

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM DIRECTOR/DEPUTY DIRECTOR TRAINING – SECTION IX

Annual Plan Development

ANNUAL PLAN SUBMISSION

- ❑ Local Programs are to submit an annual plan and budget package to the Children’s Medical Services, 60 days after the release of the last of the three budget allocations. The three programs are California Children’s Services (CCS), Child Health and Disability Prevention Program (CHDP), and Health Care Program for Children in Foster Care (HCPCFC).
 - ❑ Submit one package for all three programs. Coordinate with your local CCS program to accomplish this.
 - ❑ Submit an electronic copy of the Children’s Medical Services Plan and Budget package to Department of Health Care Services, Systems of Care Division at [dhcsscdAdmin@ dhcs.ca.gov](mailto:dhcsscdAdmin@dhcs.ca.gov). All pages must be numbered and dated.
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Plan and Fiscal Guidelines – Section 2

Children’s Medical Services Plan and Fiscal Guidelines

SECTION 2 – PLAN AND BUDGET SUBMISSION

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CHECKLIST

Documents Checklist

The annual plan begins with the Plan and Budget Required Documents Checklist which identifies the contents and sequence of all documents required for plan development. It serves as the Table of Contents.

Basically, follow the Checklist to develop each item. Each item is explained in great detail in the Plan and Fiscal Guidelines. This section will try to fill in the “rest of the story.”

- The Children's Medical Services Plan and Budget Required Documents Checklist also identifies which documents need to be submitted with the Plan and which need to be retained locally. Be sure to check the current Plan and Fiscal Guidelines.

Certification Statements

Children's Medical Services requires Certification Statements for both CHDP and CCS programs certifying that the local programs will comply with all regulations. That is why they are signed by the agency directors and the Board of Supervisors. Certification pages may be submitted with the Plan or may be submitted later if more time is needed to obtain the Board of Supervisors approval.

AGENCY DESCRIPTION

- ❑ A brief narrative describes your department and local program organization including how the CHDP and HCPCFC are integrated. It should include a brief outline of accomplishments and anticipated changes.
- ❑ The agency description includes the organizational charts for CCS, CHDP, and HCPCFC. Since they include names and full-time equivalencies, they usually need updating every year.

- ❑ Templates to list the staff in each program are included in the Plan and Fiscal Guidelines and are called Incumbent Lists. They are self explanatory.
- ❑ A key thing to remember here is that all names, titles, and percent of time in the program must match the incumbent list, organizational charts, the budget worksheets and duty statements. Beware, this is not as simple as it seems. A change on one page will domino to changes on several pages.

CIVIL SERVICE CLASSIFICATION

- ❑ The Civil Service Classification Statements are the county's job description for each position within the county. These are usually maintained by Human Resources or may be on the County website.
- ❑ Only new positions to the program or updated Civil Service Classification Statements need to be included.

DUTY STATEMENTS

- Duty Statements are the specific duties that have been identified for the staff that work within the program. These have several requirements and again must match the forms listed in slide #11. Details can be found in the Plan and Fiscal Guidelines but there is no specific template or format to follow. Contact fellow Deputy Directors for samples.

- ❑ These need to be submitted when there are any changes from the previous year:
 - ❑ in job duties or activities
 - ❑ in percentage of time for activities
 - ❑ in percentage of time allotted for enhanced and non-enhanced activities (again: match it to the budget)
 - ❑ If staff work in multiple Children's Medical Services programs, include a duty statement for each program.
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Duty Statements 4

- ❑ There is no one way to write up a duty statement. Deputy Directors will have their own writing style.
- ❑ Again remember, as staff times are adjusted in the budget, which may occur from year to year, the duty statements and incumbent lists will need to be updated.

PERFORMANCE MEASURES

- ❑ Although there is a section on the Checklist for Performance Measures they are not submitted with the annual plan. They are a tracking system of local program activities over a five year period. They are developed by Children’s Medical Services for all programs. The Performance Measures report is due at the end of November and is a self evaluation of the program’s performance of the previous fiscal year.
- ❑ Child Health and Disability Prevention Program Deputy Directors should look at the Performance Measures as soon as possible to make sure the information is being collected.
- ❑ Performance Measure reporting is covered in more detail in Section 11.

PROGRAM REFERRAL DATA FORM

- ❑ The purpose of the Child Health and Disability Prevention Program Referral Data Form is to report the results of the PM 357 referrals received from the local Social Services agency.
 - ❑ Social Services is required by the Early and Periodic Screening, Diagnosis, and Treatment mandate to inform beneficiaries of the availability of Child Health and Disability Prevention Program services and to document requests for Child Health and Disability Prevention Program information and services on the PM 357.
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- ❑ The PM 357 referrals are a critical component of the CHDP Program. Work with the local Social Services agency to ensure that the local program receives the PM 357 referrals.
 - ❑ Each local program must track the PM 357 referrals including the number of children who received requested services.
 - ❑ For tracking, some counties use data bases that were locally designed. Hard copy paper and tally sheets are also acceptable.
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- ❑ To complete the Child Health and Disability Prevention Program Referral Data form, obtain information from the Social Services agency regarding the total number of CalWORKs/Medical cases informed and determined eligible.
- ❑ Data collection serves to evaluate local program needs, performance, and trends. Compare the current data to the previous years' data. Any significant changes will require an explanation.

MEMORANDUM OF UNDERSTANDING AND INTERAGENCY AGREEMENT

- ❑ Memorandum of Understanding and Interagency Agreement are agreements between agencies or programs that share common interests and identify how the entities will coordinate services. Keeping them simple is always best.
- ❑ In Section 2 of the Plan and Fiscal Guidelines there is a form titled the Memorandum of Understanding/Interagency Agreement List to record these documents. This form will go at the beginning of this section in the annual plan.

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- ❑ Include any Memorandum of Understanding and Interagency Agreement that are new, renewed, or revised since the prior fiscal year.
 - ❑ Each county may have its own internal rules about getting these documents signed. For some counties, a Board of Supervisors' signature may be required. For other counties, the Child Health and Disability Prevention Program Deputy Director may sign it with the program manager of the other agency.
 - ❑ The number of Memorandums of Understanding and Interagency Agreement will also vary by county. In larger counties there will be an interface with more programs.
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- ❑ CHDP Programs are required to have a Memorandum of Understanding with their local Managed Care Plan(s).
- ❑ Counties operating under a County Organized Health System are encouraged, but not required, to have a Memorandum of Understanding in place with the local Managed Care Plans.

See Section 12 for more information.

- ❑ The State Children’s Medical Services has developed model templates for the Interagency Agreement with the local Social Services agency and the Memorandum of Understanding for Health Care Program for Children in Foster Care (Plan and Fiscal Guidelines, Section 5). These are required to be renewed every two years.
- ❑ The Interagency Agreement is the agreement that ensures compliance with federal and Early and Periodic Screening, Diagnosis, and Treatment regulations . Read the template carefully, and insert a description of the local needs and policies where the words appear in italics.
- ❑ See Plan and Fiscal Guidelines, Section 9 for more information.

- ❑ There are several organizational and flow charts that go with the Interagency Agreement between the Child Health and Disability Prevention Program, Social Services, and Probation. Include organizational charts from Social Services and show connections to Child Health and Disability Prevention Program. Contact other Deputy Directors for samples of these charts.

- ❑ Additional Memorandums of Understanding and Interagency Agreements will vary by local program both in number and collaborative activities.
 - ❑ These may include:
 - ❑ Head Start
 - ❑ WIC
 - ❑ Childhood Lead Poisoning Prevention Program
 - ❑ Any other program(s)
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BUDGETS

- Deputy Directors may be responsible for 4 budgets:
 - Child Health and Disability Prevention Program Administrative Budget (No County/City Match)
 - Child Health and Disability Prevention Program Administrative Local Match Budget (County/City Match) – Optional
 - Health Care Program for Children in Foster Care (HCPCFC) Budget
 - Child Health and Disability Prevention Program Foster Care Administrative Local Match Budget (County/City Match) -- Optional
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Child Health and Disability Prevention Program Administrative Budget (No County/City Match)

- ❑ Represents the local program's estimate of administrative expenditures for Child Health and Disability Prevention Program and the Early and Periodic Screening, Diagnosis, and Treatment Program for the fiscal year given the available State funding
- ❑ The State provides an annual allocation for each program once the State budget has been passed
- ❑ Is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses
- ❑ Is funded through the State General Fund and Medi-Cal State/Title 19 Federal Funds

Child Health and Disability Prevention Program Administrative Local Match Budget (County/City Match)-Optional

- ❑ Represents the local program's estimate of additional expenditures to enable the local program to perform activities dedicated to Medi-Cal beneficiaries meeting the federal Early and Periodic Screening, Diagnostic, and Treatment Program mandates *over and above* those funded through the Child Health and Disability Prevention Program Administrative Budget (No County/City Match) allocation
- ❑ Is comprised of five major line items: Personnel Expenses, Operating Expenses, Capital Expenses, Indirect Expenses, and Other Expenses
- ❑ Is funded through county/city and Title 19 Federal Funds



Health Care Program for Children In Foster Care Budget

- ❑ Represents the local program's estimate of administrative expenditures for the Health Care Program for Children in Foster Care for the fiscal year given the available State funding
- ❑ Is comprised of three major line items: Personnel Expenses, Operating Expenses, and Indirect Expenses
- ❑ Is funded by State General funds matched with Federal Medicaid Title 19 funds

Child Health and Disability Prevention Program Foster Care Administration Local Match Budget (County/City Match)-Optional

- ❑ Represents the local program's estimate of expenditures for Public Health Nurse(s) working in support of children and youth in out-of-home placement or foster care with activities *over and above* those included in the Health Care Program for Children in Foster Care Budget
 - ❑ Is comprised of three major line items: Personnel Expenses, Operating Expenses, and Indirect Expenses
 - ❑ Is funded through county/city and Title 19 Federal funds
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Budget Submission

- ❑ All budget submissions must include:
 - ❑ Budget worksheet
 - ❑ Budget summary
 - ❑ Budget justification narrative
 - ❑ County/City Capital Expenses Justification Form*
 - ❑ County/City Other Expenses Justification Form*

* Not applicable for Child Health and Disability Prevention Program Foster Care and Health Care Program for Children in Foster Care Budgets

- ❑ Fill-in forms and examples are available in the Plan and Fiscal Guidelines, Section 6.
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- ❑ The Budget Worksheet and Budget Summary must be signed by the department fiscal officer and a county/city official with authority to sign on behalf of the local jurisdiction. For the Child Health and Disability Prevention Program , the Director and/or Deputy Director has regulatory authority to sign program documents.
- ❑ An original signature is required. Signature stamps are not acceptable.

Budget Justification

- ❑ A budget justification narrative must accompany each budget worksheet and budget summary, and must justify budget line items, for example:
 - ❑ The basis or formula used to determine travel costs, space rental, etc.,
 - ❑ Increases/decreases in staff 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
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CHDP STAFFING GUIDELINES



- ❑ CHDP Staffing Guidelines offer a workload-based formula that correlates local program productivity objectives with personnel requirements and their respective full time equivalencies by specific program activity.
 - ❑ Staffing Guidelines Instructions and Worksheets are located in the Plan and Fiscal Guidelines, Budget Section 6.
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- ❑ Staffing Guidelines may be used:
 - ❑ as a diagnostic tool to evaluate existing organizational structure
 - ❑ as a guide when assigning new duties or tasks
 - ❑ when reallocating staff resources
 - ❑ as justification for new and/or reallocated positions

Program Administrative Activities

- ❑ Activities necessary for the administration of Child Health and Disability Prevention Program are divided into three broad areas:

Program Activities

- ❑ Informing/Linking
- ❑ Care Coordination
- ❑ Provider Orientation/ Training
- ❑ Liaison

Program Management

- ❑ Supervision
- ❑ Administration/
Information Technology

Program Support

- ❑ Clerical Support

Factors in Determining Staffing

- ❑ Required program activities
- ❑ Skill mix of staff
 - ❑ Skilled Professional Medical Personnel, Ancillary, Supervisory, Clerical, Administrative/Information Technology
- ❑ County/city eligible population*
- ❑ County/city number of Child Health and Disability Prevention exams performed*
- ❑ County/city number of Child Health and Disability Prevention providers*

*Data sources are listed on next slide.

Data Sources

- ❑ County/city eligible population
 - ❑ Data Source: Budget Year Child Health and Disability Prevention Target Population Estimate column “Total Children”, (Plan & Fiscal Guidelines)

 - ❑ County/city number of Child Health and Disability Prevention exams performed
 - ❑ Data Source: Child Health and Disability Prevention Annual Summary of Screens by Funding Source for most recent fiscal year, (Business Objects)

 - ❑ County/city number of Child Health and Disability Prevention providers
 - ❑ Data Source: Active Child Health and Disability Prevention Providers by County/City and Provider Name, (Business Objects)
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Staffing Guidelines Summary

- ❑ Staffing patterns are flexible
- ❑ Staffing patterns vary by program based on:
 - ❑ Local needs
 - ❑ Available funding