b>Nonenhanced<br/>State/Federal<br/>(50/50)</b> |
| <b>State General Funds</b> | \$71,253            | \$71,253   |   |   |  |
| <b>County Funds</b>        | \$71,253            | \$71,253   |   |   |  |
| <b>Medi-Cal Funds:</b>     |                     |  |   |   |  |
| <b>State</b>               | \$143,879           |  | \$143,879                                   | \$22,382                                      | \$121,497  |
| <b>Federal (Title XIX)</b> | \$188,640           |  | \$188,640                                   | \$67,144                                      | \$121,496  |

\_\_\_\_\_  
John Smith  
Prepared By

\_\_\_\_\_  
May 1, 2003  
Date Prepared

\_\_\_\_\_  
916-555-2222  
Phone Number

\_\_\_\_\_  
*Dr. Jane Doe*  
CCS Administrator (Signature)

\_\_\_\_\_  
May 2, 2003  
Date

\_\_\_\_\_  
916-555-1111  
Phone Number

## Sample Budget Narrative

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### Children's Medical Services Gold County Budget Narrative Fiscal Year 2003-2004

#### I. PERSONNEL EXPENSE

Identify and explain any changes in Personnel including FTE percentage changes.

|                                 |                    |
|---------------------------------|--------------------|
| Total Salaries:                 | \$1,528,586        |
| Total Benefits:                 | \$489,148          |
| <b>Total Personnel Expense:</b> | <b>\$2,017,735</b> |

|                          |   |
|--------------------------|---|
| 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 EXPENSE

List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.

|                                       |           |  |
|---------------------------------------|-----------|--|
| Travel                                | \$7,500   | <b>Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.</b>  |
| Training                              | \$6,500   | <b>Includes registration and tuition fees and type of training.</b>  |
| 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/<br>maintenance      | \$5,700   | Increase 100%. Upgrade of CCS computers to Windows 2000.   |
| Office Equipment listed Item<br>10-14 | \$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. |
| <b>Total Operating Expense:</b> | <u>\$297,478</u> |   |

**III. CAPITAL EXPENSE**

**List all Capital Expense line items. Identify and explain any newly listed Capital Expense.**

|                               |          |      |
|-------------------------------|----------|------|
| <b>Total Capital Expense:</b> | <u>0</u> | None |
|-------------------------------|----------|------|

**IV. INDIRECT EXPENSE**

|                                |                  |
|--------------------------------|------------------|
| A. Internal @ 15.79%           | \$241,364        |
| B. External                    | 0                |
| <b>Total Indirect Expense:</b> | <u>\$241,364</u> |

**V. OTHER EXPENSE**

**List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items.**

|                                |                 |  |
|--------------------------------|-----------------|--|
| Maintenance and Transportation | \$40,241        | Increase of 7%.  |
| Student Internship             | \$12,480        | Increase 100%. Cost per student is \$3.00 per hour. The College places 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. |
| <b>Total Other Expense:</b>    | <u>\$52,721</u> |  |

|                           |                    |
|---------------------------|--------------------|
| <b>BUDGET GRAND TOTAL</b> | <b>\$2,609,298</b> |
|---------------------------|--------------------|

| Medical Therapy Program Caseload |         |   |
|----------------------------------|---------|---|
| Type                             | Actuals | % |
| <b>NON MEDI-CAL</b>              |         |   |
| Healthy Families                 |         |   |
| Straight CCS                     |         |   |
| <b>Total Non Medi-Cal</b>        |         |   |
| <b>MEDI-CAL</b>                  |         |   |
| <b>TOTAL</b>                     |         |   |

**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<br>(1 x 2 or<br>4 + 5) | % FTE | Non-Medi-Cal<br>State<br>(100%) | % FTE | Medi-Cal<br>State/County<br>(50/50) |
| <b>I. Personnel Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| Total Salaries and Wages           |       |               |                                     |       |                                 |       |                                     |
| Less Salary Savings                |       |               |                                     |       |                                 |       |                                     |
| Net Salaries and Wages             |       |               |                                     |       |                                 |       |                                     |
| Staff Benefits (Specify %)         | 0.00% |               |                                     |       |                                 |       |                                     |
| <b>I. Total Personnel Expense</b>  |       |               |                                     |       |                                 |       |                                     |
| <b>II. Operating Expense</b>       |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| <b>II. Total Operating Expense</b> |       |               |                                     |       |                                 |       |                                     |
| <b>III. Capital Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| <b>III. Total Capital Expense</b>  |       |               |                                     |       |                                 |       |                                     |
| <b>IV. Indirect Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 1. Internal (Specify %)            | 0.00% |               |                                     |       |                                 |       |                                     |
| 2. External (Specify %)            | 0.00% |               |                                     |       |                                 |       |                                     |
| <b>IV. Total Indirect Expense</b>  |       |               |                                     |       |                                 |       |                                     |
| <b>V. Other Expense</b>            |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| <b>V. Total Other Expense</b>      |       |               |                                     |       |                                 |       |                                     |
| <b>Budget Grand Total</b>          |       |               |                                     |       |                                 |       |                                     |

| Source of Funds                               | 1 | 2 | 3 | 4A | 4 | 5A | 5 |
|---|---|---|---|----|---|----|---|
| <b>Medi-Cal Caseload (State/County 50/50)</b> |   |   |   |    |   |    |   |
| State General Funds (1)                       |   |   |   |    |   |    |   |
| County Funds                                  |   |   |   |    |   |    |   |
| <b>Non-Medi-Cal Caseload (State 100%)</b>     |   |   |   |    |   |    |   |
| State General Funds (2)                       |   |   |   |    |   |    |   |
| <b>Total State General Funds (1 + 2)</b>      |   |   |   |    |   |    |   |

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

| Medical Therapy Program Caseload |         |      |
|----------------------------------|---------|------|
| Type                             | Actuals | %    |
| <b>NON MEDI-CAL</b>              |         |      |
| Healthy Families                 | 25      |      |
| Straight CCS                     | 273     |      |
| <b>Total Non Medi-Cal</b>        | 298     | 20%  |
| <b>MEDI-CAL</b>                  | 1,192   | 80%  |
| <b>TOTAL</b>                     | 1,490   | 100% |

**Medical Therapy Program Claims Preparation Budget**

**County Name: Golden**

**Fiscal Year: 2003-2004**

**Number of Certified Outpatient Rehabilitation Units in County: 15**

| Column                             | 1     | 2             | 3                                   | 4A    | 4                               | 5A    | 5                                   |
|------------------------------------|-------|---------------|-------------------------------------|-------|---------------------------------|-------|-------------------------------------|
| Category/Line Item                 | % FTE | Annual Salary | Total Budget<br>(1 x 2 or<br>4 + 5) | % FTE | Non-Medi-Cal<br>State<br>(100%) | % FTE | Medi-Cal<br>State/County<br>(50/50) |
| <b>I. Personnel Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 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                             |
| <b>I. Total Personnel Expense</b>  |       |               | <b>\$17,393</b>                     |       | <b>\$3,478</b>                  |       | <b>\$13,915</b>                     |
| <b>II. Operating Expense</b>       |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| <b>II. Total Operating Expense</b> |       |               |                                     |       |                                 |       |                                     |
| <b>III. Capital Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               | \$4,518                             | 0%    | \$904                           | 1%    | \$3,614                             |
| 2.                                 |       |               | \$1,130                             | 0%    | \$226                           | 1%    | \$904                               |
| <b>III. Total Capital Expense</b>  |       |               | <b>\$5,648</b>                      |       | <b>\$1,130</b>                  |       | <b>\$4,518</b>                      |
| <b>IV. Indirect Expense</b>        |       |               |                                     |       |                                 |       |                                     |
| 1. Internal (Specify %)            | 0.00% |               |                                     |       |                                 |       |                                     |
| 2. External (Specify %)            | 0.00% |               |                                     |       |                                 |       |                                     |
| <b>IV. Total Indirect Expense</b>  |       |               |                                     |       |                                 |       |                                     |
| <b>V. Other Expense</b>            |       |               |                                     |       |                                 |       |                                     |
| 1.                                 |       |               |                                     |       |                                 |       |                                     |
| 2.                                 |       |               |                                     |       |                                 |       |                                     |
| <b>V. Total Other Expense</b>      |       |               |                                     |       |                                 |       |                                     |
| <b>Budget Grand Total</b>          |       |               | <b>\$23,041</b>                     |       | <b>\$4,608</b>                  |       | <b>\$18,433</b>                     |

| Source of Funds                               |  |  |                 |  |         |         |
|---|--|--|-----------------|--|---------|---------|
| <b>Medi-Cal Caseload (State/County 50/50)</b> |  |  |                 |  |         |         |
| State General Funds (1)                       |  |  | \$9,216         |  |         | \$9,216 |
| County Funds                                  |  |  | \$9,217         |  |         | \$9,217 |
| <b>Non-Medi-Cal Caseload (State 100%)</b>     |  |  |                 |  |         |         |
| State General Funds (2)                       |  |  | \$4,608         |  | \$4,608 |         |
| <b>Total State General Funds (1 + 2)</b>      |  |  | <b>\$13,824</b> |  |         |         |

John Smith  
Prepared By

May 1, 2003  
Date Prepared

916-555-1111  
Phone Number

Dr. Jane Doe  
Approved By

May 1, 2003  
Date

916-555-2222  
Phone Number

## **CMS Budget Revision General Information**

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### **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 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 Expense, Operating Expense, Capital Expense, Indirect Expense, and Other Expense). Transfers of less than \$10,000 per budget and fiscal year may be made without prior State approval. A Budget Revision Worksheet and a Budget Narrative are still required for all changes.
- G. Transfer of funds into the Capital Expense 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 CCS Budgets, re-certification is required if the county match changes.

The Budget Revision Narrative must include:

- The total dollar amount for each budget line item.

- The dollar amount for each sub-line item changed within the budget line item.
- 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 Expense) require written justification and State approval prior to the allocation and authorization of State funds for equipment purchases.

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     |                 |                        |
| Potential Cases Medi-Cal                             |                 |                        |
| <b>TOTAL MEDI-CAL</b>                                |                 |                        |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           |                 |                        |
| Potential Cases HF                                   |                 |                        |
| <b>Total Healthy Families</b>                        |                 |                        |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children |                 |                        |
| Potential Cases Straight CCS                         |                 |                        |
| <b>Total Straight CCS</b>                            |                 |                        |
| <b>TOTAL NON MEDI-CAL</b>                            |                 |                        |
| <b>GRAND TOTAL</b>                                   |                 |                        |

**CCS Administrative Budget Revision Summary**

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Revision Number: \_\_\_\_

- Page 211 - Revised Page -

| 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      |                 |           |                |                                   |                              |                                |                                   |
| <b>Budget Grand Total</b>   |                 |           |                |                                   |                              |                                |                                   |

| 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 |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     | 542             | 58%                    |
| Potential Cases Medi-Cal                             | 108             | 12%                    |
| <b>TOTAL MEDI-CAL</b>                                | <b>650</b>      | <b>70%</b>             |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           | 18              | 2%                     |
| Potential Cases HF                                   | 5               | 1%                     |
| <b>Total Healthy Families</b>                        | <b>23</b>       | <b>3%</b>              |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children | 214             | 23%                    |
| Potential Cases Straight CCS                         | 41              | 4%                     |
| <b>Total Straight CCS</b>                            | <b>255</b>      | <b>27%</b>             |
| <b>TOTAL NON MEDI-CAL</b>                            | <b>278</b>      | <b>30%</b>             |
| <b>GRAND TOTAL</b>                                   | <b>928</b>      | <b>100%</b>            |

**CCS Administrative Budget Revision Summary**

County Name: Golden

Fiscal Year: 2003-2004

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) |
| <b>I. Total Personnel Expense</b>  | \$124,784        | (\$5,016)  | \$119,768        | \$35,404                          | \$48,364                     | \$35,907                       | \$48,457                          |
| <b>II. Total Operating Expense</b> | \$8,600          | \$5,919    | \$14,519         | \$4,211                           | \$10,308                     | \$2,474                        | \$7,834                           |
| <b>III. Total Capital Expense</b>  | \$0              |            |                  |                                   |                              |                                |                                   |
| <b>IV. Total Indirect Expense</b>  | \$22,461         | (\$903)    | \$21,558         | \$6,252                           | \$15,306                     |                                | \$15,306                          |
| <b>V. Total Other Expense</b>      | \$1,500          | \$0        | \$1,500          | \$435                             | \$1,065                      |                                | \$1,065                           |
| <b>Budget Grand Total</b>          | <b>\$157,345</b> | <b>\$0</b> | <b>\$157,345</b> | <b>\$46,302</b>                   | <b>\$111,043</b>             | <b>\$38,381</b>                | <b>\$72,662</b>                   |

| 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) |
| <b>State General Funds</b> | \$23,151        |           | \$23,151       | \$23,151                          |                              |                                |                                   |
| <b>County Funds</b>        | \$23,151        |           | \$23,151       | \$23,151                          |                              |                                |                                   |
| <b>Medi-Cal Funds:</b>     |                 |           |                |                                   |                              |                                |                                   |
| <b>State</b>               | \$45,926        |           | \$45,926       |                                   | \$45,926                     | \$9,595                        | \$36,331                          |
| <b>Federal (Title XIX)</b> | \$65,117        |           | \$65,117       |                                   | \$65,117                     | \$28,786                       | \$36,331                          |

John Smith  
Prepared By

May 1, 2003  
Date Prepared

916-555-2222  
Phone Number

Dr. Jane Doe  
CCS Administrator (Signature)

May 2, 2003  
Date

916-555-1111  
Phone Number

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     |                 |                        |
| Potential Cases Medi-Cal                             |                 |                        |
| <b>TOTAL MEDI-CAL</b>                                |                 |                        |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           |                 |                        |
| Potential Cases HF                                   |                 |                        |
| <b>Total Healthy Families</b>                        |                 |                        |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children |                 |                        |
| Potential Cases Straight CCS                         |                 |                        |
| <b>Total Straight CCS</b>                            |                 |                        |
| <b>TOTAL NON MEDI-CAL</b>                            |                 |                        |
| <b>GRAND TOTAL</b>                                   |                 |                        |

**CCS Administrative Budget Revisor**

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) |
| <b>I. Personnel Expense</b>       |                 |           |                |                                   |                              |   |  |
| 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                          |                 |           |                |                                   |                              |   |  |
| Total Salary and Wages            |                 |           |                |                                   |                              |   |  |
| Less Salary Savings               |                 |           |                |                                   |                              |   |  |
| Net Salary and Wages              |                 |           |                |                                   |                              |   |  |
| Staff Benefits (Specify %)        | 0.00%           |           |                |                                   |                              |   |  |
| <b>I. Total Personnel Expense</b> |                 |           |                |                                   |                              |   |  |
| <b>II. Operating Expense</b>      |                 |           |                |                                   |                              |   |  |
| 1. Travel                         |                 |           |                |                                   |                              |   |  |
| 2. Training                       |                 |           |                |                                   |                              |   |  |
| 3. Office Space                   |                 |           |                |                                   |                              |   |  |
| 4. Communications                 |                 |           |                |                                   |                              |   |  |
| 5. Equipment Lease                |                 |           |                |                                   |                              |   |  |

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     |                 |                        |
| Potential Cases Medi-Cal                             |                 |                        |
| <b>TOTAL MEDI-CAL</b>                                |                 |                        |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           |                 |                        |
| Potential Cases HF                                   |                 |                        |
| <b>Total Healthy Families</b>                        |                 |                        |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children |                 |                        |
| Potential Cases Straight CCS                         |                 |                        |
| <b>Total Straight CCS</b>                            |                 |                        |
| <b>TOTAL NON MEDI-CAL</b>                            |                 |                        |
| <b>GRAND TOTAL</b>                                   |                 |                        |

**CCS Administrative Budget Revisor**

County Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Revision Number: \_\_\_\_\_

- Page 214 - Revised Page -

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| 6. Space Rental                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
| <b>II. Total Operating Expense</b> |  |  |  |  |  |  |  |
| <b>III. Capital Expense</b>        |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
| <b>II. Total Capital Expense</b>   |  |  |  |  |  |  |  |
| <b>IV. Indirect Expense</b>        |  |  |  |  |  |  |  |
| 1. Internal                        |  |  |  |  |  |  |  |
| 2. External                        |  |  |  |  |  |  |  |
| <b>IV. Total Indirect Expense</b>  |  |  |  |  |  |  |  |
| <b>V. Other Expense</b>            |  |  |  |  |  |  |  |
| 1. Maintenance and Transportation  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
| <b>V. Total Other Expense</b>      |  |  |  |  |  |  |  |
| <b>Budget Grand Total</b>          |  |  |  |  |  |  |  |

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
CCS Administrator (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     | 542             | 58%                    |
| Potential Cases Medi-Cal                             | 108             | 12%                    |
| <b>TOTAL MEDI-CAL</b>                                | <b>650</b>      | <b>70%</b>             |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           | 18              | 2%                     |
| Potential Cases HF                                   | 5               | 1%                     |
| <b>Total Healthy Families</b>                        | <b>23</b>       | <b>3%</b>              |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children | 214             | 23%                    |
| Potential Cases Straight CCS                         | 41              | 4%                     |
| <b>Total Straight CCS</b>                            | <b>255</b>      | <b>27%</b>             |
| <b>TOTAL NON MEDI-CAL</b>                            | <b>278</b>      | <b>30%</b>             |
| <b>GRAND TOTAL</b>                                   | <b>928</b>      | <b>100%</b>            |

**CCS Administrative Budget Revisor**

**County Name: Golden**

**Fiscal Year: 2003-2004**

**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) |
| <b>I. Personnel Expense</b>       |                  |                  |                  |                                   |                              |   |  |
| Program Administration            |                  |                  |                  |                                   |                              |   |  |
| Employee Name and Title           | \$4,195          | (\$300)          | \$3,895          | \$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                                    |
| 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%            | (\$1,216)        | \$29,035         | \$9,091                           | \$19,944                     | \$8,705                                 | \$11,239                                   |
| <b>I. Total Personnel Expense</b> | <b>\$124,784</b> | <b>(\$5,016)</b> | <b>\$119,768</b> | <b>\$35,404</b>                   | <b>\$84,364</b>              | <b>\$35,907</b>                         | <b>\$48,457</b>                            |
| <b>II. Operating Expense</b>      |                  |                  |                  |                                   |                              |   |  |
| 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                                    |

| CCS CASELOAD   | Actual Caseload | Percent of Grand Total |
|--|-----------------|------------------------|
| <b>MEDI-CAL</b>                                      |                 |                        |
| Average of Total Open (Active) Medi-Cal Children     | 542             | 58%                    |
| Potential Cases Medi-Cal                             | 108             | 12%                    |
| <b>TOTAL MEDI-CAL</b>                                | <b>650</b>      | <b>70%</b>             |
| <b>NON MEDI-CAL</b>                                  |                 |                        |
| <b>Healthy Families</b>                              |                 |                        |
| Average of Total Open (Active) HF Children           | 18              | 2%                     |
| Potential Cases HF                                   | 5               | 1%                     |
| <b>Total Healthy Families</b>                        | <b>23</b>       | <b>3%</b>              |
| <b>Straight CCS</b>                                  |                 |                        |
| Average of Total Open (Active) Straight CCS Children | 214             | 23%                    |
| Potential Cases Straight CCS                         | 41              | 4%                     |
| <b>Total Straight CCS</b>                            | <b>255</b>      | <b>27%</b>             |
| <b>TOTAL NON MEDI-CAL</b>                            | <b>278</b>      | <b>30%</b>             |
| <b>GRAND TOTAL</b>                                   | <b>928</b>      | <b>100%</b>            |

**CCS Administrative Budget Revisor**

**County Name: Golden**

**Fiscal Year: 2003-2004**

**Revision Number: 3**

- Page 216 - Revised Page -

|                                    |                  |                |                  |                 |                  |                 |                 |
|------------------------------------|------------------|----------------|------------------|-----------------|------------------|-----------------|-----------------|
| 6. Space Rental                    | \$1,500          | \$1,000        | \$2,500          | \$725           | \$1,775          |                 | \$1,775         |
|                                    |                  |                |                  |                 |                  |                 |                 |
|                                    |                  |                |                  |                 |                  |                 |                 |
| <b>II. Total Operating Expense</b> | <b>\$8,600</b>   | <b>\$5,919</b> | <b>\$14,519</b>  | <b>\$4,211</b>  | <b>\$10,308</b>  | <b>\$2,474</b>  | <b>\$7,834</b>  |
| <b>III. Capital Expense</b>        |                  |                |                  |                 |                  |                 |                 |
|                                    |                  |                |                  |                 |                  |                 |                 |
|                                    |                  |                |                  |                 |                  |                 |                 |
|                                    |                  |                |                  |                 |                  |                 |                 |
| <b>II. Total Capital Expense</b>   |                  |                |                  |                 |                  |                 |                 |
| <b>IV. Indirect Expense</b>        |                  |                |                  |                 |                  |                 |                 |
| 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         |
| <b>IV. Total Indirect Expense</b>  | <b>\$22,461</b>  | <b>(\$903)</b> | <b>\$21,558</b>  | <b>\$6,252</b>  | <b>\$15,306</b>  |                 | <b>\$15,306</b> |
| <b>V. Other Expense</b>            |                  |                |                  |                 |                  |                 |                 |
| 1. Maintenance and Transportation  | \$1,500          | \$0            | \$1,500          | \$435           | \$1,065          |                 | \$1,065         |
|                                    |                  |                |                  |                 |                  |                 |                 |
|                                    |                  |                |                  |                 |                  |                 |                 |
| <b>V. Total Other Expense</b>      | <b>\$1,500</b>   | <b>\$0</b>     | <b>\$1,500</b>   | <b>\$435</b>    | <b>\$1,065</b>   |                 | <b>\$1,065</b>  |
| <b>Budget Grand Total</b>          | <b>\$157,345</b> | <b>\$0</b>     | <b>\$157,345</b> | <b>\$46,302</b> | <b>\$111,043</b> | <b>\$38,381</b> | <b>\$72,662</b> |

\_\_\_\_\_  
 John Smith  
 Prepared By

\_\_\_\_\_  
 Dr. Jane Doe  
 CCS Administrator (Signature)

\_\_\_\_\_  
 May 1, 2003  
 Date Prepared

\_\_\_\_\_  
 May 2, 2003  
 Date

\_\_\_\_\_  
 916-555-2222  
 Phone Number

\_\_\_\_\_  
 916-555-1111  
 Phone Number

## **Management of Equipment Purchased with State Funds**

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### **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 267). 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 the item.
- 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 269).
- G. Final disposition of all equipment shall be in accordance with instructions from the State and reported on the Property Survey Report (see page 271).
- 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 273).
- 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 the purposes 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 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 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 271).

## **Health Care Program for Children in Foster Care**

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The joint California Department of Social Services and Department of Health Services, All County Letter 99-108 (December 21, 1999) is now provided in this section (see page 326). The letter presents historical information and instructions for the completion of the local MOU for the HCPCPC.

Other HCPCFC components have been integrated into various sections in this year's Plan and Fiscal Guidelines Manual. For more information on the following topics, please refer to the section indicated:

- Plan Submission Instructions (see Section 2)
- Performance Measurements (see Section 3)
- Examples of Children Helped Through CMS Programs and Other Data Forms (see Section 5)
- Budget Instructions and Forms (see Section 6)
- Expenditure Claims and Equipment Management (see Section 8)
- Federal Financial Participation (see Section 9)
- Legislation and Regulations (see Section 11)

For more information on the HCPCFC, you may also refer to the following documents:

- CHDP Program Letter, Number 99-6, October 21, 1999  
Subject: Health Care Program for Children in Foster Care
- CMS Branch Correspondence and Attachments, October 25, 1999  
Subject: Health Care Program for Children in Foster Care

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



December 21, 1999

ALL COUNTY LETTER NO. 99-108

TO: ALL COUNTY WELFARE DEPARTMENTS  
 ALL COUNTY PROBATION DEPARTMENTS  
 ALL REGIONAL CENTERS  
 ALL COUNTY MENTAL HEALTH DEPARTMENTS  
 CHIEF PROBATION OFFICERS OF CALIFORNIA  
 COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA  
 COUNTY HEALTH OFFICERS  
 COUNTY HEALTH EXECUTIVES  
 LOCAL DIRECTORS OF PUBLIC HEALTH NURSING  
 LOCAL CHDP DIRECTORS AND DEPUTY DIRECTORS

**REASON FOR THIS TRANSMITTAL**

- State Law Change  
 Federal Law or Regulation Change  
 Court Order  
 Clarification Requested by One or More Counties  
 Initiated by CDSS

SUBJECT: INSTRUCTIONS REGARDING LOCAL MEMORANDUM OF UNDERSTANDING FOR HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

The purpose of this letter is to provide additional information and instructions for completion of the local Memorandum of Understanding (MOU) for the new Health Care Program for Children in Foster Care (HCPCFC). The MOU is due June 30, 2000, although the HCPCFC will be implemented January 1, 2000 when initial funding is available. In subsequent fiscal years (FY) funding will be increased to reflect a 12-month allocation.

This notice follows the California Department of Social Services (CDSS) September 2, 1999 All County Information Notice (ACIN) No. I-55-99 that formally announced this program to enhance health care services for children in foster care through the use of public health nurses (PHN). For purposes of HCPCFC a foster child is a court dependent placed with a relative, foster family, foster family agency, or group home. A ward of the court placed in foster care, whose placement is funded by AFDC-FC funds, is also eligible for this program. The CDSS and the California Department of Health Services (DHS) are collaborating to implement this program which involves local health, welfare and probation departments. ACINs and All County Letters (ACL) are posted on the CDSS Web Page under "CDSS Letters and Notices."

The HCPCFC will be implemented through an augmentation to the existing Child Health and Disability Prevention (CHDP) program and is designed only for children in foster care. It is the intent of the program that this fiscal augmentation, coupled with collaboration among local agencies, will provide additional public health nursing expertise with the goal of reaching a 1:200 PHN to child ratio. The DHS is currently augmenting county health CHDP budgets so that PHNs can be hired beginning January 1, 2000. The funding for this program does not allow the PHNs to provide direct services to children. The activities of the PHNs are limited to those administrative functions eligible for federal matching funds through the Medicaid (Title XIX) program. These activities are detailed in a Model Scope of Work that was included in the October 21, 1999 DHS

#### **IV. Outreach and Health Education**

- A. Work with community agencies/residents to increase the knowledge of and participation in preventive health services for children in accordance with CMS standards for the continuum of care.
  - 1. Assemble and maintain directories/resources of names and addresses of churches, shelters, schools, recreation centers, clubs.
  - 2. Establish contacts with those population groups known to have low utilization or high incidence patterns of conditions selected for local attention, e.g., anemia; lead elevations/burden; low-birth weight babies; birth anomalies; HIV seropositive children; CCS referrals/conditions. Collaborate in program planning and development in those areas of the county.
  - 3. Establish contacts and inform the community in areas of the County where CCS/CHDP services are unavailable or inaccessible, not known, not understood, and/or not utilized.

## **Data Tables**

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In the past, a variety of data tables and reports have been included in the Appendix of the CMS Plan and Fiscal Guidelines. Many of these documents are now available on the Internet.

To obtain the most current version of these data tables and reports, please go to the appropriate website identified below.

|                          |
|--------------------------|
| <b>HEALTH INDICATORS</b> |
|--------------------------|

|                           |   |
|---------------------------|---|
| <b>Name of Report:</b>    | California Health Interview Survey  |
| <b>Source:</b>            | UCLA Center for Health Policy Research  |
| <b>Main URL and Path:</b> | <a href="http://www.chis.ucla.edu">www.chis.ucla.edu</a> > ASK CHIS > Select Indicators |

|                           |  |
|---------------------------|--|
| <b>Name of Report:</b>    | Fatal and Non-Fatal Injury Data  |
| <b>Source:</b>            | Epidemiology and Prevention for Injury Control Branch,<br>California Department of Health Services                                 |
| <b>Main URL and Path:</b> | <a href="http://www.applications.dhs.ca.gov/epicdata">www.applications.dhs.ca.gov/epicdata</a> > Select Ad Hoc or Standard Reports |

|                           |  |
|---------------------------|--|
| <b>Name of Report:</b>    | Immunization Levels in Child Care and Schools  |
| <b>Source:</b>            | Immunization Branch, California Department of Health Services  |
| <b>Main URL and Path:</b> | <a href="http://www.dhs.ca.gov/ps/dcdc/izgroup">www.dhs.ca.gov/ps/dcdc/izgroup</a> > Immunization Levels in Child Care and Schools > Select Desired Reports  |
| <b>Direct URL:</b>        | <a href="http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/2001KARep.PDF">www.dhs.ca.gov/ps/dcdc/izgroup/pdf/2001KARep.PDF</a> (for Kindergarten Assessment Results) |

|                            |
|----------------------------|
| <b>MEDI-CAL STATISTICS</b> |
|----------------------------|

|                           |  |
|---------------------------|--|
| <b>Name of Report:</b>    | Medi-Cal Funded Deliveries by Age or Ethnicity   |
| <b>Source:</b>            | Medical Care Statistics Section (MCSS) , California Department of Health Services  |
| <b>Main URL and Path:</b> | <a href="http://www.dhs.ca.gov/mcss">www.dhs.ca.gov/mcss</a> > Publications > Medi-cal Funded Deliveries – Annual Statistical Reports > Select Desired Format > Go to Desired Tables |
| <b>Direct URL:</b>        | <a href="http://www.dhs.ca.gov/mcss/PublishedReports/Delivery/94-00/del94-00.pdf">www.dhs.ca.gov/mcss/PublishedReports/Delivery/94-00/del94-00.pdf</a>                               |

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|                           |   |
|---------------------------|---|
| <b>Name of Report:</b>    | Persons Certified Eligible for Medi-Cal by County, Sex, and Age (Table 17)  |
| <b>Source:</b>            | Medical Care Statistics Section (MCSS), California Department of Health Services  |
| <b>Main URL and Path:</b> | <a href="http://www.dhs.ca.gov/mcss">www.dhs.ca.gov/mcss</a> > Publications > California's Medical Assistance Program – Annual Statistical Reports > Select Desired Year > Select Desired Format > Go to Table 17 |
| <b>Direct URL:</b>        | <a href="http://www.dhs.ca.gov/mcss/PublishedReports/annual/medical_assistance/annual00/00ann.pdf">www.dhs.ca.gov/mcss/PublishedReports/annual/medical_assistance/annual00/00ann.pdf</a>                          |

|                          |
|--------------------------|
| <b>SCHOOL ENROLLMENT</b> |
|--------------------------|

|                           |   |
|---------------------------|---|
| <b>Name of Report:</b>    | K-12 Historical and Project Enrollments by Grade and County   |
| <b>Source:</b>            | California Department of Finance  |
| <b>Main URL and Path:</b> | <a href="http://www.dof.ca.gov">www.dof.ca.gov</a> > Demographic Information > Reports and Research Papers > 2002 Series California K-12 Public Enrollment and High School Graduate – Projections by County >K-12 Historical and Projected Enrollment and HS Graduates with Grade Level and County Detail |
| <b>Direct URL:</b>        | <a href="http://www.dof.ca.gov/HTML/DEMOGRAP/k12HSGproj.xls">www.dof.ca.gov/HTML/DEMOGRAP/k12HSGproj.xls</a>  |

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|                           |   |
|---------------------------|---|
| <b>Name of Report:</b>    | Enrollment in California Private Schools by County and by Grade Level   |
| <b>Source:</b>            | California Department of Education  |
| <b>Main URL and Path:</b> | <a href="http://www.cde.ca.gov">www.cde.ca.gov</a> > Resources and Information > Private Schools > Data > Select Desired Year |
| <b>Direct URL:</b>        | <a href="http://www.cde.ca.gov/privateschools/data.html">www.cde.ca.gov/privateschools/data.html</a>                          |

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