



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 30, 2018

CHDP Program Letter No.: 18-01

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, AND STATE
INTEGRATED SYSTEMS OF CARE DIVISION (ISCD) STAFF

SUBJECT: FISCAL YEAR (FY) 2017-18 AUGMENTED ALLOCATION FOR THE
HEALTHCARE PROGRAM FOR CHILDREN IN FOSTER CARE
(HCPCFC)

The purpose of this CHDP Program Letter is to provide CHDP local programs with the augmented State General Fund allocation for the HCPCFC as it applies to FY 2017-2018. This is the state's share of the Medi-Cal Title XIX funds. These funds are to be matched with Federal Title XIX funds to supplement the HCPCFC Administrative Budget and are based on the Federal Financial Participation (FFP) guidelines found in the Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG).

The allocation amount for each county is based on a methodology developed by the California Department of Social Services in coordination with the County Welfare Directors Association of California. These funds are to be used for the hiring of additional HCPCFC Public Health Nurses (PHNs) and must be tracked and accounted for separately in relation to other HCPCFC funding.

Each local CHDP program is to carry out the HCPCFC program as set forth in the CMS PFG. The primary responsibility of the HCPCFC PHNs remains that of administrative case consultation. By providing these services the PHN administratively coordinates the health care needs of children in foster care, including their developmental, dental and mental health needs. The PHN supports adherence to American Academy of Pediatric Recommendations for Preventive Pediatric Health Care, ensures that identified health needs are monitored, and supports continuity of health care services. The PHN, social worker, and/or clerical support update the Child Welfare Services/Case Management System Health and Education Passport. The PHN/social worker/probation officer share medical information where appropriate. The PHN consults with physicians and other medical and non-medical professionals regarding the health and well-being of children in foster care and in coordinating appropriate medical treatment and follow up.

This Program Letter will serve as each local program's augmented State General Fund portion of the HCPCFC No County/City Match Administrative Budget. There will be no budget approval letters issued from the Integrated Systems of Care Division. Each local program remains responsible for oversight and tracking of its administrative and budget expenditures. As in previous years, local programs will only be reimbursed for No County/City Match expenditures up to their authorized budget allocations.

This letter contains the following forms to be used to implement the augmented HCPCFC funds:

- HCPCFC Plan & Budgets Required Documents Checklist (Attachment 1)
- Allocation of State Dollars (Attachment 2)
- Revised HCPCFC Incumbent List, includes Augmented HCPCFC (Attachment 3)
- Augmented HCPCFC Budget Worksheet (Attachment 4)
- Augmented HCPCFC Administrative Budget Summary (Attachment 5)
- Augmented HCPCFC Invoice Template (Attachment 6)

Because these funds are new to the HCPCFC program, the following must be included with the county's plan and budget:

- Organizational chart that reflect augmented HCPCFC staff
- Civil Service Classification Statements for HCPCFC staff funded with augmented HCPCFC funds
- Duty statements for the PHNs funded with augmented HCPCFC funds - Duty statements must be developed in accordance with the guidance in CMS FPG, Section 8 - Federal Financial Participation, as it relates to the activities of the SPMP and must be consistent with the intended and permitted use of these state and federal funds.
- Augmented HCPCFC Budget Justification Narrative (see CMS PFG for sample budget or expenses justification narrative)

Local programs should follow the CMS PFG for budget submissions to ISCD. Plan and budgets for the augmented HCPCFC activities are due 45 days from the date of this CHDP allocation letter. Local programs that have previously submitted budget approval

letters to the county's accounting authorities will be able to utilize the attached county allocation table as documentation and verification of the funds allocated.

We recognize this allocation is being issued late in the fiscal year and that some local programs may find that they cannot use some or all of the funds allocated for this purpose. We ask that you alert this office in writing at the e-mail address below if you determine that a specified portion of your allocation will not be expended or if you believe you can make use of additional funds on a one-time basis in this fiscal year if unexpended funds become available.

Local programs that have questions regarding staffing, personnel changes, duty statements, and other budget preparation items should submit their questions to DHCSAdmin@dhcs.ca.gov prior to submitting their budgets. All local programs must adhere to the CMS PFG for determination of enhanced and non-enhanced designation of staff and their activities as well as conditions for FFP determination. Documentation for those staff that qualify for enhanced FFP and work on more than one program must adhere to the CMS PFG (Section 8) for time study requirements and guidelines. Time studies must clearly differentiate the time directed to the augmented HCPCFC activities.

All quarterly expenditure reports submitted for reimbursement must be based on accurate and auditable documentation. An audit file must be maintained by each county to support all quarterly expenditure reports, and shall include but not be limited to: time studies, when required and performed during at least one representative month of the quarter for each budgeted position for which FFP is claimed; documentation in support of travel and training costs; and other documents required to support the claimed expenditures. In addition, documentation of the methods used to claim internal and external overhead must also be maintained.

Acceptance of allocated funds constitutes an agreement that the receiving local agency will comply with all federal and state requirements pertaining to the Augmented HCPCFC activities and adhere to all applicable policies and procedures set forth by the DHCS/ISCD.

Periodically the federal program responsible for oversight of state expenditures for the administrative costs for the management of the Medicaid program will conduct programmatic audits. Finding a federal audit exception and subsequent liability for repayment of federal Medicaid funds relating to the HCPCFC audit exception, are the exclusive and sole responsibility of each program.

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For questions regarding this correspondence, please contact V. David Banda at (916) 327-3101 or at v.david.banda@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Chief
Integrated Systems of Care Division

Attachments

Augmented Funds for the Health Care Program for Children in Foster Care

Plan and Budget Required Documents Checklist

SFY 2017-18

County/City:		Fiscal Year: _____
Document		
1.	Checklist	
	A.	Incumbent Lists for HCPCFC, Augmented HCPCFC and PMM&O
	B.	Civil Service Classification Statements – for augmented funds.
	C.	Duty Statements – for augmented funds
	D.	Augmented HCPCFC Administrative Budgets
	1.	Budget Summary, augmented HCPCFC
	2.	Budget Worksheet, augmented HCPCFC
	3.	Budget Justification Narrative, augmented HCPCFC
	E.	Organizational chart that reflect augmented HCPCFC staff
	F.	Civil Service Classification Statements for HCPCFC staff funded with augmented HCPCFC funds
	G.	Duty Statement for the PHNs funded with augmented HCPCFC funds

FISCAL YEAR 2017-18			
PUBLIC HEALTH NURSES ALLOCATION			
COUNTY	STATE GENERAL FUND AUGMENT	FEDERAL FUND AUGMENT	REVISED TOTAL AUGMENT
1 ALAMEDA	\$86,197	\$258,592	\$344,789
2 ALPINE	\$0	\$0	\$0
3 AMADOR	\$3,050	\$9,150	\$12,201
4 BUTTE	\$38,248	\$114,743	\$152,991
5 CALAVERAS	\$2,673	\$8,020	\$10,693
6 COLUSA	\$8,751	\$26,252	\$35,002
7 CONTRA COSTA	\$46,544	\$139,633	\$186,178
8 DEL NORTE	\$3,320	\$9,959	\$13,278
9 EL DORADO	\$21,244	\$63,733	\$84,977
10 FRESNO	\$134,193	\$402,578	\$536,771
11 GLENN	\$7,024	\$21,072	\$28,095
12 HUMBOLDT	\$21,754	\$65,262	\$87,016
13 IMPERIAL	\$28,509	\$85,526	\$114,034
14 INYO	\$1,099	\$3,296	\$4,395
15 KERN	\$88,836	\$266,509	\$355,345
16 KINGS	\$15,337	\$46,011	\$61,347
17 LAKE	\$10,168	\$30,505	\$40,673
18 LASSEN	\$5,721	\$17,163	\$22,884
19 LOS ANGELES	\$1,550,187	\$4,650,562	\$6,200,750
20 MADERA	\$22,670	\$68,009	\$90,679
21 MARIN	\$4,782	\$14,346	\$19,128
22 MARIPOSA	\$1,086	\$3,257	\$4,342
23 MENDOCINO	\$14,872	\$44,615	\$59,486
24 MERCED	\$28,236	\$84,709	\$112,945
25 MODOC	\$927	\$2,782	\$3,710
26 MONO	\$0	\$0	\$0
27 MONTEREY	\$28,566	\$85,698	\$114,265
28 NAPA	\$6,961	\$20,883	\$27,844
29 NEVADA	\$3,291	\$9,872	\$13,163
30 ORANGE	\$178,048	\$534,143	\$712,190
31 PLACER	\$2,681	\$8,043	\$10,723
32 PLUMAS	\$2,969	\$8,907	\$11,876
33 RIVERSIDE	\$154,204	\$462,612	\$616,816
34 SACRAMENTO	\$91,647	\$274,941	\$366,587
35 SAN BENITO	\$6,090	\$18,270	\$24,360
36 SAN BERNARDINO	\$440,988	\$1,322,965	\$1,763,953
37 SAN DIEGO	\$137,602	\$412,806	\$550,408
38 SAN FRANCISCO	\$50,176	\$150,528	\$200,704
39 SAN JOAQUIN	\$100,696	\$302,087	\$402,782
40 SAN LUIS OBISPO	\$25,150	\$75,449	\$100,599
41 SAN MATEO	\$10,898	\$32,693	\$43,591
42 SANTA BARBARA	\$29,631	\$88,892	\$118,523
43 SANTA CLARA	\$69,377	\$208,132	\$277,509
44 SANTA CRUZ	\$17,409	\$52,227	\$69,636
45 SHASTA	\$21,647	\$64,940	\$86,586
46 SIERRA	\$0	\$0	\$0
47 SISKIYOU	\$3,134	\$9,401	\$12,535
48 SOLANO	\$18,102	\$54,306	\$72,407
49 SONOMA	\$35,475	\$106,425	\$141,900
50 STANISLAUS	\$42,511	\$127,534	\$170,046
51 SUTTER	\$13,150	\$39,451	\$52,602
52 TEHAMA	\$9,817	\$29,452	\$39,270
53 TRINITY	\$3,178	\$9,535	\$12,713
54 TULARE	\$69,129	\$207,387	\$276,516
55 TUOLUMNE	\$6,249	\$18,748	\$24,998
56 VENTURA	\$50,838	\$152,514	\$203,352
57 YOLO	\$46,957	\$140,871	\$187,828
58 YUBA	\$14,791	\$44,372	\$59,162
59 CITY OF BERKELEY	\$13,211	\$39,633	\$52,843
Total	\$3,850,000	\$11,550,000	\$15,400,000

The Federal Fund Augment allocation column is a maximum that assumes State general funds used would be applied exclusively for PHN activities eligible to be matched at the enhanced rate of 75 percent (ISCD recognizes quarterly claims typically reflect activities that are claimed at the standard and enhanced FFP rates). The maximum Federal Fund Augment allocation amount specified in this table is unrelated to the HCPCFC county match calculation.

Augmented HCPCFC Budget Worksheet
Fiscal Year _____

County/City Name: _____

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1.			\$0		\$0	100%	\$0
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
Total Salaries and Wages	0%		\$0		\$0		\$0
Less Salary Savings							
Net Salaries and Wages			\$0		\$0		\$0
Staff Benefits (Specify %)			\$0		\$0		\$0
I. Total Personnel Expenses			\$0		\$0		\$0
II. Operating Expenses							
1. Travel					\$0	100%	\$0
2. Training					\$0	100%	\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)			\$0				\$0
2. External							
IV. Total Indirect Expenses			\$0				\$0
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$0		\$0		\$0

Prepared By (Signature)

Date prepared

Phone Number

Email Address

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

Augmented HCPCFC Administrative Budget Summary

Fiscal Year _____

County/City Name: _____

Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	0	0	0
II. Total Operating Expenses	0	0	0
III. Total Capital Expenses			
IV. Total Indirect Expenses	0		0
V. Total Other Expenses			
Expenditures Grand Total	0	0	0

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	0	0	0
Federal Funds (Title XIX)	0	0	0
Total Source of Funds	0	0	0

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

COUNTY/CITY: _____

QUARTER ENDING: _____

MONTH/DAY/YEAR

Augmented HCPCFC Quarterly Administrative Expenditure Invoice
Fiscal Year _____

Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	0		
II. Total Operating Expenses	0		
III. Total Capital Expenses			
IV. Total Indirect Expenses	0		
V. Total Other Expenses			
Expenditures Grand Total	0	0	0

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	0	0	0
Federal Funds (Title XIX)	0	0	0
Total Source of Funds	0	0	0

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1090 to 1096 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Prepared By _____ E-Mail Address _____ Date _____ Area Code /Telephone No. / Ext. No. _____

CHDP Director or Deputy Director (Signature) _____ Date _____ Print or Type Name of Signer _____