



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

November 2, 2004

CMS Information Notice No: 04-07

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATORS AND CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF

SUBJECT: HEALTHY FAMILIES (HF) CASELOAD, BUDGETS, AND
EXPENDITURES FOR FISCAL YEAR (FY) 2003-2004 AND FY 2004-
2005

The purpose of this Notice is to inform you that HF funding has been approved to share in the cost of administration of the CCS Program and to provide instructions to county CCS programs about changes required in CCS Administrative budgets and invoices in order to claim HF funding reimbursement.

During the May Revise 2004 of the Governor's Budget, the CMS Branch was approved to:

- ◆ include HF funding in the FY 2003-04 CCS Administrative Budgets;
- ◆ allow local CCS Programs to claim HF reimbursement in the CCS Administrative Expenditure Invoices; and
- ◆ include HF funding in the FY 2004-05 CCS Administrative Budgets.

I. FISCAL YEAR 2003-04

A. Budget Revisions to the FY 2003-04 CCS Administrative Budget

1. If a county CCS Program did not serve any HF caseload or incur any HF expenditures for FY 2003-04, then no further action is required.

Proceed to **II. FISCAL YEAR 2004-05**.

2. If a county CCS Program did serve HF clients during FY 2003-04, then the following steps should be taken to claim reimbursement for FY 2003-04 HF expenditures.

- a) Submit a Budget Revision to the FY 2003-04 CCS Administrative Budget using the new Budget Revision Summary Form (Attachment A). The Budget Revision Worksheet (detail) does not need to be submitted. The total budget amount will remain the same; only the Source of Funds distribution will change.
- b) To assist counties with calculating the Source of Funds, a worksheet has been developed (Attachment B). This worksheet is formula-driven in EXCEL and has been added on the CMS Website at:

<http://www.dhs.ca.gov/PCFH/cms/onlinearchive/pdf/cms/informatio/ntices/2004/cmsin0407/cmsin0407.htm>.
- c) Counties fill in the shaded areas and the calculations will be entered automatically. Once that is completed, transfer the amounts (where indicated by the arrows on the worksheet) to the Budget Revision Summary. Instructions for completion of the worksheet are also attached (Attachment C).

Samples of the Budget Revision Summary Form (Attachment D) and CCS Worksheet – Healthy Families (Attachment E) are provided.

B. Supplemental Invoices to the Initial CCS Administrative Expenditure Invoices

County CCS Programs may submit supplemental invoices to the FY 2003-04 CCS Administrative Expenditure Invoices for reimbursement of the HF expenditures.

The CCS Administrative Expenditure Invoice (Attachment H) has been revised. This two-page invoice identifies actual HF client caseload and actual expenditures by source of funds. Instructions for the completion of the revised invoice form are provided in Attachment I.

Using the revised CCS Administrative Expenditure Invoice, prepare a supplemental invoice to each quarterly CCS Administrative Expenditure Invoice in which HF clients were served. Each supplemental invoice should

separately identify the actual HF caseload and expenditures and reflect the funding sources for these expenditures.

The total expenditures for each quarterly invoice will not change but the distribution of the costs will be adjusted to reflect HF expenses and the corresponding funding sources.

A sample of the revised CCS Administrative Expenditure Invoice is provided in Attachment J.

II. FISCAL YEAR 2004-05

A. CCS Administrative Budget

Budget Summary

1. Complete the new CCS Administrative Budget Summary page (Attachment F) as usual by transferring amounts from the CCS Administrative Budget Worksheet to the Category/Line Item Boxes (top set of boxes).
2. Source of Funds boxes, Columns 1 and 2 have been changed to include Healthy Families. Columns 3, 4 & 5 have not been changed.
 - a) Complete the CCS Worksheet – Healthy Families (Attachment B).
 - b) Transfer amounts from Lines 6(b), 7(b), 10(b) and 12(b) of the worksheet to the Budget Summary, Source of Funds Box, Column 2.
3. A sample of the new CCS Administrative Budget Summary is provided in Attachment G.

B. CCS Administrative Expenditure Invoice

For FY 2004-05, county CCS Programs are requested to begin using the revised CCS Administrative Expenditure Invoice form (Attachment H).

If the county CCS Program has already submitted a quarterly CCS Administrative Expenditure Invoice using a previous form, then a supplemental invoice using the revised form (Attachment H) is required.

If the county CCS Program has not submitted a quarterly CCS Administrative Expenditure Invoice, then begin using the revised form (Attachment H) to report expenditures.

III. DUE DATES

Please submit the **Budget Revision Summary for FY 2003-04** to your Regional Office Administrative Consultant/Analyst by **DECEMBER 31, 2004**.

Please submit the new **Budget Summary for FY 2004-05** to your Regional Office Administrative Consultant/Analyst by **NOVEMBER 12, 2004**.

Please submit any **supplemental invoices for FY 2003-04** to the CMS Branch by **JANUARY 21, 2005**.

IV. ATTACHMENTS

The following documents have been provided to assist in the preparation of:

A. Budget Summary/Revision

- Attachment A: CCS Administrative Budget Revision Summary
- Attachment B: CCS Worksheet – Healthy Families
- Attachment C: Instructions for CCS Worksheet Healthy Families
- Attachment D: Sample CCS Administrative Budget Revision Summary
- Attachment E: Sample CCS Worksheet – Healthy Families
- Attachment F: CCS Administrative Budget Summary
- Attachment G: Sample CCS Administrative Budget Summary

B. CCS Administrative Expenditure Invoices and Supplemental Invoices

- Attachment H: CCS Administrative Expenditure Invoice (Revised September 2004)

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- Attachment I: Instructions for Completion of Administrative Expenditure Invoice
- Attachment J: Sample of CCS Administrative Expenditure Invoice (Revised September 2004)

Should you have any questions about the Budget Summary or Budget Revision Summary, please contact your Regional Office Administrative Consultant/Analyst.

If the questions are related to Supplemental Invoices to the FY 2003-04 CCS Administrative Expenditure Invoices, please contact Helen Wong, Program Support Section at 916/327-2232.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Attachments

ATTACHMENT A

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

CCS Administrative Budget Revision Summary

County Name: _____

Fiscal Year: _____

Revision Number: _____

Column	1	2	3	4	5	6	7
Category/Line Item	Approved Budget	Revisions	Revised Budget	Non-Medi-Cal County/State/HF Co/St/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense							
II. Total Operating Expense							
III. Total Capital Expense							
IV. Total Indirect Expense							
V. Total Other Expense							
Budget Grand Total							

Column	1	2	3	4	5	6	7
Source of Funds	Approved Budget	Revisions	Revised Budget	Non-Medi-Cal County/State/HF Co/St/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS:							
State							
County:							
CCS Healthy Families:							
State							
County							
Federal (Title XXI)							
Medi-Cal Funds:							
State							
Federal (Title XIX)							

Prepared By _____

Date Prepared _____

Phone Number _____

CCS Administrator (Signature) _____

Date _____

Phone Number _____

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES**

****This worksheet is formula driven. Fill in shaded areas and the calculations will be entered automatically**

Caseload Percentages		(a)	(b)
1	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	0	
2	Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	0	<u>#DIV/0!</u>
3	Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	0	<u>#DIV/0!</u>

SOURCE OF FUNDS

Straight CCS			
4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$0	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	<u>#DIV/0!</u>	
6	State (Line 5(a) x 50%) (Transfer to Budget Summary, Column 2)		→ <u>#DIV/0!</u>
7	County (subtract Line 6(b) from Line 5(a)) (Transfer to Budget Summary, Column 2)		→ <u>#DIV/0!</u>

CCS Healthy Families			
8	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	<u>#DIV/0!</u>	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	<u>#DIV/0!</u>	
10	State (multiply line 9, column (a) by 50%) (Transfer to Budget Summary, Column 2)		→ <u>#DIV/0!</u>
11	County (subtract line 10(b) from line 9(a)) (Transfer to Budget Summary, Column 2)		→ <u>#DIV/0!</u>
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%) (Transfer to Budget Summary, Column 2)		→ <u>#DIV/0!</u>

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)	<u><u>#DIV/0!</u></u>
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Instructions for completing the “Worksheet to Determine Funding Sources for Administrative Costs related to Healthy Families

This Worksheet (with formulas) has been developed to assist counties in completing the “Source of Funds” Boxes on the CCS Administrative Budget Summary.

- A. Complete the CCS Administrative Budget Worksheet as usual.
- B. Transfer amounts to the Category/Line Items Boxes as usual (top set of boxes)
- C. Source of Funds boxes, Columns 1 and 2 have been changed to include Healthy Families (columns 3, 4 & 5 remain as usual).
- D. To complete Column 2 in the Source of Funds Box (Non Medi-Cal County/State), please complete the Worksheet as follows:

Caseload Percentages

- 1. Line 1(a): enter the Total Non Medi-Cal Caseload from the Caseload Box on the Budget Summary.
- 2. Line 2(a): enter the Total Healthy Families Caseload from the Caseload Box on the Budget Summary. Divide line 2(a) by the total Non Medi-Cal Caseload on Line 1(a) and enter the percentage on line 2(b).
- 3. Line 3(a): enter the Total CCS Caseload (from the Caseload Box on the Budget Summary. Divide line 3(a) by the total Non Medi-Cal Caseload on Line 1(a) and enter the percentage on line 3(b).

Source of Funds – Straight CCS

- 4. Line 4(a), enter the Budget Grand Total for Non Medi-Cal (from the Budget Summary, Column 2).
- 5. Line 5(a), determine the Total Straight CCS Dollars by multiplying the Total Non Medi-Cal Dollars (line 4(a)) by the CCS Percentage (line 3b) **(calculated automatically by formula on the worksheet).**
- 6. Line 6(b): multiply the total Straight CCS Dollars (column 5(a) by 50 percent and enter on line 6(b) to get the State share of Straight CCS (shared 50/50 by State/County) **(calculated automatically by formula on the worksheet).**
- 7. Line 7(b): subtract line 6(b) from line 5(a) to get County Match dollars **(calculated automatically by formula on the worksheet).**

Source of Funds – CCS Healthy Families

8. Line 8(b): Determine the Total Health Families Dollars by multiplying the HF percentage (line 2(b)) by the Total Straight CCS Dollars (Line 5(a) **(calculated automatically by formula on the worksheet)**).
9. Line 9(a): Determine the Total State/County Share (35%) by multiplying the total Healthy Families Dollars (Line 8(a)) by 35 percent **(calculated automatically by formula on the worksheet)**.
10. Line 10(b) Determine State Share of the Total State/County Healthy Families Dollars by multiplying Line 9(a) by 50 percent **(calculated automatically by formula on the worksheet)**.
11. Line 11(b): Determine County Share of the Total State/County Healthy Families Dollars by subtracting Line 10(b) from Line 9(a) **(calculated automatically by formula on the worksheet)**.
12. Line 12(b): Determine Federal Title XXI (65%) dollars by multiplying Total Healthy Families dollars (line 8(a)) by 65 percent **(calculated automatically by formula on the worksheet)**.

Transfer Lines 6(b), 7(b), 10(b), 11(b), and 12(b) to the Budget Summary, Source of Funds Box, Column 2.

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

****SAMPLE****

CCS Administrative Budget Revision Summary

County Name: Golden

Fiscal Year: 2004-2005

Revision Number: 3

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

Column	1	2	3	4	5	6	7
Source of Funds	Approved Budget	Revisions	Revised Budget	Non-Medi-Cal County/State/HF Co/St/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS:							
State	\$71,253	(\$5,895)	\$65,358	\$65,358			
County:	\$71,253	(\$5,895)	\$65,358	\$65,358			
CCS Healthy Families:							
State	\$0	\$2,063	\$2,063	\$2,063			
County	\$0	\$2,063	\$2,063	\$2,063			
Federal (Title XXI)	\$0	\$7,664	\$7,664	\$7,664			
Medi-Cal Funds:							
State	\$143,879	\$0	\$143,879		\$143,879	\$22,382	\$121,497
Federal (Title XIX)	\$188,640	\$0	\$188,640		\$188,640	\$67,144	\$121,496

Prepared By _____

Date Prepared _____

Phone Number _____

CCS Administrator (Signature) _____

Date _____

Phone Number _____

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES**

**This worksheet is formula driven. Fill in shaded areas and the calculations will be entered automatically

Caseload Percentages		(a)	(b)
1	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	278	
2	Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	23	8.27%
3	Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	255	91.73%

SOURCE OF FUNDS

Straight CCS			
4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$142,506	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$130,716	
6	State (Line 5(a) x 50%)	(Transfer to Budget Summary, Column 2)	→ \$65,358
7	County (subtract Line 6(b) from Line 5(a))	(Transfer to Budget Summary, Column 2)	→ \$65,358

CCS Healthy Families			
8	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$11,790	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$4,127	
10	State (multiply line 9, column (a) by 50%)	(Transfer to Budget Summary, Column 2)	→ \$2,063
11	County (subtract line 10(b) from line 9(a))	(Transfer to Budget Summary, Column 2)	→ \$2,063
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)	(Transfer to Budget Summary, Column 2)	→ \$7,664

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary) \$142,506

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

Attachment F

CCS Administrative Budget Summary

County Name: _____

Fiscal Year: _____

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

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State					
County					
CCS Healthy Families					
State					
County					
Federal (Title XXI)					
Medi-Cal Funds:					
State					
Federal (Title XIX)					

Prepared By _____

Date Prepared _____

CCS Administrator (Signature) _____

Date _____

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

Attachment G

CCS Administrative Budget Summary

County Name: Golden

Fiscal Year: 2004-2005

****SAMPLE****

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

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$65,358	\$65,358			
County	\$65,358	\$65,358			
CCS Healthy Families					
State	\$2,063	\$2,063			
County	\$2,063	\$2,063			
Federal (Title XXI)	\$7,664	\$7,664			
Medi-Cal Funds:					
State	\$143,879		\$143,879	\$22,382	\$121,497
Federal (Title XIX)	\$188,640		\$188,640	\$67,144	\$121,496

Prepared By John Smith

Date Prepared 1-May-04

Phone Number 916-555-2222

Dr. Jane Doe

1-May-04

916-555-1111

CCS Administrator (Signature)

Date

Phone Number

**CALIFORNIA CHILDRENS SERVICES (CCS) PROGRAM
FISCAL YEAR _____
CCS ADMINISTRATIVE EXPENDITURE INVOICE**

COUNTY _____
QUARTER _____

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<i>A</i>	<i>B</i>	<i>C</i>
MEDI-CAL CASES		
Average Total Cases of Open (Active) Medi-Cal Children		
Potential Cases of Medi-Cal Children		
TOTAL MEDI-CAL CASES		
NON-MEDI-CAL CASES		
HEALTH FAMILIES (HF)		
Average Total Cases of Open (Active) HF Children		
Potential Cases of HF Children		
TOTAL HEALTHY FAMILIES CASES		
STRAIGHT CCS		
Average Total Cases of Open (Active) Straight CCS Children		
Potential Cases of Straight CCS Children		
TOTAL STRAIGHT CCS CASES		
TOTAL NON-MEDI-CAL CASES		
TOTAL CASELOAD		

CCS ADMINISTRATIVE EXPENDITURE INVOICE

COUNTY: _____

QUARTER: _____

A	B CATEGORY/LINE ITEM	C=D+G TOTAL EXPENDITURES	NON-MED-CAL			MEDI-CAL		
			D=E+F TOTAL NON MEDI-CAL	E STRAIGHT CCS 50/50 State/County	F HEALTHY FAMILIES 65/17.5/17.5 Fed/State/Co	G=H+I TOTAL MEDI-CAL	H ENHANCED 25/75 State/Federal	I NON- ENHANCED 50/50 State/Federal
I.	Total Personnel Expenses							
II.	Total Operating Expenses							
III.	Total Capital Expenses							
IV.	Total Indirect Expenses							
V.	Total Other Expenses							
	TOTAL EXPENDITURES							

SOURCE OF FUNDS								
I	J	K=L+O	L	M	N	O=P+Q	P	Q
MEDI-CAL								
	State Funds							
	Federal Funds (Title XIX)							
HEALTHY FAMILIES								
	State Funds							
	County Funds							
	Federal Funds (Title XXI)							
STRAIGHT CCS								
	State Funds							
	County Funds							
TOTAL SOURCE OF FUNDS								

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection, with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claims; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Signature of Authorized Official

Type or Print Name of Contact Person

Type or Print Name of Authorized Official

Date

()

Telephone Number

**CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATIVE EXPENDITURE INVOICE**

The following are instructions for the completion of the Administrative Expenditure Invoice for the CCS Program. This invoice is submitted on a quarterly basis to the following:

Department of Health Services
Children's Medical Services Branch
MS 8104
P.O. Box 997413
Sacramento, CA 95899-7413

Quarterly invoices shall be submitted no later than 60 days after the end of each quarter.

Fiscal Year

- 1) Enter the State fiscal year (FY) for which this invoice applies.

County

- 2) Enter the name of the county for which this invoice applies.

Quarter

- 3) Enter the dates of the quarter for which the invoice applies.

Quarter 1: July 1 200x – September 30, 200x
Quarter 2: October 1, 200x – December 31, 200x
Quarter 3: January 1, 200x+1 – March 31, 200x+1
Quarter 4: April 1, 200x+1 – June 30, 200x+1

CCS CASELOAD

Column B – Actual Caseload

Medi-Cal Cases

- 4) Enter the Average Total Cases of Open (Active) Medi-Cal Children.

Calculate the average total cases by adding the total cases of open (active) Medi-Cal Children for each month in the quarter and dividing by 3.

- 5) Enter the number of Potential Cases of Medi-Cal Children.
- 6) Enter Total Medi-Cal Cases by adding the Average Total Cases of Open (Active) Medi-Cal Children and the Potential Cases of Medi-Cal Children.

Non-Medi-Cal Cases: Healthy Families

- 7) Enter the Average Total Cases of Open (Active) Healthy Families (HF) Children.

Calculate the average total cases by adding the total cases of open (active) HF Children for each month in the quarter and dividing by 3.
- 8) Enter the number of Potential Cases of HF Children.
- 9) Enter Total Healthy Families Cases by adding the Average Total Cases of Open (Active) HF Children and the Potential Cases of HF Children.

Non-Medi-Cal Cases: Straight CCS

- 10) Enter the Average Total Cases of Open (Active) Straight CCS Children.

Calculate the average total cases by adding the total cases of open (active) Straight CCS Children for each month in the quarter and dividing by 3.
- 11) Enter the number of Potential Cases of Straight CCS Children.
- 12) Enter Total Straight CCS Cases by adding the Average Total Cases of Open (Active) Straight CCS Children and the Potential Cases of Straight CCS Children.

Total Non-Medi-Cal Cases

- 13) Enter Total Non-Medi-Cal Cases by adding Total HF Cases and Total Straight CCS Cases.

Total Caseload

- 14) Enter Total Caseload by adding Total Medi-Cal Cases and Total Non-Medi-Cal Cases.

Column C – Percent of Grant Total**Medi-Cal Percentages**

- 15) Enter the percentage for Average Total Cases of Open (Active) Medi-Cal Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 16) Enter the percentage for Potential Cases of Medi-Cal Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 17) Enter the Total Percentage for Total Medi-Cal Cases by dividing the Total Medi-Cal Cases in Column B by the Total Caseload in Column B.

Non-Medi-Cal Percentages: Healthy Families

- 18) Enter the percentage for Average Total Cases of Open (Active) HF Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 19) Enter the percentage for Potential Cases of HF Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 20) Enter the Total Percentage for Total HF Cases by dividing the Total HF Cases in Column B by the Total Caseload in Column B.

Non-Medi-Cal Percentages: Straight CCS

- 21) Enter the percentage for Average Total Cases of Open (Active) Straight CCS Children by dividing the average total cases entered in Column B by the Total Caseload entered in Column B.
- 22) Enter the percentage for Potential Cases of Straight CCS Children by dividing the potential cases entered in Column B by the Total Caseload entered in Column B.
- 23) Enter the Total Percentage for Total Straight CCS Cases by dividing the Total Straight CCS Cases in Column B by the Total Caseload in Column B.

Total Non-Medi-Cal Cases Percentage

- 24) Enter the percentage for Total Non-Medi-Cal Cases by adding the percentages for Total HF Cases and Total Straight CCS Cases.

Total Caseload Percentage

- 25) Enter the Total Percentage by adding the percentages for Total Medi-Cal Cases and Total Non-Medi-Cal Cases in Column C.

The Total Caseload Percentage must equal 100%.

EXPENDITURE INVOICE

County

- 26) Enter the name of the county for which this invoice applies.

Quarter

- 27) Enter the dates of the quarter for which the invoice applies.

Column C, Total Expenditures

- 28) Enter the total of all expenditures charged during the quarter to each category/line item listed in Column B.
- 29) Enter the Total Expenditures by adding all entries in Column C.

For each category/line item, the amounts entered in Column C must equal the total of respective amounts in Columns D and G.

Column D, Total Non-Medi-Cal

- 30) Enter the amount of Total Non-Medi-Cal expenditures charged during the quarter to each category/line item listed in Column B.

The amount of Total Non-Medi-Cal expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Non-Medi-Cal Cases as calculated in Step 24 for CCS Caseload.

- 31) Enter the Total Expenditures for Total Non-Medi-Cal expenditures by adding all entries in Column D.

For each category/line item, the amounts entered in Column D must equal the total of respective amounts in Columns E and F.

The amount of Total Expenditures in Column D must equal the total of respective totals in Columns E and F.

Column E, Straight CCS

- 32) Enter the amount of Straight CCS expenditures charged during the quarter to each category/line item listed in Column B.

The amount of Straight CCS expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Straight CCS Cases as calculated in Step 23 for CCS Caseload.

- 33) Enter the Total Expenditures for Straight CCS by adding all entries in Column E.

Column F, Healthy Families (HF)

- 34) Enter the amount of HF expenditures charged during the quarter to each category/line item listed in Column B.

The amount of HF expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total HF Cases as calculated in Step 20 for CCS Caseload.

- 35) Enter the Total Expenditures for HF by adding all entries in Column E.

Column G, Total Medi-Cal

- 36) Enter the amount of Total Medi-Cal expenditures charged during the quarter to each category/line item listed in Column G.

The amount of Total Medi-Cal expenditures is determined by multiplying the Total Expenditures for each category/line in Column B by the percentage for Total Medi-Cal Cases as calculated in Step 17 for CCS Caseload.

- 37) Enter the Total Expenditures for Total Medi-Cal expenditures by adding all entries in Column G.

For each category/line item, the amounts entered in Column G must equal the total of respective amounts in Columns H and I.

The amount of Total Expenditures in Column G must equal the total of respective totals in Columns H and I.

Column H, Medi-Cal Enhanced

- 38) Enter the amount of Medi-Cal Enhanced expenditures charged during the quarter to I. Total Personnel Expenses and II. Total Operating Expenses listed in Column B.

The amount of expenditures charged to Personnel Expenses is based on time studies for:

- a. Skilled Professional Medical Personnel (SPMP) who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and
- b. Clerical staff who directly support and are supervised by the SPMP.

Only training and travel costs for SPMP are allowed as expenditures for Operating Expenses.

Medi-Cal Enhanced **does not** allow expenditures for III. Total Capital Expenses, IV. Total Indirect Expenses, and V. Total Other Expenses.

Column I, Medi-Cal Non-Enhanced

- 39) Enter the amount of Medi-Cal Non-Enhanced expenditures charged during the quarter to each category/line item listed in Column B.

The amount of expenditures charged to each category/line item includes salaries, benefits, travel, training, and other administrative expenses for non-SPMP including, but not limited to, administrators; associate staff; clerical staff not providing direct support to, or supervised by, SPMP; and claims processing staff.

Also expenditures for staff hired under contract, including SPMP staff, are to be charged at the non-enhanced rate.

SOURCE OF FUNDS

Complete the Non-Medi-Cal Columns M and N first; then complete Column L. Next complete Medi-Cal Columns P and Q before completing Column O. Last, complete Column K.

Column M, Straight CCS

- 40) Enter the amount of State and County funds that were used to pay Straight CCS expenditures.

The funding distribution for Straight CCS expenditures is 50% State funds and 50% County funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column E by 50%.

The amount of County funds is determined by multiplying the Total Expenditures in Column E by 50%.

Column N, Healthy Families

- 41) Enter the amount of Federal, State, and County funds that were used to pay Healthy Families expenditures.

The funding distribution for Healthy Families expenditures is 65% Federal funds (Title XXI), 17.5% State funds, and 17.5% County funds.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column F by 65%.

The amount of State funds is determined by multiplying the Total Expenditures in Column F by 17.5%.

The amount of County funds is determined by multiplying the Total Expenditures in Column F by 17.5%.

Column L, Total Non-Medi-Cal

- 42) Enter Total Non-Medi-Cal amounts by adding the amounts in Columns M and N for each funding source listed in Column J.

- 43) Enter Total Source of Funds by adding all entries in Column L.

For each funding source, the amounts entered in Column L must equal the total of respective amounts in Columns M and N.

The amount of Total Source of Funds in Column L must equal the total of respective totals in Columns M and N.

Column P, Medi-Cal Enhanced

- 44) Enter the amount of State and Federal funds that were used to pay Medi-Cal Enhanced expenditures.

The funding distribution for Medi-Cal Enhanced expenditures is 25% State funds and 75% Federal (Title XIX) funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column H by 25%.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column H by 75%.

Column Q, Medi-Cal Non-Enhanced

- 45) Enter the amount of State and Federal funds that were used to pay Medi-Cal Non-Enhanced expenditures.

The funding distribution for Medi-Cal Non-Enhanced expenditures is 50% State funds and 50% Federal (Title XIX) funds.

The amount of State funds is determined by multiplying the Total Expenditures in Column I by 50%.

The amount of Federal funds is determined by multiplying the Total Expenditures in Column I by 50%.

Column O, Total Medi-Cal

- 46) Enter Total Medi-Cal amounts by adding the amounts in Columns P and Q for each funding source listed in Column J.

- 47) Enter Total Source of Funds by adding all entries in Column O.

For each funding source, the amounts entered in Column O must equal the total of respective amounts in Columns P and Q.

The amount of Total Source of Funds in Column O must equal the total of respective totals in Columns P and Q.

Column K, Total Expenditures

- 48) Enter the amounts for Medi-Cal State and Federal funds (Title XIX) from Column O in Column K.

- 49) Enter the amounts for Healthy Families State, County, and Federal funds (Title XXI) from Column N in Column K.

- 50) Enter the amounts for Straight CCS State and County funds from Column M in Column K.

Total Source of Funds

- 51) Add all entries made in Columns K, L, M, N, O, P, and Q and enter the total for each respective column.

The entry in Column L must equal the total of Columns M and N.

The entry in Column O must equal the total of Columns P and Q.

The entry in Column K must equal the total of Columns L and O.

The entries for Total Source of Funds in Columns K, L, M, N, O, P, and Q **must equal** the respective entries for Total Expenditures in Columns C, D, E, F, G, H, and I.

CERTIFICATION

- 52) Affix the signature of an official who is authorized to sign CCS Administrative Expenditure Invoices.
- 53) Type or print the name of the authorized official.
- 54) Enter the date that the signature was affixed.
- 55) Type or print the name of the contact person for the expenditure invoice.
- 56) Enter the telephone number for the contact person.

CALIFORNIA CHILDRENS SERVICES (CCS) PROGRAM

FISCAL YEAR 2003-2004

CCS ADMINISTRATIVE EXPENDITURE INVOICE

COUNTY ANYWHERE

QUARTER January 1, 2003 - March 31, 2004

CCS CASELOAD	Actual Caseload	Percent of Grand Total
<i>A</i>	<i>B</i>	<i>C</i>
MEDI-CAL CASES		
Average Total Cases of Open (Active) Medi-Cal Children	1,736	62.65%
Potential Cases of Medi-Cal Children	218	7.87%
TOTAL MEDI-CAL CASES	1,954	70.52%
NON-MEDI-CAL CASES		
HEALTH FAMILIES (HF)		
Average Total Cases of Open (Active) HF Children	95	3.43%
Potential Cases of HF Children	37	1.34%
TOTAL HEALTHY FAMILIES CASES	132	4.76%
STRAIGHT CCS		
Average Total Cases of Open (Active) Straight CCS Children	536	19.34%
Potential Cases of Straight CCS Children	149	5.38%
TOTAL STRAIGHT CCS CASES	685	24.72%
TOTAL NON-MEDI-CAL CASES	817	29.48%
TOTAL CASELOAD	2,771	100.00%

CCS ADMINISTRATIVE EXPENDITURE INVOICE

COUNTY: ANYWHERE

QUARTER: January 1, 2004 - March 31, 2004

A	B CATEGORY/LINE ITEM	C=D+G TOTAL EXPENDITURES	NON-MED-CAL			MEDI-CAL		
			D=E+F TOTAL NON MEDI-CAL	E STRAIGHT CCS 50/50 State/County	F HEALTHY FAMILIES 65/17.5/17.5 Fed/State/Co	G=H+I TOTAL MEDI-CAL	H ENHANCED 25/75 State/Federal	I NON- ENHANCED 50/50 State/Federal
I.	Total Personnel Expenses		0	-10,000	10,000			
II.	Total Operating Expenses							
III.	Total Capital Expenses	0	0	0	0			
IV.	Total Indirect Expenses							
V.	Total Other Expenses							
	TOTAL EXPENDITURES	0	0	-10,000	10,000	0	0	0

SOURCE OF FUNDS								
I	J	K=L+O	L	M	N	O=P+Q	P	Q
MEDI-CAL								
	State Funds					0	0	0
	Federal Funds (Title XIX)					0	0	0
HEALTHY FAMILIES								
	State Funds	1,750	1,750		1,750			
	County Funds	1,750	1,750		1,750			
	Federal Funds (Title XXI)	6,500	6,500		6,500			
STRAIGHT CCS								
	State Funds	-5,000	-5,000	-5,000				
	County Funds	-5,000	-5,000	-5,000				
	TOTAL SOURCE OF FUNDS	0	0	-10,000	10,000	0	0	0

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection, with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claims; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Signature of Authorized Official

Type or Print Name of Contact Person

Type or Print Name of Authorized Official

Date

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Telephone Number