



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



GAVIN NEWSOM
GOVERNOR

DATE: September 25, 2020

CHDP Program Letter 20-04

TO: All Child Health and Disability Prevention Program Directors, Deputy Directors, Medical Consultants, Dependent and Independent County Operations Staff, and State Integrated Systems of Care Division Staff

SUBJECT: Fiscal Year 2020-2021 Allocation for the Child Health and Disability Prevention Program Lead Poisoning Prevention Activities.

The purpose of this CHDP Program Letter is to provide funding for the Child Health and Disability Prevention Lead Poisoning Prevention (CHDP-LPP) Activities for **Fiscal Year (FY) 2020-2021**.

This program letter serves as each local program's approved state CHDP-LPP funding and enables each local program to use this letter to develop its budget. There will be no budget approval letters issued from ISCD. Each local program remains responsible for overseeing and tracking its CHDP-LPP budget expenditures. Local programs will only be reimbursed for expenditures up to their authorized budget allocations.

Local programs should follow the attached budget submission instructions for CHDP-LPP related personnel, travel, capital, indirect, and other expenses. The CHDP-LPP program budgets are due no later than 60 days from the date listed on this program letter.

All quarterly expenditure reports submitted for reimbursement must be based on actual costs as well as accurate and auditable documentation. An audit file must be maintained by each local program 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 training and travel costs; and other documents as required to support claimed expenditures. In addition, documentation of the methods to claim internal and external overhead must also be maintained.

Acceptance of allocated funds constitutes an agreement that the receiving local program and its agency will comply with all state requirements pertaining to the CHDP-LPP program and adhere to all applicable policies and procedures set forth by the Department of Health Care Services.

If you have any questions regarding the administrative aspects of the CHDP-LPP program budget submission, please contact the ISCD Fiscal Support Unit via e-mail at dhcsscdadmin@dhcs.ca.gov.

The Early and Periodic Lead Exposure Prevention (EPLP) is a collaborative initiative between the California Department of Public Health, Childhood Lead Poisoning Prevention (CLPP) program, the California Department of Healthcare Services (DHCS), and the Childhood Health and Disability Prevention (CHDP) program. The goal of this initiative is to verify that providers are following the established health care standards for blood testing of children for lead exposure.

Sincerely,

Original signed by

**Autumn Boylan, acting division chief
Integrated systems of care division**

Attachments:

1. CHDP-LPP Case Management Allocation FY 2019/2020
2. CHDP-LPP Budget Instructions
3. CHDP-LPP Budget Summary Template
4. CHDP-LPP Local Assistance Budget Worksheet
5. CHDP-LPP Invoice Instructions
6. CHDP-LPP Invoice Template
7. CHDP-LPP Invoice supporting documents instructions
8. CHDP-LPP Invoice support templates

cc: See Next Page

cc: Roy Schutzengel, MD MBA
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Carol Hazell, RN, Nurse Consultant
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Exhibit B, Attachment IV
CHDP County Allocation Plan - Year 1
(07/01/20 through 06/30/21)

Co/City No.	County	Total County Allocation	Co/City No.	County	Total County Allocation
Total		\$ 805,111.00	Total		\$ 805,111.00
1	Alameda	\$ 23,386.77	30	Orange	\$ 45,758.54
2	Alpine	\$ 1,571.14	63	Pasadena	\$ 7,788.55
3	Amador	\$ 2,941.85	31	Placer	\$ 7,358.73
59	Berkeley	\$ 6,412.68	32	Plumas	\$ 4,533.70
4	Butte	\$ 10,078.75	33	Riverside	\$ 25,788.41
5	Calaveras	\$ 2,619.00	34	Sacramento	\$ 28,489.16
6	Colusa	\$ 2,844.00	35	San Benito	\$ 5,561.03
7	Contra Costa	\$ 19,049.08	36	San Bernardino	\$ 35,850.27
8	Del Norte	\$ 3,350.21	37	San Diego	\$ 32,278.75
9	El Dorado	\$ 6,128.72	38	San Francisco	\$ 16,455.97
10	Fresno	\$ 26,603.08	39	San Joaquin	\$ 20,426.73
11	Glenn	\$ 4,129.03	40	San Luis Obispo	\$ 7,723.15
12	Humboldt	\$ 10,028.89	41	San Mateo	\$ 13,749.06
13	Imperial	\$ 9,972.09	42	Santa Barbara	\$ 15,069.61
14	Inyo	\$ 2,331.18	43	Santa Clara	\$ 25,224.53
15	Kern	\$ 25,234.61	44	Santa Cruz	\$ 8,904.01
16	Kings	\$ 10,795.87	45	Shasta	\$ 7,787.59
17	Lake	\$ 5,630.52	46	Sierra	\$ 2,257.71
18	Lassen	\$ 2,216.66	47	Siskiyou	\$ 2,172.52
62	Long Beach	\$ 13,955.71	48	Solano	\$ 9,247.70
19	Los Angeles	\$ 135,043.36	49	Sonoma	\$ 11,185.90

Exhibit B, Attachment IV
 CHDP County Allocation Plan - Year 1
 (07/01/20 through 06/30/21)

Co/City No.	County	Total County Allocation	Co/City No.	County	Total County Allocation
20	Madera	\$ 8,588.42	50	Stanislaus	\$ 16,582.09
21	Marin	\$ 6,581.63	51	Sutter	\$ 5,333.57
22	Mariposa	\$ 1,877.10	52	Tehama	\$ 4,865.24
23	Mendocino	\$ 7,178.78	53	Trinity	\$ 2,554.00
24	Merced	\$ 16,540.46	54	Tulare	\$ 14,991.25
25	Modoc	\$ 3,273.60	55	Tuolumne	\$ 4,355.84
26	Mono	\$ 2,074.73	56	Ventura	\$ 18,988.94
27	Monterey	\$ 15,206.55	57	Yolo	\$ 6,325.73
28	Napa	\$ 5,086.14	58	Yuba	\$ 2,684.66
29	Nevada	\$ 4,087.46			\$
				Total	805,111.00

CHDP-LPP Budget Instructions

The **CHDP-LPP Local Assistance Allocation Budget Worksheet for FY 2020-2021** shows percentages and dollar amounts in the CHDP-LPP budget. These dollar amounts are not to exceed the amounts allocated annually by CDPH and ISCD. Complete the **CHDP-LPP Local Assistance Allocation Budget Worksheet**.

I. Personnel Expenses

In this section, list each funded position by classification and incumbent name as a separate line item and complete the following columns:

- 1. Percentage or FTE:** Enter the portion of the FTE in Column 1 for the percentage of time spent on program activities during the budget fiscal year for each position listed.

Formula: Time base multiplied by twelve (12) months.
Example: Employee works one day per week (1/5 time) $1/5 = 0.2$ or 20 percent

- 2. Annual Salary:** Enter into Column 2 the annual salary for the full-time position listed.

1. Total Budget

- Multiply each entry in Column 1 by the corresponding entry in Column 2.
- Enter the amount into Column 3 (Total Budget). Total the sum of column 3 in the row "Total Salaries and Wages".

Total Salaries and Wages

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

Staff Benefits

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

- Multiply the approved county/city staff benefits percentage by the total salaries and wages
- Enter the actual staff benefits amount as determined by the county/city on this line.
- If a percentage is used, the county/city must enter this percentage next to the words Staff Benefits on the form.

Personnel Expenses

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

II. Travel Expenses

Includes per diem, commercial automobile rental, motor pool, and private vehicle mileage, etc.

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

List each Other Expenses item individually under this section.

- Enter the budgeted amount in “Total Budget” in Column 3

Total Other Expenses

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

Budget Grand Total

- Add the Total Personnel Expense, Total Travel Expense, and Total Other Expenses lines for Columns 3, and
- Enter the grand total of each column on the Budget Grand Total line item.

CHDP-LPP Budget Summary

I. Budget Summary Instructions

- A. Transfer the dollar amount from each total line item in each column of the CHDP-LPP **Local Assistance Allocation Budget** to the **CHDP-LPP Budget Summary Form**.
- B. Sum the total of Total Personnel Expense, Total Travel Expense, and Total Other Expense, and put this summed amount in the **BUDGET GRAND TOTAL** Row.
- C. Transfer this amount to the row listed below SOURCE OF FUNDS titled **CHDP-LPP FUND GRAND TOTAL**.

**CHDP-LPP Budget Summary
 FISCAL YEAR 2020-2021**

CATEGORY/LINE ITEM	CHDP-LPP FUNDS (100% CHDP-LPP)
I. TOTAL PERSONNEL EXPENSE	
II. TOTAL TRAVEL EXPENSE	
III. TOTAL OTHER EXPENSE	
BUDGET GRAND TOTAL	

Source of Funds	CHDP-LPP FUNDS (100% CHDP-LPP)
CHDP-LPP FUND GRAND TOTAL	

Prepared By Email Address Area Code / Telephone Number

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 1030 to 1036 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.

CHDP Director/Deputy Director
 (Signature) Date

CHDP-LPP Local Assistance Allocation Budget Worksheet

Fiscal Year:

County/City Name:

Column	1	2	3
Category/Line Item	% of FTE towards CHDP-LPP	Annual Salary	Total Budget (1 x 2 for Personnel)
I. Personnel Expense			
1. Employee Name, Position	0.00%	0	0
2. Employee Name, Position	0.00%	0	0
3. Employee Name, Position	0.00%	0	0
4. Employee Name, Position	0.00%	0	0
6. Employee Name, Position	0.00%	0	0
7. Employee Name, Position	0.00%	0	0
8. Employee Name, Position	0.00%	0	0
9. Employee Name, Position	0.00%	0	0
10. Employee Name, Position	0.00%	0	0
Total Salaries and Wages			0
Staff Benefits (Specify %)	0.00%		0
I. Total Personnel Expense			0
II. Total Travel Expense			0
III. Other Expense (Must Separately Itemize all Other Expenses below)			
1.			
2.			
3.			
4.			
5.			
III. Total Other Expense			0
Budget Grand Total			0

Prepared By

Date Prepared

Phone Number

Email Address

CHDP director or Deputy Director
(Signature)

Date

Phone Number

Email Address

CHDP-LPP Invoice Instructions

Invoice Instructions

- D. List the CHDP-LPP related expenses under the column **TOTAL CHDP-LPP FUNDS (100% CHDP-LPP)**
- E. See the CHDP-LPP Budget Instructions, for guidance on how to classify the expenses between: personnel, travel, and other.
- F. For **OTHER EXPENSE**, all expenses need to be itemized in accordance with the budget worksheet that is submitted annually. If more than four other expenses are itemized, the preparer may add rows to the invoice.
- G. Sum the itemized OTHER EXPENSE, and enter this summed total in the row, TOTAL OTHER EXPENSE.
- H. Sum the total of Total Personnel Expense, Total Travel Expense, and Total Other Expense, and put this summed amount in the **GRAND TOTAL** Row.
- I. Transfer this amount to the row listed below Source of Funds titled **CHDP-LPP FUND GRAND TOTAL**.

COUNTY/CITY:

**CHDP-LPP Quarterly Invoice
FISCAL YEAR 2020-2021**

CATEGORY/LINE ITEM	CHDP-LPP FUNDS (100% CHDP-LPP)
I. TOTAL PERSONNEL EXPENSE	
II. TOTAL TRAVEL EXPENSE	
OTHER EXPENSE	
1.	
2.	
3.	
4.	
III. TOTAL OTHER EXPENSE	
GRAND TOTAL	

Source of Funds	CHDP-LPP FUNDS (100% CHDP-LPP)
CHDP-LPP FUND GRAND TOTAL	

Prepared By

Email Address

Area Code / Telephone Number

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 1030 to 1036 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.

CHDP Director/Deputy Director
(Signature)

Date

CHDP-LPP Invoice Supporting Documentation Instructions

Invoice Instructions

- A. For every site visit, complete the supporting documentation worksheet for Goal 1, objective 1 (Pages 1 and 2). When charting patient data on page 2, feel free to extend the rows on the worksheet if more space is needed to write patient information.
- B. For every site visit where educational materials are provided, complete the supporting documentation worksheet for Goal 1, objective 2.
- C. For every LeadCare Labs training completed in a non-contracted county, complete the supporting documentation worksheet for Goal 1, objective 3.
- D. Send ISCD all supporting documentation for visits and trainings completed during the relevant quarter, along with the quarterly invoice, in a packet for CHDP and CHDP-LPPB review.
- E. Please email a copy of the packet to:

DHCSAdmin@dhcs.ca.gov

Matthew.Nerland@dhcs.ca.gov

- F. And send the hard copy of the packet to:

ATTN: Matthew Nerland
Integrated Systems of Care Fiscal Support Unit
MS 4502 P.O. Box 997413
Sacramento, CA 95899

CHDP-LPP Invoice Supporting Documentation

FISCAL YEAR 2020-2021

Page 1 of 2		Goal 1 - Objective 1 Chart review by CHDP staff. Up to 10 medical record reviews at each provider office.			
County Code:		Site Visit Location (Provider NPI):		Page 2 Abbreviation Key	
County Name:				AG	Anticipatory guidance was given.
Hours spent on site visit (include travel, prep, and report writing)		Other Information		HE	Health education was provided related to lead poisoning prevention and environmental lead sources.
				RC	Refugee children 6 months to 16 years offered blood lead testing within 30-90 days of arrival in the U.S as well as within 3 to 6 months post resettlement.
Travel Hours:		Total Chart Reviews:		LC	Blood lead testing counseling was given on the value of early identification and intervention.
Prep Hours:		Follow up Visit? Y/N:		LT	Lead testing was done at 12 months and 24 months. Check both boxes if testing was done.
Report Hours:		Site Visit Date: (MM/DD/YYYY)		HC	List the Health care delivery system the patient was listed under. Choose from options in drop down menu.
Total Site Visit Hours:				PI	The parent or guardian of a child is informed by the provider regarding childhood lead exposure, Medi-Cal eligibility, and mandatory tests for high risk children. Choose from drop down menu for Yes, No, or N/A.

Nurse performing Review (Print Name)

Signature

Date

Goal 1 - Objective 1
Chart review by CHDP staff. Up to 10 medical record reviews at each provider office.

Patient Name	Patient D.O.B. (MM/DD/YYYY)	C.I.N.	Mark the box with an X or Check mark if the service was provided. For columns HC and PI choose from drop-down menu.							Document Test Results	If any of the boxes are NOT checked, please provide an explanation on why this box was marked no in the cells below. If additional space is needed, feel free to continue the narrative on a separate page.	
			AG	HE	RC	LC	LT 24 Wks	LT 12 Wks	HC			PI
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

CHDP-LPP Invoice Supporting Documentation

FISCAL YEAR 2020-2021

Goal 1 - Objective 2

Provide Childhood Lead Poisoning Prevention Program (CHDP-LPP program) educational material to provider offices when necessary

Site Visit Date:

County:

Site Visit Location (Provider NPI Number):

Title of Educational Materials Provided

Number of Materials Provided

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Total Number of Educational Materials supplied at provider

CHDP-LPP Invoice Supporting Documentation

FISCAL YEAR 2020-2021

Goal 1 - Objective 3

Blood Lead testing training for non-contracted counties.

County:		Training Date:	
Training Location (Provider NPI Number):		Hours spent on site visit (include travel, prep, and training)	
Provider CLIA Number		Travel Hours:	
		Prep Hours:	
CLIA Expiration Date		Training Hours:	
		Total Training Hours:	

Participant Sign-In

Print Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	