

# **HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE FINANCIAL POLICY & PROCEDURE MANUAL**

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# SECTION 1: OVERVIEW

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide Public Health Nurse (PHN) expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care.

Detailed information regarding program scope, history, authority, resources, and procedures can be found in the HCPCFC Manual.<sup>1</sup>

## Population Served

All California foster children and youth in out of home placement are eligible to receive HCPCFC services.<sup>2</sup> HCPCFC serves: Foster Youth as defined by Welfare and Institutions Code (WIC) 11400(f), Non-Minor Dependents (NMDs) as defined by WIC 11400 (v)(1-3), and Wards of the Juvenile Court as defined by WIC 450 who have been removed from their home pursuant to WIC 309 (temporary custody), are the subject of a petition filed under WIC 300 (dependent-victim of abuse or neglect) or WIC 602 (juvenile who has violated the law), or have been removed from their home and are the subject of a petition under WIC 300 or 602.<sup>3, 4, 5, 6, 7, 8, 9</sup> NMDs receive program services upon their request, and under their direction, in accordance with All County Letter (ACL) No. 17-22E and WIC 16501.3.<sup>10, 11</sup>

## History

In 1998, the Foster Care Children's Task Force published Code Blue: Health Services for Children in Foster Care highlighting the fact that foster children have serious health, emotional, and developmental problems.<sup>12</sup> The task force recommended a system of health care for children in foster care that would improve coordination and delivery of services in counties through the utilization of PHNs. As a result, Assembly Bill (AB) 1111 (Chapter 147, Statutes of 1999) enacted WIC 16501.3 establishing the HCPCFC.<sup>13</sup>

## Program Guidelines & Resources

- » The DHCS HCPCFC Webpage: Providers and program staff can access program documents, guidelines, program letters, forms, tools, resources, and training on the DHCS HCPCFC program webpage.<sup>14</sup>

- » HCPCFC Manual: Detailed information regarding program activities, history, legislative authority, scope of work, standard procedure staff training, and educational resources can be found in the HCPCFC Manual.
- » DHCS Program Letters: DHCS releases yearly budget information and program updates via HCPCFC Program letters which can be found via the DHCS HCPCFC webpage.<sup>15</sup>
- » California Department of Social Services (CDSS) All County Letters/All County Information Notices: CDSS releases policy updates and clarification via All County Letters and All County Information Notices.<sup>16</sup>

## Contact Information

- » Questions and requests for assistance regarding program matters may be directed to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).
- » Questions and requests for assistance regarding financial matters may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).

## **SECTION 2: FEDERAL FINANCIAL PARTICIPATION**

### **Time Study Instructions for Enhanced/Non-enhanced Title XIX Medicaid Funding**

#### **Introduction**

The Social Security Act provides for variable federal matching rates for the administrative functions of the Medicaid (Title XIX) program, including a Federal Financial Participation (FFP) rate of 50 percent (non-enhanced) for the majority of expenses necessary to the proper and efficient operation of the program and an FFP rate of 75 percent (enhanced) for expenses of skilled professional medical personnel (SPMP) and their direct clerical support staff necessary for development and administration of a medically sound program.<sup>17, 18</sup> The Medicaid program in California is known as Medi-Cal.

Federal funds may be claimed at:

- » Enhanced rate which is 75 percent of the salaries, benefits, training, and travel expenses for SPMP who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and for the clerical staff who directly support and are supervised by the SPMP.
- » Non-enhanced rate which is 50 percent of the salaries, benefits, travel, training, and other administrative expenses for non-SPMP including, but not limited to, administrators, associate staff, clerical staff not providing direct support to, or supervised by, SPMP, and claims processing staff.

#### **Time Study Policy and Instructions for Completion**

- » Time Study Requirements Overview:
  - Reminder: Original time study documents must be retained in the event of a federal audit.
  - Basic documentation required by the Federal Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration (HCFA), to support FFP claiming for costs of administrative support activities must be collected based on an approved time study method.

- Local program's time studies are designed to support FFP claiming in a uniform system that allows for the time study to be used by staff working in various Children's Medical Services programs.
- Tools for FFP timekeeping, are located at the end of this section.

## **Stipulations for Enhanced FFP and Eligible Classifications**

Staff who meet SPMP qualifications for professional education and training may record time to SPMP (enhanced) functions in performing those duties that require professional medical knowledge and skills, as evidenced by position descriptions, job announcements, or job classifications and when qualified functions per Title 42, Code of Federal Regulations (CFR), Chapter IV, are performed such as, but not limited to:

- » Liaison on medical aspects of the program with providers of services and other agencies that provide medical care.
- » Furnishing expert medical opinions.
- » Reviewing complex physicians' billings.
- » Participating in medical review, or independent professional review team activities.
- » Assessing, through case management activities, the necessity for, and adequacy, of medical care and services.

Local programs have the responsibility to ensure that both HCPCFC staffing requirements and SPMP qualifications are met. The program duty statement for the SPMP must reflect both SPMP and non-SPMP activities.

## **Direct Support Staff Stipulations**

Directly supporting clerical staff time may be recorded when performing those clerical job responsibilities that directly support SPMP (Part 432.2, 42 CFR).<sup>19</sup> To qualify, the Direct Support Staff (DSS) must be directly supervised by a SPMP and must meet the following criteria for directly supporting clerical staff.

DSS means clerical staff who:

- » Are secretarial, stenographic, copy, file, or record clerks providing direct support to the SPMP, and
- » Provide clerical services directly necessary for carrying out the professional medical responsibilities and functions of the SPMP.

DSS are eligible to record SPMP time when, as clerical staff, their position documentation meets the following stipulations:

- » Job requirements are in the direct support of, and under the direct supervision of SPMP who:
  - must be immediately responsible for the work performed by the clerical staff, and must directly supervise (immediate first-level supervision) the supporting staff reflected on the organization chart and the performance of the supporting staff's work, and
  - is responsible for preparing, conducting, and signing the directly supporting staff's performance appraisal as the immediate first-level supervisor, and

DSS are also eligible to record non-SPMP time when, as clerical staff,

- » Civil service job specifications require clerical skills such as typing, filing, or photocopying.
- » Program duty statements reflect clerical functions in direct support of SPMP.

**NOTE:** DSS does not include the costs of other non-SPMP staff, for example, administrative assistants, statistical clerks, office managers, technicians, accounting clerks, and management assistants not performing clerical functions. Administrative assistants, statistical clerks, office managers, technicians, accounting clerks, management assistants, etc. can use funds from the HCPCFC Administrative Allocation for non-enhanced work.

## Professional Education and Training For SPMP

SPMP are required to have education and training at a professional level in the field of medical care or appropriate medical practice before time can be recorded by those individuals to SPMP functions. "Education and training at a professional level" means the completion of a two-year or longer program leading to an academic degree or certificate in a medically related profession. Completion may be demonstrated by possession of a medical license, certificate, or other document issued by a recognized national or state medical licenser or certifying organization, or a degree in a medical field issued by a college or university certified by a professional medical organization. Experience in the administration, direction, or implementation of the Medicaid program is not considered the equivalent of professional training in a field of medical care.

SPMP includes only professionals in the field of medical care that meet the above criteria. SPMP does not include non-medical health professionals such as public administrators, medical budget directors or analysts, lobbyists, or senior managers of public assistance or Medicaid programs.

## **Documentation of Staff and Time**

Personnel who prepare time studies for FFP must be in an employee-employer relationship with the State, county/city and must be involved in activities that are necessary for proper and efficient Medi-Cal program administration. An organization chart, civil service classification/specification, and job duty statement for each position must be on file with the county/city program. If the employee is in a position that requires staffing at the level that meets Medicaid criteria for SPMP, and the employee is planning to record time to enhanced functions, a SPMP questionnaire should be used and maintained on file to document the professional education and training.

The organization chart documents the chain of command which can either qualify or eliminate the enhanced reimbursement rate for direct clerical support staff.

Employee job specifications for SPMP must reflect health-related duties and, if possible, health-related qualification requirements as well. The job duty statement should be program specific and reflect the appropriate activities with an estimated percentage of time allocated to each activity. Activities described in a catchall category such as "and other duties as required," are considered non-enhanced or General Administrative functions.

It is very important that staff documentation materials be revised when changes occur. All claiming documentation, including the original time study forms, must be kept through the documentation retention period. The documentation retention period is no less than three years after the reimbursement or until the completion of any federal financial audit in progress, whichever time is longer.

Completion of a time study is not required in limited situations. In general, a detailed time study is not required when a person: 1) performs only non-SPMP functions (100 percent of their time); and 2) works for only one program; and 3) is claimed against a single budget. If the employee is non-SPMP and not supporting an SPMP, then they are not eligible for the federal match. However, all employees must have documentation of time worked on a time certification or employee attendance record. The time certification must identify the hours worked and the paid time away from work, such as sick leave and vacation, and must be signed by the employee and supervisor.

Detailed time studies must be completed, regardless of Medicaid FFP personnel category (SPMP, clerical staff directly supervised by and directly supporting SPMP, or non-SPMP), by those persons who: 1) perform any combination of SPMP, non-SPMP, and/or non-claimable functions; or 2) work for more than one program; or 3) are funded through more than one budget.

The time study must:

- » Utilize the code numbers and function titles as specified and defined by Children's Medical Services in this section.
- » Be completed at the same time either during the first, middle, or last month of each calendar quarter for the fiscal year unless the following conditions are met:
  - Staff who vacate before or are newly hired after the time study month may time study the month they are available during the quarter.
  - Staff not performing their regular duties/activities for more than two weeks of the time study month due to extended absence, may use the average of previous time studies for that position (more than two) or time study in the next quarter and apply those to the previous quarter with a supplemental invoice.
  - For additional questions, technical assistance from the State should be requested by email to the [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov) inbox.
- » Reflect actual time spent on the functions for each program and account for all time each workday in the period being studied.
- » Be signed and dated by the employee and the immediate supervisor of the employee under declarations of accuracy. These original time study forms must be retained to meet the standards of a federal audit. The documentation retention period is no less than three years after the reimbursement or until the completion of any federal financial audit in progress, whichever time is longer.

Time study supportive claiming materials, such as day logs, appointment books, meeting agendas or minutes, and SPMP medical training documentation, must meet the standards of a federal audit and be kept through the retention period.

## Instructions to General Staff Must Specify:

- » Only SPMP and clerical staff who qualify as supervised by and supporting the SPMP may record their time under all of the function codes, including the SPMP function codes.
- » Staff qualifying as non-SPMP only are not to record any time under the SPMP function codes but can utilize all other function codes.
- » Time study participants must:
  - Include on each time study form, their name, time study period (month/year), position/employee number, personnel classification, agency name, etc.
  - Complete the time study form on a daily basis during the time study period.
  - Specify the program for which any SPMP or non-SPMP activities are performed.
  - Record all time worked each day under the appropriate function. "Extra" time that qualifies as overtime and earned compensatory/certified time off (CTO) must be recorded under the General Administration function regardless of any other function under which it would have been recorded.
  - Round time recorded under a function to the nearest half-hour unless the employer elects to have time rounded to a smaller increment.
  - Record time for performing necessary paperwork and travel under the function to which it pertains. If that time pertains to multiple functions or no specific, identifiable function, record the time under General Administration.
  - Clerical staff recording SPMP function time in support of an SPMP should use the same function codes as directed by the SPMP which reflect the SPMP's activities.
  - Record time spent going to, attending, and returning from meetings to the function to which it pertains. The content of a meeting dictates use of the appropriate function code(s). If that

time pertains to multiple functions or no specific, identifiable function, record the time under General Administration.

- Record time spent on vacation, holiday, sick leave, and any other paid time under the function Paid Time off. The exception is the time spent using CTO earned. CTO is documented in a time study when it is accrued. Lunch, use of CTO earned, normal time off, and leave without pay are not recorded under any function on a time study.
- Sign and date the original time study form under a declaration of accuracy and give it to the immediate supervisor as soon as possible following the close of the time study period.
- All signatures must be original. Electronic signatures are allowed.

The Social Security Act provides for variable federal matching rates for the administrative functions of the Medicaid (Title XIX) program. The Medicaid program in California is "Medi-Cal".

An enhanced rate, which is 75 percent of the salaries, benefits, training, and travel expenses for SPMP who meet the federal education and training requirements and perform activities requiring specialized medical knowledge and skill, and for the clerical staff who directly support and are supervised by the SPMP.

A non-enhanced rate, which is 50 percent of the salaries, benefits, travel, training, and other administrative expenses for non-SPMP including, but not limited to, administrators, associate staff, clerical staff not providing direct support or supervised by SPMP and claims processing staff.

Expenditures must meet specific federal requirements that include adequate documentation for cost transparency. Contract employees may not be utilized.

As a single state agency that administers federal Medicaid funds, DHCS must actively monitor Title XIX funds and, as such, may request additional information to reconcile invoices.

## **Time Study Documentation**

To claim funds, agency budgeted staff must document actual staff time worked in all programs during the time study period. Time studies are the primary FFP

documentation source and are used to determine the percent of personnel time that is matched and not matched.

Examples of secondary documentation include: daily logs, appointment books, event flyers, meeting agendas with minutes, calendars, journals, and day planners. Any additional documentation would be at the discretion of the county.

This documentation must identify the following:

- » Staff name(s), position(s), and program(s)
- » Date and time span of activities
- » Activities conducted and intent of activities
- » Number of clients seen and contacted (target audience)

A time study report calculates the percent of time, by program, which allows staff to claim for reimbursement under one of the twelve function codes that are either:

- » Non-enhanced (50/50)

Reimbursement for Medi-Cal administrative activities performed by any of the agency's staff. The rate of reimbursement is \$.50 for every dollar expended for activities that meet one of the two FFP objectives.

- » Enhanced (75/25)

Reimbursement for Medi-Cal administrative activities necessarily performed by a SPMP, or clerical activities performed to support a SPMP by support staff who are directly supervised by a SPMP. The rate of reimbursement is \$.75 for every dollar expended for activities that meet one of the two FFP objectives.

## **Time Study Categories**

There are 12 time study functions grouped in 4 categories:

- » (1) Non-SPMP
- » (2) SPMP
- » (3) Non-claimable
- » (4) Allocated

## Non-enhanced Functions

Non-enhanced functions include those activities generally performed by clerical, paraprofessional, supervisory, and administrative personnel. However, these functions may be performed by staff classified as SPMP in which case their time must also be recorded to one of these codes. The non-SPMP code numbers and functions are:

- Code 1: Outreach
- Code 4: Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration
- Code 5: Program Specific Administration
- Code 7: Non-SPMP Training

## Enhanced Functions

Enhanced functions include those medically related activities performed only by SPMP and the associated typing, filing, and photocopying activities of medically related materials that are performed by clerical personnel directly supervised (immediate first level) by the SPMP. The SPMP code numbers and functions are:

- Code 2: SPMP Administrative Medical Case Management
- Code 3: SPMP Intra/Interagency Coordination, Collaboration, and Administration
- Code 6: SPMP Training
- Code 8: SPMP Program Planning and Policy Development
- Code 9: Quality Management by SPMP

## Non-Claimable Function

The **Non-Claimable function** includes those activities and services the federal government does not reimburse or finance under administrative claiming. Examples of these activities include, but are not limited to:

- » Direct client services that are reimbursed via the Medi-Cal fee-for-service (FFS) system or managed care contracts.
- » Services that benefit a specific client such as childcare.

- » Client services funded as targeted case management services.
- » Health department programs or services that are not part of supporting the administration of the Medi-Cal program, including but not limited to, grant-funded training programs for bioterrorism preparation and mass immunization programs.
- » The non-claimable code number and function are:

Code 11: Other Activities

## Allocated Functions

Allocated functions are activities that relate to multiple functions, or are not specific to any identified function due to their general nature such as general staff meetings, computer training, budget development, overtime, CTO, etc. Allocated code numbers and functions are coded to:

Code 10: Non-Program Specific General  
Administration

Code 12: Paid Time Off

## Time Study Function Code Overview

Function Code	Title and Description
1	(Non-SPMP) Outreach
2	SPMP Administrative Medical Case Management
3	SPMP Intra/Interagency Coordination, Collaboration and Administration
4	Non-SPMP Intra/Interagency Collaboration and Coordination
5	Non-SPMP Program Specific Administration
6	SPMP Training
7	Non-SPMP Training
8	SPMP Program Planning and Policy Development

Function Code	Title and Description
9	Quality Management by SPMP
10	Non-Program Specific General Administration: Prorated between programs and matchable and unmatchable function codes. The portion allocated as matchable matches only at the non-enhanced rate (50/50).
11	Other Activities
12	Paid Time Off: Prorated between programs and matchable and unmatchable function codes. CMS permits proportional distribution of the matchable amount between the enhanced (75/25) rate and the non-enhanced (50/50) rate.

**Non-enhanced Rate**

Reimburse the function codes at the rate of 50/50 for salary, benefits, training, travel costs, and associated operating expenses. The non-enhanced rate covers activities under the following function codes:

Function Code	Title and Description
1	(Non-SPMP) Outreach
4	Non-SPMP Intra/Interagency Collaboration and Coordination
5	Non-SPMP Program Specific Administration
7	Non-SPMP Training

## Enhanced Rate

The function codes are reimbursed at the rate of 75/25 and must be used for salary, benefits, travel costs, and training. The enhanced rate covers activities performed by a SPMP or support staff when directly supervised by a SPMP under the following function codes<sup>20</sup>:

Function Code	Title and Description
2	SPMP Administrative Medical Case Management
3	SPMP Intra/Interagency Coordination, Collaboration and Administration
6	SPMP Training
8	SPMP Program Planning and Policy Development
9	Quality Management by SPMP

## Other

The function codes 10 and 12 are to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, or any paid leave other than CTO. The function code 11 is for activities that may or may not meet one of the two FFP objectives.

Function Code	Title and Description
10	Non-Program Specific General Administration: Prorated between programs and matchable and unmatchable function codes. The portion allocated as matchable only matches at the non-enhanced rate (50/50).
11	Other Activities
12	Paid Time Off: Prorated between programs and matchable and unmatchable function codes. CMS permits proportionate distribution of the matchable amount between the enhanced (75/25) rate and the non-enhanced (50/50) rate.

## Time Study Function Code Descriptions and General Activities

In selecting the appropriate function code for the activity, consider whether the activity requires:

- » Medical knowledge and training.
- » Is within the scope of the program.
- » Direct care – SPMP codes are reserved for Medi-Cal related administrative functions only.
- » A combination of SPMP and non-SPMP activity – SPMP codes may be used only for the time spent performing SPMP activities.

### Function 1 – (Non-SPMP) Outreach

This function is to be used by all staff when performing activities that inform Medi-Cal eligible or potentially eligible individuals, as well as other clients, about health services covered by Medi-Cal and how to access the health programs. Activities include a combination of oral and written informing methods that describe the range of services available through Medi-Cal and the benefits of preventive or remedial health care offered by Medi-Cal. **Examples of administrative activities that are included in the outreach function, but are not limited to:**

- » Inform individuals, agencies, and community groups about health programs using oral and written methods in other formats and languages.
- » Develop and provide program materials to individuals and their families, community agencies, and health care providers.
- » Inform and assist clients and their families to access program services.
- » Design and carry out strategies that inform high-risk children and their families of health programs that will benefit them.
- » Develop and implement a system for ensuring that clients obtain needed preventive and health services by providing information on accessing transportation and assistance with scheduling of appointments.

### Function 2 – SPMP Administrative Medical Case Management

This function is to be used only by SPMP when participating in medical reviews, assessing the necessity for, and types of, medical care associated with medical case

management and care coordination activities required by individual Medi-Cal beneficiaries. **Examples of activities that are included in this function, but are not limited to:**

- » Review the results of health assessments, medical and dental examinations, and evaluations needed to coordinate the client's care. This activity is not conducted as part of a standard medical examination or consultation and is not a direct service.
- » Assess and review for determining medical eligibility, medical necessity, and sources for services required to correct or ameliorate health conditions/defects identified by a medical or dental provider.
- » Provide consultation to professional staff in other agencies about specific medical conditions identified within their client population.
- » Identify eligible, medically necessary covered services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care.
- » Review and assess the need for emergent or urgent appointment scheduling intervention.
- » Provide follow-up in order to assess the client's progress in meeting treatment goals.
- » Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans.
- » Interpret medical guidelines, health assessment results, and medical and dental evaluations, to an individual, a provider, or professional staff of another agency.
- » Provide consultation (separate from a standard medical examination) to clients. Help them understand and identify health problems or conditions and the value of preventative and remedial health care as it relates to their medical conditions.
- » Provide technical assistance on clinical protocols, health assessments, and medical and dental benefits.
- » Consult on client-specific appeals and state hearings relating to medical care issues including expert witness services.
- » Completion of paperwork directly associated with any of the above activities.
- » Travel time directly associated with any of the above activities.

### **Function 3 – SPMP Intra/Interagency Coordination, Collaboration, and Administration**

This function is to be used only by SPMP when performing collaborative activities that involve planning and resource development with other agencies. It will improve the cost effectiveness of the health care delivery system and improve availability of medical services. **Examples of activities that are included in this function, but are not limited to:**

- » Provide consultation and technical assistance to other agencies/programs that interface with the medical care needs of clients.
- » Participate in multidisciplinary provider (physicians, nurses, social workers, etc.) meetings and workshops on issues of client health assessment, preventive health services, and medical care and treatment.
- » Develop medical and dental referral resources such as referral directories, round tables, and advisory groups.
- » Assist in health care planning and resource development by providing medical expert opinion to other agencies to improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
- » Assess the effectiveness of interagency coordination in assisting clients to access health care services in a seamless delivery system by acting as a consultant on the medical aspects of the interagency practices and related policies.

### **Function 4 – Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration**

This function is to be used by non-SPMP staff when performing activities that are related to program planning functions, including collaborative and intra/interagency coordination activities. **Examples of activities that are included in this function, but are not limited to:**

- » Provide technical assistance and program monitoring to other agencies/programs that interface with Medi-Cal requirements.
- » Assist in health care planning and resource development by coordinating with other agencies to improve the access, quality, and cost effectiveness of the

health care delivery system and availability of Medi-Cal medical and dental referral sources.

- » Evaluate and make recommendations regarding the effectiveness of interagency coordination in assisting clients to access health care services in a seamless delivery system.

## **Function 5 – Non-SPMP Program Specific Administration**

This function is to be used by all staff when performing activities that are related to program specific administration, which are identifiable and directly charged to the program. **Examples of activities that are included in this function, but are not limited to:**

- » Develop and implement program administrative policies and fiscal procedures in compliance with Medi-Cal requirements.
- » Participate in the development, maintenance, and analysis of program management information servicing the Medi-Cal population.
- » Participate in the distribution of Medi-Cal specific information including, but not limited to, procedural manuals and brochures.
- » Prepare appeal responses and fair hearings on non-medical program issues.
- » Provide general supervision of staff, including supervision of interns and students.
- » Develop budgets and monitor program expenditures.
- » Review of technical literature and research articles.
- » Draft, analyze, and/or review reports, documents, correspondence, and legislation.
- » Direct recruitment, selection and hiring process, perform employee evaluations.

## **Function 6 – SPMP Training**

This function is to be used only when training is provided for or by SPMP and only when the training activities directly relate to the SPMP's performance of specifically allowable SPMP administrative activities. **Examples of activities that are included in this function, but are not limited to:**

- » Training related to the SPMP's performance of allowable administrative activities to include utilization review of medical services, program planning and policy

development, SPMP administrative medical case management, intra/interagency and provider coordination, and quality management.

- » Completing paperwork directly associated with the above activities.
- » Travel time directly associated with the performance of the above activities.

## Function 7 – Non-SPMP Training

This function is to be used by all staff when training relates to non-SPMP allowable administrative activities and to the medical care of clients. **Examples of activities that are included in this function, but are not limited to:**

- » Training related to the performance of administrative activities to include Medi-Cal outreach; non-emergency, non-medical transportation, and Medi-Cal eligibility.
- » Joint orientation and on-going in-service training.
- » Professional training and technical assistance that improves the quality of health assessment, preventive health services, and care.
- » Training which improves the medical knowledge and skill level of skilled professional medical staff providing Medi-Cal services.
- » Completing paperwork directly associated with the above activities.
- » Travel time directly associated with the performance of the above activities.

## Function 8 – SPMP Program Planning and Policy Development

This function is to be used only by SPMP and only when performing program planning and policy development activities. The SPMP's tasks must formally involve program planning and policy development, and those tasks must be identified in the employee's position description/duty statement. **Examples of activities that are included in this function, but are not limited to:**

- » Participate in the development of program direction and scope of work, program budget, set goals, objectives, activities, and evaluation tools to measure Medi-Cal program outcomes.
- » Participate in the development of Medi-Cal standards and procedures for coordinating health-related programs and services.
- » Provide consultation and technical assistance in the design, development, and review of health-related professional educational material.

- » Provide technical assistance on practitioner protocols, including the development of uniform policy and procedures on the care and treatment of Medi-Cal clients.
- » Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, treatment, and care.
- » Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services, medical care, program policy, and regulations.
- » Develop round tables, advisory or work groups of other SPMP to provide Medi-Cal consultation.
- » Participate in the planning, implementation, and evaluation of services that relate to Medi-Cal.
- » Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.
- » Participate in the development and review of Medi-Cal health-related regulations, policies, and procedures, such as scope of work, Memoranda of Understanding (MOU), related Medi-Cal health care services, and other health care service standards for total quality management.

## **Function 9 – Quality Management by SPMP**

This function is to be used only by SPMP and only when performing quality management activities such as monitoring the authorization for medical services (utilization review) process, ongoing program assessment and evaluation, and the development of standards and protocols. **Examples of activities that are included in this function, but are not limited to:**

- » Conduct periodic review of protocols.
- » Perform peer reviews, medication management and monitoring, and monitoring of the service authorization and re-authorization process.
- » Schedule, coordinate, and conduct medical chart or case reviews for adequacy of assessment, documentation, and appropriate intervention.
- » Support quality assurance activities including monitoring the clinical effectiveness of programs, such as Medi-Cal client satisfaction surveys.

- » Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessments, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- » Complete paperwork directly associated with the above activities.
- » Travel time directly associated with the performance of the above activities.

## **Function 10 – Non-SPMP Non-Program Specific General Administration**

This function is to be used by all staff when performing non-program specific administrative activities that relate to multiple functions or to no specific, identifiable functions due to the general nature of the activities. It is also to be used to record any break time, time that may become overtime, and earned CTO. **Examples of activities that are included in this function, but are not limited to:**

- » Review departmental or unit procedures and rules.
- » Develop and implement program administrative policies and fiscal procedures.
- » Participate in the design, development, and review of health-related professional educational material.
- » Attend non-program related staff meetings.
- » Provide general supervision of staff, including supervision of interns and students.
- » Develop and provide health promotion activities for agency employees.
- » Provide and attend non-program specific in-service orientations and other staff development activities.
- » Develop budgets and monitor program expenditures.
- » Review of technical literature and research articles.
- » Provide general clerical support.
- » Draft, analyze, and/or review reports, documents, correspondence, and legislation.
- » Direct recruitment, selection and hiring process, and perform employee evaluations.

## Function 11 – Other Activities

This function is to be used by all staff to record time performing activities that are not specific to the administration of Medi-Cal. **Examples of activities that are included in this function, but are not limited to:**

- » Outreach activities that inform individuals about non-Medi-Cal health programs financed by other federal and State programs.
- » Program planning and policy development activities of non-Medi-Cal programs financed by other federal and State programs.
- » Develop funding proposals.
- » Coordinate or participate in research activities.
- » Write grants for federal funding for services/activities.
- » Participation in health promotion activities for agency employees.
- » Provide client-specific, health-related services that can be billed as FFS to Medi-Cal, including Targeted Case Management, another State program, private insurance, the client, or the county health department.
- » Activities otherwise funded through the Medi-Cal Program.

## Function 12 – Paid Time Off

This function is to be used by all staff to record usage of paid leave, holiday, vacation, sick leave, etc. on the time study. Do not record lunch time, dock time, absence without pay, or CTO. CTO shall be recorded under Function 10, Non-Program Specific General Administration, when it is earned.

## SECTION 3: BUDGET INSTRUCTIONS

Each jurisdiction must submit a budget annually in order to utilize funds allocated for the HCPCFC. Budgets shall be reported utilizing the most recent version of the HCPCFC Budget Workbook, which can be found in the Templates folder of the Integrated Systems of Care (ISCD) Budget Portal.<sup>21</sup>

Budget documents form the basis for payments and fiscal accountability for audit compliance. All expenses shown on the budget documents must directly relate to the accomplishment of the program goals, objectives, activities, timelines, and outcomes. Acceptance of allocated funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the HCPCFC and adhere to all applicable policies and procedures set forth by CDSS and DHCS. Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the HCPCFC audit exception, are the exclusive and sole responsibility of each local program.

Each local program remains responsible for overseeing and tracking its expenditures. An audit file must be maintained. At a minimum the audit file should include the following documentation to support claimed expenditures:

- » Required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under FFP.
- » Support of claimed expenditures.
- » Demonstrate compliance with all federal and state requirements pertaining to the HCPCFC, and adherence to all applicable policies and procedures set forth by CDSS and DHCS. Examples of documentation to demonstrate compliance include, but are not limited to, local P&Ps, MOUS, etc.

Counties should maintain and be prepared to produce the audit file to State and Federal entities within seven calendar days of a request.

### General Information

- » HCPCFC budgets may utilize all five expense categories listed below. Budgets are composed of the following five major line items:
  - Personnel Expenses

- Operating Expenses
  - Capital Expenses
  - Indirect Expenses
  - Other Expenses
- » All ISCD 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.
  - » List specific line items for individual staffing positions, services, supplies, and any other cost under "*Operating Expenses*" on the budget worksheet. Individual staffing positions include permanent staff, temporary staff, and staff on leave.
  - » 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.
  - » 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 above, the total is \$8,120.
    - Calculation X \$3,010
    - Calculation Y \$5,110
    - \$8,120 TOTAL
  - » Staff for whom enhanced Title XIX (Medicaid) funding is budgeted must be county/city employees.<sup>22</sup>
  - » 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.

- » Staff should be budgeted at actual salary for filled positions and at the salary rate determined by the county program for vacant positions.
- » 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. Budgets are due to DHCS 60 days after issuance of the allocation letter.
- » A budget justification narrative must accompany each budget worksheet and budget summary and must justify budget line items.
  - The basis or formula used to determine travel costs, space rental, etc.,
  - Increases/decreases in FTE and enhanced/non-enhanced time,
  - Significant increases/decreases in line-item amounts,
  - Identify all new, changed, or eliminated positions or changes in duties, and
  - Staff benefits and indirect cost plan.
- » Allocated funds that remain unused are not rolled over to the following year. Unused funds will not result in a reduction of funds in subsequent years.

## HCPCFC Funding Overview

HCPCFC has four allocations, and one optional budget based upon county/city contribution, that are tracked individually:

- » **Base.** This budget is funded through State General Funds (SGF) matched with Medicaid Title XIX Federal Funds.
- » **Psychotropic Medication Monitoring & Oversight (PMM&O).** This budget is funded through State General Funds matched with Medicaid Title XIX Federal Funds.
- » **Caseload Relief.** This budget is funded through State General Funds matched with Medicaid Title XIX Federal Funds.
- » **Administrative.** This budget is funded through State General Funds matched with Medicaid Title XIX Federal Funds.

- » **Optional County/City – Federal Match.** This budget is funded through county/city funds that are dedicated to the program. DHCS then facilitates a match of the county/city funds with Title XIX Federal Funds. The optional county/city federal match is available under the Base, PMM&O and Caseload Relief allocations. The optional county/city federal match is not available under the Administrative allocation.

## Allocation Methodology

- » **Base, PMM&O, & Caseload Relief.** These funding sources are calculated based upon the county/city percentage of the total statewide foster and non-minor dependent caseload from the previous calendar year.
- » **Administrative.** Effective July 1, 2024, DHCS reallocated the Child Health and Disability Prevention Program budget county allocation starting in FY 24-25 to the HCPCFC Administrative Budget and the California Children’s Services (CCS) Monitoring and Oversight.
- » **Optional County/City – Federal Match.** This budget is funded through county/city funds that are dedicated to the program. DHCS then facilitates a match of the county/city funds with Title XIX Federal Funds. Each year a jurisdiction may submit a budget indicating an amount of county funding that will be contributed to the HCPCFC. DHCS will then facilitate a federal match of these dollars for HCPCFC activities. Participation is optional and jurisdictions may choose to submit or not submit this budget when submitting their Base, PMM&O and Caseload Relief budgets each year. The optional county/city federal match is available under the Base, PMMO and Caseload Relief allocations. The optional county/city federal match is not available under the Administrative allocation.

## Senate Bill 108

Senate Bill (SB) 108 amended SEC. 166. Item 4260-101-0001 of Section 2.00 of the Budget Act of 2024 to include provision 21 which allows the counties to deviate from the department’s established allocation staffing methodology governing the use of the county HCPCFC administrative budget and California Children’s Services Compliance Monitoring and Oversight (M&O) budget for purposes of extending flexibility to the counties regarding appropriate staffing necessary to implement and operationalize the HCPCFC manual requirements and readiness activities for the CCS M&O.<sup>23</sup> The flexibility

can only be used to fund classifications performing administrative functions. These classifications are as follows:

- » Supervising Public Health Nurse (SPHN): Counties will receive 1 Supervising Public Health Nurse to supervise no more than 10 PHNs.
- » Public Health Assistant (PHA): Counties will receive .25 Full Time Equivalent (FTE) PHA for every 10 PHNs within the county. If less than 10 PHNs, they will receive .25 FTE.
- » Fiscal Support Staff: Counties will receive .25 FTE Fiscal Support staff for every 10 PHNs within the county. If less than 10 PHNs, they will receive .25 FTE.
- » Administrative Support Staff: Counties will receive .25 FTE Administrative Support staff for every 10 PHNs within the county. If less than 10 PHNs, they will receive .25 FTE.

To be eligible for this flexibility, the county must submit the One-Time Flexibilities - SB 108 Administrative Support Budget workbook to DHCS no later than October 1, 2024. The budget must be approved through the county's Board of Supervisors and proof of their approval must be included with your budget submission to DHCS. The budget must describe the county's proposed use of funds to support HCPCFC and CCS M&O activities, including direct and indirect administrative costs.

Currently, the flexibilities allowed under SB 108 are available for FY 2024-2025.

## **Budget Guidelines**

### **State General Fund and Title XIX Federal Funds.**

- » This funding consists of four distinct SGF allocations that must be tracked separately: Base, PMM&O, Caseload Relief, and Administrative.
- » SGF are matched through the federal Medicaid (Title XIX) program for administrative activities in support of the Medicaid program (Medi-Cal in California).
- » Program administrative oversight for the HCPCFC is provided by HCPCFC county staff as of July 1, 2024. HCPCFC PHNs, Direct Support Staff, and administrative and fiscal support staff are hired by the local health department and physically located at local child welfare agency and/or probation department offices.
- » SGF are distributed to local programs based on caseload data from the Child Welfare System/Case Management System (CWS/CMS), maintained by CDSS.

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.

- » The HCPCFC Base, PMM&O, Caseload Relief and Administrative Allocation budgets should reflect the total PHN, Supervising Public Health Nurse (SPHN), and HCPCFC clerical FTE staffing obtainable with the allocation of State General funds as matched through FFP.

## **County/City funds and Title XIX Federal Funds.**

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 County/City Federal Match Budget Worksheet and Summary. A statement identifying the source of local funds is required (e.g. county child welfare, probation, grant, etc.). This budget is funded through county/city funds and Title XIX Federal Funds. Local county/city funds, specified on the budget category summary sheet, are matched with federal funds to augment local program activities.

## **Staffing Guidelines**

- » HCPCFC staff are limited to the following categories: Public Health Nurses, DSS, and administrative and fiscal support staff. Administrative staff are any classifications that provide support to the program and perform non-enhanced work.
- » Detailed information regarding HCPCFC staffing, including caseload and supervision ratios, can be found in the Program Administration section of this document.
- » The services provided by HCPCFC PHNs shall be limited to those for which reimbursement may be claimed under Title XIX of the federal Social Security Act at an enhanced rate for services delivered by skilled professional medical personnel.<sup>24</sup> Further detail can be found in the Scope of Work section of the HCPCFC Manual and the Federal Financial Participation section of this document.
- » Directly Supporting Staff play a vital role in supporting PHNs to meet Federal Medicaid (Title XIX) requirement that funds be used for administrative case management functions. DSS are secretarial, stenographic, clerical, and other subprofessional staff whose activities are directly necessary to the carrying out of the functions which are the responsibility of skilled professional medical personnel. DSS must be directly supervised by, and work under the direction of a

PHN. Clerical activities claimed at the enhanced rate must be directly related to the SPMP's activities claimed at the enhanced rate (otherwise the standard match must be claimed) and supported by time study documentation.

- » Administrative staff can be administrative support staff, fiscal support staff, etc. who provide support to the HCPCFC. Administrative staff are not required to be under the direct supervision of a SPMP. These positions will be allowable under HCPCFC post-transition under the Administrative allocation. Funds from the HCPCFC administrative budget cannot be used for enhanced activities.
- » Funds for this program are not to supplant PHN positions in local programs that provide administrative case management services.
- » For youth in foster care placed out of the supervising county of residence, the supervising county PHN retains primary responsibility and will work with the HCPCFC PHN in the county of placement to locate and arrange for needed health care services, as needed.

## **Budget Tips**

The items listed below will assist in the preparation of budgets. This list represents common mistakes that ISCD staff have noted in the review of local program budgets.

- » All budgets must be submitted on the current budget worksheet forms.<sup>25</sup>
- » Double check the math. The figures for both percentages and calculated amounts must add down and across.
- » Annual salaries must match when the same personnel are listed on multiple budgets.
- » Professional License renewals are to be budgeted within the "Benefits" or "Operating Expenses" line item.
- » FTE on the duty statement must match FTE on the budget worksheet and incumbent listing. All FTE name and percentage should match on the budget worksheet.
- » No staff total time can exceed 100 percent.
- » No full-time FTE in a single program can be 100 percent enhanced.
- » Line-item amounts on the budget worksheets and budget justification narrative must match.

- » A County/City Capital Expenses Justification Form must be submitted for items of equipment purchased with ISCD Program funds that exceed \$5,000 per item.
- » Staff must be appropriately classified under enhanced and non-enhanced in accordance with FFP Guidelines.
- » Staff listed on the budget worksheet must correspond with the incumbent listing and organizational chart.
- » Enhanced clerical staff must be under direct supervision of an SPMP. Clerical activities claimed at the enhanced rate must be directly related to the SPMP's activities claimed at the enhanced rate (otherwise the standard match must be claimed) and supported by time study documentation.
- » Any other operating expenses 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).
- » 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.
  - An original signature is required. Electronic signatures are allowed (DocuSign, Adobe Pro Dynamic, etc.). Signature stamps are not acceptable.

## **Allowable HCPCFC Expenses**

HCPCFC budgets may utilize all five expense categories listed in this section effective July 1, 2024.

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

- I. Personnel Expenses – Includes county/city staff salaries, wages, and benefits.
  - » HCPCFC Personnel Expenses are limited to PHNs and SPHNs who meet the federal definition of SPMP, clerical staff providing direct support to the PHNs, and administrative and fiscal support staff performing non-enhanced work. List each funded position as a separate line item as directed in the reporting worksheet.
  - » Salary savings, if mandated by your county, cannot be included on Base, PMM&O, Caseload Relief, or Administrative budgets. Salary savings can be

included in the Optional Foster Care (HCPCFC) County/City-Federal Match budget.

- » Local program staff assigned to work on any of the ISCD programs and for whom salary, wages, benefits, and bilingual or any other differential expenses are claimed through the appropriate ISCD budgets. Detailed information, including specific classifications, percentages of time, and incumbents' names, are included on the budget worksheet.
- » 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.
- » 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 60 percent on a California Children's Services (CCS) Administrative Budget and 60 percent on a HCPCFC budget.
- » Percentages or estimates for staff benefits may be budgeted based on actual dollar amounts. A change of more than five percent in staff benefits from the prior fiscal year must be explained in the budget justification narrative.
- » FTE Percentage Calculation: Enter the portion of the FTE 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
- » Enhanced/Non-Enhanced: Please see Section 2 of this document for details regarding Enhanced and Non-Enhanced claiming.
- » Salary Savings applicability is based upon the county/city government mandate. If applicable, multiply the county/city salary savings percentage by the Total Salaries and Wages and enter the negative sum on the Salary Savings line of the budget worksheet.
- » Net Salary and Wages is calculated by subtracting the Salary Savings amount from the Total Salary and Wages.
- » Staff Benefits is calculated by multiplying the approved county/city staff benefits percentages by the Net Salaries and Wages.

- » Professional license renewals are benefits handled in employee bargaining agreements and should be budgeted as part of the Benefits line item.
- II. Operating Expenses – Includes, but not limited to, expenses such as travel, training, space rental, office supplies, and furniture.
  - » Personnel Travel (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.).
    - All travel costs (e.g., per diem, mileage, etc.) related to training must be included under "Travel."
    - Allowable in-state travel expenses are those necessary to administer ISCD programs, provide case management, attend State-required meetings, and participate in training workshops.
    - No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the State.
    - The following documentation must be maintained at the local level to support travel expenditures:
      - Purpose of travel
      - Travel expense documents
      - Total cost
    - Travel costs incurred by county/city program staff are reimbursed at the county/city designated rate.
  - » Personnel Training
    - All training costs (e.g., registration fees and tuition) must be included under "Training."
    - Training/conference registration and tuition fees are specifically for events relevant to ISCD programs.
    - The following documentation must be maintained at the local level to support training expenditures:
      - Description of training course or conference
      - The required training log for SPMP claiming Title XIX Federal Funds

- Justification for attendance
- Total cost
- Confirmation of attendance

» Space Rental

- Direct costs for rental of space needed to conduct ISCD programs may be budgeted as either an Operating Expenses cost or an Indirect Expenses cost.
- 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.

» Office Supplies

- Personal computers, printers, cabling, surge protectors, etc., and commercially available software of less than \$5,000 per unit cost.
- Miscellaneous office supplies such as pens, pencils, paper, staplers, etc.

» Furniture

- Costs of small office furniture and small office machines, which do not meet the definitions of Capital Expenses equipment below.
- Costs of modular office furniture workstations.
- 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).

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

- » 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.
- » A unit of equipment and automatic data processing (ADP) hardware shall be defined as all connecting parts, modifications, attachments, or auxiliary apparatus necessary to make it usable.

- » 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.
- » Considerations for Approval of Request for Computers in Budgets:
  - Does the number of computers correspond to program FTE?
  - When was the last request for computers?
  - What is the intended use of the equipment? (Is it appropriate for classification(s) and duties?)
- » Written justification for capital expenses must be submitted with the ISCD Plan and Budget package and approved by ISCD prior to expenditure of State funds. Written approval by ISCD must accompany the county/city quarterly invoice for this expenditure.
- » 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, Section 38078.5.<sup>26</sup> 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).
- » 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.
- » All equipment requested for purchase with State funds shall be the property of the State and shall be subject to the provisions listed below:
  - State property shall be used only to conduct business related to programs funded by ISCD.
  - 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.
  - The county/city is required to submit, upon request, an annual inventory of equipment purchased with State funds.

- Specific instructions on managing, invoicing, and disposing equipment purchased with State funds are found in Section 7 – Expenditure Claims and Property Management.
  - » Other expenses associated with relocation may be Capital Expenses. Consult your regional office for guidance.
- IV. Indirect Expenses – Includes all internal and external overhead costs including county/city and departmental overhead costs.
  - » External – Any countywide overhead costs must have an approved A-87 plan on file with the State Controller's Office.
  - » Internal – Internal Indirect Expenses are all non-enhanced regardless of whether personnel expenses are enhanced or non-enhanced.
  - » 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 Government, Implementation Guide for Office of Management and Budget, Omni Circular A-87."<sup>27</sup> 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.
  - » Overhead allocations must have an approved plan on file with the State Controller's Office. Internal overhead costs must be developed with a 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, Omni Circular A-87".
  - » County/city agencies must maintain internal records supporting indirect costs.
  - » The county/city must maintain documentation of methods for claiming internal and external overhead. This information shall be readily available for review by ISCD.

- » 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.

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

- » Subcontractors/consultants may not be utilized in the HCPCFC.

## Budget Worksheet Instructions

### Personnel Expenses

List each funded position by incumbent name as a separate line item. For each line item, complete all columns that are without shading.

- » FTE Percentage (%): 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.
- » Annual Salary: The annual full-time salary for each position listed.
- » Total Budget: Multiply the Total FTE % by the Annual Salary. The totals of the Non-Enhanced and Enhanced Columns must equal this amount.
- » Non-Enhanced FTE % (50/50): Enter the portion of annualized FTE to be spent on non-enhanced program activities for each position listed.
- » Enhanced FTE % (25/75): Enter the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- » Total Salaries and Wages: The total sum of all line items in the Non-Enhanced Budget, Enhanced Budget, and Total Budget columns.
- » Less Salary Savings
  - Salary Savings cannot be included on the Base, PMM&O, Caseload Relief, and Administrative budgets.

- Salary Savings may be included on the County/City – Federal Match budget. Salary Savings applicability is based upon the county/city government mandate. If applicable, multiply the county/city salary savings percentage by the Total Salaries and Wages and enter the negative sum on the Salary Savings line of the budget worksheet.
- » Net Salaries and Wages
  - If Salary Savings are applicable, the Net Salaries and Wages is calculated by subtracting the Salary Savings from the Total Salaries and Wages.
  - If Salary Savings are not applicable (Base, PMM&O, and Caseload Relief) the Net Salaries and Wages are equal to the Total Salaries and Wages.
- » Staff Benefits: Multiply the approved county/city staff benefits percentages by the Net Salaries and Wages.
- » 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.

## 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.
  - 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*.

## Capital Expenses

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

## Indirect Expenses

- » External – Any countywide overhead costs must have an approved CAP on file with the State Controller's Office.
- » Internal – Any departmental overhead costs, which are allocated, must be developed with a 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, Omni Circular."
- » When calculating indirect expenses for Title XIX funding, apply the Non-Enhanced (50/50) rate to all qualified expenses regardless of whether personnel expenses are enhanced or Non-Enhanced.

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

## Budget Grand Total:

- » Enter the sum of the Total Personnel Expenses, Total Operating Expenses, and Total Indirect Expenses lines in each column and enter the grand total for each column on the Budget Grand Total line item.
  - These dollar amounts are not to exceed the amounts allocated annually by ISCD.

## Budget Summary Instructions

### HCPCFC Budget Summary

Transfer the dollar amount from the total amount of each line item and column of the HCPCFC Budget Worksheet to the HCPCFC Budget Summary form. Compute the amounts in the *Source of Funds* section of the budget as described below.

#### Enhanced State/Federal (25/75)

- » Multiply the enhanced *Budget Grand Total* amount in Column G 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.
- » Multiply the enhanced Budget Grand Total amount in Column G 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.

#### Non-Enhanced Funds (50/50)

- » Multiply the Non-Enhanced Budget Grand Total amount in Column H 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 H 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.

#### Total Funds and Budget Grand Total

- » Add the amount of "State Funds" under Column F (Total Funds) in the Source of Funds section to the "Federal Funds (Title XIX)" amount under Column F in the "Source of Funds" section and enter this sum on the "Budget Grand Total" line.
  - The "Total Funds" amount under Column F will equal the sum of the total "Enhanced State/Federal (25/75)" under Column G and the total "Non-Enhanced County/Federal (50/50)" under Column H 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.

## Budget Submission Instructions

- » Utilize the HCPCFC Budget Workbook. Budget workbooks may be found in the Templates section of the ISCD Budget Portal.<sup>28</sup> Questions regarding the ISCD Budget Portal may be directed to [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).
- » Sign with a wet signature OR electronically using Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign.
- » Submit electronically to the ISCD Budget Portal.<sup>29</sup>
- » Submit only two documents to the ISCD Budget Portal:
  - One Excel version of the HCPCFC Budget Workbook and,
  - One signed PDF version of the HCPCFC Budget Workbook
- » Submit only the information requested in the HCPCFC Budget Workbook. Be prepared to provide ISCD with additional documentation to demonstrate compliance with program requirements, upon request.
- » Submit by the date indicated in the most recent allocation letter.

If all necessary signatures cannot be obtained by the deadline, submit completed excel workbooks by the deadline and contact [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov) to request an extension for submission of required signatures.

## Contact Information

Questions regarding the ISCD Budget Portal, budgets and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).<sup>30</sup>

## SECTION 4: EXPENDITURE INVOICING

In order to receive reimbursement for HCPCFC expenditures, the Quarterly HCPCFC Expenditure Invoice must be prepared in accordance with the following instructions. All HCPCFC counties will follow the same instructions as described below.

### Base, Psychotropic Medication Monitoring and Oversight, Caseload Relief, and Administrative Quarterly Expenditure Invoice Instructions

#### County/City

- » Enter the name of the county or city for which this invoice applies.

#### Quarter Ending

- » Enter the date for which the quarter ends, using the chart below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1 – September 30	September 30
2	October 1 – December 31	December 31
3	January 1 – March 31	March 31
4	April 1 – June 30	June 30

#### Fiscal Year

- » Enter the fiscal year for which this invoice applies.

### Category / Line Item

#### Total Personnel Expenses

- » Column B is the total expenditures for all employees performing program activities as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, and overtime.
- » Enter the total amount of State and federal funds at the enhanced percentage in Column C.
- » Enter the total amount of State and federal funds at the non-enhanced percentage in Column D.
- » The amount of enhanced and non-enhanced percentages are calculated using completed time study documents and other applicable documentation.

- » The Total Invoiced amount in Column B is the sum of the amounts in Columns C and D.

### **Total Operating Expenses**

- » The total amount of state and federal funds for the quarter are in Column B.
- » Enter the total amount of enhanced travel and training expenses in Column C.
- » Enter the non-enhanced expenses in Column D.
- » The Total Invoiced amount in Column B is the sum of the amounts in Columns C and D.

Only travel and training expenses may qualify in the enhanced funding category, and only when claimed for SPMP following specific FFP guidelines.

### **Total Capital Expenses**

Total Capital Expenses are allowed on the HCPCFC Budget as of July 1, 2024.

### **Total Indirect Expenses**

Indirect expenses are non-enhanced; they may not be claimed at the enhanced rate.

- » Enter the total of internal indirect expenses for the quarter in Columns B and D.
- » The Total Invoiced amount in Column B should be the same as the amount in Column D.

### **Total Other Expenses**

- » Total Other Expenses are allowed on the HCPCFC Budget as of July 1, 2024.

### **Expenditure Grand Total**

- » Expenditure Grand Total is the sum of the Total Personnel Expenses, Total Operating Expenses, and Total Indirect Expenses in Column B in the Expenditure Grand Total at the bottom of Column A on the invoice form.

## **Source of Funds**

### **State Funds**

- » The Total State General Funds in Column F is the sum of the amounts in Columns G and H.

### **Federal Funds (Title XIX)**

- » The Total Federal Funds (Title XIX) in Column F is the sum of the amounts in Columns G and H.

### **Enhanced State/Federal (25/75)**

- » Multiply the Expenditure Grand Total line of Column C by 25 percent. Enter this amount in the State Funds line of Column G.
- » Subtract the amount of State Funds in Column G from the Expenditure Grand Total line of Column C. Enter this amount in the Federal Funds (Title XIX) line in Column G.

### **Non-Enhanced State/Federal (50/50)**

- » Multiply the Expenditure Grand Total line of Column D by 50 percent. Enter this amount in the State Funds line of Column H.
- » Subtract the amount of State Funds in Column H from the Expenditure Grand Total line of Column D. Enter this amount in the Federal Funds (Title XIX) line in Column H.

### **Total Source of Funds**

- » Enter in Column F Total Funds Invoiced the total of Column G and Column H in the County/City Funds line.
- » Enter in Column F Total Funds Invoiced the total of Column G and Column H in the Federal Funds (Title XIX) line.
  - The totals of funding amount entered under each Column in the "Source of Funds" section must agree with the totals for the same Column entered on the Expenditure Grand Total line.

## **Certification**

Enter the name, e-mail address, telephone number and extension (including the area code) of the staff person responsible for preparing the HCPCFC Quarterly Expenditure invoice form.

- » Type or print the name of the authorized official.
- » Enter the date that the signature was affixed.
- » Type or print the name of the county/city official with the authority to sign that has signed the expenditure invoice.

## Submission

Submit the invoice with an original signature. Electronic signatures are allowed. Signature stamps are not acceptable. Unsigned Certification shall be returned to counties for authorized signature.

- » Submit the quarterly invoice and any supporting documentation to justify expenditures to one of the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
Integrated Systems of Care Division  
Fiscal Support Unit  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

- » Quarterly invoices shall be submitted no later than 60 days after the end of each quarter. The following schedule shows the exact due dates for each quarterly invoice:

<u>Quarter</u>	<u>Due Date</u>
1 <sup>st</sup>	November 30
2 <sup>nd</sup>	February 28
3 <sup>rd</sup>	May 31 (to receive funds in the current fiscal year, please submit by April 15 <sup>th</sup> . If not received by April 15 <sup>th</sup> , funds will be distributed in the next fiscal year.)
4 <sup>th</sup>	August 31

- » Invoices not received within 60 days after the end of each quarter shall be submitted no later than September 30<sup>th</sup> after the end of the fiscal year. A supplemental invoice is required if not received within 60 days after the end of each quarter.
- » HCPCFC reporting worksheets/invoice templates may be obtained by emailing your request to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

# Base, Psychotropic Medication Monitoring and Oversight, Caseload Relief, and Administrative Approved Invoice Plus Changes

## Instructions

The following are instructions for the completion of the Supplemental Invoice – Part A, Approved Invoice Plus Changes for the HCPCFC Quarterly Expenditure Invoice.

Please use whole numbers when preparing the supplemental invoices.

### County/City

- » Enter the name of the county or city for which this invoice applies.

### Supplemental No.

- » Enter the number in the sequence of supplemental invoices submitted to ISCD. Example: 01, 02, etc.

### Quarter Ending

- » Enter the date for which the quarter ends, using the guide below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1– September 30	September 30
2	October 1– December 31	December 31
3	January 1– March 31	March 31
4	April 1– June 30	June 30

### Fiscal Year

- » Enter the fiscal year for which this invoice applies.

## Category / Line Item

### Column B – Total Expenditures

- » Enter the amounts of Total Expenditures that were previously approved on the Initial Invoice for each category/line item listed in Column Category/Line Item and any changes that update these amounts.
- » Enter the Expenditures Grand Total by adding all entries in Column B Total Expenditures. For each category/line item, the amounts entered in Column B

Total Expenditures must equal the sum of respective amounts in Columns C and D.

### **Column C – Enhanced State/Federal (25/75)**

- » Enter the amount of Revised Enhanced Medi-Cal funding charged during the quarter in Total Personnel Expenses.
- » The amount of enhanced Medi-Cal funding for Total Personnel Expenses is calculated using time study, attendance, and payroll records.
- » Enter the amount of Revised Enhanced Medi-Cal funding charged during the quarter in Total Operating Expenses. Capital, Indirect and Other Expenses cannot be included in this invoice.
  - Only travel and training expenses may qualify as operating expenses for enhanced funding, and only when claimed by an SPMP following specific FFP guidelines.
- » Enter the Revised Expenditures Grand Total by adding all entries in Column C (Enhanced State/Federal 25/75).

### **Column D – Non-Enhanced State/Federal (50/50)**

- » Enter the amounts of Revised Non-Enhanced Medi-Cal funding charged during the quarter in Total Personnel Expenses and Total Operating Expenses.
- » Enter the amounts of Revised Non-Enhanced Medi-Cal funding charged during the quarter in Total Indirect Expenses. Capital and other Expenditures cannot be included. External indirect expenditures cannot be included.
- » Enter the Revised Expenditures Grand Total by adding all entries in Column D.

## **Source of Funds**

### **Column F – Total Funds**

- » Enter the amount in each line of Column F by adding amounts in Column G and H.
  - The entry for the Total Source of Funds in Column F must equal the Expenditures Grand Total amount in Column B.

### **Column G – Enhanced State/Federal (25/75)**

- » Enter the amount for Medi-Cal Funds: State Funds by multiplying the Expenditures Grand Total amount in Column C – Enhanced State/Federal (25/75) by 25 percent and enter the number in Column G.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column C – Enhanced State/Federal (25/75) by 75 percent and enter the number in Column G.
- » Enter the Total Source of Funds by adding all entries in Column G.
  - The entry for the Total Source of Funds in Column G must equal the Expenditures Grand Total amount in Column C – Enhanced City/County/Federal (25/75) in Category/Line Item.

### **Column H – Non-Enhanced State/Federal (50/50)**

- » Enter the amount for Medi-Cal Funds: State Funds by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the Total Source of Funds by adding all entries in Column H.
  - The entry for the Total Source of Funds must equal the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) in Category/Line Item.

### **Certification**

- » Type or print the name of the person who prepared the supplemental invoices.
- » All questions concerning the supplemental invoices will be addressed to the name of the person identified here.
- » Enter the e-mail address of the person who prepared the invoices.
- » Enter the date the supplemental invoices were prepared.
- » Enter the telephone number and extension, including the area code, for the person who prepared the invoices.

- » Affix the signature of the county/city official who is authorized to sign the HCPCFC Quarterly Expenditure Invoices and Supplemental Invoices – Parts A and B.
- » Original signatures are required. Electronic signatures will be accepted.
- » Signature stamps are not acceptable. Unsigned Certification shall be returned to counties for authorized signature.
- » Enter the date that the signature was affixed.
- » Type or print the name of the authorized official.

## Submission

- » Submit the Supplemental Invoice (Part A) and any supporting documentation to justify expenditures to one of the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
Integrated Systems of Care Division  
Fiscal Support Unit  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

- » Supplemental Invoice (Parts A) shall be submitted no later than December 31st after the end of the fiscal year.
- » HCPCFC reporting worksheets may be obtained by emailing your request to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

## HCPCFC Quarterly Supplemental Invoice Part B Base, PMM&O, Caseload Relief, and Administrative

The following are instructions for the completion of the Supplemental Invoice – Part B, Amounts of Changes for the HCPCFC Quarterly Expenditure Invoice. Please use whole numbers when preparing the supplemental invoices. HCPCFC reporting worksheets can be found attached to the current HCPCFC Allocation Letter, downloaded from the ISCD Budget Portal, and by request to [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).<sup>31</sup>

## County/City

- » Enter the name of the county or city for which this invoice applies.

## Supplemental No.

- » Enter the number in the sequence of supplemental invoices submitted to ISCD.  
Example: 01, 02, etc.

## Quarter Ending

- » Enter the date for which the quarter ends, using the chart below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1– September 30	September 30
2	October 1– December 31	December 31
3	January 1– March 31	March 31
4	April 1– June 30	June 30

## Fiscal Year

- » Enter the fiscal year for which this invoice applies.

## Category / Line Item

### Column B – Total Expenditures

- » Enter the amounts of change for each category/line item listed in Column A. The amount of change is calculated by subtracting the Total Expenditures amount that was previously reported on the initial invoice for each category/line item listed in Column a from the corresponding Total Expenditures amount reported on the Supplemental Invoice- Part A.

- Enter the Expenditures Grand Total by adding all entries in Column B Total Expenditures.

For each category/line item, the amounts entered in Column B Total Expenditures must equal the sum of respective amounts in Columns C and D.

### Column C – Enhanced State/Federal (25/75)

- » Enter the amount of Change in Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses.

- The amount of Enhanced Medi-Cal funding for Total Personnel Expenses is calculated using time study, attendance, and payroll records.
- » Enter the amount of change in Enhanced Medi-Cal funding charged during the quarter to Total Operating Expenses. Capital, Indirect, and other expenses cannot be included in this invoice.
  - Only travel and training expenses may qualify as operating expenses for enhanced funding, and only when claimed by an SPMP following specific FFP guidelines.
- » Enter the Expenditures Grand Total by adding all entries in Column C (Enhanced State/Federal 25/75).

#### **Column D – Non-Enhanced State/Federal (50/50)**

- » Enter the amounts of change in Non-Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses and Total Operating Expenses.
- » Enter the amounts of change in Non-Enhanced Medi-Cal funding charged during the quarter to Total Indirect Expenses. Capital and Other Expenses cannot be included. External indirect expenses cannot be included.
- » Enter the Expenditures Grand Total by adding all entries in Column D.

### **Source of Funds**

#### **Column F– Total Funds**

- » Enter the amount in each line of Column F by adding amounts in Column G and H.
  - The entry for the Total Source of Funds must equal the Expenditures Grand Total amount in Column B.

#### **Column G – Enhanced State/Federal (25/75)**

- » Enter the amount for Medi-Cal Funds: State Funds by multiplying the Expenditures Grand Total amount in Column C – Enhanced State/Federal (25/75) by 25 percent and enter the number in Column G.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column C – Enhanced State/Federal (25/75) by 75 percent and enter the number in Column G.

- » Enter the Total Source of Funds by adding all entries in Column G.
  - The entry for the Total Source of Funds in Column G must equal the Expenditures Grand Total amount in Column C – Enhanced City/County/Federal (25/75) in Category/Line Item.

### **Column H – Non-Enhanced State/Federal (50/50)**

- » Enter the amount for Medi-Cal Funds: State Funds by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the Total Source of Funds by adding all entries in Column H.
  - The entry for the Total Source of Funds in Column H must equal the Expenditures Grand Total amount in Column D – Non-Enhanced State/Federal (50/50) in Category/Line Item.

### **Certification**

- » Type or print the name of the person who prepared the supplemental invoices.
- » All questions concerning the supplemental invoices will be addressed to the name of the person identified here.
- » Enter the e-mail address of the person who prepared the invoices.
- » Enter the date the supplemental invoices were prepared.
- » Enter the telephone number and extension, including the area code, for the person who prepared the invoices.
- » Affix the signature of the county/city official who is authorized to sign the HCPCFC Quarterly Expenditure Invoices and Supplemental Invoices – Parts A and B.
  - Original signatures are required. Electronic signatures will be accepted. Signature stamps are not acceptable. Unsigned Certifications shall be returned to the counties for authorized signature.
- » Enter the date that the signature was affixed.

- » Type or print the name of the authorized official.

## Submission

- » Submit the Supplemental Invoice (Part B) and any supporting documentation to justify expenditures to one of the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
Integrated Systems of Care Division  
Fiscal Support Unit  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

- » Supplemental Invoice (Part B shall be submitted no later than December 31st after the end of the fiscal year.
- » HCPCFC reporting worksheets may be obtained by emailing your request to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

## HCPCFC County-City/Federal Match Quarterly Invoice Instructions

In order to receive reimbursement for HCPCFC expenditures, the quarterly foster care expenditure invoice must be prepared in accordance with the following instructions:

The Optional Foster Care (HCPCFC) County-City/Federal Match Quarterly Expenditure Invoice instructions provide information and directions for the completion of the Category/Line Item, Source of Funds, and Certification and Submission sections of the invoice form. Local programs administering the Optional Foster Care (HCPCFC) County-City/Federal Match Budget are reimbursed for the actual costs according to the amount of County/City Funds and Federal Funds (Title XIX) on the invoice form.

The Optional Foster Care Budget (County/City Match) is an optional budget to fund PHN and SPHN staff working in support of children and youth in out-of-home placement or foster care. Local county/city funds may be matched with federal funds (Title XIX) for this budget. No State General Funds are used in this budget or included on the Optional Foster Care (HCPCFC) County-City/Federal Match Expenditure invoice form.

HCPCFC reporting worksheets can be found attached to the current HCPCFC Allocation Letter, downloaded from the ISCD Budget Portal, and by request to [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

### County/City

- » Enter the name of the county or city for which this invoice applies.

### Quarter Ending

- » Enter the date for which the quarter ends, using the chart below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1– September 30	September 30
2	October 1– December 31	December 31
3	January 1– March 31	March 31
4	April 1– June 30	June 30

### Fiscal Year

- » Enter the fiscal year for which this invoice applies.

## Category / Line Item

### Total Personnel Expenses

- » Column B is the amount of total personnel expenses for all employees performing program activities as supported by time study, attendance, and payroll records. The total should include all related salaries and wages, staff benefits, and overtime.
- » Enter the total amount of county/city and federal funds at the enhanced percentage in Column C.
- » Enter the total amount of county/city and federal funds at the non-enhanced percentage in Column D.
  - The amount of enhanced and non-enhanced percentages is calculated using completed time study documents and other application documentation.

### Total Operating Expenses

- » Column B is the total amount of operating expenses for the quarter.
- » Enter the total amount of enhanced operating expenses in Column C.

- » Enter the non-enhanced operating expenses in Column D.
  - Only travel and training expenses may qualify as operating expense for enhanced funding, and only when claimed by a SPMP following specific FFP guidelines.

### **Total Capital Expenses**

- » Total Capital Expenses are not allowed on this budget.

### **Total Indirect Expenses**

- » External Indirect Expenses are allowed on this budget as of July 1, 2024.
- » Enter the total amount of indirect expenses for the quarter on this line in Column 3.

### **Total Other Expenses**

- » Total Other Expenses are allowed on this budget as of July 1, 2024.

### **Expenditures Grand Total**

- » Column B Expenditures Grand Total is the total sum of the Total Personnel Expenses, Total Operating Expenses, and Total Indirect Expenses.

## **Source of Funds**

### **County/City Funds**

- » County/city expenditures must meet the federal funds (Title XIX) funding match requirements to obtain this reimbursement. The county/city matching funds are not reimbursed but must be shown on the invoice.

### **Federal Funds (Title XIX)**

- » Enhanced Funds
  - Multiply the Enhanced Expenditure Grand Total amount (Column C) by 75 percent. Enter the amount on the Federal Funds (Title XIX) line, Enhanced, in the Source of Funds section, Column G.
- » Non-Enhanced Funds
  - Multiply the non-enhanced Expenditure Grand Total amount (Column D) by 50 percent. Enter this amount on the Federal Funds (Title XIX) line, non-enhanced in Source of Funds section, Column H.

- » Total Funds
  - Add Columns G and H together for the Federal Funds (Title XIX) line and enter the total in Column F, Total Funds.

## Certification

- » Type or print the name of the staff person responsible who prepared the Foster Care Expenditure invoice form.
- » Enter the e-mail address of the person preparing the invoice form.
- » Enter the date the invoice was prepared.
- » Enter the telephone number and extension, including the area code, of the person preparing the invoice.
- » The county/city official with the authority to certify the invoice on behalf of the county/city does so by signing and dating the completed invoice.
- » Type or print the name and title of the county/city official that is signing the invoice.

## Submission

- » Submit all invoices with original signatures. Electronic signatures are accepted. Signature stamps are not acceptable. Additional copies are not necessary. Unsigned invoices shall be returned to counties for authorized signature.
- » All invoices and supporting documentation justifying the expenditures should be submitted to one of the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
Integrated Systems of Care Division  
Fiscal Support Unit  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

- » Quarterly invoices shall be submitted no later than 60 days after the end of each quarter.
- » The following schedule shows the exact due dates for each quarterly invoice:

<u>Quarter</u>	<u>Due Date</u>
1 <sup>st</sup>	November 30
2 <sup>nd</sup>	February 28
3 <sup>rd</sup>	May 31
4 <sup>th</sup>	August 31

- » Supplemental invoices shall be submitted no later than December 31st after the end of the fiscal year.
- » HCPCFC reporting worksheets may be obtained by request to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

## HCPCFC County/City Federal Match Quarterly Supplemental Invoice - Part A

The following are instructions for the completion of the Supplemental Invoice – Part A, Approved Invoice Plus Changes for the County-City/Federal Match Optional Foster Care (HCPCFC) County-City/Federal Match Quarterly Expenditure Invoice.

Please use whole numbers when preparing the supplemental invoices.

### County/City

- » Enter the name of the county or city for which this invoice applies.

### Supplemental No.

- » Enter the number in the sequence of supplemental invoices submitted to ISCD. Example: 01, 02, etc.

### Quarter Ending

- » Enter the date for which the quarter ends, using the chart below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1– September 30	September 30
2	October 1– December 31	December 31
3	January 1– March 31	March 31
4	April 1– June 30	June 30

### Fiscal Year

- » Enter the fiscal year for which this invoice applies.

## Category / Line Item

### Column B – Total Expenditures

- » Enter the amounts of Total Expenditures that were previously approved on the Initial Invoice for each category/line item listed in Column Category/Line Item and any changes that update these amounts.
- » Column B Total Expenditures are the total of Column C and D of all category/line items.

### Column C – Enhanced County-City/Federal (25/75)

- » Enter the amount of Revised Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses. The amount of Enhanced Medi-Cal funding for Total Personnel Expenses is calculated using time study, attendance, and payroll records.
- » Enter the amount of Revised Enhanced Medi-Cal funding charged during the quarter to Total Operating Expenses.
  - Only travel and training expenses may qualify as operating expenses for enhanced funding, and only when claimed by an SPMP following specific FFP guidelines.
- » Enter the Revised Expenditures Grand Total by adding all entries in Column C (Enhanced County-City/Federal 25/75).

### Column D – Non-Enhanced County-City/Federal (50/50)

- » Enter the amounts of Revised Non-Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses and Total Operating Expenses.
- » Enter the amounts of Revised Non-Enhanced Medi-Cal funding charged during the quarter to Total Indirect Expenses. Capital and other Expenditures cannot be included.
- » Enter the Revised Expenditures Grand Total by adding all entries in Column D.

## Source of Funds

### Column F– Total Funds

- » Column F will auto calculate the amounts from Column G and H. The entry for the Total Source of Funds must equal the Expenditures Grand Total amount in Column B.

### **Column G – Enhanced County-City/Federal (25/75)**

- » Enter the amount for Medi-Cal Funds: County-City Funds by multiplying the Expenditures Grand Total amount in Column C – Enhanced County-City/Federal (25/75) by 25 percent and enter the number in Column G.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column C – Enhanced County-City/Federal (25/75) by 75 percent and enter the number in Column G.
- » Enter the Total Source of Funds by adding all entries in Column G. The entry for the Total Source of Funds in Column G must equal the Expenditures Grand Total amount in Column C – Enhanced City/County/Federal (25/75) in Category/Line Item.

### **Column H – Non-Enhanced County-City/Federal (50/50)**

- » Enter the amount for Medi-Cal Funds: County-City Funds by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the Total Source of Funds by adding all entries in Column H. The entry for the Total Source of Funds must equal the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) in Category/Line Item.

### **Certification**

- » Type or print the name of the person who prepared the supplemental invoices.
- » All questions concerning the supplemental invoices will be addressed to the name of the person identified here.
- » Enter the e-mail address of the person preparing the invoices.
- » Enter the date the supplemental invoices were prepared.
- » Enter the telephone number and extension, including the area code, for the person preparing the invoices.
- » Affix the signature of the county/city official who is authorized to sign the HCPCFC Quarterly Expenditure Invoices and Supplemental Invoices – Parts A and B.

- » Original signatures are required. Electronic signatures will be accepted. Signature stamps are not acceptable. Unsigned Certification shall be returned to counties for authorized signature.
- » Enter the date that the signature was affixed.
- » Type or print the name of the authorized official.

## Submission

- » Submit the Supplemental Invoice (Part A) and any supporting documentation to justify expenditures to the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
 Integrated Systems of Care Division  
 Fiscal Support Unit  
 P.O. Box 997437, MS 4502  
 Sacramento, CA 95899-7437

- » Supplemental Invoice (Parts A) shall be submitted no later than December 31<sup>st</sup> after the end of the fiscal year.

## HCPFCF County-City/Federal Match Quarterly Supplemental Invoice Part B

The following are instructions for the completion of the Supplemental Invoice – Part B, Amounts of Changes for the County-City/Federal Match Optional Foster Care (HCPFCF) County-City/Federal Match Quarterly Expenditure Invoice.

Please use whole numbers when preparing the supplemental invoices.

### County/City

- » Enter the name of the county or city for which this invoice applies.

### Supplemental No.

- » Enter the number in the sequence of supplemental invoices submitted to ISCD.  
 Example: 01, 02, etc.

### Quarter Ending

- » Enter the date for which the quarter ends, using the chart below:

<u>Quarter</u>	<u>Time Period of Quarter</u>	<u>Quarter End Date</u>
1	July 1– September 30	September 30
2	October 1– December 31	December 31
3	January 1– March 31	March 31
4	April 1– June 30	June 30

### **Fiscal Year**

- » Enter the fiscal year for which this invoice applies.

### **Category / Line Item**

#### **Column B – Total Expenditures**

- » Enter the amounts of change for each category/line item listed in Column A.
  - The amount of change is calculated by subtracting the Total Expenditures amount that was previously reported on the initial invoice for each category/line item listed in Column A from the corresponding Total Expenditures amount reported on the Supplemental Invoice- Part A.
- » Enter the Expenditures Grand Total by adding all entries in Column C and D Total Expenditures.
  - For each category/line item, the amounts calculated in Column B Total Expenditures must equal the sum of respective amounts in Columns C and D.

#### **Column C – Enhanced County-City/Federal (25/75)**

- » Enter the amount of Change in Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses.
  - The amount of Enhanced Medi-Cal funding for Total Personnel Expenses is calculated using time study, attendance, and payroll records.
- » Enter the amount of change in Enhanced Medi-Cal funding charged during the quarter to Total Operating Expenses.

- Only travel and training expenses may qualify as operating expenses for enhanced funding, and only when claimed by an SPMP following specific FFP guidelines.
- » Enter the Expenditures Grand Total by adding all entries in Column C (Enhanced County-City/Federal 25/75).

### **Column D – Non-Enhanced County-City/Federal (50/50)**

- » Enter the amounts of change in Non-Enhanced Medi-Cal funding charged during the quarter to Total Personnel Expenses and Total Operating Expenses.
- » Enter the amounts of change in Non-Enhanced Medi-Cal funding charged during the Quarter to Total Indirect Expenses. Capital and Other Expenses cannot be included.
- » Enter the Expenditures Grand Total by adding all entries in Column D.

## **Source of Funds**

### **Column F– Total Funds**

- » Enter the amount in each line of Column F by adding amounts in Column G and H.
  - The entry for the Total Source of Funds must equal the Expenditures Grand Total amount in Column B.

### **Column G – Enhanced County-City/Federal (25/75)**

- » Enter the amount for Medi-Cal Funds: County-City Funds by multiplying the Expenditures Grand Total amount in Column C – Enhanced County-City/Federal (25/75) by 25 percent and enter the number in Column G.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column C – Enhanced County-City/Federal (25/75) by 75 percent and enter the number in Column G.
- » Enter the Total Source of Funds by adding all entries in Column G.
  - The entry for the Total Source of Funds in Column G must equal the Expenditures Grand Total amount in Column C – Enhanced City/County/Federal (25/75) in Category/Line Item.

### **Column H – Non-Enhanced County-City/Federal (50/50)**

- » Enter the amount for Medi-Cal Funds: County-City Funds by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the amount for Medi-Cal Funds: Federal Funds (Title XIX) by multiplying the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) by 50 percent and enter the number in Column H.
- » Enter the Total Source of Funds by adding all entries in Column H.
  - The entry for the Total Source of Funds in Column H must equal the Expenditures Grand Total amount in Column D – Non-Enhanced County-City/Federal (50/50) in Category/Line Item.

## Certification

- » Type or print the name of the person who prepared the supplemental invoices.
  - All questions concerning the supplemental invoices will be addressed to the name of the person identified here.
- » Enter the e-mail address of the person who prepared the invoices.
- » Enter the date the supplemental invoices were prepared.
- » Enter the telephone number and extension, including the area code, for the person who prepared the invoices.
- » Affix the signature of the official who is authorized to sign the HCPCFC Quarterly Expenditure Invoices and Supplemental Invoices – Parts A and B.
  - Original signatures are required. Electronic signatures will be accepted. Signature stamps are not acceptable. Unsigned Certification shall be returned to counties for authorized signature.
- » Enter the date that the signature was affixed.
- » Type or print the name of the authorized official.

## Submission

- » Submit the Supplemental Invoice (Part B) and any supporting documentation to justify expenditures to one of the following:

By e-mail: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov)

By mail: California Department of Health Care Services  
Integrated Systems of Care Division  
Fiscal Support Unit  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

- » Supplemental Invoice (Parts B) shall be submitted no later than December 31<sup>st</sup> after the end of the fiscal year.

## SECTION 5: MANAGEMENT OF EQUIPMENT PURCHASED WITH STATE FUNDS

All equipment purchased with funds furnished in whole or in part by the State under the terms of this agreement shall be the property of the State and shall be subject to the following provisions:

- » The county/city shall use its own procurement process when purchasing equipment. The cost of equipment includes the purchase price plus all costs to acquire, install, and prepare equipment for its intended use. Examples of items may include computers, printers, photocopiers, etc.
- » All equipment purchased under this agreement shall be used only to conduct business related to programs funded by HCPCFC.
- » The county/city shall 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.
- » The county/city shall forward to the ISCD office a list of all new equipment purchased on the "Contractor Equipment Purchased with DHCS Funds" form (DHCS 1203). This form can be requested by emailing [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).
- » The DHCS 1203 form can be emailed to [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). The Fiscal Support Unit will contact the Department's Asset Management for identification tags. Asset Management is responsible for inventory and control of equipment. Asset Management staff will determine which type of tag should be applied to the pieces of equipment. Each piece of equipment will retain the same tag number for its duration. All equipment must have State identification tags affixed to the front left-hand corner. Identification tags will be forwarded to the contact person on the DHCS 1203.
- » Invoices for budgeted equipment purchases are to be submitted with their quarterly invoice only after the equipment is received.

### Required Annual Inventory and Final Disposition

The county/city shall submit an annual inventory of State-purchased equipment on the form entitled Inventory/Disposition of DHCS-Funded Equipment (DHCS 1204). This form can be requested by emailing [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

This form has a dual purpose; it serves to provide an inventory to Asset Management of the Department's assets and to notify Asset Management when disposal of those assets is needed.

Final disposition of all equipment shall be in accordance with instructions from the State and reported on the Property Survey Report (STD 152).<sup>32</sup>

## **Tagging and Disposal of State Purchased Equipment**

- » Equipment subject to these procedures is defined in the State Administrative Manual (SAM), Section 8602, as all equipment with a unit cost of \$5,000 or more and a life expectancy of more than four years that is used to conduct State business.
- » In response to the DHCS 1203 received from the county/city, ISCD forwards State tag(s) to the county/city with an equipment identification tag transmittal letter.
- » State-purchased equipment used by counties/cities in performance of ISCD program obligations must be disposed of according to DHCS procedures. Disposition occurs when funding is terminated; the useful life of the equipment is expended; the equipment is determined by the State to be obsolete for purpose for which it was intended; or any other reason deemed by the State to be in its own best interest.
- » The county/city representative submits a written request and list of assets to ISCD to dispose of equipment, or the ISCD Administrative Consultant notifies the county/city in writing that certain equipment is scheduled for disposition. The county/city representative should complete the DHCS 1204 along with an STD 152 or a Property Transfer Report (STD 158) whenever items need to be disposed of during the term of their contract with DHCS and within 30 calendar days before the termination of the contract.<sup>33</sup>
- » ISCD notifies the DHCS Business Services Section, Property Unit, of the need for equipment disposition by submitting a completed STD 152.<sup>34</sup>

## SECTION 6: PROGRAM ADMINISTRATION

This section provides guidance in the local administration of the HCPCFC. This section is a supplement to the guidance found in the HCPCFC Manual. Please see the HCPCFC Manual for expanded detail and direction regarding the items summarized in this section. All HCPCFC PHN Program Administrators and Supervising PHNs should be familiar with the entirety of both the HCPCFC Manual and the HCPCFC Financial Policy & Procedure, in order to ensure continuous knowledge and awareness of all program requirements. Questions may be directed to your HCPCFC liaison at [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

### Staffing Standards

#### Allowable Staff

HCPCFC staff include Registered Nurses with an active California PHN certificate, their DSS, and administrative and fiscal support staff. PHNs serve in a variety of program leadership positions ranging from direct supervision of staff to managing, charge and administrative positions. Each local HCPCFC is overseen by a PHN serving as the HCPCFC Program Administrator for that jurisdiction. While the working title of the Program Administrator may vary from county to county (e.g. Program Manager, Nurse Manager, Director of Nursing, etc.) all Program Administrators must be Registered Nurses with an active California PHN certificate.

HCPCFC staff are limited to the following three general categories:

- » Public Health Nurses as defined by Cal. Code Regs. Tit. 17, § 1305 - Public Health Nurse who are in an employer-employee relationship with the county. Funds for these positions may be drawn down from the Base, PMM&O, and Caseload Relief allocations. Supervising Public Health Nurses and/or Program Administrators may draw down funds from the Base, PMM&O, Caseload Relief, and Administrative allocations.
- » DSS which are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that directly support the responsibilities of skilled professional medical personnel, who are directly supervised by the skilled professional medical personnel, and who are in an employer-employee relationship with the county. Funds for these positions may be drawn down from the Base, PMM&O, and Caseload Relief allocations. These

positions may draw down from the Administrative allocation, however, they will not be eligible for the enhanced rate.

- » Administrative staff, which includes any non-SPMP staff and/or SPMP staff, who provide administrative or fiscal support to the program. Funds for these positions may only be drawn down from the HCPCFC Administrative allocation. With the exception of the HCPCFC Program Administrator, administrative positions are not eligible to draw down funds from the Base, PMM&O, and Caseload Relief allocations.

## **Staff Structure & Ratios**

- » Program Administrator: Each HCPCFC is overseen by a PHN serving as the HCPCFC PHN Program Administrator who is responsible for all aspects of the program within the jurisdiction and compliance with local, state, and federal requirements for the program. In some counties, the Supervising PHN and the Program Administrator may be the same person.
- » Supervising PHNs: Supervision of program staff may not exceed 10 HCPCFC staff persons to one FTE PHN directly supervising that individuals work, with the exception of the PHN overseeing the program as a whole within that jurisdiction. In some counties, the Supervising PHN and the Program Administrator may be the same person.
- » PHNs: HCPCFC PHNs have a maximum caseload of 200 Foster Youth, Non-Minor Dependents, and/or Wards of the Juvenile Court to each PHN.<sup>35</sup> Caseload shall be adjusted at this ratio, in relation of portion of FTE worked. This ratio includes an assumed minimum 0.5 DSS FTE per PHN. Close consideration should be given to acuity when determining a PHN caseload.
- » DSS: DSS are essential to the day-to-day functions on this program. They support the PHN in activities that do not require a PHN, to maximize enhanced activities and maximize the benefit of program funding. More information regarding the role of the DSS can be found in the Scope of Work section of the HCPCFC Manual.
- » Administrative staff: Administrative staff are any administrative or fiscal support staff who provide support to the program drawing down non-enhanced funds.

Additional detail regarding staff roles and responsibilities may be found in the HCPCFC Manual, Scope of Work section.

## **Record Keeping**

Local HCPCFC records that would be utilized in audit should be retained in keeping with the procedures found in 42 CFR § 433.32 - Fiscal Policies and Accountability, and local county/city policy, whichever is longer.<sup>36</sup> This would include time studies, financial documentation, etc.

Retention schedules for patient and medical records are determined by the Medical Board of California. Requirements vary by the type of record and ultimately should be finalized by local county policy.<sup>37</sup>

Additional information on recordkeeping requirements can be found in 42 CFR 438.3(u) and in WIC 14124.1.<sup>38, 39</sup>

## **Data**

Programs may utilize a local data tracking system of choice. The California Child Welfare Indicators Project (CCWIP) and SafeMeasures may be used to source data for reporting and internal use, but use of these resources is not required.<sup>40, 41</sup>

## **Policy & Procedure**

Local programs must have policy and procedure in place to address the requirements defined in the HCPCFC Manual and HCPCFC Financial Policy & Procedure. For examples of appropriate policies and procedures, reach out to other counties for sharing and collaboration.

## **Coordination Agreements**

Coordination agreements must be in place that define communication and coordination procedures with agencies which HCPCFC collaborates and shares potentially overlapping responsibilities. Local programs are encouraged to work with their county's legal services and other counties to determine what is required in each MOU.

## **Staff Onboarding**

### **Tools**

All HCPCFC staff should be aware of and have access to the resources found on the DHCS HCPCFC webpage, the HCPCFC Manual, HCPCFC program letters, All County/City Letters, Information Notices, HCPCFC forms, all executed HCPCFC coordination

agreements, MOUs, all HCPCFC policy and procedure, and the regional Medi-Cal delivery system(s).

To the extent possible, based upon local access agreements, HCPCFC staff members should be provided:

- » The ability to document in CWS/CMS and/or CWS-CARES
- » The ability to obtain vaccination history through the California Immunization Registry (CAIR2) and insurance information through the Medi-Cal Eligibility Data System (MEDS).
- » Are able to utilize the resources found in: California Child Welfare Training (CACWT), CCWIP, and SafeMeasures.

## **New Staff Training**

All HCPCFC staff should receive a minimum of 40 hours of training prior to participation in program activities. In addition to the requirements specified below, training may be personalized. Local programs must create a policy that outlines and defines the 40 hours of training and how trainings will be logged and tracked to ensure the minimum requirements are met. Each county is responsible for their own training.

Training must include, at a minimum:

- » PowerPoint modules summarizing the information in the HCPCFC Manual and this Financial P&P.<sup>42</sup>
- » All Staff:
  - Medi-Cal and Children's Presumptive Eligibility<sup>43</sup>
  - The HCPCFC Manual<sup>44</sup>
  - All HCPCFC MOUs & IAs
  - All Local HCPCFC Policy & Procedures
  - HCPCFC templates and their use
  - Specific procedures for escalating questions and concerns for assistance to their supervisor or manager
  - Psychotropic Medication Monitoring & Oversight as detailed in the HCPCFC Manual PMM&O section

- CAIR, CWS/CMS, CWS-CARES, CCWIP, Safe Measures and/or other documentation and data system(s) used
- Juvenile Dependency Process/Child Welfare and CalAIM

## **Local MOU/IA with Child Welfare & Probation**

A MOU among health, welfare, and probation departments in each county is required for the continued operation of the HCPCFC at least biennially.<sup>45</sup> The MOU delineates the roles and responsibilities of the PHN, Social Worker, and Probation Officer in the HCPCFC.

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- 1 <https://www.dhcs.ca.gov/services/HPCFC/Pages/WebResources.aspx>
  - 2
  - 3 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3)
  - 4 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=11400.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11400.&lawCode=WIC)
  - 5 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=450.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=450.&lawCode=WIC)
  - 6 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=309](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=309)
  - 7 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=300.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=300.&lawCode=WIC)
  - 8 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=602.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=602.&lawCode=WIC)
  - 9 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=300.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=300.&lawCode=WIC)
  - 10 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=602.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=602.&lawCode=WIC)
  - 11 <https://www.cdss.ca.gov/inforesources/2017-all-county-letters>
  - 12 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3)
  - 13 <https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/CodeBlue.pdf>
  - 14 [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC)
  - 15 <http://www.dhcs.ca.gov/services/hcpcfc>
  - 16 <https://www.dhcs.ca.gov/services/HPCFC/Pages/ProgramLetters.aspx>
  - 17 <https://www.cdss.ca.gov/inforesources/letters-and-notice>
  - 18 <https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-16501-3/>
  - 19 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-432>
  - 20 <https://www.law.cornell.edu/cfr/text/42/432.2>
  - 21 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-432>
  - 22 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 23 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-432/subpart-A/section-432.2>
  - 24 [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB108](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB108)
  - 25 <https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-16501-3/>
  - 26 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 27 <https://law.justia.com/codes/california/2022/code-hsc/division-25-2/chapter-1/section-38078-5/>
  - 28 [https://www.dol.gov/sites/dolgov/files/OASAM/legacy/files/ASMB\\_C-10.pdf](https://www.dol.gov/sites/dolgov/files/OASAM/legacy/files/ASMB_C-10.pdf)
  - 29 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 30 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 31 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 32 <https://iscdbudget.cloudapps.dhcs.ca.gov/>
  - 33 <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std152.pdf>
  - 34 <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std158.pdf>
  - 35 <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std152.pdf>

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35 Foster Youth as defined by WIC 11400(f) , Non-Minor Dependents as defined by WIC 11400 (v)(1-3), and Wards of the Juvenile Court as defined by WIC 450 who have been removed from their home pursuant to WIC 309 (temporary custody), are the subject of a petition filed under WIC 300 (dependent-victim of abuse or neglect) or WIC 602 (juvenile who has violated the law), or have been removed from their home and are the subject of a petition under WIC 300 or 602 . NMD receive program services upon their request, and under their direction, in accordance with ACL No. 17-22E and WIC 16501.3.

36 <https://www.law.cornell.edu/cfr/text/42/433.32>

37 <https://www.mbc.ca.gov/FAQs/?cat=Consumer&topic=Complaint:%20Medical%20Records>

38 <https://www.law.cornell.edu/cfr/text/42/438.3>

39

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=14124.1.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14124.1.&lawCode=WIC)

40 <https://ccwip.berkeley.edu/>

41 <https://app.safemeasures.org/ca/Account/?ReturnUrl=%2Fca>

42 <https://www.dhcs.ca.gov/services/HCPFCF/Pages/WebResources.aspx>

43 <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Programs.aspx>

44 <https://www.dhcs.ca.gov/services/HCPFCF/Documents/HCPFCF-Manual-2024.pdf>

45 [https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-16521-6/#:~:text=\(a\)\(1\)%20Each%20county.who%20have%20experienced%20severe%20trauma.](https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-16521-6/#:~:text=(a)(1)%20Each%20county.who%20have%20experienced%20severe%20trauma.)