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Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

October 6, 2010

CHDP Program Letter No.: 10-14

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: REVISED FISCAL YEAR (FY) 2010-2011 ALLOCATIONS FOR THE  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE  
(HCPCFC) AND POLICY CHANGE REGARDING CLERICAL SUPPORT  
FUNDING

The purpose of this CHDP Program Letter which supercedes PL 10-06, is to provide CHDP local programs with a revised HCPCFC FY 2010-2011 allocation, 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 or other factors, 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). See the enclosed revised FY 2010-2011 funding allocation table.

This letter also serves to notify local programs of a policy change regarding the use of HCPCFC funds for clerical support positions. **Effective FY 2010-2011 this is now an allowable personnel services expenditure for the HCPCFC program. This commences with FY 2010-2011 and cannot be applied retroactively to any prior year budgets.** The utilization of HCPCFC funds for clerical support is optional and is a local program decision for each participating HCPCFC program.

All 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 FFP determination. Documentation for staffs that qualify for enhanced FFP, including HCPCFC clerical support staff, and/or work on more than one program must adhere to the CMS PFG (Section 8) for time study requirements and guidelines. NOTE: The CMS

PFG was finalized prior to the HCPCFC clerical support policy change. Therefore, the PFG does not currently reflect this information.

Each local CHDP program is to carry out the mandated HCPCFC program as set forth in the 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, and/or clerical support update the CWS/CMS Health and Education Passport, including prescribed medications. The PHN/Social Worker share 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 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.

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 of the quarter for each budgeted position for which FFP is claimed, including HCPCFC clerical support; 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 audit exception, are the exclusive and sole responsibility of each local program.

Local programs that have questions regarding staffing, personnel changes, duty statements, Memoranda of Understanding, and other budget preparation items should discuss these with their Statewide HCPCFC Nurse Consultant or administrative staff prior to submitting budgets.

**Original Signed by Stephen Halley**

Stephen Halley, Assistant Branch 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 (HCPCFC) ALLOCATIONS**

County		10/11 Allocation \$7,601,249
1	Alameda	\$210,060
2	Alpine	\$2,000
3	Amador	\$4,528
4	Butte	\$80,561
5	Calaveras	\$11,929
6	Colusa	\$3,961
7	Contra Costa	\$141,815
8	Del Norte	\$9,397
9	El Dorado	\$35,070
10	Fresno	\$293,330
11	Glenn	\$9,915
12	Humboldt	\$25,050
13	Imperial	\$47,981
14	Inyo	\$4,870
15	Kern	\$260,867
16	Kings	\$34,042
17	Lake	\$18,140
18	Lassen	\$7,177
19	Los Angeles	\$2,590,008
20	Madera	\$28,459
21	Marin	\$15,064
22	Mariposa	\$4,073
23	Mendocino	\$26,810
24	Merced	\$58,791
25	Modoc	\$5,294
26	Mono	\$2,256
27	Monterey	\$42,567
28	Napa	\$13,338
29	Nevada	\$10,369
30	Orange	\$332,773
31	Placer	\$30,519
32	Plumas	\$6,684
33	Riverside	\$481,759
34	Sacramento	\$416,924
35	San Benito	\$9,787
36	San Bernardino	\$456,391
37	San Diego	\$510,112
38	San Francisco	\$160,627
39	San Joaquin	\$152,393
40	San Luis Obispo	\$39,168
41	San Mateo	\$50,100
42	Santa Barbara	\$83,733
43	Santa Clara	\$173,039
44	Santa Cruz	\$27,469
45	Shasta	\$73,051
46	Sierra	\$2,000
47	Siskiyou	\$17,884
48	Solano	\$45,827
49	Sonoma	\$63,600
50	Stanislaus	\$69,553
51	Sutter	\$20,365
52	Tehama	\$17,188
53	Trinity	\$5,553
54	Tulare	\$115,448
55	Tuolumne	\$8,959
56	Ventura	\$78,315
57	Yolo	\$36,729
58	Yuba	\$19,039
59	City of Berkeley	\$16,142
62	City of Long Beach	\$82,396
	<b>Total</b>	<b>\$7,601,249</b>

Alameda caseload is minus Berkeley caseload  
Los Angeles caseload is minus Long Beach caseload

October 2010