



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



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: September 24, 2021

CHDP Program Letter No.: 21-02

TO: All Child Health and Disability Prevention Program Directors, Deputy Directors, and State Integrated Systems of Care Division Staff

SUBJECT: Fiscal Year 2021-2022 Allocation for the Health Care Program for Children in Foster Care

The purpose of this letter is to provide Child Health and Disability Prevention (CHDP) local programs with the Health Care Program for Children in Foster Care (HCPCFC) State General Fund (SGF) and Title XIX Federal Financial Participation (FFP) allocations for Fiscal Year (FY) 2021-2022. The HCPCFC has three SGF sources: 1) Base, 2) Psychotropic Medication Monitoring & Oversight (PMM&O), and 3) Caseload Relief. For each funding source, local programs are authorized to spend up to the amount allocated by SGF and FFP to staff and operate the HCPCFC. Please refer to the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG) for plan and budget submission requirements.

The HCPCFC Base, PMM&O, and Caseload Relief allocations must be budgeted, tracked, and accounted separately. Counties are required to submit all PFG required HCPCFC plans and budgets for FY 2021-22 no later than sixty (60) days from the date of this Information Notice. Local programs are to utilize and complete the attached spreadsheet templates for HCPCFC budget submission. Please submit your plans and budgets electronically to the ISCD Budget Portal. Information on accessing the ISCD Budget Portal will be sent under separate cover.

This letter also serves as each local program's approved HCPCFC budget and enables each local program to use this letter to develop their budget. There will be no budget approval letters issued from ISCD. Each local program remains responsible for overseeing and tracking its administrative budget expenditures. As in previous years, local programs will only be reimbursed for expenditures up to their authorized budget allocations.

Integrated Systems of Care Division
1501 Capitol Avenue, MS 4502
P.O. Box 997437 Sacramento, CA 95899-7437
(916) 552-1905
Internet Address: www.dhcs.ca.gov

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; documentation in support of travel and training costs; documentation of the methods used to claim internal overhead; and, other documents required to support the claimed expenditures. Questions regarding budget items should be submitted to dhcsscdadmin@dhcs.ca.gov prior to plan and budget submission.

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

Periodically, the federal program responsible for oversight of state expenditures for the administrative costs in 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 local program.

For questions regarding this program, please contact hpcfc@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Richard Nelson, Division Chief
Integrated System of Care Division

Attachments:

HCPCFC SGF Allocations FY2021-2022
HCPCFC FAQs FY2021-2022
HCPCFC Checklist FY2021-2022
HCPCFC Incumbent List Template
HCPCFC State Federal Budget Worksheet Template
HCPCFC State Federal Budget Summary Template
HCPCFC State Federal Budget Invoice Template
HCPCFC County Federal Budget Worksheet Template
HCPCFC County Federal Budget Summary Template
HCPCFC County Federal Budget Invoice Template



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



**Base State/Federal Allocation
FY 2021-2022**

County		Base State General Fund Allocation	Base Federal Fund Allocation	Base Total Allocation
#	Base Allocation	\$8,170,573	\$24,511,719	\$32,682,292
1	Alameda	\$164,552	\$493,655	\$658,207
2	Alpine	\$3,000	\$9,000	\$12,000
3	Amador	\$8,737	\$26,210	\$34,946
4	Butte	\$67,457	\$202,370	\$269,827
5	Calaveras	\$9,505	\$28,515	\$38,020
6	Colusa	\$7,483	\$22,450	\$29,934
7	Contra Costa	\$107,817	\$323,452	\$431,270
8	Del Norte	\$17,024	\$51,071	\$68,095
9	El Dorado	\$33,728	\$101,185	\$134,914
10	Fresno	\$356,365	\$1,069,095	\$1,425,460
11	Glenn	\$10,333	\$30,998	\$41,330
12	Humboldt	\$58,519	\$175,558	\$234,077
13	Imperial	\$55,800	\$167,401	\$223,201
14	Inyo	\$3,000	\$9,000	\$12,000
15	Kern	\$241,691	\$725,072	\$966,763
16	Kings	\$50,409	\$151,228	\$201,637
17	Lake	\$15,191	\$45,574	\$60,766
18	Lassen	\$9,883	\$29,650	\$39,533
19	Los Angeles	\$3,089,253	\$9,267,759	\$12,357,012
20	Madera	\$38,197	\$114,591	\$152,789
21	Marin	\$13,926	\$41,779	\$55,706
22	Mariposa	\$3,000	\$9,000	\$12,000
23	Mendocino	\$33,492	\$100,476	\$133,968
24	Merced	\$76,855	\$230,566	\$307,422
25	Modoc	\$3,464	\$10,392	\$13,855
26	Mono	\$3,000	\$9,000	\$12,000
27	Monterey	\$46,390	\$139,170	\$185,559
28	Napa	\$16,846	\$50,539	\$67,386
29	Nevada	\$9,505	\$28,515	\$38,020
30	Orange	\$378,236	\$1,134,708	\$1,512,944
31	Placer	\$30,655	\$91,964	\$122,619
32	Plumas	\$7,531	\$22,592	\$30,123
33	Riverside	\$435,632	\$1,306,896	\$1,742,528
34	Sacramento	\$255,818	\$767,454	\$1,023,273
35	San Benito	\$5,485	\$16,456	\$21,942



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



County		Base State General Fund Allocation	Base Federal Fund Allocation	Base Total Allocation
#	Base Allocation	\$8,170,573	\$24,511,719	\$32,682,292
36	San Bernardino	\$862,965	\$2,588,895	\$3,451,860
37	San Diego	\$335,215	\$1,005,646	\$1,340,861
38	San Francisco	\$109,780	\$329,340	\$439,120
39	San Joaquin	\$177,308	\$531,923	\$709,230
40	San Luis Obispo	\$49,499	\$148,497	\$197,996
41	San Mateo	\$30,347	\$91,042	\$121,389
42	Santa Barbara	\$63,000	\$189,000	\$252,000
43	Santa Clara	\$144,915	\$434,745	\$579,661
44	Santa Cruz	\$25,701	\$77,104	\$102,805
45	Shasta	\$60,068	\$180,204	\$240,272
46	Sierra	\$3,000	\$9,000	\$12,000
47	Siskiyou	\$13,986	\$41,957	\$55,942
48	Solano	\$58,259	\$174,778	\$233,037
49	Sonoma	\$69,218	\$207,655	\$276,873
50	Stanislaus	\$101,611	\$304,833	\$406,443
51	Sutter	\$17,769	\$53,306	\$71,074
52	Tehama	\$19,187	\$57,562	\$76,749
53	Trinity	\$5,828	\$17,485	\$23,313
54	Tulare	\$146,653	\$439,959	\$586,612
55	Tuolumne	\$15,321	\$45,964	\$61,286
56	Ventura	\$88,831	\$266,493	\$355,325
57	Yolo	\$68,911	\$206,733	\$275,644
58	Yuba	\$29,319	\$87,956	\$117,275
59	City of Berkeley	\$6,100	\$18,301	\$24,401
Total Base Allocation		\$8,170,573	\$24,511,719	\$32,682,292

The Base Federal Fund Allocation column is a maximum that assumes Base State General Funds used would be applied exclusively for Public Health Nurse 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 Federal Financial Participation rates). The maximum Base Federal Fund Allocation amount specified in this table is unrelated to the County-City match calculation.



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



**Psychotropic Medication Monitoring and Oversight State/Federal Allocation
FY 2021-2022**

County		PMM&O State General Fund Allocation	PMM&O Federal Fund Allocation	PMM &O Total Allocat ion
#	PMM&O Allocation	\$1,650,000	\$4,950,000	\$6,600,000
1	Alameda	\$40,795	\$122,386	\$163,181
2	Alpine	\$3,659	\$10,975	\$14,634
3	Amador	\$3,659	\$10,975	\$14,634
4	Butte	\$18,293	\$54,878	\$73,171
5	Calaveras	\$3,659	\$10,975	\$14,634
6	Colusa	\$3,659	\$10,975	\$14,634
7	Contra Costa	\$36,585	\$109,756	\$146,341
8	Del Norte	\$3,659	\$10,975	\$14,634
9	El Dorado	\$10,976	\$32,926	\$43,902
10	Fresno	\$54,878	\$164,634	\$219,512
11	Glenn	\$3,659	\$10,975	\$14,634
12	Humboldt	\$7,317	\$21,951	\$29,268
13	Imperial	\$14,634	\$43,903	\$58,537
14	Inyo	\$3,659	\$10,975	\$14,634
15	Kern	\$40,244	\$120,732	\$160,976
16	Kings	\$7,317	\$21,951	\$29,268
17	Lake	\$7,317	\$21,951	\$29,268
18	Lassen	\$3,659	\$10,975	\$14,634
19	Los Angeles	\$526,829	\$1,580,488	\$2,107,317
20	Madera	\$3,659	\$10,975	\$14,634
21	Marin	\$3,659	\$10,975	\$14,634
22	Mariposa	\$3,659	\$10,975	\$14,634
23	Mendocino	\$10,976	\$32,926	\$43,902
24	Merced	\$10,976	\$32,926	\$43,902
25	Modoc	\$3,659	\$10,975	\$14,634
26	Mono	\$3,659	\$10,975	\$14,634
27	Monterey	\$14,634	\$43,903	\$58,537
28	Napa	\$3,659	\$10,975	\$14,634
29	Nevada	\$3,659	\$10,975	\$14,634
30	Orange	\$47,561	\$142,683	\$190,244
31	Placer	\$7,317	\$21,951	\$29,268
32	Plumas	\$3,659	\$10,975	\$14,634
33	Riverside	\$102,439	\$307,317	\$409,756
34	Sacramento	\$73,171	\$219,512	\$292,683



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care



County		PMM&O State General Fund Allocation	PMM&O Federal Fund Allocation	PMM &O Total Allocation
#	PMM&O Allocation	\$1,650,000	\$4,950,000	\$6,600,000
35	San Benito	\$3,659	\$10,975	\$14,634
36	San Bernardino	\$142,683	\$428,049	\$570,732
37	San Diego	\$80,488	\$241,463	\$321,951
38	San Francisco	\$25,610	\$76,829	\$102,439
39	San Joaquin	\$51,220	\$153,658	\$204,878
40	San Luis Obispo	\$14,634	\$43,903	\$58,537
41	San Mateo	\$10,976	\$32,926	\$43,902
42	Santa Barbara	\$14,634	\$43,903	\$58,537
43	Santa Clara	\$36,585	\$109,756	\$146,341
44	Santa Cruz	\$7,317	\$21,951	\$29,268
45	Shasta	\$14,634	\$43,903	\$58,537
46	Sierra	\$3,658	\$10,976	\$14,634
47	Siskiyou	\$3,658	\$10,976	\$14,634
48	Solano	\$10,975	\$32,927	\$43,902
49	Sonoma	\$18,292	\$54,879	\$73,171
50	Stanislaus	\$29,267	\$87,806	\$117,073
51	Sutter	\$7,316	\$21,952	\$29,268
52	Tehama	\$3,658	\$10,976	\$14,634
53	Trinity	\$3,658	\$10,976	\$14,634
54	Tulare	\$21,951	\$65,855	\$87,806
55	Tuolumne	\$3,658	\$10,977	\$14,635
56	Ventura	\$25,609	\$76,831	\$102,440
57	Yolo	\$14,634	\$43,904	\$58,538
58	Yuba	\$7,316	\$21,953	\$29,269
59	City of Berkeley	\$3,107	\$9,322	\$12,429
Total PMM&O Allocation		\$1,650,000	\$4,950,00	\$6,600,000

The Psychotropic Medication Monitoring & Oversight (PMM&O) Federal Fund Allocation column is a maximum that assumes PMM&O State General Funds used would be applied exclusively for Public Health Nurse 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 Federal Financial Participation rates). The maximum PMM&O Federal Fund Allocation amount specified in this table is unrelated to the County-City match calculation.



Integrated Systems of Care Division Health Care Program
for Children in Foster Care



Caseload Relief State/Federal Allocation
FY 2021-2022

County		Caseload Relief State General Fund Allocation	Caseload Relief Federal Fund Allocation	Caseload Relief Total Allocation
#	Caseload Relief Allocation	\$3,850,000	\$11,550,000	\$15,400,000
1	Alameda	\$97,126	\$291,374	\$388,500
2	Alpine	\$0	\$0	\$0
3	Amador	\$3,996	\$11,989	\$15,985
4	Butte	\$36,351	\$109,051	\$145,402
5	Calaveras	\$5,836	\$17,509	\$23,345
6	Colusa	\$3,172	\$9,516	\$12,688
7	Contra Costa	\$67,880	\$203,639	\$271,519
8	Del Norte	\$4,821	\$14,464	\$19,285
9	El Dorado	\$19,095	\$57,285	\$76,380
10	Fresno	\$133,095	\$399,283	\$532,378
11	Glenn	\$5,075	\$15,226	\$20,301
12	Humboldt	\$23,346	\$70,036	\$93,382
13	Imperial	\$28,611	\$85,832	\$114,443
14	Inyo	\$1,161	\$3,483	\$4,644
15	Kern	\$109,940	\$329,818	\$439,758
16	Kings	\$24,171	\$72,511	\$96,682
17	Lake	\$10,341	\$31,021	\$41,362
18	Lassen	\$4,314	\$12,942	\$17,256
19	Los Angeles	\$1,389,880	\$4,169,636	\$5,559,516
20	Madera	\$21,125	\$63,376	\$84,501
21	Marin	\$5,963	\$17,890	\$23,853
22	Mariposa	\$1,903	\$5,710	\$7,613
23	Mendocino	\$17,318	\$51,956	\$69,274
24	Merced	\$33,495	\$100,487	\$133,982
25	Modoc	\$963	\$2,889	\$3,852
26	Mono	\$0	\$0	\$0
27	Monterey	\$27,659	\$82,978	\$110,637
28	Napa	\$8,310	\$24,932	\$33,242
29	Nevada	\$3,996	\$11,989	\$15,985
30	Orange	\$150,604	\$451,810	\$602,414
31	Placer	\$14,211	\$42,632	\$56,843
32	Plumas	\$3,172	\$9,516	\$12,688
33	Riverside	\$219,497	\$658,493	\$877,990
34	Sacramento	\$151,429	\$454,285	\$605,714
35	San Benito	\$3,679	\$11,038	\$14,717



**Integrated Systems of Care Division Health Care Program
for Children in Foster Care**



County		Caseload Relief State General Fund Allocation	Caseload Relief Federal Fund Allocation	Caseload Relief Total Allocation
#	Caseload Relief Allocation	\$3,850,000	\$11,550,000	\$15,400,000
36	San Bernardino	\$381,013	\$1,143,039	\$1,524,052
37	San Diego	\$173,441	\$520,324	\$693,765
38	San Francisco	\$57,856	\$173,568	\$231,424
39	San Joaquin	\$98,139	\$294,419	\$392,558
40	San Luis Obispo	\$26,328	\$78,981	\$105,309
41	San Mateo	\$18,206	\$54,621	\$72,827
42	Santa Barbara	\$28,357	\$85,071	\$113,428
43	Santa Clara	\$74,668	\$224,002	\$298,670
44	Santa Cruz	\$17,382	\$52,147	\$69,529
45	Shasta	\$28,166	\$84,500	\$112,666
46	Sierra	\$0	\$0	\$0
47	Siskiyou	\$6,725	\$20,174	\$26,899
48	Solano	\$27,469	\$82,407	\$109,876
49	Sonoma	\$33,433	\$100,297	\$133,730
50	Stanislaus	\$48,214	\$144,641	\$192,855
51	Sutter	\$11,102	\$33,305	\$44,407
52	Tehama	\$13,830	\$41,489	\$55,319
53	Trinity	\$3,299	\$9,896	\$13,195
54	Tulare	\$67,371	\$202,115	\$269,486
55	Tuolumne	\$6,660	\$19,983	\$26,643
56	Ventura	\$53,606	\$160,818	\$214,424
57	Yolo	\$27,216	\$81,647	\$108,863
58	Yuba	\$13,701	\$41,109	\$54,810
59	City of Berkeley	\$2,283	\$6,851	\$9,134
Total Caseload Relief Allocation		\$3,850,00	\$11,550,000	\$15,400,000

The Caseload Relief Federal Fund Allocation column is a maximum that assumes Caseload Relief State General Funds used would be applied exclusively for Public Health Nurse 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 Federal Financial Participation rates). The maximum Caseload Relief Federal Fund Allocation amount specified in this table is unrelated to the



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care
Frequently Asked Questions & Reminders



This document is a compilation of Frequently Asked Questions (FAQs) and reminders regarding the Health Care Program for Children in Foster Care (HCPCFC).

FAQs

1. What are the HCPCFC funding sources?

Answer: HCPCFC is made up of three (3) distinct State General Fund (SGF) allocations (each combined with Title XIX Federal Financial Participation (FFP) matching funds): 1) Base, 2) Psychotropic Medication Monitoring and Oversight (PMM&O), and 3) Caseload Relief.

A fourth optional funding source, the County-City/Federal Match budget is available to support additional staff and HCPCFC operations. No SGF is allocated under this optional funding source. Local programs must identify a county-city funding source that can be matched with FFP and prepare a budget for submission with the annual Integrated Systems of Care Division (ISCD) plan and budgets. For more information, please see CHDP Program Letter No.:03-15.

2. What methodology was used to calculate the allocation amounts from each funding source?

Answer: For the Base allocation, the percentage of the statewide foster care caseload that each local program is responsible for is used to determine the percentage of the total SGF to be allocated to each local program. The PMM&O and Caseload Relief allocation amounts are fixed at fiscal year (FY) 2018-2019 levels from a methodology established by the California Department of Social Services and the California Welfare Directors Association of California.

3. How do local programs budget, track, and invoice each funding source?

Answer: Local programs must budget, track, and invoice each funding source separately. Local programs will need to set up separate cost accounts for each funding source.

HCPCFC budgets will need to make clear the staff positions and percentages of staff time dedicated to each funding source. HCPCFC staff must time study appropriately to corresponding cost accounts as reflected in submitted plan and budgets and conform to the requirements set forth in the ISCD Plan and Fiscal Guidelines (PFG).

4. Is FFP available at the enhanced matching rate?

Answer: The enhanced FFP matching rate of 75% (25/75) is available for Skilled Professional Medical Personnel (SPMP) who meet federal professional education and training requirements and who perform qualifying program activities that require specialized medical knowledge and skill. The non-enhanced FFP matching rate of 50% (50/50) is applied to non-SPMP activities necessary for the proper and efficient operation of the program. For more information, please refer to Title 42 of the United States Code and Title 42 of the Code of Federal Regulations, Part 432.

HCPCFC public health nurses (PHN) non-enhanced activities should not exceed 10% FTE unless fully explained/justified and approved by ISCD.

5. May local programs budget or expend more than what is allocated for SGF or FFP?

Answer: Total SGF or FFP budgets and expenditures may not exceed the allocation. If expenditures are projected to exceed the allocation or budget, (e.g., an abrupt increase in foster care caseload requiring additional PHN staff support), local programs may request for a one time funding accommodation.

Requests for a funding accommodation will be reviewed and granted on a case-by-case basis. There is no implied obligation to approve additional funding in any subsequent FY.

Local programs must contact ISCD via e-mail at dhcsscdadmin@dhcs.ca.gov as soon as a budgetary shortfall is projected. Please include the amount of additional funding requested and a detailed rationale for the request.

6. May local programs budget or expend less than what is allocated for SGF or FFP?

Answer: Local programs are strongly encouraged to make maximum use of available funds. However, if a local program determines that any substantial portion of the SGF allocation(s) will not be expended, notification should be provided to ISCD via e-mail, dhcsscdadmin@dhcs.ca.gov as soon as possible.

Unexpended SGF allocated funds will not roll forward to the next FY. The inability to make use of the entire SGF allocation(s) in a single FY is not expected to reduce the local program's allocation(s) in the subsequent FY.

7. Annual ISCD Plan and Budgets Submission.

Answer: Counties are required to submit HCPCFC plans and budgets no later than sixty (60) days from the date of the Program Letter. Please submit your plans and budgets electronically to the ISCD Budget Portal. Please ensure all required documents are complete and signed prior to electronic submission.

8. Definitions:

HCPCFC Staff:

HCPCFC is a public health nurse (PHN) program. HCPCFC staff is limited to PHNs, Supervising Public Health Nurses (SPHNs) and Directly Supporting Staff (DSS).

For SGF, local programs may only budget HCPCFC DSS under the Base and/or Caseload Relief allocations.

Supervising Public Health Nurse (SPHN):

Per CHDP Program Letter No. 03- 15, the SPHN to PHN ratio is 1:10. SPHNs may claim at the enhanced rate for activities that require specialized medical knowledge (application of their own clinical judgement). For example, the SPHN may claim at the enhanced rate when determining whether a staff HCPCFC PHN made appropriate assessments of the care provided to a foster child and appropriately directed referrals to further care.

Day-to-day administrative management and supervision activities do not require specialized medical knowledge and must be claimed at the standard non- enhanced federal match rate (50/50). If SPHNs are working as PHNs, duty statements and civil service classifications should clearly state the percentage of time the SPHN will be doing PHN activities and a notation should be made on the applicable funding source's budget justification narrative.

Directly Supporting Staff (DSS):

DSS are secretarial, stenographic, and copying personnel and file and records clerks who provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP staff. The SPMP must directly supervise the DSS and the performance of the DSS' work.

DSS are funded to directly support the PHNs, so their activities should be primarily matched at the enhanced FFP match rate. DSS staff time funded by appropriate HCPCFC allocation(s) may not be directed to other program areas not directly associated with HCPCFC PHN operations.

Local programs may only budget HCPCFC DSS under the Base and/or Caseload Relief allocations.

Budget Expenses:

Local programs may only submit HCPCFC administrative budgets and expenditure invoices for Personnel, Operating, and Internal Indirect expenses.

Operating expenses are limited to travel and training. Local programs may apply approved Indirect Cost Rates to HCPCFC budgets. Per DHCS CMS Information Notice No.: 10-04, HCPCFC Internal Indirect Expenses for any allocated departmental overhead costs must be developed with a cost allocation plan prepared in accordance with federal guidelines. For more information, please see, Title 2 CFR Part 225 and OMB Circular A-87 Revised.

Travel and Training:

Only HCPCFC PHNs and SPHNs listed in the Incumbent List may expend funds for travel and training. For staff that are one full time equivalent (FTE), an annual general expenditure amount for training may be up to \$1,000 and as much as \$1,500 with specific justification. More than \$1,500 will generally be disallowed unless exceptional and clear justification is provided. For PHNs that are less than 1 FTE, training expenses should be adjusted to balance the need for training with the total time the PHN is dedicated to the HCPCFC.

Out-of-State HCPCFC travel and training is only allowable if required by DHCS.

Incumbents:

Names, job titles, and FTE percentages should be consistent across the incumbent list, administrative budgets (Budget Summary, Budget Worksheet and Budget Narrative), and organizational chart(s).

The total FTE percentage for an individual incumbent may not exceed 100 percent.

Civil Service Classification Statements:

A detailed description of the classification which includes criteria for hiring into the class (i.e., education, experience, certificates/licensure), classification levels (e.g., range A, B, C), salary range, duties and uses of the classification, desirable characteristics, and testing/hiring information.

Duty Statements:

Specific job detail applicable to an individual in the classification that has been hired into a specific position. Incumbents should have one job description that encompasses their entire job duties regardless of the position's funding.

The preferred duty statement format should reflect appropriate activities with an estimated percentage of time allocated to each activity.

Organizational Chart:

The organizational chart should document the HCPCFC chain of command.

Staffing Agencies:

Local programs may not utilize staffing agencies (temporary or long-term) or otherwise contract for HCPCFC PHN, SPHN, or DSS staff services. In order to draw down FFP at the enhanced rate, the HCPCFC staff must be in a direct employee-employer relationship with the local program and must be involved in activities that are necessary for the proper and efficient administration of HCPCFC (and Medi-Cal). A PHN working for a staffing agency, or otherwise in a contractual relationship with the local program, does not have a direct employee-employer relationship and cannot draw down FFP at the enhanced rate.

Supplant:

Allocations cannot be used to supplant other funding sources that already provide health care coordination for children and youth in foster care.

For questions regarding this program, please send your inquiry to:

hcpcfc@dhcs.ca.gov



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



**Plan and Budgets Required
Checklist**

County-City Name:		Fiscal Year:
<input type="checkbox"/>	A	HCPCFC Incumbent List. Please submit only one list.
<input type="checkbox"/>	B	HCPCFC Organizational Chart
<input type="checkbox"/>	C	HCPCFC Budgets
	<input type="checkbox"/>	1 Base
	<input type="checkbox"/>	Budget Summary
	<input type="checkbox"/>	Budget Worksheet
	<input type="checkbox"/>	Budget Justification Narrative
	<input type="checkbox"/>	2 Psychotropic Medication Monitoring & Oversight (PMM&O)
	<input type="checkbox"/>	Budget Summary
	<input type="checkbox"/>	Budget Worksheet
	<input type="checkbox"/>	Budget Justification Narrative
	<input type="checkbox"/>	3 Caseload Relief
	<input type="checkbox"/>	Budget Summary
	<input type="checkbox"/>	Budget Worksheet
	<input type="checkbox"/>	Budget Justification Narrative
	<input type="checkbox"/>	4 Optional County-City/Federal Match
	<input type="checkbox"/>	Budget Summary
	<input type="checkbox"/>	Budget Worksheet
	<input type="checkbox"/>	Budget Justification Narrative
<input type="checkbox"/>	D	Civil Service Classification Statements for all HCPCFC Staff
	<input type="checkbox"/>	Base
	<input type="checkbox"/>	PMM&O
	<input type="checkbox"/>	Caseload Relief
	<input type="checkbox"/>	County-City/Federal Match
<input type="checkbox"/>	E	Duty Statements for all HCPCFC staff
	<input type="checkbox"/>	Base
	<input type="checkbox"/>	PMM&O
	<input type="checkbox"/>	Caseload Relief
	<input type="checkbox"/>	County-City/Federal Match



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care



State/Federal
Budget Worksheet

Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):							
County-City Name:		Fiscal Year:					

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1						\$0	\$0.00		\$0	100.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				0							
Total FTE PHN Staff					0.00%			0%		100.00%	
Total Salaries and Wages							\$0		\$0		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$0		\$0		\$0
Staff Benefits (Specify %)				0.00%			\$0		\$0		\$0
I. Total Personnel Expenses							\$0		\$0		\$0



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care



II. Operating Expenses								
1	Travel	\$0		\$0	0.00%	\$0	100.00%	\$0
2	Training	\$0		\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses				\$0		\$0		\$0
III. Capital Expenses								
III. Total Capital Expenses								
IV. Indirect Expenses								
1	Internal (Specify %)	0.00%		\$0				\$0
2	External							
IV. Total Indirect Expenses				\$0				\$0
V. Other Expenses								
V. Total Other Expenses								
Budget Grand Total				\$0		\$0		\$0

Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
----------------------------	------	--------------	----------------

CHDP Director or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address
---	------	--------------	----------------



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care



**State/Federal
 Budget Summary**

Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	
--	--

County-City Name		Fiscal Year:	
-------------------------	--	---------------------	--

Source of Funds	Total Funds	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
Budget Grand Total	\$0	\$0	\$0

Category/Line Item	Total Budget	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			
Budget Grand Total	\$0	\$0	\$0

Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
----------------------------	------	--------------	----------------

CHDP Director or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address
--	------	--------------	----------------



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care



**State/Federal
 Quarterly Expenditure Invoice**

Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	
--	--

County-City Name:		Fiscal Year:	
--------------------------	--	---------------------	--

Quarter Number:		Quarter End Date:	
------------------------	--	--------------------------	--

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
Expenditures Grand Total	\$0	\$0	\$0



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



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 (Print & Sign, Date & Email)

CHDP Director or Deputy Director (Print & Sign, Date & Email)



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care



County-City/Federal
Budget Worksheet

	County-City/Federal
--	----------------------------

County-City Name:		Fiscal Year:	
--------------------------	--	---------------------	--

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced County-City/Federal (25/75)	% FTE	Non-Enhanced County-City/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1						\$0	\$0.00		\$0	100.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				0							
Total FTE PHN Staff					0.00%			0%		100.00%	
Total Salaries and Wages							\$0		\$0		\$0
Less Salary Savings							\$0		\$0		\$0



Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care



Net Salaries and Wages				\$0		\$0		\$0
Staff Benefits (Specify %)	0.00%			\$0		\$0		\$0
I. Total Personnel Expenses				\$0		\$0		\$0
II. Operating Expenses								
1	Travel	\$0		\$0	0.00%	\$0	100.00%	\$0
2	Training	\$0		\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses				\$0		\$0		\$0
III. Capital Expenses								
III. Total Capital Expenses								
IV. Indirect Expenses								
1	Internal (Specify %)	0.00%		\$0				\$0
2	External							
IV. Total Indirect Expenses				\$0				\$0
V. Other Expenses								
V. Total Other Expenses								
Budget Grand Total				\$0		\$0		\$0

Prepared By (Print & Sign, Date & Email)

CHDP Director or Deputy Director (Print & Sign, Date & Email)



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



County-City/Federal Budget Summary

	County-City/Federal
--	----------------------------

County-City Name:		Fiscal Year:	
--------------------------	--	---------------------	--

Category/Line Item	Total Invoiced	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/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 County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
E	(F = G + H)	G	H
County-City Funds	\$0	\$0	\$0
Federal Funds (Title XIX)	\$0	\$0	\$0
Expenditures Grand Total	\$0	\$0	\$0

Source County-City Funds:	
----------------------------------	--

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 (Print & Sign, Date & Email)

CHDP Director or Deputy Director (Print & Sign, Date & Email)



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care



County-City/Federal Quarterly Expenditure Invoice

	County-City/Federal
--	----------------------------

County-City Name:		Fiscal Year:	
--------------------------	--	---------------------	--

Quarter Number:		Quarter End Date:	
------------------------	--	--------------------------	--

Category/Line Item	Total Invoiced	Enhanced County- City/Federal (25/75)	Non-Enhanced County- City/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 County- City/Federal (25/75)	Non-Enhanced County- City/Federal (50/50)
E	(F = G + H)	G	H
County-City Funds	\$0	\$0	\$0
Federal Funds (Title XIX)	\$0	\$0	\$0
Expenditures Grand Total	\$0	\$0	\$0

Source County-City Funds:	
----------------------------------	--



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care**



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 (Print & Sign)	Date	Phone Number	E-mail Address
CHDP Director or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address