

SECTION 4 – DATA FORMS

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General Overview

With the Data Forms found in this section, each local program is able to evaluate its program needs, performance, and trends. The examples of children helped, the number of children eligible for CMS services (CCS Caseload, CHDP Target Population, and Health Care Program for Children in Foster Care (HCPCFC) Caseload), the level of CHDP referrals and follow up to conditions reported in the CHDP Case Management Data form assist local program to reflect on the impact of their program on children's health and the trends of program participation.

I. Examples of Children Helped Through CMS

The minimum five examples of children helped through each of the CCS, CHDP, and HCPCFC programs are gathered **over the course of the current fiscal year (FY)**. Select examples of children helped that represent a diversity of age, gender, ethnicity, risk factors, disease entity, interventions, and treatments. The care coordination activities should reflect those activities carried out during the current FY. The current FY is the fiscal year in which the CMS Plan and Fiscal Guidelines (PFG) have been received, not the fiscal year for which the plan and budgets are being prepared.

The actual health outcomes of the child/family show how the CMS programs serve and benefit 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 demonstrate the following:

- Promotion of preventive health services
- Interagency and multidisciplinary coordination and avoidance of duplication
- Coordination with clinical/community resources
- Promotion of continuity of care
- Description of the health outcomes resulting from administrative case management/care coordination
- Use of the Health and Education Passport (HEP) for children in foster care and probation
- Follow through with the family, caregiver, caseworker, health care provider until health problems have been addressed
- Reflection of the time needed for case management/care coordination.

II. CCS Caseload Summary

The data collected on this form are used to report the actual CCS caseload and demonstrate trends in the caseload over time. (See page 6)

III. CHDP Program Case Management Data

The data reported on this form can be used as a work load indicator, to enhance collaboration with the Department of Social Services eligibility workers and assure CHDP referrals, to provide feedback to Managed Care Plan Liaisons, and to quantify the number of children getting follow-up care. (See page 14)

IV. Quarterly Report of Medi-Cal Recipients Requesting CHDP Services (See Section 10, page103)

During the Fiscal Year, a quarterly report is submitted by the *15th day following the end of each quarter* to the Regional Consultant Staff of the CMS Branch showing the number of CalWORKS and Medi-Cal Only persons requesting CHDP services. This assists the CMS Branch in tracking the federal informing requirement of California's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and is a foundation for the annual reporting on the CHDP Program Case Management Data form. See sample in Section 10, page 103 or contact your Regional Office Consultant staff for a copy of the Quarterly Report form.

V. CHDP First Grade Health Exams by School Year

Health Examinations are required in California for first grade school entry. The health examination is reported on the "Report of Health Examination for School Entry". Effective January 1, 2005, California Health and Safety Code Section 124100 was amended to no longer require schools to report data to CHDP on the number of children receiving health examinations at school entry. However, school districts and their local CHDP programs recognize the value of tracking health examinations and thus may continue using the Report of Health Examinations Annual School Report form in the CHDP School Handbook according to locally established procedures. The data on the number of children entering first grade with a report of health examination may demonstrate trends over time, and can be used to identify areas where increased program emphases are needed to improve health assessment services for children entering school.

VI. Additional Data

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

- The following CHDP Reports are available online through the **Business Objects Reporting System** (<http://www.bi.ext.dhs.ca.gov/wijsp>). For information on accessing the system, contact CMS Branch Information Technology Services Section and request Business Objects support.
 - *CHDP Annual Summary of Screens by Funding Source For Fiscal Year*
 - *CHDP Monthly Summary of Screens by Funding Source For Month o XX-200X*
 - *CHDP Provider Claims and Amounts Paid by County and Funding Source*
 - *Active CHDP Providers by County and Provider Name*

- The CHDP Target Population estimate is from the CMS Branch **Data Analysis, Research, and Evaluation (DARE) Unit**:
 - *CHDP Target Population Estimate for Fiscal Year 2004-05* (See page 17), *2005-06* (See page 19), and *2006-07* (See page 21).
- Data regarding children in out of home placement are from the California Department of Social Services, Research and Development Division:
 - Monthly reports available online at <http://www.dss.cahwnet.gov/research/children's 405.htm>

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

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

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

This report provides information on the characteristics of the children in out-of-home placement, including age, gender, ethnicity, type of placement home, funding source, agency responsible, number of cases that were terminated and reason for termination.
 - Out of Home Placement Caseload Data (see page 23).

Examples of Children Helped Through CMS

Using the general instructions and elements of a good example (see page 2) submit a minimum of five examples for each applicable program: CCS, CHDP, or HCPCFC. Please specify the county/city, program name, and fiscal year.

County/City: _____

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

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

Intervention and Coordination of Care (Include collaborative efforts made with community partners/resources, etc):

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

California Children's Services Caseload Summary Instructions

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.

Calculation of Eligible Months and Reporting as Caseload

In the Plan and Fiscal Guidelines (PF&G) for Fiscal Year (FY) 2006-07, the terminology for caseload is changed to "eligible months". However, the word "caseload" will be seen throughout the PF&G manual as this is the terminology that is most familiar to the previous users of this manual.

Caseload in FY 2006-07 will now be calculated based upon the months the client was eligible for services. Below are examples of types of cases for which a child would be counted as an eligible month:

- If a child has Medi-Cal in a month, that child has an eligible month as a California Children's Services (CCS)/Medi-Cal client.
- If a child is a Healthy Families (HF) subscriber on any day in the month, the child has an eligible month as a CCS/HF client. However, HF will only pay for the dates of service in the month for which the child is actually a HF subscriber.
- If a child has CCS only eligibility on any day in the month, then the child has an eligible month as a CCS-only client. However, CCS-only will only pay for a date of service in the month for which the child has CCS-only eligibility.

A CMS Net report is being developed to request "eligible month" information. **The eligible month information will need to be processed monthly.** The eligible month information may be retrieved for each type of case for which a child would be counted, e.g. CCS/Medi-Cal, CCS/HF, and CCS-only. At the end of the three month period, the total number of "eligible months" from the three combined reports would need to be divided by three to achieve the "average caseload" number for the quarter. For example:

Month One = 150 eligible months

Month Two = 148 eligible months

Month Three = 167 eligible months

TOTAL 465 Eligible Months

465 eligible months ÷ 3 = 155 eligible months/caseload for the reporting quarter.

Beginning FY 2003-04, the CCS Caseload format (Page 9) added Healthy Families cases along with Medi-Cal and Non Medi-Cal CCS to appropriately reflect program participation in the caseload. To assist counties in determining caseload using this format, the rows on the CCS Caseload Summary have been labeled using numbers 1 to 11, and the columns have been labeled using letters A to B.

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

Caseload Determination (for each fiscal year requested)

1. Add the average open (active) caseload number for all quarterly invoices from the previous fiscal year and divide by four.
2. Determine the number of potential cases by:
 - a. An actual count of potential cases assigned a temporary number if the county CCS program is using CMS Net, or
 - b. An actual count of potential cases if the county CCS program has a method for assigning a temporary number when the county is not on CMS Net, or
 - c. An estimate of potential cases may be used based on the county's experience.
3. Medi-Cal

Add the average total open (average) caseload (row 1, column A) to the potential cases (row 2, column A) to get the Total Medi-Cal caseload (row 3, column A).
4. Non Medi-Cal
 - a. Add the average total open (active) caseload (row 4, column A) to the potential cases (row 5, column A) to get the Total Healthy Families caseload (row 6, column A). **NOTE:** Healthy Families data may not be available for some counties for one or more of the requested fiscal years, in which case use zeros.
 - b. Add the average total open (active) caseload (row 7, column A) to the potential cases (row 8, column A) to get the Total Straight CCS (row 9, column A).
 - c. Add Total Healthy Families (row 6, column A) to the Straight CCS caseload (row 9, column A) to get the Total Non Medi-Cal caseload (row 10, column A).
5. Grand Total

Add Total Medi-Cal (row 3, column A), to Total Non Medi-Cal (row 10, column A), and place the result in row 11, column A.
6. Determine the total Medi-Cal and Non Medi-Cal percentage split:
 - a. Medi-Cal: Divide row 3, column A, by the Grand Total in row 11, column A. The resulting percentage is placed in row 3, column B.

- b. Non Medi-Cal: Divide row 10, column A by the Grand Total in row 11, column A. The resulting percentage is placed in row 10, column B.
- c. Add the percentages in row 3, column B added to row 10, column B and place the result in row 11, column B (will equal 100 percent).

California Children's Services Caseload Summary Form

County: _____

Fiscal Year: _____

CCS Caseload 0 to 21 Years		A		B			
		03-04 Actual Caseload	% of Grand Total	04-05 Actual Caseload	% of Grand Total	05-06 Estimated Caseload based on first three quarters	% of Grand Total
MEDI-CAL							
1	Average of Total Open (Active) Medi-Cal Children						
2	Potential Case Medi-Cal						
3	TOTAL MEDI-CAL (Row 1 + Row 2)						
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families						
5	Potential Cases Healthy Families						
6	Total Healthy Families (Row 4 + Row 5)						
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children						
8	Potential Cases Straight CCS Children						
9	Total Straight CCS (Row 7 + Row 8)						
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)						
GRAND TOTAL							
11	(Row 3 + Row 10)						

Child Health and Disability Prevention (CHDP) Program Case Management Data Instructions

The purpose of submission of the CHDP Program Case Management Data is to report the results of referrals for information, medical/dental resources, scheduling appointments and arranging transportation to appointments and care coordination for children eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/CHDP services. Informing children and their families about the benefits of prevention and the health services and assistance available to them, helping children and their families use health resources and assuring that health problems found during screenings are diagnosed and treated early are critical activities in the CHDP Program.

California local departments of social services provide basic information about the EPSDT program to recipients of Medi-Cal benefits. The information includes the importance of preventive health services and the assistance available to children and families through the CHDP Program. Departments of Social Services convey children and families' responses to this basic information and the need for more information and/or assistance. When children and families request more information about CHDP services, or help with making a medical and/or dental appointment and/or for assistance with scheduling the appointment and transportation to reach the appointment, the local department of social services sends a referral to the local CHDP program in the jurisdiction of the child's residence.

Data are reported on this form annually. Trends observed over the course of three Fiscal years (FY) can be used to enhance collaboration with the Department of Social Services eligibility workers in the assurance of CHDP referrals, provide feedback to Managed Care Plan Liaisons, quantify the number of children getting follow-up care, and as an indicator of workload.

Data to Complete the Form

Complete this form using data that are currently available. Where data are not available, please attach an 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 attach this information in whatever format you currently gather it.

The most recent FY on the form is the FY prior to the FY of the Plan and Fiscal Guidelines (PFG). For example, when the PFG has been released with instructions and forms for FY 06-07, the most recent year on the CHDP Program Case Management Data is FY 04-05. The reason for this is that the results of care coordination for a child with a date of service in a prior FY are often not reportable until after another FY has started.

1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by the Department of Social Services.

Request this number from the Department of Social Services on a monthly basis and compile annually. The CHDP – Social Services Interagency Agreement, found in Section 5, describes in IX. A. the level and type of management information that will be compiled and shared between the departments.

The data are to reflect the total number of cases with eligible individuals less than 21 years of age, including a child not born but with an expected date for delivery. This number becomes a reference/denominator for the number of cases that are referred to the local

CHDP Program reported in 2.

2. Total number of cases and recipients requesting CHDP services. Requests for CHDP services include referrals to CHDP for medical and/or dental services; and medical and/or dental services with scheduling and/or transportation assistance.
 - a. CalWORKs cases/recipients
 - b. Foster care cases/recipients
 - c. Medi-Cal only cases/recipients

This section shows how many cases and recipients resulted in a referral to CHDP by class of eligibility as a result of the basic information provided by Department of Social Services. Known as CalWORKs since 1996, the cases/recipients in CalWORKs have been referred to as "categorically needy" and part of the Aid for Families with Dependent Children. The Medi-Cal only cases/recipients have been referred to as "medically needy".

Complete the total number of cases and recipients requesting CHDP services from the CHDP Referral, Form PM 357. The Department of Social Services may have this information in their data reports also which would be identified in the CHDP – Social Services Interagency Agreement with the level and type of management information that will be compiled and shared between the departments.

Tracking the number of cases referred and by eligibility type provides information about the level of need for health care services information and referrals and the proportion of cases that are requesting CHDP services.

3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers requesting
 - a. Medical and/or dental services
 - b. Medical and/or dental services with scheduling and/or transportation
 - c. Information only (optional)

This section shows what kind of CHDP services have been requested by the eligible recipients. If the optional information only requests (3.c) are excluded, the total number of recipients by class of eligibility (2. a-c) would match the total number of recipients requesting CHDP services and the FY sum of the Quarterly Report of Medi-Cal Recipients Requesting CHDP Services.

Complete the total number of cases and recipients requesting CHDP services from the CHDP Referral, Form PM 357. The Department of Social Services may have this information in their data reports also which would be identified in the CHDP – Social Services Interagency Agreement with the level and type of management information that will be compiled and shared between the departments.

Tracking the number of recipients referred by type of request provides information about the level of need for health care services information and referrals and the proportion of cases that are requesting CHDP services with scheduling and/or transportation

assistance. Recipients requesting assistance with scheduling and/or transportation of/to medical and/or dental services are considered penalty liable.

4. Number of persons contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter.

Complete the total number of recipients 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.

If you gather other data such as the number of attempts before a successful contact is made, include that data as an addendum.

5. Total number of recipients actually provided scheduling and/or transportation assistance by program staff.

Include the information you record locally that shows the number of recipients provided scheduling and/or transportation assistance. This reflects the assistance you are able to provide that enables a recipient to have an appointment and the necessary transportation to make that appointment.

Note: This and number 6 are the activities that have been traditionally known to put a state EPSDT program at risk for audit exceptions or "penalty-liable". A good faith effort has to be documented. A good faith effort as referenced in the model Interagency Agreement, Section VIII, includes at least one documented attempt to trace the person through local welfare departments by obtaining a current address and telephone number and to contact the family at their current address/telephone number.

6. Total recipients provided assistance with scheduling and/or transportation who actually received medical and/or dental services

Of those recipients in "5", include the total number who received medical services as confirmed by a Confidential Screening/Billing Report (PM 160) on file or provider certification of provision of service; and/or for dental services, family, provider, or child verification.

7. Total number of CHDP health assessments indicating a need for further diagnosis and treatment.

Include the number of PM 160s indicating a need for further diagnosis and treatment with the Follow-up Code 4 or 5 and for recipients with Medi-Cal Fee-for-Service (FFS) and with limited Medi-Cal benefits requiring the recipients use of CHDP only services.

Follow-up Code 4 is a Diagnosis Pending/Return Visit Scheduled and Code 5 is Referred to Another Examiner for Diagnosis/Treatment. Some local programs may record their case management information by recipients with temporary Medi-Cal benefits, and/or conditions, not number of PM 160s. If these data are tracked, include these data as an addendum.

Local CHDP programs do not have care coordination/case management responsibilities for Medi-Cal Managed Care Plan members.

8. Total number of children needing further diagnosis and treatment where follow up appointments were kept.

Of those recipients in 7, include the total number who received medical or dental services as confirmed by family, provider, or child verification.

CHDP Program Case Management Data

Complete this form using the Instructions found on page 4-xx.

County/City:	FY 02-03		FY 03-04		FY 04-05	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services						
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients						
b. Number of Foster Care cases/recipients						
c. Number of Medi-Cal only cases/recipients						
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a. Medical and/or dental services						
b. Medical and/or dental services with scheduling and/or transportation						
c. Information only (optional)						

4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter						
Results of Assistance						
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff						
6. Number of recipients in "5" who actually received medical and/or dental services						
Case Management/Care Coordination of Recipients with Need for Further Diagnosis and Treatment						
	Medi-Cal	Non M-C	Medi-Cal	Non M-C	Medi-Cal	Non M-C
7. Number of CHDP health assessments (PM 160s) indicating a need for further diagnosis and treatment						
8. Number of children in "7" where the follow-up appointments were kept						

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

County	Medi-Cal Under 21	Medi-Cal Under 21 Percent	CHDP Gateway Under 19	CHDP Gateway Under 19 Percent	Total Children
ALAMEDA	83,361	65.3%	44,207	34.7%	127,568
ALPINE	134	74.6%	46	25.4%	180
AMADOR	1,493	63.1%	872	36.9%	2,365
BUTTE	22,769	68.4%	10,499	31.6%	33,268
CALAVERAS	2,639	60.1%	1,753	39.9%	4,392
COLUSA	2,325	56.7%	1,775	43.3%	4,100
CONTRA COSTA	46,068	66.1%	23,663	33.9%	69,731
DEL NORTE	3,686	68.1%	1,730	31.9%	5,416
EL DORADO	6,119	52.7%	5,490	47.3%	11,609
FRESNO	138,768	69.4%	61,061	30.6%	199,829
GLENN	3,137	54.0%	2,677	46.0%	5,814
HUMBOLDT	11,405	64.3%	6,342	35.7%	17,747
IMPERIAL	21,301	57.5%	15,738	42.5%	37,039
INYO	1,271	61.1%	810	38.9%	2,081
KERN	95,436	65.1%	51,137	34.9%	146,573
KINGS	15,591	59.7%	10,528	40.3%	26,119
LAKE	6,406	63.3%	3,711	36.7%	10,117
LASSEN	2,309	61.0%	1,478	39.0%	3,787
LOS ANGELES	1,197,294	68.7%	546,073	31.3%	1,743,367
MADERA	17,793	66.3%	9,057	33.7%	26,850
MARIN	5,421	55.8%	4,293	44.2%	9,714
MARIPOSA	1,113	58.2%	801	41.8%	1,914
MENDOCINO	9,122	66.1%	4,688	33.9%	13,810
MERCED	36,321	66.7%	18,146	33.3%	54,467
MODOC	1,094	66.0%	563	34.0%	1,657
MONO	580	55.2%	471	44.8%	1,051
MONTEREY	37,964	59.7%	25,649	40.3%	63,613
NAPA	5,395	55.8%	4,266	44.2%	9,661
NEVADA	3,461	51.3%	3,280	48.7%	6,741
ORANGE	173,241	57.8%	126,558	42.2%	299,799
PLACER	8,121	53.2%	7,131	46.8%	15,252
PLUMAS	1,268	64.3%	703	35.7%	1,971
RIVERSIDE	138,559	58.5%	98,346	41.5%	236,905
SACRAMENTO	136,220	70.7%	56,471	29.3%	192,691
SAN BENITO	3,357	56.1%	2,624	43.9%	5,981
SAN BERNARDINO	191,254	61.8%	118,255	38.2%	309,509
SAN DIEGO	173,494	53.9%	148,580	46.1%	322,074
SAN FRANCISCO	37,883	64.5%	20,850	35.5%	58,733
SAN JOAQUIN	67,351	67.0%	33,236	33.0%	100,587
SAN LUIS OBISPO	12,420	55.6%	9,924	44.4%	22,344
SAN MATEO	23,813	57.2%	17,812	42.8%	41,625
SANTA BARBARA	39,685	60.9%	19,711	39.1%	59,396
SANTA CLARA	80,397	64.1%	44,983	35.9%	125,380
SANTA CRUZ	14,512	58.7%	10,203	41.3%	24,715
SHASTA	16,408	64.1%	9,199	35.9%	25,607
SIERRA	204	64.4%	113	35.6%	317
SISKIYOU	4,390	65.5%	2,315	34.5%	6,705
SOLANO	23,947	60.6%	15,568	39.4%	39,515

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

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

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

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

Data Sources and Notes for Medi-Cal Target Population Medi-Cal target population derived from Medical Care Statistics, Department of Health Services, www.dhs.ca.gov/fdmb/mcss/PublishedReports/annual/annual.htm, Calendar year 2001; Table 17, Medi-Cal Program Persons Certified Eligible by Medi-Cal Funded Births by Beneficiary County: (www.dhs.ca.gov/mcss/PublishedReports/publicat.htm) Medi-Cal Funded Deliveries, Calendar year 2001, Table 12

Data Sources and Notes for CHDP Gateway Target Population State funded target population: Finance Dept., Demographic information, data file (www.dof.ca.gov/HTML/DEMOGRAP/data.htm), 2005.txt and select age under 19 years

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

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

Prepared by Helen Zheng

1/28/2004

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
 CHILDREN MEDICAL SERVICES
 CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
 TABLE 2-2
 FY 2005-2006 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
ALAMEDA	88,741	69.8%	38,407	30.2%	127,148
ALPINE	130	74.3%	45	25.7%	175
AMADOR	1,508	60.3%	994	39.7%	2,502
BUTTE	22,944	71.0%	9,371	29.0%	32,315
CALAVERAS	2,535	61.7%	1,572	38.3%	4,107
COLUSA	2,300	60.0%	1,532	40.0%	3,832
CONTRA COSTA	48,984	65.1%	26,303	34.9%	75,287
DEL NORTE	3,698	72.5%	1,399	27.5%	5,097
EL DORADO	6,496	55.2%	5,271	44.8%	11,767
FRESNO	142,831	71.1%	57,939	28.9%	200,770
GLENN	3,384	61.0%	2,164	39.0%	5,548
HUMBOLDT	11,537	65.8%	5,991	34.2%	17,528
IMPERIAL	22,089	63.5%	12,701	36.5%	34,790
INYO	1,282	64.2%	715	35.8%	1,997
KERN	100,827	67.3%	49,020	32.7%	149,847
KINGS	16,469	61.8%	10,166	38.2%	26,635
LAKE	6,414	64.1%	3,595	35.9%	10,009
LASSEN	2,326	64.4%	1,284	35.6%	3,610
LOS ANGELES	1,231,212	70.9%	504,751	29.1%	1,735,963
MADERA	19,368	69.0%	8,709	31.0%	28,077
MARIN	6,253	60.3%	4,120	39.7%	10,373
MARIPOSA	1,192	61.7%	739	38.3%	1,931
MENDOCINO	9,988	70.1%	4,269	29.9%	14,257
MERCED	40,686	68.7%	18,578	31.3%	59,264
MODOC	1,041	68.8%	473	31.2%	1,514
MONO	562	49.0%	584	51.0%	1,146
MONTEREY	39,342	62.6%	23,518	37.4%	62,860
NAPA	5,922	58.0%	4,289	42.0%	10,211
NEVADA	3,555	53.6%	3,076	46.4%	6,631
ORANGE	187,902	61.4%	118,372	38.6%	306,274
PLACER	9,364	54.8%	7,726	45.2%	17,090
PLUMAS	1,096	60.7%	710	39.3%	1,806
RIVERSIDE	151,788	60.0%	101,200	40.0%	252,988
SACRAMENTO	138,655	70.1%	59,008	29.9%	197,663
SAN BENITO	3,786	57.1%	2,841	42.9%	6,627
SAN BERNARDINO	201,701	64.0%	113,280	36.0%	314,981
SAN DIEGO	179,141	60.0%	119,221	40.0%	298,362
SAN FRANCISCO	38,919	71.6%	15,466	28.4%	54,385
SAN JOAQUIN	71,302	66.5%	35,912	33.5%	107,214
SAN LUIS OBISPO	13,164	61.4%	8,291	38.6%	21,455
SAN MATEO	27,282	65.2%	14,538	34.8%	41,820
SANTA BARBARA	32,930	65.8%	17,119	34.2%	50,049

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2005-2006 TARGET POPULATION ESTIMATE**

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
SANTA CLARA	93,243	70.4%	39,221	29.6%	132,464
SANTA CRUZ	16,139	64.9%	8,718	35.1%	24,857
SHASTA	16,157	66.7%	8,068	33.3%	24,225
SIERRA	212	62.8%	125	37.2%	337
SISKIYOU	4,402	67.9%	2,078	32.1%	6,480
SOLANO	26,269	64.4%	14,548	35.6%	40,817
SONOMA	22,277	61.2%	14,110	38.8%	36,387
STANISLAUS	58,523	65.9%	30,275	34.1%	88,798
SUTTER	8,741	64.0%	4,913	36.0%	13,654
TEHAMA	6,618	68.0%	3,118	32.0%	9,736
TRINITY	1,067	63.4%	617	36.6%	1,684
TULARE	71,949	69.7%	31,262	30.3%	103,211
TUOLUMNE	3,175	63.1%	1,854	36.9%	5,029
VENTURA	50,886	63.7%	29,058	36.3%	79,944
YOLO	13,718	61.3%	8,665	38.7%	22,383
YUBA	9,256	64.2%	5,158	35.8%	14,414
CITY OF BERKELEY	6,641	69.8%	2,874	30.2%	9,515
CITY OF LONG BEACH	63,316	70.9%	25,957	29.1%	89,273
CITY OF PASADENA	18,718	70.9%	7,674	29.1%	26,392
TOTAL	3,391,953	67.2%	1,653,552	32.8%	5,045,505

Definitions and Data Sources: Columns 1 and 2: Number and percent of Medi-Cal certified eligible children under 21 years
Data Source: Medi-Cal target population derived from Medical Care Statistics, Department of Health
Calendar year 2003: Table 17: Medi-Cal Program Persons Certified Eligible by County, Sex, and A

Medi-Cal Funded Births by Beneficiary County:
Data Source: Medi-Cal target population derived from Medical Care Statistics, Department of Health
Table 10: Deliveries to Medi-Cal Beneficiaries by Beneficiary County and Category, Calendar Year

Data Source and Notes for CHDP Gateway Target Population: CHDP Gateway Target Population:
Finance Dept., Demographic information, data file 2005 age under 19, updated May 2004.
Poverty level between 100-200 percent values from the Census 2000.

The Number Derived from population estimates for cities of Berkeley, Pasadena and Long Beach are from Department of Finance, California Statistical Abstract 2004, Table B-4: Total Population of California Cities, January 1, 2004.

Prepared by Helen Zheng 4/5/2005

**CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2006-2007 TARGET POPULATION ESTIMATE**

County/City	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
ALAMEDA	88,741	71.2%	35,908	28.8%	124,649
ALPINE	130	74.7%	44	25.3%	174
AMADOR	1,508	61.5%	945	38.5%	2,453
BUTTE	22,944	72.3%	8,812	27.7%	31,756
CALAVERAS	2,535	62.5%	1,520	37.5%	4,055
COLUSA	2,300	60.8%	1,483	39.2%	3,783
CONTRA COSTA	48,984	66.1%	25,154	33.9%	74,138
DEL NORTE	3,698	75.1%	1,229	24.9%	4,927
EL DORADO	6,496	56.3%	5,051	43.7%	11,547
FRESNO	142,831	71.8%	56,171	28.2%	199,002
GLENN	3,384	61.7%	2,099	38.3%	5,483
HUMBOLDT	11,537	67.7%	5,509	32.3%	17,046
IMPERIAL	22,089	63.5%	12,695	36.5%	34,784
INYO	1,282	66.3%	652	33.7%	1,934
KERN	100,827	67.7%	48,023	32.3%	148,850
KINGS	16,469	62.2%	9,988	37.8%	26,457
LAKE	6,414	65.0%	3,456	35.0%	9,870
LASSEN	2,326	65.8%	1,208	34.2%	3,534
LOS ANGELES	1,231,212	71.4%	494,222	28.6%	1,725,434
MADERA	19,368	69.3%	8,580	30.7%	27,948
MARIN	6,253	62.2%	3,794	37.8%	10,047
MARIPOSA	1,192	63.0%	700	37.0%	1,892
MENDOCINO	9,988	71.5%	3,975	28.5%	13,963
MERCED	40,686	68.9%	18,330	31.1%	59,016
MODOC	1,041	72.4%	397	27.6%	1,438
MONO	562	50.3%	556	49.7%	1,118
MONTEREY	39,342	64.3%	21,873	35.7%	61,215
NAPA	5,922	59.2%	4,082	40.8%	10,004
NEVADA	3,555	54.5%	2,966	45.5%	6,521
ORANGE	187,902	62.3%	113,767	37.7%	301,669
PLACER	9,364	55.4%	7,529	44.6%	16,893
PLUMAS	1,096	62.4%	660	37.6%	1,756
RIVERSIDE	151,788	60.3%	100,060	39.7%	251,848
SACRAMENTO	138,655	71.1%	56,335	28.9%	194,990
SAN BENITO	3,786	57.4%	2,815	42.6%	6,601
SAN BERNARDINO	201,701	64.9%	108,956	35.1%	310,657
SAN DIEGO	179,141	61.3%	113,055	38.7%	292,196
SAN FRANCISCO	38,919	72.4%	14,811	27.6%	53,730
SAN JOAQUIN	71,302	67.2%	34,837	32.8%	106,139
SAN LUIS OBISPO	13,164	62.3%	7,977	37.7%	21,141
SAN MATEO	27,282	67.1%	13,368	32.9%	40,650

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2006-07

SANTA BARBARA	32,930	66.9%	16,287	33.1%	49,217
SANTA CLARA	93,243	71.4%	37,261	28.6%	130,504
SANTA CRUZ	16,139	66.3%	8,211	33.7%	24,350
SHASTA	16,157	67.8%	7,664	32.2%	23,821
SIERRA	212	64.8%	115	35.2%	327
SISKIYOU	4,402	70.6%	1,830	29.4%	6,232
SOLANO	26,269	66.4%	13,277	33.6%	39,546
SONOMA	22,277	62.4%	13,399	37.6%	35,676
STANISLAUS	58,523	66.6%	29,414	33.4%	87,937
SUTTER	8,741	64.7%	4,777	35.3%	13,518
TEHAMA	6,618	69.1%	2,963	30.9%	9,581
TRINITY	1,067	66.3%	541	33.7%	1,608
TULARE	71,949	69.8%	31,094	30.2%	103,043
TUOLUMNE	3,175	64.0%	1,790	36.0%	4,965
VENTURA	50,886	64.8%	27,636	35.2%	78,522
YOLO	13,718	61.3%	8,666	38.7%	22,384
YUBA	9,256	65.4%	4,899	34.6%	14,155
CITY OF BERKELEY	6,641	71.2%	2,687	28.8%	9,328
CITY OF LONG BEACH	63,316	89.4%	7,514	10.6%	70,830
CITY OF PASADENA	18,718	42.4%	25,416	57.6%	44,134
TOTAL	3,391,953	68.0%	1,599,033	32.0%	4,990,986

Definitions and
Data Sources:

Columns 1 and 2: Number and percent of Medi-Cal certified eligible children under 21 years
Data Source: Medi-Cal target population derived from Medi-Cal Care Statistics, Department of Health Services. Calendar Year 2003: Table 17: Medi-Cal Program Persons Certified Eligible by County, Sex, and Age

Medi-cal Funded Births by Beneficiary County:

Data Source: Medi-Cal target population derived from Medi-Cal Care Statistics, Department of Health Services. Table 10: Deliveries To Medi-Cal Beneficiaries by Beneficiary County and Category, Calendar Year 2003

Data Source and note
for CHDP Gateway

State funded target population: Finance Dept., Demographic information, data file (www.dof.ca.gov/HTML/DEMOGRAP/data.htm), 2006.txt and select age under 19 years

Target Population

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

The number derived from population estimates for cities of Berkeley, Pasadena and Long Beach are from Department of Finance, California Statistical Abstract 2004, Table B-4: Total Population of California Cities, January 1, 2003 and 2004 (this table used 2004).

HCPCFC AVERAGE ANNUAL CASELOAD*

FISCAL YEAR 2006 - 2007

County/City Program	July 1, 2005 Caseload (See Notes)	County/City Program	July 1, 2005 Caseload (See Notes)
Alameda	4,006	Pasadena	542
Alpine	11	Placer	575
Amador	65	Plumas	73
Berkeley	111	Riverside	8,135
Butte	1,088	Sacramento	5,807
Calaveras	323	San Benito	138
Colusa	68	San Bernardino	9,005
Contra Costa	2,755	San Diego	6,680
Del Norte	137	San Francisco	2,328
El Dorado	448	San Joaquin	2,858
Fresno	3,574	San Luis Obispo	505
Glenn	126	San Mateo	837
Humboldt	311	Santa Barbara	633
Imperial	0	Santa Clara	2,665
Inyo	38	Santa Cruz	468
Kern	3,201	Shasta	883
Kings	402	Sierra	0
Lake	277	Siskiyou	210
Lassen	145	Solano	1,264
Long Beach	1,371	Sonoma	827
Los Angeles	33,990	Stanislaus	1,356
Madera	574	Sutter	365
Marin	259	Tehama	354
Mariposa	87	Trinity	38
Mendocino	441	Tulare	1,783
Merced	930	Tuolumne	191
Modoc	73	Ventura	981
Mono	8	Yolo	588
Monterey	658	Yuba	362
Napa	318		
Nevada	191	Totals	110,471
Orange	4,034		

Notes on Caseload Data Sources:

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

*Total Children in Supervised Out-of-Home Placements by Placement, July 1, 2005,
http://www.dss.cahwnet.gov/research/Children`s_405.htm

Total Foster Care Children by County Placement Home, Foster Care Children Placed in the County by Other
Counties, July 1, 2005, CWS/CMS Extract - # 04013, Data Analysis and Publications, Children's Team

Foster Care Children by Placement Home Zip Codes, Annual Report for July 1, 2005, CWS/CMS Extract - # 04012,
Data Analysis and Publications, Children's Team