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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

June 17, 2010

CHDP Program Letter No.: 10-06

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: FISCAL YEAR (FY) 2010-2011 ALLOCATIONS FOR THE HEALTH
CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

The purpose of this CHDP Program Letter is to provide CHDP local programs with their HCPCFC FY 2010-2011 allocations, which is the state share of the Medi-Cal Title XIX funds. The HCPCFC allocations are from the Governor's proposed May Revision Budget. If the HCPCFC allocations change due to budget negotiations, local programs will be notified. The State General funds are to be matched with Federal Title XIX funds to supplement the HCPCFC Administrative Budget and are based on the Federal Financial Participation (FFP) guidelines found in the CMS Plan and Fiscal Guidelines (PFG). It is anticipated that the revised PFG will be posted in June 2010.

The HCPCFC allocations are based on May 2010 caseload data obtained from the California Department of Social Services. This proportion is then applied toward the total state dollars available to determine the county allocation. See the attached funding allocation table.

As stated in the prior year HCPCFC allocation letter, the HCPCFC is a mandated program and is no longer optional. Each local CHDP program is to carry out the HCPCFC program as set forth in the CMS PFG. The primary responsibility of the HCPCFC Public Health Nurses (PHNs) remains that of administrative case consultation. By providing these services the PHN administratively coordinates the health care needs of children in foster care, including their developmental, dental and mental health needs. The PHN supports adherence to the health assessment periodicity schedule specified in

the CHDP Health Assessment Guidelines, ensures that identified health needs are monitored, and supports continuity of health care services. The PHN/Social Worker updates the CWS/CMS Health and Education Passport, including prescribed medications, and shares medical information where appropriate. The PHN consults with physicians and other medical and non-medical professionals regarding the health and well being of children in foster care and in coordinating appropriate medical treatment.

This Program Letter will serve as each local program's approved State General Fund portion of the HCPCFC No County/City Match Administrative Budget and enable each local program to use this letter to develop its budgets. **There will be no budget approval letters issued from the CMS Branch.** Each local program remains responsible for oversight and tracking its administrative budget expenditures. As in previous years, local programs will only be reimbursed for no county/city match expenditures up to their authorized budget allocations. Each local program is authorized to claim Title XIX Federal funds to match its local funds in order to perform Early and Periodic Screening, Diagnosis, and Treatment administrative activities specifically for children and youth in foster care. Please refer to the CMS PFG for submission of county/city match budgets.

Local programs should follow the CMS PFG for budget submissions to the CMS Branch and Regional Offices. Local programs will be notified in the near future on the submission due date for the HCPCFC program budgets. Local programs that have previously utilized budget approval letters to submit to the county's authorized personnel will be able to utilize the attached County Allocation notice as documentation and verification of the State General Funds allocated.

Local programs that have questions regarding staffing, personnel changes, duty statements, Memoranda of Understanding, and other budget preparation items should discuss these with their Regional Office Nurse Consultant or administrative staff prior to submitting the budgets. All local programs must adhere to the CMS PFG for determination of enhanced and non-enhanced designation of staff and their activities as well as the provision for Federal Financial Participation (FFP) determination. Documentation for those staff that qualify for enhanced FFP and/or work on more than one program must adhere to the CMS PFG (Section 8) for time study requirements and guidelines.

All quarterly expenditure reports submitted for reimbursement must be based on accurate and auditable documentation. An audit file must be maintained by each county to support all quarterly expenditure reports and shall include, but not be limited to: time studies, when required and performed during at least one representative month

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of the quarter for each budgeted position for which FFP is claimed; documentation in support of training and travel costs; and other documents as required to support the claimed expenditures. In addition, documentation of the methods to claim internal and external overhead must also be maintained.

Acceptance of allocated funds constitutes an agreement that the receiving local agency will comply with all federal and state requirements pertaining to the HCPCFC Program and adhere to all applicable policies and procedures set forth by the Department of Health Care Services and the CMS Branch. Periodically the federal program responsible for oversight of state expenditures for the administrative costs for the management of the Medicaid program will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds relating to the HCPCFC program audit exception, are the exclusive and sole responsibility of each local program.

Original Signed by Harvey Fry for Luis R. Rico

Luis R. Rico, Acting Chief
Children's Medical Services Branch

Enclosure (Funding Allocation Table)

**Fiscal Year (FY) 2010-2011
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HPCFC) ALLOCATIONS**

County		2010/11 Allocation \$6,656,389
1	Alameda	\$201,573
2	Alpine	\$2,000
3	Amador	\$3,967
4	Butte	\$70,636
5	Calaveras	\$11,929
6	Colusa	\$3,497
7	Contra Costa	\$141,815
8	Del Norte	\$8,222
9	El Dorado	\$29,225
10	Fresno	\$254,627
11	Glenn	\$8,753
12	Humboldt	\$21,894
13	Imperial	\$42,288
14	Inyo	\$4,870
15	Kern	\$217,389
16	Kings	\$28,369
17	Lake	\$15,116
18	Lassen	\$7,177
19	Los Angeles	\$2,232,765
20	Madera	\$25,003
21	Marin	\$15,064
22	Mariposa	\$4,073
23	Mendocino	\$23,428
24	Merced	\$48,992
25	Modoc	\$5,294
26	Mono	\$2,256
27	Monterey	\$39,646
28	Napa	\$13,338
29	Nevada	\$10,369
30	Orange	\$292,518
31	Placer	\$26,879
32	Plumas	\$5,875
33	Riverside	\$422,918
34	Sacramento	\$347,436
35	San Benito	\$8,592
36	San Bernardino	\$400,648
37	San Diego	\$446,875
38	San Francisco	\$145,329
39	San Joaquin	\$133,637
40	San Luis Obispo	\$34,313
41	San Mateo	\$50,100
42	Santa Barbara	\$73,492
43	Santa Clara	\$150,813
44	Santa Cruz	\$26,903
45	Shasta	\$62,543
46	Sierra	\$2,000
47	Siskiyou	\$15,728
48	Solano	\$39,969
49	Sonoma	\$55,650
50	Stanislaus	\$57,961
51	Sutter	\$20,365
52	Tehama	\$15,138
53	Trinity	\$4,885
54	Tulare	\$98,170
55	Tuolumne	\$7,820
56	Ventura	\$68,453
57	Yolo	\$32,918
58	Yuba	\$19,039
59	City of Berkeley	\$13,451
62	City of Long Beach	\$82,396
	Total	\$6,656,389