

SECTION 6 - BUDGET INSTRUCTIONS

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CMS Budget Instructions General Information and Descriptions for all CMS Budgets

I. General Information

A. All CMS administrative budgets are composed of the following five major line items:

1. *Personnel Expenses,*
2. *Operating Expenses,*
3. *Capital Expenses, (excluding HCPCFC and CHDP Foster Care Match Budgets)*
4. *Indirect Expenses, and*
5. *Other Expenses (excluding HCPCFC and CHDP Foster Care Match Budgets)*

(See Definitions and Guidelines on page 6)

B. **All CMS budget submissions must include a budget worksheet, budget summary, budget justification narrative, and if applicable, a **County/City Capital Expenses Justification Form** or a **County/City Other Expenses Justification Form**.**

C. List specific line items for individual staffing positions, services, supplies, and any other cost under "*Operating Expenses*" on the budget worksheet.

D. Round all amounts, **except totals**, to the nearest dollar.

If the calculation result is **50 cents or more, round up to the next whole number**, e.g., \$3,009.52 is rounded up to \$3,010.

If the calculation result is **less than 50 cents, round down to the next whole number**, e.g., \$5,110.43 is rounded down to \$5,110.

E. **Do not round totals.** The amounts used to calculate the totals have already been rounded up or down. When calculating total amounts, add the amounts in the column down or in the line across.

Using the examples from 1.D. above, the total is \$8,120.

| | |
|---------------|---------------|
| Calculation X | \$3,010 |
| Calculation Y | <u>5,110</u> |
| | \$8,120 TOTAL |

F. Staff for whom enhanced Title XIX (Medicaid) funding is budgeted must be county/city employees.

G. 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.

- H. Staff should be budgeted at actual salary step for filled positions and at mid-step in the salary range for vacant positions.
- I. The **Budget Worksheet** and **Budget Summary** must be signed by the department fiscal officer and by a county/city official with the authority to sign on behalf of the local jurisdiction (for the CHDP Program, the CHDP Director and/or Deputy Director has regulatory authority to sign program documents). An original signature is required. Signature stamps are not acceptable.
- J. Highest rate of pay in salary range is to be used. If a lower rate is used, please explain the rationale in the budget justification narrative.
- K. A budget justification narrative must accompany each budget worksheet and budget summary, and must justify budget line items, e.g.:
 - 1. The basis or formula used to determine travel costs, space rental, etc.,
 - 2. Increases/decreases in FTE and enhanced/Non-Enhanced time,
 - 3. Significant increases/decreases in line item amounts,
 - 4. Identify all new, changed, or eliminated positions or changes in duties, and
 - 5. Staff benefits and indirect cost plan.
- L. CMS Budget Revisions are no longer required. Due to the current capped allocation methodology, budgets may not exceed the initial allocation. Local Match budgets are also capped at the amount of federal matching funds requested to augment local funds based upon a local program's initial request and will not be increased.

II. CMS Budget Description

A. CHDP Administrative Budgets

- 1. **CHDP Administrative Budget (No County/City Match)** – represents the local program's estimate of administrative expenditures for CHDP and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program for the fiscal year given the available State funding.

The CHDP Administrative Budget is comprised of five major line items: *Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses*. 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 that meet 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 Expenses*, *Operating Expenses*, *Capital Expenses*, *Indirect Expenses*, and *Other Expenses*. This budget is funded through county/city funds and Title XIX Federal Funds.

3. **CHDP Foster Care Administrative Local Match Budget (County/City Match) –**
A CHDP Program may request additional funding for SPHN(s) and PHN(s) staff working in support of children and youth in out-of-home placement or foster care through the use of the CHDP Foster Care Administrative Budget (County/City Match). Local county/city funds, specified on the budget category summary sheet, are matched with federal funds to augment local program activities. The three major line items of this optional budget are: Personnel Expenses, Operating Expenses, and Indirect Expenses. This budget is funded through county/city funds and Title XIX Federal Funds.

B. HCPCFC Administrative Budget

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

C. CCS Administrative Budget

CCS Administrative Budget – represents a county request for CCS program funding for administrative case management and administrative costs. The CCS Administrative Budget is comprised of five major line items: *Personnel Expenses*, *Operating Expenses*, *Capital Expenses*, *Indirect Expenses*, and *Other Expenses*. CCS Administrative Budgets are funded with a mix of County, State, Healthy Families and Medi-Cal/Targeted Low-Income Program Title XXI Federal Funds, and Medi-Cal Title XIX Federal Funds. Fund source amounts are distributed based on types of caseload served.

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 (FFP) 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 administrative case management, liaison activities with Medi-Cal managed care systems, and early childhood coordination.

Budget Tips

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.

- A. All budgets must be submitted on the current budget worksheet forms.

- B. **Double check** the math. The figures for both percentages and calculated amounts must add down and across.
- C. Annual salaries **must match** when the same personnel are listed on multiple budgets.
- D. Professional License renewals are to be budgeted within the "*Benefits*" line item.
- E. FTE on the duty statement must match FTE on the budget worksheet and incumbent listing.
- F. No staff total time can exceed 100 percent.
- G. No full-time FTE in a single program can be 100 percent enhanced.
- H. Line item amounts on the budget worksheets and budget justification narrative must match.
- I. A **County/City Capital Expenses Justification Form** must be submitted for items of equipment purchased with CMS Program funds that exceed \$5,000 per item (see page 12).
- J. Staff must be appropriately classified under enhanced and Non-Enhanced in accordance with FFP Guidelines (See Section 8).
- K. Staff listed on the budget worksheet must correspond with the incumbent listing and organizational chart.
- L. Enhanced clerical staff must be under direct supervision of an SPMP.
- M. A CHDP Director who is also the County Health Officer cannot be included on the CHDP budget.
- N. Any other operating expenses not defined in Section 6, page 6 through 9 and are not included in the *Indirect Expenses* line item with overhead costs may be listed as an *Operating Expenses* line item (e.g. liability & malpractice insurance, equipment/connectivity charges).
- O. The **Budget Worksheet** and **Budget Summary** must be signed by the department fiscal officer and by a county/city official with the authority to sign on behalf of the local jurisdiction;
 - 1. For the CHDP Program, the CHDP Director and or the CHDP Deputy Director has regulatory authority to sign program documents.
 - 2. An original signature is required. Signature stamps are not acceptable.

III. Definitions and Guidelines

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

A. Personnel Expenses – Includes county/city staff salaries, wages, and benefits.

1. 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.
2. 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.
3. 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.
4. Percentages or estimates for staff benefits may be budgeted based on actual dollar amounts. A change of more than 5 percent in staff benefits from the prior fiscal year must be explained in the budget justification narrative.
5. Professional license renewals are benefits handled in employee bargaining agreements and should be budgeted as part of the Benefits line item.

B. Operating Expenses – Includes, but not limited to, expenses such as travel, training, space rental, office supplies, and furniture.

1. 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".
2. Allowable in-state travel expenses are those necessary to administer CMS programs, provide administrative case management, attend State-required meetings, and participate in training workshops.
3. No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the State.
4. 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.

5. Travel costs incurred by county/city program staff are reimbursed at the county/city designated rate.

C. 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 Federal Funds.
 - c. Justification for attendance.
 - d. Total cost, and
 - e. Confirmation of attendance.

D. Space Rental

1. Direct costs for rental of space needed to conduct CMS programs may be budgeted as either an Operating Expenses cost or an Indirect Expenses cost.
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. (See K.1 regarding budget justification for space rental on page 3 and space rental on page 11.)

E. Office Supplies

1. Personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than \$5,000 per unit cost. (See G. 4 and 5 on page 8.)
2. Miscellaneous office supplies such as pens, pencils, paper, staplers, etc.

F. Furniture

1. Costs of small office furniture and small office machines which do not meet the definitions of Capital Expenses 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).

Any other operating expenses not noted above and not included in the Indirect Expenses line item with overhead costs may be listed as an expense line item (e.g. liability & malpractice insurance, equipment/connectivity charges).

G. Capital Expenses – Includes tangible property (equipment).

1. 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.
2. Automated Data Processing (ADP) hardware with a unit cost of \$5,000 or more.
3. A unit of equipment and ADP hardware shall be defined as all connecting parts, modifications, attachments, or auxiliary apparatus necessary to make it usable.
4. 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 Expenses line item. These items shall be budgeted as office supplies and detailed on a budget worksheet under Operating Expenses.
5. Considerations for Approval of Request for Computers in CHDP and CCS Budgets:
 - a. Does the number of computers correspond to program FTE?
 - b. Is the county on, or transitioning to, CMS Net?
 - c. When was the last request for computers?
 - d. What is the intended use of the equipment? (Is it appropriate for classification(s) and duties?)
6. 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. Written approval by CMS must accompany the county/city quarterly administrative invoice for this expenditure. **See County/City Capital Expenses Justification Form, page 12.**
7. 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).
8. 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 Lynelle Buckner or Cruz Naranjo at the State office for guidance before purchasing.**

9. All equipment requested for purchase with State funds shall be the property of the State and shall be subject to the provisions listed below:
 - a. State property shall be used only to conduct business related to programs funded by CMS.
 - b. 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.
 - c. The county/city is required to submit, upon request, an annual inventory of equipment purchased with State funds.
 - d. Specific instructions on managing, invoicing, and disposing equipment purchased with State funds are found in Section 7 – Expenditure Claims and Property Management.
10. Other expenses associated with relocation may be Capital Expenses. Consult your regional office for guidance.

H. Indirect Expenses – Includes all internal and external administrative overhead costs including county/city and departmental overhead costs.

1. External administrative overhead allocations must have an approved plan on file with the State Controller's Office (A-87 plan. Internal administrative overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87". (See IV on pages 33-38 and IV on pages 43-49.)
2. County/city CHDP Administrative Budget agencies must maintain internal records supporting indirect costs.
3. The county/city must maintain documentation of methods for claiming internal and external overhead. This information shall be readily available for review by CMS.
4. 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.

I. Other Expenses – Other expenses not defined above include:

1. Subcontractors/consultants shall be used only for activities directly related to CMS program(s). The use of subcontractors/consultants must be clearly described. Complete **the County/City Other Expenses Justification Form** (see page 13) 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.

2. Maintenance and transportation is a line item that was first included during FY 2000-01. Inclusion of this line item changed the reimbursement of the CCS Maintenance & Transportation benefits 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 01-0104. (See Section 7 of this manual for claiming instructions.)

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2013-2014

Sample Budget Justification Narrative

**Children's Medical Services
Gold County
Budget Narrative
Fiscal Year 2013-2014**

| I. PERSONNEL EXPENSES | | Identify and explain any changes in Personnel including FTE percentage changes. |
|----------------------------------|--------------------|--|
| Total Salaries: | \$1,528,586 | |
| Total Benefits: | \$489,148 | Changes in staff benefits and whether benefits are actual or estimated must be stated. A change of more than 5 percent in benefits from the prior fiscal year must be explained. |
| Total Personnel Expenses: | \$2,017,734 | |
| Supervising PHN (2) | | Supervising PHN. |
| Public Health Nurse | | An increase of .10 FTE for Program Administration and a decrease of .10 FTE for Administrative Case Management functions. Additional time is being allocated to program administration to oversee continued quality assurance and MTU implementation activities for the MTP and or continued development of family participation services for performance measurement. |
| 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 EXPENSES | | List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item. |
|----------------------------------|------------------|---|
| Travel | \$7,500 | Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Example: mileage reimbursement @\$505 per mile for CCS staff travel to regional and State meetings, conferences and trainings, and other program related travel. |
| Training | \$6,500 | Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This is a 25% decrease based on prior fiscal year expenditures. |
| 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. Includes printer supplies, on-going chart supplies; copy, print and reproduction costs. |
| Postage & Shipping | \$13,600 | Cost of postage for anticipated volume of mailing CMSNet correspondence and other miscellaneous mailing based on history. |
| 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 @ \$15 per square foot. |
| Telephone | \$21,434 | Increased by 17% from last year. To accommodate new position requests. |
| Computer upgrade/maintenance | \$5,700 | Increase 100%. Upgrade of CCS computers to Windows 2000. |
| Office Equipment | \$78,194 | Increase 100%. Modular furniture 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. |
| Total Operating Expenses: | \$293,064 | |

| III. CAPITAL EXPENSES | | List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form. |
|--------------------------------|---|---|
| Total Capital Expenses: | 0 | None |

| IV. INDIRECT EXPENSES | | |
|---------------------------------|------------------|---|
| A. Internal @ 15.79% | \$241,364 | According to Cost Allocation Plan on file. |
| B. External @ 1.20% | \$18,343 | County-Wide Cost Allocation Plan (COWCAP) allocates audited expenses by County Budget Unit. The rate for the Children's Medical Services Programs is 1.20% applied to total net salaries. |
| Total Indirect Expenses: | \$259,707 | |

| V. OTHER EXPENSES | | List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form. |
|--------------------------------|-----------------|--|
| Maintenance and Transportation | \$40,241 | Increase of 7%. Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. This is based on last year's expenditures. |
| Student Internship | \$12,480 | Increase 100%. Cost per student is \$3.00 per hour. Colleges place 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. |
| Total Other Expenses: | \$52,721 | |

| | |
|---------------------------|--------------------|
| Budget Grand Total | \$2,623,226 |
|---------------------------|--------------------|

County/City Capital Expenses Justification Form
Fiscal Year _____

| | |
|---------------------|--------------------------|
| County/City: | Contact Person: |
| Date: | Telephone Number: |

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|---|
| A. List all equipment and each item's price. |
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| B. How is the equipment going to benefit the CMS program(s)? |
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| C. Describe what functions will be performed on the equipment and why the current process can no longer be used. |
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|---|
| D. Specify if the new equipment must have enhanced capabilities and why. |
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NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

IV. CHDP Budget Information and Staffing Guidelines

A. Budget Information

1. Each CHDP local program is provided an annual allocation of Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) State funds based on the EPSDT State appropriation for the fiscal year. The allocation is comprised of a base allocation and a proportion applied to the remaining funds beyond those distributed through the base allocation.
2. The base allocation is the sum of the allocations in three "Program Activities" areas. One portion of the base allocation is related to size of target population (Informing/Linking). A second portion of the base allocation is related to the number of health screens (Care Coordination); and a third portion is related to the number of active CHDP provider numbers (Provider Orientation and Training). The CHDP local program falls within a range specific to one of seven groups in each program activity area.
3. Assigning a proportion of the remaining allocation to each local program extends the base allocation. The proportion of the remaining allocation is distributed according to the average proportion of the local program of the statewide totals. As a result, each CHDP local program receives a unique allocation of EPSDT State funds for their administrative activities. (See CHDP EPSDT Base Allocation Table, page 27.)
4. The EPSDT State funds allocation is matched through the federal Medicaid (Title XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California).
5. Each CHDP local program is also provided an annual allocation of State General or State-only funds based on the non Medi-Cal State appropriation for the Fiscal Year. The allocation is distributed according to the average proportion of the local program in the statewide totals. The State-only funds may not be matched with Federal Title XIX funds.
6. If a local program determines it is necessary to request additional funds for staff who perform administration program activities in support of the Medicaid (Medi-Cal) program, an optional **CHDP Administrative Local Match Budget (County/City Match)** may be submitted (see page 3).

B. Staffing Guidelines

1. The **CHDP Staffing Matrix Profile Guidelines and the Guidelines Summary and the CHDP Guidelines Worksheet for Full-time Equivalent Calculations** are provided to assist programs in the evaluation and preparation of their staffing patterns for the local administration of the CHDP Program. Program administrative activities are in three broad areas:
 - a. Program Activities which includes Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison;

- b. Program Management which includes Supervision and Administration and Information Technology; and
 - c. Program Support which includes Clerical Support.
2. With the EPSDT State allocation, the CHDP local program is expected to carry out the basic administrative activities of the program. The foundation of these activities with staffing guidelines is outlined below and is followed by a worksheet to assist with planning. The **CHDP Staffing Matrix Profile Guidelines** (see page 28) shows a range of total FTE by program area.

V. PROGRAM ACTIVITIES

A. Informing/Linking

- 1. Ancillary (ANC) Informing/Linking (*Basis of Formula*)
 - a. Designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills.
 - b. Total annual target population estimate for CHDP Program.
 - (1) Varies by county/city.
 - (2) Source of data is:
 - (a) Budget Year CHDP Target Population Estimate column entitled Total Children.
 - c. Location of source of data is:
 - (1) Plan and Fiscal Guidelines, Section 4.
 - d. Total number of children within a group to whom an ANC would address = 25 children per group.
 - e. Total hours that ANC spends addressing each group = 1 hour per group.
 - f. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

B. Health Professional (HP) Informing/Linking (Basis of Formula)

1. Designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.
2. Total annual target population estimate for CHDP Program.
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) Budget Year CHDP Target Population Estimate column entitled Total Children.
 - c. Location of source of data is:
 - (1) Plan and Fiscal Guidelines, Section 4.
 - d. Total number of children within a group to whom HP would address = 25 children per group.
 - e. Total hours that HP spends addressing each group = 0.5 hour or 30 minutes per group.
 - f. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

C. Public Health Nurse Informing/Linking

To be determined by each county/city's needs as calculated in the "Health Professional" category.

VI. CARE COORDINATION

A. Public Health Nurse (PHN) Care Coordination (Basis of Formula)

1. Designated staff = public health nurse.
2. Total annual number of screens or health assessments performed.
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2003 – 06-30-2004, CHDP Data Reporting System, Business Objects.

3. Total number of screens through Medi-Cal Managed Care Plans (M-C MCP).
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2003 – 06-30-2004), CHDP Data Reporting System, Business Objects.
4. Count the number of health assessments completed by M-C MCP in your county/city.
5. Percentage of screens that require follow-up or acuity rate.
6. Acuity Rate = use 16.5 percent; includes 1.5 percent for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others.
7. Total hours that PHN spends performing care coordination activities per counted health assessment = 1 hour.
8. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

Note: As shown on page 19, for counties/cities with M-C MCP, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. **If you need help in calculating this proportion or no data are available, contact Lynelle Buckner or Cruz Naranjo.**

B. Health Professional (HP) Care Coordination (*Basis of Formula*)

1. Designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.
2. Total annual number of screens or health assessments performed.
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2003 – 06-30-2004, CHDP Data Reporting System, Business Objects.

3. Total number of screens through Medi-Cal Managed Care Plans (M-C MCP).
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims and Amount Paid by County and Funding Source" (prompted report for Fiscal Year 07-01-2003 – 06-30-2004), CHDP Data Reporting System, Business Objects.
4. Count the number of health assessments completed by M-C MCP in your county/city.
5. Percentage of screens that require follow-up or acuity rate.
 - a. Acuity rate = use 16.5 percent ; includes 1.5 percent for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others.
6. Total hours that HP spends performing care coordination activities per counted health assessment = 0.25 hour or 15 minutes per screen.
7. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

C. Ancillary (ANC) Care Coordination (Basis of Formula)

1. Designated staff = non skilled professional medical personnel (non SPMP) paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills.
2. Total annual number of screens or health assessments performed.
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) CHDP Annual Summary of Screens by Funding Source for Fiscal Year 07-01-2003 – 06-30-2004, CHDP Data Reporting System, Business Objects.
3. Total number of screens through Medi-Cal Managed Care Plans (M-C MCP).
 - a. Varies by county/city.
 - (1) Source of data is: Medi-Cal Managed Care Plan Provider Numbers and reported Health Assessments found in "CHDP Provider Claims

and Amount Paid by County and Funding Source” (prompted report for Fiscal Year 07-01-2003 – 06-30-2004), CHDP Data Reporting System, Business Objects.

4. Count the number of health assessments completed by M-C MCP in your county/city.
5. Percentage of screens that require follow-up or acuity rate.
 - a. acuity rate = use 16.5 percent; includes 1.5 percent for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others.
6. Total hours that ANC spends performing care coordination = 45 minutes per screen or 0.75 hour per screen.
7. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

Note: As shown on **page 17**, for counties/cities with M-C MCP, reduce the total annual number of screens by the number of screens provided through Medi-Cal plans. **If you need help in calculating this proportion or no data are available, contact Lynelle Buckner or Cruz Naranjo.**

VII. PROVIDER ORIENTATION AND TRAINING

- A. Public Health Nurse (PHN) Provider Orientation and Training (*Basis of Formula*)
 1. Designated staff = public health nurse.
 2. Total CHDP provider numbers, hereafter referred to as enrolled providers.
 - a. Varies by county/city.
 - b. Source of data is: “Active CHDP Providers by County/City and Provider Name”, CHDP Data Reporting System, Business Objects.
 3. Total annual hours that PHN spends with each enrolled provider = 18 hours per year.
 4. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.
- B. Health Professional (HP) Provider Orientation and Training (*Basis of Formula*)
 1. Designated staff = e.g., nutritionists, dental staff, physicians, public health nurses, and health educators who meet skilled professional medical

personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.

2. Total number of providers, hereafter referred to as enrolled providers.
 - a. Varies by county/city.
 - b. Source of data is:
 - (1) "Active CHDP Providers by County/City and Provider Name", CHDP Data Reporting System, Business Objects.
3. Total annual hours that HP spends with each enrolled provider = 9 hours per year.
4. Total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week x 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week.

C. Ancillary (ANC) Provider Orientation and Training (Basis of Formula)

1. Total FTE of PHN for Provider Orientation and Training.
2. Total FTE of HP for Provider Orientation and Training.
3. Established ratio:
 - a. 1:5
 - b. One (1) ANC to every five (5) FTE of PHN and HP

D. Liaison (Basis of Formula)

1. Designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.
2. County/city has an established Medi-Cal Managed Care program (M-C MCP).
 - a. County/City has a two-plan or geographic managed care model of M-C MCP.
 - b. County/City has an established county-organized health system (COHS)
3. Coordination with other county/city public health department (PHD) programs such as the following:
 - a. California Children's Services (CCS).

- b. Immunization (IZ).
 - c. Childhood Lead Poisoning Prevention Program (CLPPP).
 - d. Maternal and Child Health (MCH).
 - e. Women's, Infants, and Children (WIC).
4. Coordination with other community and school programs.
 5. Counties/cities are entitled to a range (0.01 to 0.5) of HP FTE for liaison for established M-C MCP, COHS, and coordination efforts with other county/city PHD programs and with other community and school programs.

VIII. PROGRAM MANAGEMENT

A. Supervision (SUPV) (Basis of Formula)

1. Total FTE of PHN for Care Coordination and Provider Orientation and Training.
2. Total FTE of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison.
3. Total FTE of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
4. Established ratio:
 - a. 1:10
 - b. One (1) SUPV FTE to every ten (10) FTE of PHN, HP, and ANC

B. Administration and Information Technology (AIT) (Basis of Formula)

1. Total FTE of PHN for Care Coordination and Provider Orientation and Training.
2. Total FTE of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison.
3. Total FTE of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training.
4. Percentage of AIT staff oversight, guidance, direction, and technical support of all other staff excluding SUPV = 10 percent.
5. Budget sufficient Information Technology (IT) support not only for software and hardware maintenance but also for development of reports, LAN administration, technical support, desktop assistance, statistical extrapolation, etc.

IX. PROGRAM SUPPORT

A. Clerical Support (CS) (Basis of Formula)

1. Total FTE of PHN for Care Coordination and Provider Orientation and Training.
2. Total FTE of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison.
3. Total FTE of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training.
4. Total FTE of Supervision (SUPV).
5. Total FTE of Administration and Information Technology (AIT).
6. Established ratio:
 - a. 1:6
 - b. One (1) Clerical Support (CS) FTE to every six (6) FTE of PHN, HP, ANC, SUPV, and AIT
7. Defined as clerical support to CHDP program activity and management personnel.
8. Duties include tracking providers, maintaining and updating files, scheduling appointments, finalizing correspondence for release, etc.

**CHDP Guidelines Staffing Factors
Fiscal Year 2013-2014
Worksheet for Full-Time Equivalent (FTE) Calculations**

Based on the experience of CHDP local program staff in their preparation of the *CHDP Staffing Matrix*, this worksheet is redesigned for use as a framework in staffing CHDP local programs. The formulas for "Provider Orientation and Training," and "Liaison" have been adjusted. With these formulas and the use of the allocation, the FTE should be attainable within the range shown in the **CHDP Staffing Matrix Profile Guidelines** that follow the worksheet.

As an electronic document, the areas for numerical entries are highlighted by marching red ants. As a paper document, the areas for numerical entries are not highlighted and left blank. Whether this worksheet is used as an electronic or paper document, the individual completing the worksheet is still required to compute the full-time equivalent calculations by hand.

PROGRAM ACTIVITIES

INFORMING/LINKING

Ancillary (ANC)

| | | |
|---|---|---------------------|
| | | children |
| ÷ Total children within a group to whom ANC would address | | ÷ 25 children/group |
| = Number of groups that ANC addresses each year | = | groups |
| × Total hours that ANC spends addressing each group | | × 1 hr/group |
| = Total annual hours spent on addressing groups | = | hours |
| ÷ Total annual work hours per FTE | | ÷ 2,080 hrs/FTE |
| = Annual FTE of ANC | = | FTE of ANC |

Health Professional (HP)

| | | |
|--|---|---------------------|
| | | children |
| ÷ Total children within a group to whom HP would address | | ÷ 25 children/group |
| = Number of groups that HP addresses each year | = | groups |
| × Total hours that HP spends addressing each group | | × 0.5 hr/group |
| = Total annual hours spent on addressing groups | = | hours |
| ÷ Total annual work hours per FTE | | ÷ 2,080 hrs/FTE |
| = Annual FTE of HP | = | FTE of HP |

Public Health Nurse (PHN)

To be determined by each county/city's needs as calculated in the "Health Professional" category.

CARE COORDINATION

Public Health Nurse (PHN)

| | |
|---|------------------------------|
| Total annual number of screens performed | screens |
| <u>- Total screens reported through Medi-Cal Managed Care Plans (M-C MCP)</u> | <u>- screens via M-C MCP</u> |
| = Net total of annual screens performed | = screens |
| <u>× Percentage 16.5% of screens that require follow-up</u> | <u>× 16.5%</u> |
| = Total of screens requiring follow-up | = screens |
| <u>× Total hours PHN spends performing care coordination</u> | <u>× 1 hr/screen</u> |
| = Total annual hours spent on care coordination | = hours |
| <u>÷ Total annual work hours per FTE</u> | <u>÷ 2080 hrs/FTE</u> |
| = Annual FTE of PHN | = FTE of PHN |

Health Professional (HP)

| | |
|---|------------------------------|
| Total annual number of screens performed | screens |
| <u>- Total screens reported through M-C MCP</u> | <u>- screens via M-C MCP</u> |
| = Net total of annual screens performed | = screens |
| <u>× Percentage 16.5% of screens that require follow-up</u> | <u>× 16.5%</u> |
| = Total of screens requiring follow-up | = screens |
| <u>× Total hours HP spends performing care coordination</u> | <u>× 0.25 hr/screen</u> |
| = Total annual hours spent on care coordination | = hours |
| <u>÷ Total annual work hours per FTE</u> | <u>÷ 2080 hrs/FTE</u> |
| = Annual FTE of HP | = FTE of HP |

Ancillary (ANC)

| | |
|--|------------------------------|
| Total annual number of screens performed | screens |
| <u>- Total screens reported through M-C MCP</u> | <u>- screens via M-C MCP</u> |
| = Net total of annual screens performed | = screens |
| <u>× Percentage 16.5% of screens that require follow-up</u> | <u>× 16.5%</u> |
| = Total of screens requiring follow-up | = screens |
| <u>× Total hours ANC spends performing care coordination</u> | <u>× 0.75 creen</u> |
| = Total annual hours spent on care coordination | = hours |
| <u>÷ Total annual work hours per FTE</u> | <u>÷ 2080 hrs/FTE</u> |
| = Annual FTE of ANC | = FTE of ANC |

PROVIDER ORIENTATION AND TRAINING

Public Health Nurse (PHN)

| | | |
|--|---|-----------------|
| Total number of enrolled providers | = | Providers |
| × Total annual time PHN spends with each enrolled provider | | × 18 hrs/yr |
| = Total annual work hours | = | hrs/yr |
| ÷ Total annual work hours per FTE | | ÷ 2,080 hrs/FTE |
| = Annual FTE of PHN | = | FTE of PHN |

Health Professional (HP)

| | | |
|---|---|-----------------|
| Total number of enrolled providers | = | Providers |
| × Total annual time HP spends with each enrolled provider | | × 9 hrs/yr |
| = Total annual work hours | = | hrs/yr |
| ÷ Total annual work hours per FTE | | ÷ 2,080 hrs/FTE |
| = Annual FTE of HP | = | FTE of HP |

Ancillary (ANC)

| | | |
|--|---|---------------------|
| Total FTE of PHN | | FTE of PHNs |
| + Total FTE of HP | + | FTE of HPs |
| = Total FTE of PHN and HP | = | FTE of PHNs and HPs |
| ÷ Established ratio of ANC to PHN and HP | | ÷ 5 |
| = Annual FTE of ANC | = | FTE of ANC |

Liaison

The Health Professional (HP) full-time equivalents (FTE) for the program activity entitled Liaison (L) is determined by the target population for each county/city. Please locate the target population range in which your local program's target population falls. The target population range indicates a predetermined FTE of HP-L.

| <u>FTE</u> | <u>Target Population Range</u> |
|------------|--------------------------------|
| 0.50 | 180,000 to 1,500,000 |
| 0.25 | 100,000 to 179,999 |
| 0.15 | 30,000 to 99,999 |
| 0.10 | 8,000 to 29,999 |
| 0.05 | 3,000 to 7,999 |
| 0.01 | under 3,000 |

Minimum Liaison FTE = FTE of HP

PROGRAM MANAGEMENT

Supervision (SUPV)

| | | |
|---|--|---------------------------|
| Total FTE of PHN | | FTE of PHN |
| + Total FTE of HP | | + FTE of HP |
| + Total FTE of ANC | | + FTE of ANC |
| <hr/> | | |
| = Total FTE of PHN, HP, and ANC | | = FTE of PHN, HP, and ANC |
| ÷ Established ratio of SUPV to PHN, HP, and ANC | | ÷ 10 |
| <hr/> | | |
| = Annual FTE of SUPV | | = FTE of SUPV |

Administration and Information Technology (AIT)

| | | |
|--|--|---------------------------|
| Total FTE of PHN | | FTE of PHN |
| + Total FTE of HP | | + FTE of HP |
| + Total FTE of ANC | | + FTE of ANC |
| <hr/> | | |
| = Total FTE of PHN, HP, and ANC | | = FTE of PHN, HP, and ANC |
| x Percentage of AIT for oversight, guidance, direction, and technical support of all other staff, excluding SUPV | | × 10% |
| <hr/> | | |
| = Annual FTE of AIT | | = FTE of AIT |

PROGRAM SUPPORT

Clerical Support (CS)

| | | |
|--|--|---------------|
| Total FTE of PHN | | FTE of PHN |
| + Total FTE of HP | | + FTE of HP |
| + Total FTE of ANC | | + FTE of ANC |
| + Total FTE of SUPV | | + FTE of SUPV |
| + Total FTE of AIT | | + FTE of AIT |
| <hr/> | | |
| = Total FTE of PHN, HP, ANC, SUPV and AIT | | = FTE |
| ÷ Established ratio of CS to PHN, HP, ANC, SUPV, and AIT | | ÷ 6 |
| <hr/> | | |
| = Annual FTE of CS | | = FTE of CS |

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2013-2014

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services

**CHDP EPSDT
FISCAL YEAR 2009 - 2010
BASE ALLOCATION TABLE**

| Group | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|-----------|----------------|-----------------|-----------------|-----------------|-------------------|-----------|
| Target Population | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Base Allocation | \$10,000 | \$30,000 | \$45,000 | \$60,000 | \$105,000 | \$150,000 | \$300,000 |
| Screens | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Base Allocation | \$10,000 | \$30,000 | \$45,000 | \$60,000 | \$105,000 | \$150,000 | \$300,000 |
| Providers | 6-Jan | 15-Jul | 16 - 40 | 41 - 80 | 81 - 140 | 141 - 220 | > 220 |
| Base Allocation | \$10,000 | \$30,000 | \$45,000 | \$60,000 | \$105,000 | \$150,000 | \$300,000 |

The Total EPSDT State Allocation is the sum of the base allocation for each area of program activity plus a portion of the unallocated base funds. The unallocated base funds are distributed by the CHDP Local Program's statewide proportion in each of the Program Activity Areas.

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2013-2014

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services

CHDP Staffing Matrix Profile Guidelines

| | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 | Group 6 | Group 7 |
|--|--------------------|-------------------|------------------|-------------------|--------------------|--------------------|----------------|
| Target Population (Informing and Linking) | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Screens (Care Coordination) | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Active Providers (Provider Orientation and Training) | 1 - 6 | 7 - 15 | 16 - 40 | 41 - 80 | 81 - 140 | 141 - 220 | > 220 |
| FTE Program Activities* | | | | | | | |
| Informing and Linking | 0.01 - 0.14 | 0.14 - 0.43 | 0.43 - 0.89 | 0.87 - 1.4 | 1.44 - 2.9 | 2.9 - 10.1 | |
| Care Coordination | 0.01 - 0.8 | 0.8 - 2.4 | 2.4 - 4.8 | 4.8 - 8.0 | 8.0 - 15.9 | 15.9 - 47.6 | |
| Provider Orientation and Training | 0.03 - 0.09 | 0.1 - 0.2 | 0.2 - 0.6 | 0.6 - 1.2 | 1.2 - 2.2 | 2.2 - 3.4 | |
| Liaison | 0.01 - 0.05 | 0.05 - 0.1 | 0.1 | 0.15 | 0.15 | 0.25 - 0.50 | 0.5 |
| Subtotal | 0.06 – 1.08 | 0.4 - 3.1 | 3.1 - 6.4 | 6.4 - 10.8 | 10.8 - 21.2 | 21.3 - 61.6 | |
| FTE Program Management* | | | | | | | |
| Supervision | 0.01 - 0.04 | 0.04 - 0.3 | 0.3 - 0.6 | 0.6 - 1.1 | 1.1 - 2.1 | 2.1 - 6.2 | |
| Administration and Information Technology Support | 0.01 - 0.04 | 0.04 - 0.3 | 0.3 - 0.6 | 0.6 - 1.1 | 1.1 - 2.1 | 2.1 - 6.2 | |
| Subtotal | 0.02 - 0.08 | 0.08 - 0.6 | 0.6 - 1.2 | 1.2 - 2.2 | 2.2 - 4.2 | 4.2 - 12.4 | |
| FTE Program Support | | | | | | | |
| Clerical | 0.01 - 0.08 | 0.08 - 0.6 | 0.6 - 1.3 | 1.5 - 2.2 | 2.2 - 4.2 | 4.2 - 12.3 | |
| Total FTE | 0.1 - 0.6 | 0.6 - 4.4 | 4.3 - 8.9 | 9.1 - 15.2 | 14.8 - 29.6 | 29.7 - 86.3 | |

*Additional Liaison activities are incorporated into these functions.

**Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educators, nutritionists, physicians, and public health nurses (PHN) who meet skilled professional medical personnel qualifications.

Summary CHDP Staffing Profile

| | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 | Group 6 | Group 7 |
|--|------------------|------------------|------------------|-------------------|--------------------|--------------------|-----------|
| Target Population (Informing and Linking) | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Screens (Care Coordination) | 1 - 4,999 | 5,000 - 14,999 | 15,000 - 29,999 | 30,000 - 49,999 | 50,000 - 99,999 | 100,000 - 350,000 | > 350,000 |
| Active Providers (Provider Orientation and Training) | 1 - 6 | 7 - 15 | 16 - 40 | 41 - 80 | 81 - 140 | 141 - 220 | > 220 |
| FTE Program Activities* | | | | | | | |
| Informing and Linking, Care Coordination, Provider Orientation and Training and Liaison** | 0.06 - 0.4 | 0.4 - 3.1 | 3.1 - 6.4 | 6.4 - 10.8 | 10.8 - 21.2 | 21.3 - 61.6 | |
| FTE Program Management* | | | | | | | |
| Supervision (1:10) and Administration and Information Technology Support (1:10) | 0.02 - 0.08 | 0.08 - 0.6 | 0.6 - 1.2 | 1.2 - 2.2 | 2.2 - 4.2 | 4.2 - 12.4 | |
| FTE Program Support | | | | | | | |
| Clerical | 0.01 - 0.08 | 0.08 - 0.6 | 0.6 - 1.3 | 1.5 - 2.2 | 2.2 - 4.2 | 4.2 - 12.3 | |
| Total FTE | 0.1 - 0.6 | 0.6 - 4.4 | 4.3 - 8.9 | 9.1 - 15.2 | 14.8 - 29.6 | 29.7 - 86.3 | |

* Additional Liaison activities are incorporated into these functions.

** Staffing for Program Activities include Ancillary non skilled professional medical personnel (non SPMP) paraprofessionals and Health Professionals (SPMP) including but not limited to dental staff, health educators, nutritionists, physicians, and public health nurses (PHNs) who meet skilled professional medical personnel qualifications.

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

The **CHDP Administrative Budget Worksheet for FY 2013-2014 (No County/City Match)** shows percentages and dollar amounts in both the State-funded CHDP budget and the Medi-Cal funded CHDP budget. These dollar amounts are not to exceed the amounts allocated annually by CMS.

Complete the **No County/City Match Budget Worksheet**. See sample on page 35.

I. Personnel Expenses

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.

Formula: Time base multiplied by twelve (12) months.

Example: Employee works one day per week (1/5 time) $1/5 = 0.2$ or 20 percent

1B. Annual Salary: Enter into Column 1B the annual salary for the full-time position listed.

1. Total Budget

- Multiply each entry in Column 1A by the corresponding entry in Column 1B.
- Enter the amount into Column 1 (Total Budget). The amount in Column 1 is also the sum of Column 2 (Total CHDP Budget) and Column 3 (Total Medi-Cal Budget) combined.

2A. CHDP Percentage or FTE - Total CHDP Budget

- The percentages of Columns 2A and 3A (Total Medi-Cal %) must total 100 percent. 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 Column 1 and enter this amount into Column 2 (Total CHDP Budget).

3A. Total Medi-Cal Percentage - Total Medi-Cal Budget

- Subtract the FTE percentage in Column 2A from 100 percent and enter the remaining percentage into Column 3A. Percentage of time in the Medi-Cal budget shall be spent on program activities directed to Medi-Cal children and youth for each position listed.

- Multiply the FTE in Column 3A by the amount in Column 1 and enter this sum into Column 3 (Total Medi-Cal Budget).
- The sum of Column 2 and Column 3 combined is equal to Column 1 (Total Budget).

4A. Percentage or FTE - Enhanced State/Federal (25/75)

- The combined sum of Column 4A and Column 5A must equal 100 percent in order to accurately show percentages of enhanced and Non-Enhanced Medi-Cal-funded activities.
- For each cost in the *Personnel Expenses* section, enter into Column 4A the percentage of the FTE in Column 3A for program activities eligible for enhanced Medi-Cal funding. See FFP Information in Section 9 for qualifying position descriptions.
- Multiply the amount in Column 3 by the FTE entered in Column 4A for each position, and
- Enter this amount into Column 4 (Enhanced State/Federal (25/75)).

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the No County/City Match and the County/City Match Budgets, the proportions of enhanced and Non-Enhanced time for personnel claimed in the two budgets must be the same.

5A. Percentage or FTE – Non-Enhanced State/Federal (50/50)

- For each cost in the *Personnel Expenses* section, enter into Column 5A the percentage of the FTE in Column 3A for program activities eligible for Non-Enhanced Medi-Cal funding for each position. See FFP Information in Section 8.
- Multiply the amount in Column 3 by the FTE entered in Column 5A for each position, and

Enter this amount into Column 5 (Non-Enhanced State/Federal [50/50]). The sum of Column 4A and Column 5A combined equals 100 percent.

Total Salaries and Wages

- Add the amounts itemized in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the Total Salaries and Wages line item.

Less Salary Savings

- Complete the Less Salary Savings line item only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the amount of Total Salaries and Wages in each column, and
- Enter the negative amount on the Less Salary Savings line for each column.

Net Salaries and Wages

- Subtract the Less Salary Savings" amount from the Total Salaries and Wages amount in Columns 1, 2, 3, 4, and 5 and
- Enter the balance of each column on the Net Salaries and Wages line.

Staff Benefits

The *Staff Benefits* line item shall include the county/city share of expenses for (a) employee benefits, e.g., employee group insurance (health, dental, life, accident, and unemployment insurance) and (b) workers' compensation insurance.

- Multiply the approved county/city staff benefits percentage by the Net Salaries and Wages for Columns 1, 2, 3, 4, and 5, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.
- If a percentage is used, the county/city must enter this percentage next to the words Staff Benefits on the form.

Total Personnel Expenses

- Add the Staff Benefits amount to the Net Salaries and Wages amount in Columns 1, 2, 3, 4, and 5, and
- Enter the total for each column on the Total Personnel Expenses line item.

II. Operating Expenses

Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under *Travel*.

- Enter the amounts budgeted for each item in the "Total CHDP Budget" in Column 2, "Enhanced State/Federal (25/75)" in Column 4, and "Non-Enhanced State/Federal (50/50)" in Column 5.
- Add Column 4 and Column 5 for each line and enter in the sum Column 3.
- Add Column 3 and Column 2 for each line and enter in the sum Column 1.

Additional Operating Expenses

- List all other line items separately, e.g., rent, supplies.
- Enter the amounts budgeted for each line item of additional operating expenses in "Total CHDP Budget" in Column 2 and "Non-Enhanced State/Federal (50/50)" in Column 5.
- Enter each amount in Column 5 and in Column 3.
- Add Column 2 and Column 3 and enter the sum in Column 1 for each line.

NOTE: The only "*Operating Expenses*" line items that are eligible for enhanced costs are travel and training.

Total Operating Expenses

- Add the *Operating Expenses* amounts itemized in Columns 1, 2, 3, 4, and 5 and
- Enter the total for each column on the *Total Operating Expenses* line item.

III. Capital Expenses – Includes all equipment and Automated Data Processing (ADP) hardware.

- Enter the approved "Total CHDP Budget" amount in Column 2 for each item.
- Enter the approved "Total Medi-Cal Budget" amounts in Column 5 and Column 3 for each item.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Total Capital Expenses

- Add the *Capital Expenses* amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the *Total Capital Expenses* line item.

IV. Indirect Expenses (See H, page 9.)

External – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan).

Internal – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87."

The amount of *External Indirect Expenses* and *Internal Indirect Expenses* will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for

each type of Indirect Expense) by the budgeted amounts for *Total Salaries, Wages and Benefits*, depending upon the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTE or from the budgeted amounts as described above.

- Enter calculated amounts for all *External Indirect Expenses* and *Internal Indirect Expenses* on the appropriate lines in Columns 2 and 5.
- For each line, enter the amounts from Column 5 in Column 3.
- Add the amounts for each line in Columns 2 and 3, and enter the sum in Column 1.

Total Indirect Expenses

- All *Indirect Expenses* are Non-Enhanced.
- Add all *Indirect Expenses* amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the totals for each column on the *Total Indirect Expenses* line item.

V. Other Expenses – Includes any expenses not directly attributable to one of the above “Operating Expenses” line items.

List each *Other Expenses* item individually under this section.

- Enter the budgeted amount in “Total CHDP Budget” in Column 2 and “Non-Enhanced State/Federal (50/50)” in Column 5 for each line.
- Enter the amount from Column 5 in Column 3 for each line.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Total Other Expenses

- Add all “*Other Expenses*” amounts itemized in Columns 1, 2, 3, and 5, and
- Enter the total for each column on the *Total Other Expenses* line item.

Budget Grand Total

- Add the *Total Personnel Expenses, Total Operating Expenses, Total Capital Expenses, Total Indirect Expenses, and Total Other Expenses* lines for Columns 1, 2, 3, 4, and 5, and
- Enter the grand total of each column on the *Budget Grand Total* line item.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services Branch

CHDP Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year _____

County/City Name:

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 | 4A | 4 | 5A | 5 |
|-------------------------------------|----------|---------------|---------------------------------|---------------|-------------------|------------------|-------------------------------|----------|--------------------------------|----------|-----------------------------------|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | CHDP % or FTE | Total CHDP Budget | Total Medi-Cal % | Total Medi-Cal Budget (4 + 5) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| Personnel Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| Total Salaries and Wages | | | | | | | | | | | |
| Less Salary Savings | | | | | | | | | | | |
| Net Salaries and Wages | | | | | | | | | | | |
| Staff Benefits (Specify %) 0.00% | | | | | | | | | | | |
| I. Total Personnel Expenses | | | | | | | | | | | |
| II. Operating Expenses | | | | | | | | | | | |
| 1. Travel | | | | | | | | | | | |
| 2. Training | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| II. Total Operating Expenses | | | | | | | | | | | |
| III. Capital Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1. Internal (Specify %) 0.00% | | | | | | | | | | | |
| 2. External (Specify %) 0.00% | | | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | | | | | |
| V. Other Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | | | | | | | | | |

Prepared By (Signature) _____ Date Prepared _____ Phone Number _____ Email Address _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____ Email Address _____

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services Branch

SAMPLE
CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2013-2014

County/City Name: GOLDEN USA

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 | 4A | 4 | 5A | 5 |
|-------------------------------------|----------|---------------|---------------------------------|---------------|-------------------|------------------|-------------------------------|----------|--------------------------------|----------|-----------------------------------|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | CHDP % or FTE | Total CHDP Budget | Total Medi-Cal % | Total Medi-Cal Budget (4 + 5) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| Personnel Expenses | | | | | | | | | | | |
| 1. Deputy Director – James | 50% | \$61,000 | \$30,500.00 | 20% | \$6,100 | 80% | 24,400 | 60% | 14,640 | 40% | \$9,760 |
| 2. Public Health Nurse – Wade | 80% | \$55,423 | \$44,338.00 | 30% | \$13,301 | 70% | 31,037 | 75% | 23,278 | 25% | \$7,759 |
| 3. PH Education Assistant – Smith | 75% | \$40,000 | \$30,000.00 | 30% | \$9,000 | 70% | 21,000 | | | 100% | \$21,000 |
| 4. Account Technician – Roe | 15% | \$25,650 | \$3,848.00 | 15% | \$577 | 85% | 3,271 | | | 100% | \$3,271 |
| 5. | | | | | | | | | | | |
| Total Salaries and Wages | | | \$108,686 | | \$28,978 | | \$79,708 | | \$37,918 | | \$41,790 |
| Less Salary Savings | | | | | | | | | | | |
| Net Salaries and Wages | | | \$108,686 | | \$28,978 | | \$79,708 | | \$37,918 | | \$41,790 |
| Staff Benefits (Specify %) 25.00% | | | \$27,172 | | \$7,245.00 | | 19,927 | | \$11,580 | | \$8,347 |
| I. Total Personnel Expenses | | | \$135,858 | | \$36,223 | | \$99,635 | | \$49,498 | | \$50,137 |
| II. Operating Expenses | | | | | | | | | | | |
| 1. Travel | | | \$1,500 | | \$900 | | \$600 | | \$300 | | \$300 |
| 2. Training | | | \$3,500 | | \$1,601 | | \$1,899 | | \$1,000 | | \$899 |
| 3. Office Expense | | | \$4,427 | | \$3,500 | | \$927 | | | | \$927 |
| 4. Communication | | | \$1,000 | | \$500 | | \$800 | | | | \$500 |
| 5. | | | | | | | | | | | |
| II. Total Operating Expenses | | | \$10,427 | | \$6,501 | | \$4,226 | | \$1,300 | | \$2,626 |
| III. Capital Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1. Internal (Specify %) 0.07% | | | \$951 | | \$254 | | \$697 | | | | \$697 |
| 2. External (Specify %) 0.09% | | | \$13,586 | | \$3,622 | | \$9,964 | | | | \$9,964 |
| IV. Total Indirect Expenses | | | \$14,537 | | \$3,876 | | \$10,661 | | | | \$10,661 |
| V. Other Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | \$160,822 | | \$46,600 | | \$114,522 | | \$50,798 | | \$63,424 |

| | | | |
|--|---------------|--------------|--|
| John Smith | 5/1/13 | 916-555-1212 | John.Smith@golden.ca.us |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| Jane Doe | 5/8/13 | 916-555-1212 | Jane.Doe@golden.ca.us |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

CHDP No County/City Match Administrative Budget Summary

I. Budget Summary Instructions

- A. Transfer the dollar amount from each total line item in each column of the CHDP **No County/City Match Budget to the CHDP Administrative Budget Summary Form** (see sample, page 40).
- B. Compute the amounts in the Source of Funds section of the budget as described below.

III. Source of Funds (No County/City Match)

A. State General Funds

1. Total CHDP Budget

Enter the *Budget Grand Total* amount from Column 2 (Total CHDP Budget), into the *Source of Funds* section under the Total CHDP Budget column on the *State General Funds* line. The total CHDP funds may not exceed the funds allocated by CMS.

B. Medi-Cal Funds

1. Enhanced State/Federal (25/75)

- a. Multiply the enhanced *Budget Grand Total*, amount under Column 4 by 25 percent and enter the sum into the "Source of Funds" section under the "Enhanced State/Federal (25/75)" column on the "State" line.
- b. Multiply the enhanced Budget Grand Total amount by 75 percent and enter the sum into the Source of Funds section under the "Enhanced State/Federal (25/75)" column, on the Federal (Title XIX) line.

2. Non-Enhanced State/Federal (50/50)

- a. Multiply the Non-Enhanced Budget Grand Total amount under Column 5 by 50 percent and enter the sum in the "Source of Funds" section under the "Non-Enhanced State/Federal (50/50)" column on the State line.
- b. Multiply the Non-Enhanced Budget Grand Total, amount under Column 5 by 50 percent and enter the sum into the Source of Funds section under the Non-Enhanced State/Federal 50/50" column, on the Federal (Title XIX) line.

3. Total Medi-Cal Funds

- a. Add Columns 4 and 5 and enter the sum in Column 3 (Total Medi-Cal Budget) in the Source of Funds section.

- b. The total Medi-Cal State Funds for the CHDP No County/City Match Budget may not exceed the State General Funds allocated annually for the fiscal year via the CHDP Program Letter issued by CMS.

4. Total Funds

- a. Enter the State General Funds amount from Column 2 (Total CHDP Budget) into Column 1 (Total Funds).
- b. For both State and Federal (Title XIX), enter the amounts from Column 3 (Total Medi-Cal Budget) into Column 1 (Total Funds).

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

**CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2013-2014**

County/City Name: _____

| Column | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|-------------------------|----------------------|-------------------------------------|--------------------------------------|---|
| Category/Line Item | Total Budget (2 + 3) | Total CHDP Budget | Total Medi-Cal Budget (4 + 5) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | | | | | |
| II. Total Operating Expenses | | | | | |
| III. Total Capital Expenses | | | | | |
| IV. Total Indirect Expenses | | | | | |
| V. Total Other Expenses | | | | | |
| Budget Grand Total | | | | | |

| Column | 1 | 2 | 3 | 4 | 5 |
|----------------------------------|-------------|----------------------|--------------------------|---------------------------|------------------------------|
| Source of Funds | Total Funds | Total CHDP Budget | Total Medi-Cal Budget | Enhanced State/Federal | Nonenhanced State/Federal |
| State General Funds | | | | | |
| Medi-Cal Funds: | | | | | |
| State Funds | | | | | |
| Federal Funds (Title XIX) | | | | | |

Prepared By (Signature) _____ Date Prepared _____ Phone Number _____ Email Address _____

CHDP Director or Deputy
Director (Signature) _____ Date _____ Phone Number _____ Email Address _____

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2013-2014**

County/City Name: GOLDEN

| Column | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|-------------------------|----------------------|-------------------------------------|--------------------------------------|---|
| Category/Line Item | Total Budget (2 + 3) | Total CHDP Budget | Total Medi-Cal Budget (4 + 5) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$135,858 | \$36,223 | \$99,635 | \$49,498 | \$50,137 |
| II. Total Operating Expenses | \$10,427 | \$6,501 | \$3,926 | \$1,300 | \$2,626 |
| III. Total Capital Expenses | \$0 | \$0 | \$0 | | \$0 |
| IV. Total Indirect Expenses | \$14,537 | \$3,876 | \$10,661 | | \$10,661 |
| V. Total Other Expenses | \$0 | \$0 | \$0 | | \$0 |
| Budget Grand Total | \$160,822 | \$46,600 | \$114,222 | \$50,798 | \$63,424 |

| Column | 1 | 2 | 3 | 4 | 5 |
|----------------------------------|-------------|----------------------|--------------------------|---------------------------|------------------------------|
| Source of Funds | Total Funds | Total CHDP Budget | Total Medi-Cal Budget | Enhanced State/Federal | Nonenhanced State/Federal |
| State General Funds | \$46,600 | \$46,600 | | | |
| Medi-Cal Funds: | \$114,222 | | \$114,222 | | |
| State Funds | \$44,412 | | \$44,412 | \$12,700 | \$31,712 |
| Federal Funds (Title XIX) | \$69,810 | | \$69,810 | \$38,098 | \$31,712 |

| | | | |
|---|---------------|--------------|--|
| John Smith | 5/1/2013 | 916-555-1212 | John.Smith@Golden.ca.us |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| Jane Doe | 5/13/2013 | 916-555-1122 | Jane.Doe@Golden.ca.us |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

**CHDP Administrative Budget Worksheet (County/City Match)
County/City Funds and Title XIX Federal Funds**

I. Personnel Expenses

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns (see sample on page 46).

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 Expenses* section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time) $1/5 = 0.2$ or 20 percent

1B. Annual Salary: Enter in Column 1B the salary for each full-time position listed in the *Personnel Expenses* section.

Total Budget

- Multiply each entry in Column 1A by the corresponding entry in Column 1B and
- Enter the sum in Column 1 (Total Budget). The amount of Columns 2 and Column 3 combined must equal this sum.

2A. Percentage or FTE - Enhanced County/City/Federal (25/75)

- Enter into Column 2A, the percentage of the FTE in Column 1A for eligible enhanced program activities for each position listed.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the sum in Column 2 (Enhanced County/City/Federal [25/75]).

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the "No County/City Match" and the "County/City Match" budgets, the proportions of enhanced and Non-Enhanced time for personnel claimed in the two budgets must be the same.

3A. Percentage or FTE – Non-Enhanced County/City/Federal (50/50)

- Enter into Column 3A, the percentage of the FTE in Column 1A for eligible Non-Enhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the "Total Budget" in Column 1 and
- Enter the sum in Column 3 (Non-Enhanced County/City/Federal [50/50]).

Total Salaries and Wages

- Add the *Salaries and Wages* amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the *Total Salaries and Wages* line item.

Less Salary Savings

NOTE: Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the *Total Salaries and Wages* line for each column, and
- Enter the negative sum on the *Less Salary Savings* line for each column.

Net Salaries and Wages

- Subtract the *Less Salary Savings* amount from the *Total Salaries and Wages* in Columns 1, 2, and 3, and
- Enter the balance of each column on the *Net Salaries and Wages* line.

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the *Net Salaries and Wages* in Columns 1, 2, and 3, and enter the sums on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the *Staff Benefits* amounts to the *Net Salaries and Wages* amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the *Total Personnel Expenses* line item.

II. Operating Expenses

Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under *Travel*.

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Non-Enhanced in Column 3.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

Additional Operating Expenses

List all other operating expenses line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expenses in Medi-Cal Non-Enhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

NOTE: The only *Operating Expenses* line items that are eligible for enhanced costs are *Travel* and *Training*.

Total Operating Expenses

- Add the "*Operating Expenses*" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "*Total Operating Expenses*" line.

III. Capital Expenses

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

Total Capital Expenses

- Add the *Capital Expenses* amounts itemized, and
- Enter the total for each column on the *Total Capital Expenses* line item.

IV. Indirect Expenses (See page 9.)

External – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan).

Internal – Any departmental overhead costs must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87."

The amount of "*External Indirect Expenses*" and "*Internal Indirect Expenses*" will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expense) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTE or from the budgeted amounts as described above.

- Enter the calculated amounts of *External Indirect Expenses* and *Internal Indirect Expenses* on the appropriate lines in Column 3.

- Enter the amounts from Column 3 for each line in Column 1.

Total Indirect Expenses

- All *Indirect Expenses* are Non-Enhanced.
- Add all *Indirect Expenses* amounts itemized, and
- Enter the total for Columns 1 and 3 on the *Total Indirect Expenses* line item.

V. Other Expenses

This Section includes any expenses not directly attributable to one of the above "*Operating Expenses*" line items.

List each "*Other Expenses*" item individually under this section.

- Enter the budgeted amount in Medi-Cal Non-Enhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

Total Other Expenses

- Add all *Other Expenses* amounts itemized, and
- Enter the totals for each column on the *Total Other Expenses* line item.

Budget Grand Total

- Add the *Total Personnel Expenses*, *Total Operating Expenses*, *Total Capital Expenses*, *Total Indirect Expenses*, and *Total Other Expenses* lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the *Budget Grand Total* line item.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Worksheet
County/City Match
 Fiscal Year _____

County/City Name: _____

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------------|----------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced County/City/Federal (25/75) | % or FTE | Nonenhanced County/City/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| Total Salaries and Wages | | | | | | | |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | | | | | |
| Staff Benefits (Specify %) | 0.00% | | | | | | |
| I. Total Personnel Expenses | | | | | | | |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | | | | | |
| 2. Training | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| II. Total Operating Expenses | | | | | | | |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) | 0.00% | | | | | | |
| 2. External (Specify %) | 0.00% | | | | | | |
| IV. Total Indirect Expenses | | | | | | | |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | | | | | |

Prepared By (Signature)

Date Prepared

Phone Number

Email Address

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**CHDP Administrative Budget Worksheet
County/City Match
Fiscal Year 2013-2014**

County/City Name: GOLDEN, USA

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------------|----------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced County/City/Federal (25/75) | % or FTE | Nonenhanced County/City/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. Deputy Director - James | 50% | \$61,000 | \$30,500 | 60% | \$18,300 | 40% | \$12,200 |
| 2. Public Health Nurse - Smith | 20% | \$55,423 | \$11,085 | 75% | \$8,314 | 25% | \$2,771 |
| 3. PH Education Asst - Jones | 25% | \$40,000 | \$10,000 | 0% | | 100% | \$10,000 |
| 4. | | | | | | | |
| Total Salaries and Wages | | | \$51,585 | | \$26,614 | | \$24,971 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | \$51,585 | | \$26,614 | | \$24,971 |
| Staff Benefits (Specify %) 25.00% | | | \$12,897 | | \$6,654 | | \$6,243 |
| I. Total Personnel Expenses | | | \$64,482 | | \$33,268 | | \$31,214 |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | \$500 | | \$350 | | \$150 |
| 2. Training | | | \$700 | | \$500 | | \$200 |
| 3. | | | | | | | |
| II. Total Operating Expenses | | | \$1,200 | | \$850 | | \$350 |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 5. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) 0.00% | | | | | | | |
| 2. External (Specify %) 0.00% | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | \$65,682 | | \$34,118 | | \$31,564 |

| | | | |
|--|---------------|--------------|-------------------------|
| John Smith | 5/8/13 | 916-555-1212 | John.Smith@golden.ca.us |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| Jane Doe | 5/13/13 | 916-555-1122 | Jane.Doe@golden.ca.us |
| CHPD Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

CHDP Administrative Budget Summary (County/City Match)

I. CHDP Administrative Budget Summary (County/City Match)

Transfer the dollar amount from the total amount of each line item and column of the **CHDP Budget Worksheet** to the **CHDP Administrative Budget Summary Form** (see sample on page 49). Compute the amounts in the *Source of Funds* section of the budget as described below.

II. Source of Funds (County/City Match)

A. Enhanced County/Federal (25/75)

- a. Multiply the enhanced Budget Grand Total amount in Column 2 by 25 percent and enter the sum into the Source of Funds section under the "Enhanced County/Federal (25/75) column on the County Funds line.
- b. Multiply the enhanced Budget Grand Total amount in Column 2 by 75 percent, and enter the sum into the Source of Funds section under the "Enhanced County/City/Federal (25/75)" column on the Federal Funds (Title XIX) line.

B. Non-Enhanced County/City/Federal (50/50)

- a. Multiply the Non-Enhanced Budget Grand Total amount in Column 3 by 50 percent and enter the sum into the Source of Funds section under the "Non-Enhanced County/City/Federal (50/50)" column on the County Funds line.
- b. Multiply the Non-Enhanced Budget Grand Total amount in Column 3 by 50 percent and enter the sum into the Source of Funds section under the "Non-Enhanced County/City/Federal (50/50)" column on the Federal Funds (Title XIX) line.

C. Total Funds

- "Total Funds" amount under Column 1 will equal the sum of the total "Enhanced County/City/Federal (25/75)" under Column 2 and the total "Non-Enhanced County/Federal (50/50)" under Column 3 combined.

NOTE: The total of funding amounts entered under each column in the *Source of Funds* section must agree with the totals for the same column entered on the *Budget Grand Total* line.

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

**CHDP Administrative Budget Summary
County/City Match**

Fiscal Year _____

County/City Name: _____

| Column | 1 | 2 | 3 |
|------------------------------|-------------------------|--|---|
| Category/Line Item | Total Budget (2 + 3) | Enhanced County/City/Federal (25/75) | Nonenhanced County/City/Federal (50/50) |
| I. Total Personnel Expenses | | | |
| II. Total Operating Expenses | | | |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | | | |
| V. Total Other Expenses | | | |
| Budget Grand Total | | | |

| Column | 1 | 2 | 3 |
|---------------------------|-------------|---------------------------------------|---------------------------------------|
| Source of Funds | Total Funds | Enhanced County/Federal (25/75) | Nonenhanced County/Federal (50/50) |
| County Funds | | | |
| Federal Funds (Title XIX) | | | |

| | | | |
|---|---------------|--------------|---------------|
| Prepared By (Signature) | Date prepared | Phone Number | Email Address |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**CHDP Administrative Budget Summary
County/City Match
Fiscal Year 2013-2014**

County/City Name: GOLDEN

| Column | 1 | 2 | 3 |
|-------------------------------------|-------------------------|--|---|
| Category/Line Item | Total Budget (2 + 3) | Enhanced County/City/Federal (25/75) | Nonenhanced County/City/Federal (50/50) |
| I. Total Personnel Expenses | \$64,482 | \$33,268 | \$31,214 |
| II. Total Operating Expenses | \$1,200 | \$850 | \$350 |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | | | |
| V. Total Other Expenses | | | |
| Budget Grand Total | \$65,682 | \$34,118 | \$31,564 |

| Column | 1 | 2 | 3 |
|----------------------------------|-------------|---------------------------------------|---------------------------------------|
| Source of Funds | Total Funds | Enhanced County/Federal (25/75) | Nonenhanced County/Federal (50/50) |
| County Funds | \$24,312 | \$8,530 | \$15,782 |
| Federal Funds (Title XIX) | \$41,370 | \$25,588 | \$15,782 |

| | | | |
|---|---------------|--------------|-------------------------|
| John Smith | 5/1/2013 | 916-555-1212 | John.Smith@golden.ca.us |
| Prepared By (Signature) | Date prepared | Phone Number | Email Address |
| <i>Jane Doe</i> | 5/1/2013 | 916-555-1122 | Jane.Doe@golden.ca.us |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

CHDP Foster Care Administrative (County/City Match) Budget Worksheet

The budget has three major line items: *Personnel Expenses*, *Operating Expenses*, and *Indirect Expenses*.

I. Personnel Expenses

Personnel Expenses are limited to PHN(s) and SPHN(s) who meet the federal definition of Skilled Professional Medical Personnel (SPMP) and clerical staff providing direct support to the PHN(s) who meet the federal definition of SPMP (See Section 8). In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns (see sample, page 55):

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.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time) $1/5 = 0.2$ or 20 percent

1B. Annual Salary: Enter into Column 1B the salary for each full-time position listed.

Total Budget

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the sum into Column 1 (Total Budget). The amount of Column 2 and Column 3 combined must equal this sum.

2A. Percentage of FTE - Enhanced County/City/Federal (25/75)

- Enter into Column 2A the portion of the annualized FTE to be spent on eligible enhanced program activities for each position listed. The combined amount of Column 2A and Column 3A must equal 100 percent.
- Multiply the amount in Column 2A by the "Total Budget" in Column 1, and
- Enter the sum into Column 2 (Enhanced County/City/Federal [25/75]).

NOTE: If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the **HCPCFC Administrative Budget** and the **CHDP Foster Care County/City Match Budget**, the proportions of enhanced and Non-Enhanced time for personnel claimed in the two budgets must be the same.

3A. Percentage of FTE/Non-Enhanced

- Enter into Column 3A, the percentage of the FTE in Column 1A for eligible Non-Enhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the "Total Budget" in Column 1 and
- Enter the sum in Column 3 (Non-Enhanced County/City/Federal [50/50])

Total Salaries and Wages

- Add the *Salaries and Wages* amounts itemized in Columns 1, 2 and 3, and
- Enter the total for each column on the *Total Salaries and Wages* line item.

Less Salary Savings

NOTE: Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the *Total Salaries and Wages* line for each column, and
- Enter the negative sum on the *Salary Savings*" line for each column.

Net Salaries and Wages

- Subtract the *Less Salary Savings* amount from the *Total Salaries and Wages* in Columns 1, 2, and 3, and
- Enter the balance of each column on the *Net Salaries and Wages* line.

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the *Net Salaries and Wages* in Column 1, 2, and 3, and enter the sums on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the *Staff Benefits* amounts to the *Net Salaries and Wages* amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the *Total Personnel Expenses* line item.

II. Operating Expenses

"*Operating Expenses*" to support the PHN and SPHN are limited to travel and training. Space and computer access are provided by the child welfare agency.

Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Training – Includes registration fees and tuition costs for training of program staff.

NOTE: All travel costs related to training must be included under *Travel*.

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Non-Enhanced in Column 3.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

NOTE: The only *Operating Expenses* line items that are eligible for enhanced costs are *Travel* and *Training*.

Total Operating Expenses

- Add the *Operating Expenses* amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the *Total Operating Expenses* line.

III. Capital Expenses

Capital Expenses cannot be claimed on this budget.

IV. Indirect Expenses

External – These costs cannot be claimed on this budget.

Internal – Any departmental overhead costs that are allocated must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, “Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal, Implementation Guide for Office of Management and Budget, Circular A-87.”

- Enter the calculated amounts of internal indirect expenses on the appropriate lines in Column 3.
- Enter the amounts from Column 3 for each line in Column 1.

Total Indirect Expenses

- All indirect expenses are Non-Enhanced.
- Add all Indirect Expenses amounts itemized, and
- Enter the totals for Columns 1 and 3 on the *Total Indirect Expenses* line item.

V. Other Expenses

Other Expenses cannot be included on this budget.

Budget Grand Total

- Enter the sum of the *Total Personnel Expenses*, *Total Operating Expenses*, and *Total Indirect Expenses* lines into Columns 1, 2, and 3, and
- Enter the grand total for each column on the *Budget Grand Total* line item.

Foster Care Administrative Budget Worksheet
County-City/Federal Match
County/Title XIX Federal Funds
Fiscal Year _____

County/City Name: _____

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------------|----------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced County-City/Federal (25/75) | % or FTE | Nonenhanced County-City/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| Total Salaries and Wages | | | | | | | |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | | | | | |
| Staff Benefits (Specify %) 0.00% | | | | | | | |
| I. Total Personnel Expenses | | | | | | | |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | | | | | |
| 2. Training | | | | | | | |
| | | | | | | | |
| II. Total Operating Expenses | | | | | | | |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) 0.00% | | | | | | | |
| 2. External | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | | | | | |

Prepared By (Signature)

Date Prepared

Phone Number

Email Address

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**Foster Care Administrative Budget Worksheet
County-City/Federal Match
County/Title XIX Federal Funds
Fiscal Year 2013-2014**

County/City Name: **GOLDEN**

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------------|----------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced County-City/Federal (25/75) | % or FTE | Nonenhanced County-City/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. SPHN Jones | 5% | \$61,000 | \$3,050 | 60% | \$1,830 | 40% | \$1,220 |
| 2. PHN II Adams | 25% | \$55,420 | \$13,855 | 85% | \$11,777 | 15% | \$2,078 |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| Total Salaries and Wages | | | \$16,905 | | \$13,607 | | \$3,298 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | \$16,905 | | \$13,607 | | \$3,298 |
| Staff Benefits (Specify %) | 15.00% | | \$2,536 | | \$2,041 | | \$495 |
| I. Total Personnel Expenses | | | \$19,441 | | \$15,648 | | \$3,793 |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | \$500 | | \$200 | | \$300 |
| 2. Training | | | \$200 | | \$100 | | \$100 |
| | | | | | | | |
| II. Total Operating Expenses | | | \$700 | | \$300 | | \$400 |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) | 0.00% | | \$1,944 | | | | \$1,944 |
| 2. External | | | | | | | |
| IV. Total Indirect Expenses | | | \$1,944 | | | | \$1,944 |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | \$22,085 | | \$15,948 | | \$6,137 |

| | | | |
|--|---------------|--------------|--|
| John Smith | 5/1/13 | 916-555-1212 | John.Smith@Golden.ca.us |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| <i>Dr. Jane Doe</i> | 5/1/13 | 916-555-1122 | Jane.Doe@golden.ca.us |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

CHDP Foster Care Administrative (County/City Match) Budget Summary

I. Foster Care Administrative Budget Summary (County/City Match)

Transfer the dollar amount from the total amount of each line item and column of the **Foster Care Administrative Budget Worksheet County/City Match** to the **Foster Care Administrative Budget Summary County/City Match** form. Compute the amounts in the *Source of Funds* section of the budget as described below (see sample, page 58).

II. Source of Funds (County/City Match)

The source of local funds for the county/city match must be identified on the budget summary and included in the budget justification narrative.

A. Enhanced County/City/Federal (25/75)

1. Multiply the enhanced *Budget Grand Total* amount in Column 2 by 25 percent and enter the sum into the "Source of Funds" section under the "Enhanced County/City/Federal (25/75)" column on the *County /City Funds* line.
2. Subtract the County/City Funds amount from the Budget Grand Total in Column 2, and enter this amount into the Source of Funds section under the "Enhanced County /City/Federal (25/75)" column on the Federal Funds (Title XIX) line.

B. Non-Enhanced County/City/Federal (50/50)

1. Multiply the Non-Enhanced Budget Grand Total amount in Column 3 by 50 percent and enter this sum into the Source of Funds section under the "Non-Enhanced County/City/Federal (50/50)" column on the County/City Funds line.
2. Subtract the County/City Funds amount from the Budget Grand Total in Column 3, and enter this amount into the Source of Funds section under the "Non-Enhanced County/City/Federal (50/50)" column on the Federal Funds (Title XIX) line.

C. Total Funds and Budget Grand Total

1. Add the amount of County/City Funds under Column 1 (Total Funds) in the Source of Funds section to the Federal Funds (Title XIX) amount under Column 1 in the Source of Funds section and enter this sum on the Budget Grand Total line.

NOTE: The "*Total Funds*" amount under Column 1 will equal the sum of the total "*Enhanced County/City/Federal (25/75)*" under Column 2 and the total "*Non-Enhanced County/Federal (50/50)*" under Column 3 combined.

The total of funding amounts entered under each column in the *Source of Funds* section must agree with the totals for the same column entered on the *Budget Grand Total* line.

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

Foster Care Administrative Budget Summary
County/City Match
County/Title XIX Federal Funds
Fiscal Year _____

County/City Name: _____

| Column | 1 | 2 | 3 |
|------------------------------------|---------------------------------|---|--|
| Category/Line Item | Total Budget (2 + 3) | Enhanced County/City/Federal (25/75) | Nonenhanced County/City/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 |
|----------------------------------|--------------------|--|---|
| Source of Funds | Total Funds | Enhanced County- City/Federal (25/75) | Nonenhanced County- City/Federal (50/50) |
| County/City Funds | | | |
| Federal Funds (Title XIX) | | | |
| Budget Grand Total | | | |

Source County-City Funds: (Specify source of funds, e.g., county child welfare, progabtion, grant, etc.)

| | | | |
|---|---------------|--------------|---------------|
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**Foster Care Administrative Budget Summary
County/City Match
County/Title XIX Federal Funds
Fiscal Year 2013-2014**

County/City Name: GOLDEN

| Column | 1 | 2 | 3 |
|------------------------------------|-------------------------|--|---|
| Category/Line Item | Total Budget (2 + 3) | Enhanced County/City/Federal (25/75) | Nonenhanced County/City/Federal (50/50) |
| I. Total Personnel Expense | \$19,441 | \$15,648 | \$3,793 |
| II. Total Operating Expense | \$700 | \$300 | \$400 |
| III. Total Capital Expense | | | |
| IV. Total Indirect Expense | \$1,944 | | \$1,944 |
| V. Total Other Expense | | | |
| Budget Grand Total | \$22,085 | \$15,948 | \$6,137 |

| Column | 1 | 2 | 3 |
|----------------------------------|-------------|---|--|
| Source of Funds | Total Funds | Enhanced County- City/Federal (25/75) | Nonenhanced County- City/Federal (50/50) |
| County/City Funds | \$7,056 | \$3,987 | \$3,069 |
| Federal Funds (Title XIX) | \$15,029 | \$11,961 | \$3,068 |
| Budget Grand Total | \$22,085 | | |

Source County-City Funds: County child welfare

| | | | |
|---|-----------------|---------------------|---|
| <u>John Smith</u> | <u>5/8/2013</u> | <u>916-555-1212</u> | <u>John.Smith@Golden.ca.us</u> |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| <u>Jane Doe</u> | <u>5/8/2013</u> | <u>916-555-1122</u> | <u>Jane.Doe@Golden.ca.us</u> |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

HPCFC Budget Information and Staffing Guidelines

I. Budget Information

The State Budget Act of 1999 appropriated State General Funds to the Department of Social Services (DSS) for the purpose of increasing the use of public health nurses in meeting the health care needs of children in foster care. These funds were transferred to the Department of Health Care Services for distribution through the CHDP program in the form of a fiscal augmentation to operate the HPCFC.

- A. State General funds are matched through the federal Medicaid (Title XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California) and therefore must be used for activities that are administrative case management functions.
- B. Funds for this program are not to supplant public health nurse (PHN) positions in local programs that provide administrative case management services to children in foster care unless the PHN to child ratio is less than 1:200.
- C. The required annual administrative budget and quarterly expenditure invoices are prepared and submitted by local CHDP programs in accordance with CMS Budget instructions and guidelines (see Section 7).
- D. Program administrative oversight for the HPCFC PHNs is provided by the local CHDP program. PHN(s) funded by the HPCFC are hired by the local health department and physically located at local child welfare agency and probation department offices.
- E. State General Funds are distributed to local programs based on caseload data from the Child Welfare System/Case Management System (CWS/CMS), maintained by CDSS.
- F. The caseload data reflect the annual monthly average of children and probation youth in out of home placement, or foster care, supervised by the County and placed in the County from other counties.
- G. The local HPCFC Administrative budgets should reflect the total Public Health Nurse (PHN), Supervising PHN (SPHN), and clerical FTE staffing obtainable with the allocation of State General funds as matched through Federal Financial Participation.
- H. The budget has three major line items: *Personnel Expenses*, *Operating Expenses*, and *Internal Indirect Expenses*.
 - 1. *Personnel Expenses* are limited to PHN(s) and SPHN(s) who meet the federal definition of Skilled Professional Medical Personnel (SPMP), and for clerical staff who directly support and are supervised by the SPMP. (See Section 8).

2. *Operating Expenses* to support the PHN and SPHN are limited to travel and training. Space and computer access are provided by the child welfare agency.
 3. *Internal Indirect Expenses* are all Non-Enhanced. External Indirect Expenses are not allowed on the HCPCFC Budget Worksheet (see sample page 66).
 4. *Total expenses* are not to exceed the amount of State General funds allocated to the CHDP program for implementation and operation of the HCPCFC.
- I. A local program that determines it is necessary to request additional funds for staff who perform administrative case management activities in support of children in out-of-home placement, may submit an optional **CHDP Foster Care Administrative Budget Worksheet** (see sample page 66). A statement identifying the source of local funds is required (e.g. county child welfare, probation, grant, etc.).

II. Staffing Guidelines

- A. PHN(s) implementing the HCPCFC are to be located on site at the child welfare services agency and probation department. PHN(s) funded by the HCPCFC are dedicated personnel and participate with the social worker/probation officer in the development of health care plan located in the child's case record. In collaboration with the child's social worker/probation officer, PHN(s) plan and coordinate health care services for children in out-of-home placement in accordance with the PHN responsibilities and program activities outlined in the model interdepartmental HCPCFC MOU (see Section 5) and Scope of Work (see Section 3).
- B. The administrative activities of the PHN include Informing and Linking; Care Coordination; Orientation and Training with Caseworkers, Probation Officers, Foster Care Providers, Health Care Providers, Officers Of The Court and Others; and Liaison Functions.
1. Informing and Linking activities focus on promoting knowledge of the need for preventive health services; how to access services; and the need to maintain a link to health care services provided through CHDP and Medi-Cal programs. The PHN collaborates with a multi-disciplinary team of health care professionals, community providers and agencies, and understands the principles of child health promotion and nursing care of children with special needs.
 2. Care Coordination activities focus on ensuring appropriate health services are accessed; assisting with the health plan as a part of the case plan; providing follow up to maintain continuity of care; providing consultation to the foster care team members, and assisting with the maintenance of the child's Health and Education Passport. PHNs need knowledge and experience in primary and secondary care in order to assure children in out-of-home placement obtain necessary health care services.

3. Orientation and Training activities focus on the provision of health and medical information to the foster care team as it relates to the special health needs of the child in foster care. The PHN serve as consultants to social workers; probation officers; biological and substitute care providers, and health care providers.
4. Liaison activities focus on coordinating and problem solving with CHDP program staff, health care providers, community agencies, and transitional programs to ensure the continued effective and appropriate use of the Medi-Cal program; coordinating with county/city social services programs, Independent Living Skills Program; coordinating with other county/city public health department (PHD) programs and social services programs such as the following:
 - a. California Children's Services (CCS)
 - b. Schools
 - c. Regional Center
 - d. Mental and Behavioral Health programs
 - e. Immunization (IZ)
 - f. Childhood Lead Poisoning Prevention
 - g. Maternal and Child Health (MCH)
 - h. Women's, Infants, and Children (WIC)
 - i. Child Health and Disability Prevention (CHDP)
- C. For children in foster care placed out of the supervising county of residence, the PHN will work with the Foster Care PHN in the county of placement to locate and arrange for needed health care services.
- D. PHN(s) working in the HCPCFC require professional nursing supervision. The HCPCFC established ratio is one (1) SPHN FTE to every ten (10) FTE of PHN, 1:10.
- E. Clerical personnel must be supervised by SPMP.

HPCFC Administrative Budget Worksheet (State/Federal Match)

I. Personnel Expenses

List each funded position by incumbent name and classification as a separate line item. For each line item, complete the following columns (see sample, page 66):

1A. Percentage or Full Time Equivalent (FTE): Enter the annualized FTE in Column 1A, i.e., percentage of time to be spent on program activities during the budget fiscal year for each position listed.

Formula: Time base multiplied by number of months to be worked in fiscal year divided by number of months in year equals FTE.

Example: Employee works one day per week (1/5 time) for six months out of 12 months (6/12); Formula: $1/5 \times 6/12 = 6/60 = 1/10$ FTE or .10.

NOTE: The total of Column 2A (% or FTE) and Column 3A (% or FTE) combined must equal 100%. The totals of Column 2 (Enhanced State/Federal (25/75)) and Column 3 (Non-Enhanced State/Federal (50/50)) must equal the total of Column 1 (Total Budget).

1B. Annual Salary: Enter into Column 1B, the annual full time salary for each position listed.

1. Total Budget

- Multiply each entry in Column 1A by the corresponding entry in Column 1B and
- Enter the amount into Column 1. The totals of Column 2 and Column 3 combined must equal this amount.
- **2A. Percentage of FTE/Enhanced (25/75)** Enter into Column 2A the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- Multiply the amount in Column 1 by the percent of FTE in Column 2A and
- Enter the amount into Column 2.

3A. Percentage of FTE/Non-Enhanced (50/50)

- Enter into Column 3A, the portion of annualized FTE to be spent on eligible Non-Enhanced program activities for each position listed.
- Multiply the amount in Column 1 by the FTE in Column 3A, and
- Enter the amount in Column 3.

Total Salaries and Wages

- Add the *Salaries and Wages* amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the *Total Salary and Wages* line item.

Less Salary Savings

Salary savings **cannot** be included on this budget.

Net Salaries and Wages

Re-enter the balance of each column on the *Net Salaries and Wages* line.

Staff Benefits

- Multiply the approved county/city staff benefits percentages by the *Net Salaries and Wages* in Columns 1,2, and 3, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

Total Personnel Expenses

- Add the *Staff Benefits* amounts in each column (1, 2, and 3) to the *Net Salaries and Wages* in each column, and
- Enter the total of each column on the *Total Personnel Expenses* line item.

III. Operating Expenses

- *Travel.* (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.), and
- *Training.*

Documents related to these expenses are to be maintained on file by the local program in accordance with the FFP Guidelines, Section 8.

IV. Capital Expenses

Capital Expenses cannot be included on this budget.

V. Indirect Expenses

External – *External Indirect Expenses* **cannot** be included on this budget.

NOTE: Public Health Nurses working in the HCPCFC are located in the local offices of child welfare services or departments of probation. External indirect expenses are not incurred by local health departments.

Internal – Any departmental overhead costs, which are allocated, must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, “Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87.”

- Enter the amount of *Internal Indirect Expenses* on the appropriate line in Column 1
- Enter the amounts from Column 3 for each line in Column 1.

NOTE: When calculating indirect expenses for Title XIX funding, apply the Non-Enhanced (50/50) rate to all qualified expenses in Column 3, regardless of whether personnel expenses are enhanced or Non-Enhanced.

Total Indirect Expenses

Enter the total for Column 1 and Column 3 combined on the *Total Indirect Expenses* line item.

VI. Other Expenses

Other Expenses **cannot** be included on this budget.

Budget Grand Total

- Enter the sum of the *Total Personnel Expenses*, *Total Operating Expenses*, and *Total Indirect Expenses* lines in each Column (1, 2, and 3), and
- Enter the grand total for each column on the *Budget Grand Total* line item.

NOTE: These dollar amounts are not to exceed the amounts allocated annually by CMS.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

HPCFC Administrative Budget Worksheet
Fiscal Year _____

County/City Name: _____

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------|----------|-----------------------------------|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| Total Salaries and Wages | | | | | | | |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | | | | | |
| Staff Benefits (Specify %) | 0.00% | | | | | | |
| I. Total Personnel Expenses | | | | | | | |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | | | | | |
| 2. Training | | | | | | | |
| II. Total Operating Expenses | | | | | | | |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) | 0.00% | | | | | | |
| 2. External | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | | | | | |

Prepared By (Signature)

Date prepared

Phone Number

Email Address

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**HPCFC Administrative Budget Worksheet
Fiscal Year 2013-2014**

County/City Name: GOLDEN

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------|----------|--------------------------------|----------|-----------------------------------|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. SPHN -- B. Jones | 10% | \$6,100 | \$6,100 | 60% | \$3,660 | 40% | \$2,440 |
| 2. PHN -- C. Adams | 75% | \$55,420 | \$41,565 | 85% | \$35,330 | 15% | \$6,235 |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Total Salaries and Wages | | | \$47,665 | | \$38,990 | | \$8,675 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | \$47,665 | | \$38,990 | | \$8,675 |
| Staff Benefits (Specify %) | 15.00% | | \$7,150 | | \$5,849 | | \$1,301 |
| I. Total Personnel Expenses | | | \$54,815 | | \$44,839 | | \$9,976 |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | \$700 | | \$500 | | \$200 |
| 2. Training | | | \$300 | | \$250 | | \$50 |
| II. Total Operating Expenses | | | \$1,000 | | \$750 | | \$250 |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) | 10.00% | | \$5,481 | | | | \$5,481 |
| 2. External | | | | | | | |
| IV. Total Indirect Expenses | | | \$5,481 | | | | \$5,481 |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | \$61,296 | | \$45,589 | | \$15,707 |

| | | | |
|--|---------------|--------------|--|
| John Smith | 5/1/13 | 916-555-1212 | John.Smith@Golden.ca.us |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| Dr. Jane Doe | 5/1/13 | 916-555-1122 | Jane.Doe@golden.ca.us |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

HPCFC Administrative Budget Summary

I. HPCFC Administrative Budget Summary

Transfer the dollar amount from the total amount of each line item and column of the **HPCFC Administrative Budget Worksheet** to the **HPCFC Administrative Budget Summary** form. Compute the amounts in the *Source of Funds* section of the budget as described below (see sample, page 69).

II. Source of Funds

A. Enhanced State/Federal (25/75)

1. Multiply the enhanced *Budget Grand Total* amount in Column 2 by 25 percent and enter the sum into the *Source of Funds* section under the "Enhanced State/Federal (25/75)" column on the *State Funds* line.
2. Multiply the enhanced Budget Grand Total amount in Column 2 by 75 percent and enter the sum into the Source of Funds section under the "Enhanced State/Federal (25/75)" column on the Federal Funds (Title XIX) line.

B. Non-Enhanced Funds

1. Multiply the Non-Enhanced Budget Grand Total amount in Column 3 by 50% and enter the sum into the Source of Funds section under the "Non-Enhanced State/Federal (50/50)" column on the State Funds line. Multiply the Non-Enhanced "Budget Grand Total" amount in Column 3 by 50 percent, and enter the sum in the Source of Funds section under the "Non-Enhanced State/Federal (50/50)" column on the Federal Funds (Title XIX) line.

C. Total Funds and Budget Grand Total

1. Add the amount of "State Funds" under Column 1 (Total Funds) in the Source of Funds section to the "Federal Funds (Title XIX)" amount under Column 1 in the "Source of Funds" section and enter this sum on the "Budget Grand Total" line.

NOTE: The "*Total Funds*" amount under Column 1 will equal the sum of the total "Enhanced State/Federal (25/75)" under Column 2 and the total "Non-Enhanced County/Federal (50/50)" under Column 2 combined. The total of funding amounts entered under each column in the *Source of Funds* section must agree with the totals for the same column entered on the *Budget Grand Total* line.

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

HCPCFC Administrative Budget Summary
Fiscal Year _____

County/City Name: _____

| Column | 1 | 2 | 3 |
|-------------------------------------|---------------------------------|---|--|
| Category/Line Item | Total Budget (2 + 3) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | | | |
| II. Total Operating Expenses | | | |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | | | |
| V. Total Other Expenses | | | |
| Budget Grand Total | | | |

| Column | 1 | 2 | 3 |
|----------------------------------|--------------------|---|--|
| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| State Funds | | | |
| Federal Funds (Title XIX) | | | |
| Budget Grand Total | | | |

| | | | |
|-------------------------|---------------|--------------|---------------|
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
|-------------------------|---------------|--------------|---------------|

| | | | |
|---|------|--------------|---------------|
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |
|---|------|--------------|---------------|

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

**HPCFC Administrative Budget Summary
Fiscal Year 2013-2014**

County/City Name: GOLDEN

| Column | 1 | 2 | 3 |
|-------------------------------------|-------------------------|-----------------------------------|---|
| Category/Line Item | Total Budget (2 + 3) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$54,815 | \$44,839 | \$9,976 |
| II. Total Operating Expenses | \$1,000 | \$750 | \$250 |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | \$5,481 | | \$5,481 |
| V. Total Other Expenses | | | |
| Budget Grand Total | \$61,296 | \$45,589 | \$15,707 |

| Column | 1 | 2 | 3 |
|----------------------------------|-------------|--------------------------------------|---|
| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| State Funds | \$19,251 | \$11,397 | \$7,854 |
| Federal Funds (Title XIX) | \$42,045 | \$34,192 | \$7,853 |
| Budget Grand Total | \$61,296 | | |

| | | | |
|--|----------------------------------|-------------------------------------|--|
| <u>John Smith</u> Prepared By (Signature) | <u>5/1/2013</u> Date Prepared | <u>916-555-1212</u> Phone Number | <u>John.Smith@Golden.ca.us</u> Email Address |
| <u>Jane Doe</u> CHDP Director or Deputy Director (Signature) | <u>5/1/2013</u> Date | <u>916-555-1111</u> Phone Number | <u>Jane.Doe@Golden.ca.us</u> Email Address |

CCS Administrative Budget Information, Staffing Standards, and Caseload

I. Funding for the Administrative Budget

The State and counties share in the administrative cost of the CCS Program at the local level (Health and Safety Code Section 123955 [a]).

A. The county CCS Program shall:

1. Appropriate one-half of the required match of Healthy Families funds, one-half of the Medi-Cal/Targeted Low-Income Children's Program, and one-half of the straight CCS funds and the State is responsible to match the costs to the extent funds are available in the State budget (Health and Safety Code Section 123955 [e] [1]).
2. Receive reimbursement from the State for administrative case management and administrative costs for the county's Healthy Families caseload, the Medi-Cal Targeted Low-Income Children's Program caseload, and Medi-Cal beneficiary caseload and comply with the Federal Financial Participation (FFP) requirements (see Section 8).
3. Submit by September 15 of each year for the subsequent fiscal year, the Administrative Budget Request (also known as an "application" per Health and Safety Code Section 123955 [e] [2]) for the county cost of administration of the CCS program.

B. The State shall:

1. Determine the amount of State funds available for each county from the funds appropriated in the State CCS budget for CCS county administrative case management and administration of the Healthy Families, Medi-Cal/Targeted Low-Income Children's Program, and Straight CCS portion of the CCS caseload.
2. Review the county budget request to ensure that the county CCS program meets the minimum State administrative staffing standards. (Health and Safety Code, Section 123955 [b]).
3. Notify the county of the amount of funds to be:
 - a. Appropriated by the State for administrative case management and administrative costs for one-half of the non-federal Healthy Families, one-half of the non-federal Medi-Cal/Targeted Low-Income Children's Program and one-half of the Straight CCS caseload, and
 - b. Provided by the State for administrative costs for administrative case management of Medi-Cal beneficiaries.
4. Reimburse the county quarterly based upon submission of the invoice for actual administrative expenditures not to exceed the amount of the allocation.

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 CCS County Staffing Standards Profile (see page 79) 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 administrative case management. The CCS County Staffing Standards Profile stipulates the minimum staff required in each category to manage the caseload. Individual staff composition within or between the administrative functions/categories is at the discretion of each county.

The following five administrative functions/categories are included on the CCS County Staffing Standards Profile: 1) Program Administration, 2) Administrative Case Management, 3) Other Health Care Professionals, 4) Ancillary Support, and 5) Clerical and Claims Support.

NOTE: It is recognized that in some counties, 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 CCS County Staffing Standards Profile

1. CCS Independent Counties

- a. Utilizing total county caseload, determine the total FTE needed according to the CCS County Staffing Standards Profile.
- b. Counties may elect to utilize the Independent County tab of the Staffing Standards Calculator which produces a caseload specific Total FTE based upon the CCS County Staffing Standards Profile.
- c. Medi-Cal Managed Care liaison positions are included in the 1:400 nurse ratio in the Staffing Standards Profile Calculator.
- d. The grand total of FTEs identified via the CCS County Staffing Standards Profile/Calculator represents the maximum FTE that can be submitted on the CCS Administrative budget.
- e. To determine the number of non-ratio based staff (Administrator, Information Technology Support, Parent Liaison, Physician and Chief Therapist) required to implement the CCS county program responsibilities in an Independent County CCS program with a caseload below the CCS County 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 County Staffing Standards Profile for Program Administration for a caseload of 300 would provide for .3 FTE Administrative time ($.60 \times .50 = .30$). (The Staffing Standards Calculator also produces this calculation.)

2. CCS Dependent Counties

- a. Small Dependent counties (generally with caseloads under 190) will develop their administrative budgets by applying a baseline staffing level and integrating estimated costs in accordance with the following:
 - (1) Integrate a baseline budget allocation for staffing. The baseline staffing level in a small county CCS Program will include:
 - (a) 1.0 FTE Nurse
 - (b) 0.5 FTE Eligibility Worker
 - (c) 0.25 FTE Clerical support
 - (d) 0.25 FTE Administrator

Budgets developed within the staffing baseline are not required to follow CCS Staffing Standards (because of small caseloads).
- b. Budgets for dependent counties with larger caseloads that will exceed the dependent county staffing baseline above should be developed as follows:
 - (1) Utilizing total county caseload, determine Total FTE needed, based upon CCS Staffing Standards with the following exclusions/modifications:
 - (a) Physician and Other Health Care Professionals are excluded position for all Dependent Counties.
 - (b) Case Management Technician, Chief Therapist, and Therapist (OT/PT) are only available to Level III Dependent Counties.
 - (c) Fiscal Personnel is limited to CCS Dependent Counties who elect to review and correct the Paid Claims Data Reports.
 - (2) Counties may elect to utilize the appropriate Dependent County tab (Below Level 3, Level 3 no MTU or Level 3 with MTU) of the Staffing Standards Calculator which produces a caseload specific Total FTE

based upon the CCS County Staffing Standards Profile and the exclusions/modifications listed above.

- (3) To determine the number of non-ratio based staff (Administrator, Information Technology Support, Parent Liaison, Physician and Chief Therapist) required to implement the CCS county program responsibilities in an Dependent 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.

(a) 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 ($.60 \times .50 = .30$). (The Staffing Standards Calculator also produces this calculation.)

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. Information Technology Support staff
- e. Chief/Supervising Therapist for CCS and MTP Program Administration
- f. Parent Liaison – This position is highly recommended but not required. Only one position (or portion of an FTE) is allocated per county.

2. Administrative Case Management

- a. Staff in this section are physicians, registered nurses, physical therapists, and occupational therapists who are responsible for day-to-day CCS administrative case management.

- b. Staff in this section shall meet the federal definition of a “skilled medical professional” required for claiming FFP at the enhanced level for Administrative Case Management services. Please refer to Section 8 for the federal definition of a “skilled medical professional.”
- c. Administrative Case Management includes coordination of care, identification and processing of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental services requests evaluating the needs of a child/family, and identifying other resources for eligible children and their families.
- d. The Administrative Case Management role includes the proactive function of concurrent review of documents to provide authorizations for services anticipated over the next 3 – 6 months. This is a function that shall be performed by all administrative case management personnel.
- e. The nurse staffing roles may also include the following functions:
 - (1) Concurrent Hospital Review of the medical necessity of inpatient hospital stays completed by Registered Nurses (RN) located on-site at facilities where the CCS caseload supports this activity such as Children's Hospitals, University of California medical centers, and county hospital facilities. Concurrent hospital review and administrative case management may be provided at the CCS program office for those hospitals with smaller CCS caseloads. RNs must be identified as dedicated to the task of performing inpatient hospital administrative case management based on information received via fax and/or phone.

Responsibilities of RNs assigned to perform concurrent review of inpatient hospital stays include, but are not limited to, active participation in discharge planning, Administrative Case Management and coordination of care in the community with the CCS nursing staff designated at the local CCS Program.

The number of nursing staff requested for concurrent hospital review shall be based on the number of CCS-approved inpatient tertiary facilities, expected hours of on-site assignments, and the number of CCS cases discharged from the facility.

- (2) Intensive Administrative Case Management of selected cases is required to ensure optimal coordination of medical services. Children in need of Administrative Case Management are best identified through use of a risk assessment tool with a numerical scale. It is recommended that counties develop an assessment tool and implement a mechanism for documentation of intensive administrative case management cases. Intensive Administrative Case Management responsibilities require the knowledge and skill of a RN with a PHN certificate to ensure coordination of services for children with complex medical conditions requiring coordination between providers and agencies.

- (3) Early Childhood Nurse Liaison provides care coordination and liaison services to programs that serve children aged 0-3. Examples of CCS programs requiring liaison activities are the Newborn Hearing Screening Program, Medically Vulnerable Infant Program, the High Risk Infant Follow-up Program and CHDP. Early Start and the Department of Education Individual Family Service Plan (IFSP) are examples of public programs requiring care collaboration to coordinate care.

The liaison responsibilities may include technical assistance to programs, problem resolution to families and providers involved with these agencies, and care coordination of a caseload.

- (4) Healthy Families/Medi-Cal Managed Care Liaison is responsible for providing ongoing technical assistance and consultation to Plans and Plan providers to resolve issues/problems; coordinating and providing authorizations for services for Healthy Families and Medi-Cal-eligible beneficiaries with CCS-eligible conditions; and coordinating training and systems development activities with state CMS staff.
- (5) Therapy staff responsible for administrative case management of CCS eligible clients shall be listed in this section. This includes review of 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: FTE 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 is 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 8 of this manual: audiologist, speech therapist, nutritionist, social worker and dental consultant.
- b. The number of FTE for these positions for a county is based on county need and caseload. These positions are not mandatory, but are highly recommended for administrative case management. The need for these types of health care professionals is determined by the county.

4. Ancillary Support

- a. This category includes personnel who may be called case managers, financial eligibility workers, CCS coordinators, etc. The Staffing Standards

Profile refers to case managers as Administrative Case Management Technicians and financial eligibility workers as 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 Fiscal Support

- a. 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.
- b. Clerical staff providing 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.
- c. This category includes CCS County clerical staff working under direct supervision of Administrative Case Management staff.
- d. Clerical staff charged to enhanced funding or who support staff performing intensive administrative 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 administrative case management must time study appropriately for that portion of time spent in those activities.
- e. Staff providing support for provider relations, billing/fiscal technical assistance, maintenance of fiscal data, MR 940/910 report review, preparation and submission of corrections to CMS, and development of quarterly expenditure reports.

III. County CCS Caseload

A. Calculation of Eligible Months and Reporting as Caseload

Beginning in fiscal year (FY) 2006-07, the terminology for caseload changed to “eligible months.” **However, the word caseload will be seen throughout the Plan and Fiscal Guidelines manual as this is the terminology that is most familiar to the previous users of this manual.**

Caseload in FY 13-14 will be calculated based upon the months the child was eligible for services. Counties should develop administrative budgets using their average active caseload for the prior calendar year, as reflected on the caseload table distributed during the budget allocation process each spring. Below are examples of types of cases for which a child would be counted as an eligible month:

1. 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.
2. 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.
3. If a child is a Medi-Cal Targeted Low-Income Children’s Program (MC/TLICP) [formerly Healthy Families (HF)] subscriber on any day in the month, the child has an eligible month as a MC/TLICP. However, MC/TLICP will only pay for the dates of service in the month for which the child is actually a MC/TLICP subscriber.
4. 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.

The report “CMS Net Active Caseload” is used to calculate “eligible months” for caseload. This report is emailed to the CCS Administrators each month. The report contains a count of active clients as of the last day of the month in CMS Net, and lists Title XIX, HF, MC/TLICP, and CCS Only counts by county. The report uses the client’s primary Medi-Cal Aid Code in CMS Net as of the last day of the month to determine the client’s funding source.

The eligible month information should be retrieved for each type of case for which a child would be counted, e.g. CCS/Medi-Cal, MC/TLICP, 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. An example would be:

| | | |
|---------------|---|----------------------------|
| • 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.

- B. Counties should develop administrative budgets using their respective average active caseload for the prior calendar year, as reflected on the caseload table distributed during the budget allocation process each spring. Alternately, for submission of the CMS Plan, counties may use their respective average active caseload for the immediately preceding 4 quarters if this is more reflective of anticipated invoicing patterns.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California - Health and Human Services Agency

Master

Department of Health Care Services - Children's Medical Services

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 | 50000+ (A) |
|---|--|-----------|-----------|--|-----------|-----------|-----------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|
| Program Administration | | | | | | | | | | | | | | | | | |
| Administrator | 0.5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Administrative Assistant Personnel | 0 | 0 | 0 | calculated by using 1 staff to 6000 caseload | | | | | | | | | | | | | |
| Information Technology Support | 0.3 | 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 | 13.5 |
| Parent Liaison (B) | 0.5 | 0.5 | 0.8 | 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 |
| Medical Case Management | | | | | | | | | | | | | | | | | |
| Physician (C) | 0.5 | 0.5 | 0.5 | calculated by using 1 staff to 4000 caseload | | | | | | | | | | | | | |
| 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 (OT/PT) | calculated by using 1 staff to 6000 caseload | | | | | | | | | | | | | | | | |
| Nurse (D, E) | calculated by using 1 staff to 400 caseload | | | | | | | | | | | | | | | | |
| Other Health Care Professionals | | | | | | | | | | | | | | | | | |
| Other Health Care Professionals (F) | calculated by using 1 staff to 4500 caseload | | | | | | | | | | | | | | | | |
| Ancillary Support | | | | | | | | | | | | | | | | | |
| Case Management Technician | calculated by using 1 staff to 400 caseload | | | | | | | | | | | | | | | | |
| Program Eligibility Technician | calculated by using 1 staff to 800 caseload | | | | | | | | | | | | | | | | |
| Clerical and Claims Support | | | | | | | | | | | | | | | | | |
| Clerical Personnel | calculated by using 1 staff to 1100 caseload | | | | | | | | | | | | | | | | |
| Fiscal Personnel | calculated by using 1 staff to 1500 caseload | | | | | | | | | | | | | | | | |
| Supervision | | | | | | | | | | | | | | | | | |
| Global Supervision (For all positions listed above) | calculated by using 1 supervisor to 10 FTE staff | | | | | | | | | | | | | | | | |

- 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. 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 and volume of liaison duties in each county as outlined in Section 5.
- E. The positions are recommended but not required. These include Audiologist, Speech Therapist, Nutritionist, Social Worker, and Dental Consultant

| Caseload | | | SAMPLE | | | |
|---|---|--------------|--|------------------|------------------|--|
| Active Caseload: | 145 | ← | Enter Active Caseload | | | |
| Pending Caseload: | 19 | | <i>(Dependent County: Not Level 3)</i> | | | |
| Total Caseload: | 164 | | | | | |
| Caseload Range | | 0-499 | 500-1000 | 1001-1500 | 1501-3000 | |
| Program Administration | Administrator | 0.16 | 0.5 | 1 | 1 | |
| | Admin Asst Personnel | 0.00 | 0 | 0 | 0 | |
| | Information Technology Support | 0.08 | 0.25 | 0.5 | 1 | |
| | Parent Liaison | 0.16 | 0.5 | 0.5 | 0.75 | |
| | <i>Subtotal</i> | 0.41 | 1.25 | 2 | 2.75 | |
| Medical Case Management | Physician | 0.00 | 0 | 0 | 0 | |
| | Chief Therapist | 0.00 | 0 | 0 | 0 | |
| | Therapist (OT/PT) | 0.00 | 0 | 0 | 0 | |
| | Nurse | 0.45 | 0.00 | 0.00 | 0.00 | |
| | <i>Subtotal</i> | 0.45 | 0.00 | 0.00 | 0.00 | |
| Other Health Care Prof | Other Health Care Professionals | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | | | | |
| Ancillary Support | Case Mgmt Technician | 0.00 | 0.00 | 0.00 | 0.00 | |
| | Program Eligibility Technician | 0.25 | 0.00 | 0.00 | 0.00 | |
| | <i>Subtotal</i> | 0.25 | 0.00 | 0.00 | 0.00 | |
| Clerical & Claims Support | Clerical Personnel | 0.15 | 0.00 | 0.00 | 0.00 | |
| | Fiscal Personnel | 0.15 | 0.00 | 0.00 | 0.00 | |
| | <i>Subtotal</i> | 0.30 | 0 | 0 | 0 | |
| Sub-Total (without Supervision) | | 1.41 | 1.25 | 2.00 | 2.75 | |
| Supervision <small>(Not specified on Staffing Sids Profile)</small> | Global Supervision <i>(1:10 FTE Ratio for all positions listed above)</i> | 0.14 | 0.15 | 0.20 | 0.30 | |
| | | | | | | |
| GRAND TOTAL FTE (with supervision) | | 1.60 | 1.40 | 2.20 | 3.05 | |
| If Grand Total FTE is less than 2.0 -- Use Baseline Staffing <i>(See Budget Instructions)</i> | | | | | | |

| Caseload | |
|------------------------|------------|
| Active Caseload: | 538 |
| Pending Caseload: | 71 |
| Total Caseload: | 609 |

← Enter Active Caseload
 (Dependent County: Level 3 without MTU)
SAMPLE

| Caseload Range | | 0-499 | 500-1000 | 1001-1500 | 1501-3000 |
|---|--|-------|--------------|-----------|-----------|
| Program Administration | Administrator | | 0.5 | | |
| | Admin Asst Personnel | | 0 | | |
| | Information Technology Support | | 0.25 | | |
| | Parent Liaison | | 0.5 | | |
| | <i>Subtotal</i> | | 1.25 | | |
| Medical Case Management | Physician | | 0 | | |
| | Chief Therapist | | 0 | | |
| | Therapist (OT/PT) | | 0 | | |
| | Nurse | | 1.55 | | |
| | <i>Subtotal</i> | | 1.550 | | |
| Other Health Care Prof | Other Health Care Professionals | | 0.00 | | |
| | | | | | |
| Ancillary Support | Case Mgmt Technician | | 1.55 | | |
| | Program Eligibility Technician | | 0.80 | | |
| | <i>Subtotal</i> | | 2.35 | | |
| Clerical & Claims Support | Clerical Personnel | | 0.60 | | |
| | Fiscal Personnel | | 0.45 | | |
| | <i>Subtotal</i> | | 1.05 | | |
| Sub-Total (without Supervision) | | | 6.200 | | |
| Supervision <small>(Not specified on Staffing Stds Profile)</small> | Global Supervision (1:10 FTE Ratio for all positions listed above) | | 0.65 | | |
| | | | | | |
| GRAND TOTAL FTE (with supervision) | | | 6.850 | | |

If Grand Total FTE is less than 2.0 -- Use Baseline Staffing
 (See Budget Instructions)

| Caseload | |
|-------------------|-----|
| Active Caseload: | 876 |
| Pending Caseload: | 115 |
| Total Caseload: | 991 |

← Enter Active Caseload
 (Dependent County: Level 3 with MTU)
SAMPLE

| Caseload Range | | 0-499 | 500-1000 | 1001-1500 | 1501-3000 |
|---|--|-------|---------------|-----------|-----------|
| Program Administration | Administrator | | 0.5 | | |
| | Admin Asst Personnel | | 0 | | |
| | Information Technology Support | | 0.25 | | |
| | Parent Liaison | | 0.5 | | |
| | <i>Subtotal</i> | | 1.25 | | |
| Medical Case Management | Physician | | 0 | | |
| | Chief Therapist | | 0.1 | | |
| | Therapist (OT/PT) | | 0.125 | | |
| | Nurse | | 2.50 | | |
| | <i>Subtotal</i> | | 2.725 | | |
| Other Health Care Prof | Other Health Care Professionals | | 0.00 | | |
| Ancillary Support | Case Mgmt Technician | | 2.50 | | |
| | Program Eligibility Technician | | 1.25 | | |
| | <i>Subtotal</i> | | 3.75 | | |
| Clerical & Claims Support | Clerical Personnel | | 0.95 | | |
| | Fiscal Personnel | | 0.70 | | |
| | <i>Subtotal</i> | | 1.65 | | |
| Sub-Total (without Supervision) | | | 9.375 | | |
| Supervision (Not specified on Staffing Stds Profile) | Global Supervision (1:10 FTE Ratio for all positions listed above) | | 0.95 | | |
| GRAND TOTAL FTE (with supervision) | | | 10.325 | | |

If Grand Total FTE is less than 2.0 -- Use Baseline Staffing
 (See Budget Instructions)

CCS Administrative Budget Worksheet

Use the **CCS Administrative Budget Worksheet** on page 87 (see sample on page 88). The "CCS Caseload" box in the upper left corner of the worksheet must first be completed (see instructions on page 78).

NOTE: Round all amounts, **except totals**, to the nearest dollar. **Do not round totals.** The amounts used to calculate the totals have already been rounded up or down. There may be discrepancies in these totals but the dollar amount differences will not significantly affect the budget grand total. Administrative invoices cannot exceed the funding source allocation.

I. Personnel Expenses

List each funded position as a separate line item under the appropriate subcategory (*Administration, Medical Utilization Review and Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support*). In addition, follow steps A – O 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 "Straight CCS Caseload %" 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 "Healthy Families %" 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.
- H. Column 6A: Enter the "TLICP %" from the caseload box in Column 6A.
- I. Column 6: Multiply the amount in Column 3 by the percentage in Column 6A and enter the result in Column 6.
- J. Column 7A: Enter the "Title XIX MC %" from the caseload box in Column 7A.
- K. Column 7: Multiply the amount in Column 3 by the percentage in Column 7A and enter the result in Column 7.
- L. Column 8A: Enter the percentage of enhanced FTE. The amount in this column shall be supported by time study documentation for each staff position.

- M. Column 8: Multiply the amount in Column 11 by the percentage in Column 8A and enter the result in Column 8.
- N. Column 9A: Enter the percentage of the FTE that not enhanced (% in Column 9A + % in 8A= 100%).
- O. Column 9: Multiply the amount in Column 7 by the percentage in Column 9A and enter the result in Column 9.

Staff Benefits – This line item under *Personnel Expenses* requires special instructions as follows:

1. If your county uses an **actual** staff benefits amount, enter this amount in column 3 on the *Staff Benefits* line. Calculate the staff benefits percentage rate and enter in the box to the left of Column 3. **or**
2. If your county uses an approved staff benefits percentage rate to calculate these costs, enter this approved benefits percentage rate in the box to the left of Column 3. This will multiply the benefits percentage rate to the amount in Column 3 on the Net Salaries and Wages line and calculate the “Total Budget” in Column 3 on the Staff Benefits line.
3. From the Total Salaries and Wages line, divide the amount in Column 9 by the amount in Column 8 to arrive at the percentage of Medi-Cal enhanced 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. The percentage and amount of Non-Enhanced Medi-Cal salary costs will be the total Medi-Cal in Column 9 less Enhanced TLICP in Column 8.

II. Operating Expenses

- A. “*Travel*” and “*Training*” can be enhanced, if supported by Time Study Documentation.
 1. If your county uses actual enhanced travel and training costs, enter the enhanced amounts in Column 8. Calculate the enhanced percentage rates and enter in the appropriate boxes. The percentage and amount of Non-Enhanced travel and training costs for Title XIX Medi-Cal will be the total in Column 9 less enhanced Title XIX Medi-Cal in Column 8.
 2. To arrive at the percentage of enhanced Travel or Training costs, follow the steps above related to enhanced staff benefits. Apply to Title XIX Medi-Cal.
- B. For all other line items under Operating Expenses, repeat steps “E through O” under Personnel Expenses above.

III. Capital Expenses

Repeat steps E through O under *Personnel Expenses* above.

IV. Indirect Expenses

Repeat steps E through O under *Personnel Expenses* above.

V. Other Expenses

A. For the Maintenance and Transportation" line item under Other Expenses:

1. Total Budget amount should be based upon county's documented expenditures and client needs.
2. As reimbursement for Maintenance and Transportation expenditures are linked to the underlying funding category of the client, counties may use standard caseload distribution, or modify the caseload distribution based upon documented expenditures.

B. For all other line items under *Other Expenses*:

1. Repeat steps E through O under Personnel Expenses above.

VI. Budget Grand Total

Add the amounts shown for *Total Personnel Expenses*, *Total Operating Expenses*, *Total Capital Expenses*, *Total Indirect Expenses*, and *Total Other Expenses* in each column. Enter the total for each column on the "*Budget Grand Total*" line.

NOTE: Round all amounts, **except totals**, to the nearest dollar. **Do not round totals.** The amounts used to calculate the totals have already been rounded up or down. There may be discrepancies in these totals but the dollar amount differences will not significantly affect the budget grand total. Administrative invoices cannot exceed the funding source allocation.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | | |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | | |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children | | |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | | |
| TOTAL CCS CASELOAD | | |

CCS Administrative Budget Worksheet

Fiscal Year: _____

County: _____

| Column | Straight CCS | | Title XXI - Healthy Families | | Title XXI - Medi-Cal/Targeted Low Income Children's Program | | Title XIX - Medi-Cal | | | | | | | | |
|--|--------------|---------------|---------------------------------------|------------|---|------------|--|------------|--|------------|----------------------------------|----------------|---|--------------------|---|
| | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 | 9A | 9 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6 + 9) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Healthy Families County/State/Fed (17.5/17.5/65) | Caseload % | Medi-Cal/ Targeted Low Income Children's Program (TLICP) Co/State/Fed (17.5/17.5/65) | Caseload % | Title XIX Medi-Cal State/Federal | Enhanced % FTE | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced % FTE | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| I. Personnel Expense | | | | | | | | | | | | | | | |
| Program Administration | | | | | | | | | | | | | | | |
| Subtotal | | | | | | | | | | | | | | | |
| Medical Case Management | | | | | | | | | | | | | | | |
| Subtotal | | | | | | | | | | | | | | | |
| Other Health Care Professionals | | | | | | | | | | | | | | | |
| Subtotal | | | | | | | | | | | | | | | |
| Ancillary Support | | | | | | | | | | | | | | | |
| Subtotal | | | | | | | | | | | | | | | |
| Clerical and Claims Support | | | | | | | | | | | | | | | |
| Subtotal | | | | | | | | | | | | | | | |
| Total Salaries and Wages | | | | | | | | | | | | | | | |
| Staff Benefits (Specify %) | 0.00% | | | | | | | | | | | | | | |
| I. Total Personnel Expense | | | | | | | | | | | | | | | |
| II. Operating Expense | | | | | | | | | | | | | | | |
| 1. Travel | | | | | | | | | | | | | | | |
| 2. Training | | | | | | | | | | | | | | | |
| II. Total Operating Expense | | | | | | | | | | | | | | | |
| III. Capital Expense | | | | | | | | | | | | | | | |
| III. Total Capital Expense | | | | | | | | | | | | | | | |
| IV. Indirect Expense | | | | | | | | | | | | | | | |
| 1. Internal | 0.00% | | | | | | | | | | | | | | |
| 2. External | 0.00% | | | | | | | | | | | | | | |
| IV. Total Indirect Expense | | | | | | | | | | | | | | | |
| V. Other Expense | | | | | | | | | | | | | | | |
| Maintenance & Transportation | | | | | | | | | | | | | | | |
| V. Total Other Expense | | | | | | | | | | | | | | | |
| Budget Grand Total | | | | | | | | | | | | | | | |

Prepared By (Signature) _____ Prepared By (Printed Name) _____ Date Prepared _____ Phone Number _____

CCS Administrator (Signature) _____ CCS Administrator (Printed Name) _____ Date _____ Phone Number _____

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

| CCS CASELOAD | Actual Caseload | Percent of Total Caseload |
|---|-----------------|---------------------------|
| STRAIGHT CCS Total Open (Active) Straight CCS Cases | 45 | 18.37% |
| HEALTHY FAMILIES Total Open (Active) Healthy Families Cases | 60 | 24.49% |
| TITLE XXI MEDI-CAL/TLICP Total Open (Active) M2/TLICP Cases | 15 | 6.12% |
| TITLE XIX MEDI-CAL Total Open (Active) Medi-Cal Cases | 125 | 51.02% |
| TOTAL CASELOAD | 245 | 100% |

CCS Administrative Budget Worksheet

SAMPLE

Fiscal Year: 2013-2014
County: GOLDEN

| Column | | | | Straight CCS | | Title XXI - Healthy Families | | Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP) | | Title XIX - Medi-Cal | | | | | |
|--|--------|---------------|---------------------------------------|--------------|-----------------------------------|------------------------------|--|---|---|----------------------|----------------------------------|----------------|---|--------------------|---|
| | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 | 9A | 9 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6 + 9) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Healthy Families County/State/Fed (17.5/17.5/65) | Caseload % | Medi-Cal/Targeted Low Income Children Program (TLICP) Co/State/Fed (17.5/17.5/65) | Caseload % | Title XIX Medi-Cal State/Federal | Enhanced % FTE | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced % FTE | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| I. Personnel Expense | | | | | | | | | | | | | | | |
| Program Administration | | | | | | | | | | | | | | | |
| 1. Jane Smith, CCS Administrator | 15.00% | 91,329 | 13,699 | 18.37% | 2,516 | 24.49% | 3,355 | 6.12% | 839 | 51.02% | 6,989 | | | 100.00% | 6,989 |
| 2. Connie Jones, Sr Finance Asst. | 20.00% | 44,370 | 8,874 | 18.37% | 1,630 | 24.49% | 2,173 | 6.12% | 543 | 51.02% | 4,528 | | | 100.00% | 4,528 |
| Subtotal | | 135,699 | 22,573 | | 4,146 | | 5,528 | | 1,382 | | 11,517 | | | | 11,517 |
| Medical Case Management | | | | | | | | | | | | | | | |
| 1. Lori Peters, PHN Supervisor | 25.00% | 91,329 | 22,832 | 18.37% | 4,194 | 24.49% | 5,592 | 6.12% | 1,398 | 51.02% | 11,649 | 80.00% | 9,319 | 20.00% | 2,330 |
| 2. Sandy Johnson, PHN II | 35.00% | 75,606 | 26,462 | 18.37% | 4,860 | 24.49% | 6,480 | 6.12% | 1,620 | 51.02% | 13,501 | 80.00% | 10,801 | 20.00% | 2,700 |
| Subtotal | | 166,935 | 49,294 | | 9,054 | | 12,072 | | 3,018 | | 25,150 | | 20,120 | | 5,030 |
| Other Health Care Professionals | | | | | | | | | | | | | | | |
| Subtotal | | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| Ancillary Support | | | | | | | | | | | | | | | |
| 1. Barbara Simpson, Admin Technician | 90.00% | 56,951 | 51,256 | 18.37% | 9,414 | 24.49% | 12,552 | 6.12% | 3,138 | 51.02% | 26,151 | | | 100.00% | 26,151 |
| 2. Linda Jackson, Outreach Specialist | 15.00% | 53,912 | 8,087 | 18.37% | 1,485 | 24.49% | 1,980 | 6.12% | 495 | 51.02% | 4,126 | | | 100.00% | 4,126 |
| Subtotal | | 110,863 | 59,343 | | 10,899 | | 14,532 | | 3,633 | | 30,277 | | | | 30,277 |
| Clerical and Claims Support | | | | | | | | | | | | | | | |
| Subtotal | | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| Total Salaries and Wages | | | | | | | | | | | | | | | |
| Staff Benefits (Specify %) | | | | | | | | | | | | | | | |
| 35.50% | | | | | | | | | | | | | | | |
| I. Total Personnel Expense | | | | | | | | | | | | | | | |
| 177,790 18.37% 32,655 24.49% 43,539 6.12% 10,885 51.02% 90,709 27,263 63,446 | | | | | | | | | | | | | | | |
| II. Operating Expense | | | | | | | | | | | | | | | |
| 1. Travel | | | 100 | 18.37% | 18 | 24.49% | 24 | 6.12% | 6 | 51.02% | 51 | 30.05% | 15 | 69.95% | 36 |
| 2. Training | | | 100 | 18.37% | 18 | 24.49% | 24 | 6.12% | 6 | 51.02% | 51 | 30.05% | 15 | 69.95% | 36 |
| 3. Communications | | | 1,200 | 18.37% | 220 | 24.49% | 294 | 6.12% | 73 | 51.02% | 612 | | | 100.00% | 612 |
| 4. Office Supplies, Copy Pool Plan | | | 2,500 | 18.37% | 459 | 24.49% | 612 | 6.12% | 153 | 51.02% | 1,276 | | | 100.00% | 1,276 |
| 5. Maintenance Building, Program (Maxime) | | | 1,200 | 18.37% | 220 | 24.49% | 294 | 6.12% | 73 | 51.02% | 612 | | | 100.00% | 612 |
| 6. Rent | | | 8,000 | 18.37% | 1,469 | 24.49% | 1,959 | 6.12% | 490 | 51.02% | 4,082 | | | 100.00% | 4,082 |
| 7. Utilities | | | 3,000 | 18.37% | 551 | 24.49% | 735 | 6.12% | 184 | 51.02% | 1,531 | | | 100.00% | 1,531 |
| II. Total Operating Expense | | | | | | | | | | | | | | | |
| 16,100 2,955 3,942 985 8,215 30 8,185 | | | | | | | | | | | | | | | |
| III. Capital Expense | | | | | | | | | | | | | | | |
| III. Total Capital Expense | | | | | | | | | | | | | | | |
| 0 0 0 0 0 0 0 | | | | | | | | | | | | | | | |
| IV. Indirect Expense | | | | | | | | | | | | | | | |
| 1. Internal | 4.00% | | 7,112 | 18.37% | 1,306 | 24.49% | 1,742 | 6.12% | 435 | 51.02% | 3,629 | | | 100.00% | 3,629 |
| 2. External | 4.00% | | 7,112 | 18.37% | 1,306 | 24.49% | 1,742 | 6.12% | 435 | 51.02% | 3,629 | | | 100.00% | 3,629 |
| IV. Total Indirect Expense | | | | | | | | | | | | | | | |
| 14,224 2,612 3,484 870 7,258 | | | | | | | | | | | | | | | |
| V. Other Expense | | | | | | | | | | | | | | | |
| 1. Maintenance & Transportation | | | 1,200 | 18.37% | 220 | 24.49% | 294 | 6.12% | 73 | 51.02% | 612 | | | 100.00% | 612 |
| V. Total Other Expense | | | | | | | | | | | | | | | |
| 1,200 220 294 73 612 | | | | | | | | | | | | | | | |
| Budget Grand Total | | | | | | | | | | | | | | | |
| 209,314 38,442 51,259 12,813 106,794 27,293 79,501 | | | | | | | | | | | | | | | |

| | | | |
|-------------------------------|----------------------------------|---------------|--------------|
| <u>Janis Stotlemeyer</u> | Janis Stotlemeyer | 5/15/2013 | 916-555-1111 |
| Prepared By (Signature) | Prepared By (Printed Name) | Date Prepared | Phone Number |
| <u>Lori Jackson</u> | Lori Jackson | 5/15/2013 | 916-555-2222 |
| CCS Administrator (Signature) | CCS Administrator (Printed Name) | Date | Phone Number |

CCS Administrative Budget Summary

I. CCS Administrative Budget Summary

A. Category/Line Item

Transfer total amounts from the budget worksheets for *Personnel Expenses*, *Operating Expenses*, *Capital Expenses*, and *Other Expenses*, and transfer the *Budget Grand Total* lines for each column to the **CCS Administrative Budget Summary** Form. See page 91 for the form and page 92 for a completed sample.

B. Source of Funds – State General Funds

Administration of the county CCS programs is funded by the State General Fund (GF), county funds and federal funds. Each county is allocated discrete GF dollars for funding the CCS county program administration according to the four separate CCS caseload populations comprised of CCS-only, CCS-Healthy Families subscribers, CCS-Medi-Cal/Targeted Low-Income Children's Program subscribers, and CCS-Medi-Cal beneficiaries. The total funds budgeted may not exceed the funds allocated annually by CMS.

1. CCS-only funding is shared equally (50/50) by the County and State.
2. The CCS-Healthy Families funding is shared 17.5% County, 17.5% State, and 65% Federal.
3. The CCS-Medi-Cal/Targeted Low-Income Children's Program funding is shared 17.5% County, 17.5% State, and 65% Federal.
4. CCS-Medi-Cal funding is split between State GF and Federal funds; the County does not contribute.

II. Source of Funds

This section displays the funding sources for the CCS Administrative Budget and serves as a control for the expenditure of funds for the local program.

A. Straight CCS Program Funds

1. Multiply the Straight CCS Budget Grand Total amount under Column 2 by 50 percent and enter this sum into the Source of Funds section under Column 2 on the Straight CCS State Funds line.
2. Multiply the Straight CCS Budget Grand Total amount under Column 2 by 50 percent and enter this sum into the Source of Funds section under Column 2 on the Straight CCS County Funds line.

B. Healthy Families Program Funds

1. Multiply the Healthy Families Budget Grand Total amount under Column 3 by 17.5 percent and enter this sum into the Source of Funds section under Column 3 on the Healthy Families State Funds line.
2. Multiply the Healthy Families Budget Grand Total amount under Column 3 by 17.5 percent and enter this sum into the Source of Funds section under Column 3 on the Healthy Families County Funds line.
3. Multiply the Healthy Families Budget Grand Total amount under Column 3 by 65 percent and enter this sum into the Source of Funds section under Column 3 on the Healthy Families Federal Funds (Title XXI) line.

C. Medi-Cal/Targeted Low Income Children's Program Funds

1. Multiply the Medi-Cal/Targeted Low Income Children's Program Budget Grand Total amount under Column 4 by 17.5 percent and enter this sum into the Source of Funds section under Column 4 on the Medi-Cal/Targeted Low Income Children's Program State Funds line.
2. Multiply the Medi-Cal/Targeted Low Income Children's Program Budget Grand Total amount under Column 4 by 17.5 percent and enter this sum into the Source of Funds section under Column 4 on the Medi-Cal/Targeted Low Income Children's Program County Funds line.
3. Multiply the Medi-Cal/Targeted Low Income Children's Program Budget Grand Total amount under Column 4 by 65 percent and enter this sum into the Source of Funds section under Column 4 on the Medi-Cal/Targeted Low Income Children's Program Federal Funds (Title XXI) line.

D. Medi-Cal Enhanced Funds

1. Multiply the Enhanced Medi-Cal Budget Grand Total amount under Column 6 by 25 percent and enter this sum into the Source of Funds section under Column 6 on the Title XIX Medi-Cal State Funds line.
2. Multiply the Enhanced Medi-Cal Budget Grand Total amount under Column 6 by 75 percent and enter the sum into the Source of Funds section under Column 6 on the Title XIX Medi-Cal Federal Funds (Title XIX) line.

E. Medi-Cal Non-Enhanced Funds

1. Multiply the Non-Enhanced Medi-Cal Budget Grand Total amount under Column 7 by 50 percent and enter this sum into the Source of Funds section under Column 7 on the Title XIX Medi-Cal State Funds line.

2. Multiply the Non-Enhanced Medi-Cal Budget Grand Total amount under Column 7 by 50 percent and enter this sum into the Source of Funds section under Column 7 on the Title XIX Medi-Cal Federal Funds (Title XIX) line.

F. Total Medi-Cal Funds

Add amounts from Columns 6 and 7 for each category and source of funds and enter totals in Column 5 (Total Medi-Cal).

G. Total Budget

Add amounts across in Columns 2, 3, 4 and 5 for each of the four lines in the *Source of Funds* section and enter these totals into Column 1 (Total Budget). The sum of these amounts equals *Budget Grand Total* line under in Column 1.

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

| CCS CASELOAD | Actual Caseload | Percent of Total Caseload |
|--|-----------------|---------------------------|
| STRAIGHT CCS - | | |
| Total Open (Active) Straight CCS Cases | | |
| HEALTHY FAMILIES - | | |
| Total Open (Active) Healthy Families Cases | | |
| TITLE XXI MEDI-CAL/TLICP - | | |
| Total Open (Active) MC/TLICP Cases | | |
| TITLE XIX MEDI-CAL - | | |
| Total Open (Active) Medi-Cal Cases | | |
| TOTAL CASELOAD | | |

CCS Administrative Budget Summary

Fiscal Year: _____

County: _____

| | Col 1 = Col 2+3+4+6 | Straight CCS | Title XXI - HF | Title XXI Medi-Cal/TLICP | Title XIX Medi-Cal (Column 5 = Columns 6 + 8) | | |
|------------------------------------|---------------------|-----------------------------------|--|---|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Category/Line Item | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/ Targeted Low Income Children Program (TLICP) County/State/Fed | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal 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 | | | | | | | |

| | Col 1 = Col 2+3+4+7 | Straight CCS | Title XXI - HF | Title XXI Medi-Cal/TLICP (Column 4 = Columns 5 + 6) | Title XIX Medi-Cal (Columns 5 = Column 6 + 7) | | |
|--|---------------------|-----------------------------------|--|--|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Source of Funds | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/ Targeted Low Income Children Program (TLICP) County/State/Fed (17.5/17.5/65) | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| Straight CCS | | | | | | | |
| County | | | | | | | |
| State | | | | | | | |
| Healthy Families | | | | | | | |
| County | | | | | | | |
| State | | | | | | | |
| Federal (Title XXI) | | | | | | | |
| Medi-Cal/Targeted Low-Income Children Program (TLICP) | | | | | | | |
| County | | | | | | | |
| State | | | | | | | |
| Federal (Title XXI) | | | | | | | |
| Title XIX Medi-Cal | | | | | | | |
| State | | | | | | | |
| Federal (Title XIX) | | | | | | | |

Prepared By (Signature) _____ Prepared By (Printed Name) _____ Date Prepared _____ Email Address _____

CCS Administrator (Signature) _____ CCS Administrator (Printed Name) _____ Date _____ Email Address _____

Children's Medical Services Plan and Fiscal Guidelines Fiscal Year 2013-2014

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

SAMPLE

CCS Administrative Budget Summary

Fiscal Year: 2013-2014

County: GOLDEN

| CCS CASELOAD | Actual Caseload | Percent of Total Caseload |
|---|-----------------|---------------------------|
| STRAIGHT CCS - Total Open (Active) Straight CCS Cases | 45 | 18.37% |
| HEALTHY FAMILIES - Total Open (Active) Healthy Families Cases | 60 | 24.49% |
| TITLE XXI MEDI-CAL/TLICP - Total Open (Active) MC/TLICP Cases | 15 | 6.12% |
| TITLE XIX MEDI-CAL - Total Open (Active) Medi-Cal Cases | 125 | 51.02% |
| TOTAL CASELOAD | 245 | 100% |

| | Col 1 = Col 2+3+4+6 | Straight CCS | Title XXI - HF | Title XXI Medi-Cal/TLICP | Title XIX Medi-Cal (Column 5 = Columns 6 + 7) | | |
|------------------------------------|---------------------|-----------------------------------|--|---|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Category/Line Item | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/ Targeted Low Income Children Program (TLICP) County/State/Fed | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| I. Total Personnel Expense | 177,788 | 32,655 | 43,539 | 10,885 | 90,709 | 27,263 | 63,446 |
| II. Total Operating Expense | 16,097 | 2,955 | 3,942 | 985 | 8,215 | 30 | 8,185 |
| III. Total Capital Expense | 0 | 0 | 0 | 0 | 0 | | 0 |
| IV. Total Indirect Expense | 14,224 | 2,612 | 3,484 | 870 | 7,258 | | 7,258 |
| V. Total Other Expense | 1,199 | 220 | 294 | 73 | 612 | | 612 |
| Budget Grand Total | 209,308 | 38,442 | 51,259 | 12,813 | 106,794 | 27,293 | 79,501 |

| | Col 1 = Col 2+3+4+7 | Straight CCS | Title XXI - HF | Title XXI Medi-Cal/TLICP | Title XIX Medi-Cal (Columns 5 = Column 6 + 7) | | |
|--|---------------------|-----------------------------------|--|---|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Source of Funds | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/Targeted Low Income Children Program (TLICP) County/State/Fed (17.5/17.5/65) | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| Straight CCS | | | | | | | |
| County Funds | 19,221 | 19,221 | | | | | |
| State Funds | 19,221 | 19,221 | | | | | |
| Healthy Families | | | | | | | |
| County Funds | 8,970 | | 8,970 | | | | |
| State Funds | 8,970 | | 8,970 | | | | |
| Federal Funds (Title XXI) | 33,319 | | 33,319 | | | | |
| Medi-Cal/Targeted Low-Income Children Program (TLICP) | | | | | | | |
| County Funds | 2,242 | | | 2,242 | | | |
| State Funds | 2,242 | | | 2,242 | | | |
| Federal Funds (Title XXI) | 8,329 | | | 8,329 | | | |
| Title XIX Medi-Cal | | | | | | | |
| State Funds | 46,574 | | | | 46,574 | 6,823 | 39,751 |
| Federal Funds (Title XIX) | 60,220 | | | | 60,220 | 20,470 | 39,750 |

Janis Stotlemeyer

Prepared By (Signature)

Janis Stotlemeyer

Prepared By (Printed Name)

5/15/2013

Date Prepared

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Lori Jackson

CCS Administrator (Printed Name)

5/15/2013

Date

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CMS Budget Revision General Information

I. Policies for CMS Budget Revisions

CMS BUDGET REVISIONS ARE NO LONGER REQUIRED. Due to the capped allocation methodology, budgets may not exceed the initial allocation. Local Match budgets are also capped at the amount of matching federal funds requested to augment local funds based upon a local program's initial request.