



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



GAVIN NEWSOM
GOVERNOR

DATE: September 23, 2020

CHDP Program Letter No.: 20-03

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

SUBJECT: Fiscal Year 2020-2021 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) 2020-2021. 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 for Plan and Budgets submission.

The HCPCFC Base, PMM&O, and Caseload Relief allocations must be budgeted, tracked, and accounted separately. HCPCFC budgets are due **60 days** from the date of the last Integrated Systems of Care Division (ISCD) allocation letter (HCPCFC, CHDP, and California Children Services Program) issued to local programs. Please submit budgets electronically to dhcsscdadmin@dhcs.ca.gov.

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.

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.

Local programs are to utilize and complete the attached spreadsheet templates for HCPCFC budget submission. Local programs must submit electronic copies of duty statements, civil service classification statements, and organizational chart(s) for all HCPCFC budgeted management and staff. Questions regarding staffing/personnel or other budget preparation items should be submitted to dhcsscdadmin@dhcs.ca.gov prior to Plan and Budgets 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 correspondence, please contact hpcfc@dhcs.ca.gov.

Sincerely,

Evelyn Schaeffer, Division Chief
Integrated System of Care Division

Attachments:

HCPCFCSGFAllocationsFY2020-2021
HCPCFCFAQsFY2020-2021
HCPCFCChecklistFY2020-2021
HCPCFCIncumbentListTemplate
HCPCFCStateFederalBudgetWorksheetTemplate
HCPCFCStateFederalBudgetSummaryTemplate
HCPCFCStateFederalBudgetInvoiceTemplate
HCPCFCCountyFederalBudgetWorksheetTemplate
HCPCFCCountyFederalBudgetSummaryTemplate
HCPCFCCountyFederalBudgetInvoiceTemplate

cc: Roy Schutzengel, Medical Director
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Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care



Base
 State/Federal Allocation
 FY 2020-2021

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	\$178,242	\$534,725	\$712,967
2 Alpine	\$3,000	\$9,000	\$12,000
3 Amador	\$8,121	\$24,363	\$32,484
4 Butte	\$68,888	\$206,665	\$275,554
5 Calaveras	\$13,162	\$39,485	\$52,646
6 Colusa	\$5,601	\$16,802	\$22,403
7 Contra Costa	\$128,536	\$385,607	\$514,143
8 Del Norte	\$14,422	\$43,265	\$57,687
9 El Dorado	\$39,905	\$119,715	\$159,619
10 Fresno	\$326,660	\$979,979	\$1,306,639
11 Glenn	\$11,061	\$33,184	\$44,245
12 Humboldt	\$63,008	\$189,023	\$252,031
13 Imperial	\$69,028	\$207,085	\$276,114
14 Inyo	\$3,000	\$9,000	\$12,000
15 Kern	\$221,367	\$664,101	\$885,468
16 Kings	\$49,146	\$147,438	\$196,584
17 Lake	\$19,042	\$57,127	\$76,169
18 Lassen	\$9,241	\$27,723	\$36,965
19 Los Angeles	\$3,060,493	\$9,181,478	\$12,241,971
20 Madera	\$40,745	\$122,235	\$162,980
21 Marin	\$11,901	\$35,704	\$47,606
22 Mariposa	\$3,000	\$9,000	\$12,000
23 Mendocino	\$34,164	\$102,492	\$136,657
24 Merced	\$78,130	\$234,389	\$312,518
25 Modoc	\$3,360	\$10,081	\$13,442
26 Mono	\$3,000	\$9,000	\$12,000
27 Monterey	\$50,966	\$152,899	\$203,865
28 Napa	\$21,423	\$64,268	\$85,690
29 Nevada	\$9,101	\$27,303	\$36,404
30 Orange	\$366,285	\$1,098,854	\$1,465,138
31 Placer	\$27,583	\$82,750	\$110,333
32 Plumas	\$7,561	\$22,683	\$30,244
33 Riverside	\$390,648	\$1,171,943	\$1,562,590
34 Sacramento	\$269,393	\$808,178	\$1,077,571
35 San Benito	\$7,141	\$21,423	\$28,563
36 San Bernardino	\$887,428	\$2,662,284	\$3,549,712
37 San Diego	\$318,959	\$956,877	\$1,275,835
38 San Francisco	\$110,613	\$331,840	\$442,454
39 San Joaquin	\$195,464	\$586,391	\$781,855
40 San Luis Obispo	\$53,627	\$160,880	\$214,506
41 San Mateo	\$33,604	\$100,812	\$134,416
42 Santa Barbara	\$57,827	\$173,481	\$231,308
43 Santa Clara	\$149,818	\$449,455	\$599,273
44 Santa Cruz	\$29,684	\$89,051	\$118,734
45 Shasta	\$58,527	\$175,581	\$234,109
46 Sierra	\$3,000	\$9,000	\$12,000
47 Siskiyou	\$14,422	\$43,265	\$57,687
48 Solano	\$58,107	\$174,321	\$232,428
49 Sonoma	\$75,049	\$225,147	\$300,197
50 Stanislaus	\$106,693	\$320,079	\$426,772
51 Sutter	\$21,703	\$65,108	\$86,811
52 Tehama	\$22,403	\$67,208	\$89,611
53 Trinity	\$6,161	\$18,482	\$24,643
54 Tulare	\$149,678	\$449,035	\$598,713
55 Tuolumne	\$14,142	\$42,425	\$56,567
56 Ventura	\$87,511	\$262,532	\$350,043
57 Yolo	\$67,208	\$201,625	\$268,833
58 Yuba	\$26,883	\$80,650	\$107,533
59 City of Berkeley	\$5,741	\$17,222	\$22,963
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 2020-2021



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
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
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	\$4,950,000	\$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.



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 Caseload Relief
 State/Federal Allocation
 FY 2020-2021



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
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	\$3,850,000	\$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



September 23, 2020

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.** ISCD Plan and Budgets are due 60 days from the date of the last allocation letter issued by ISCD (for Child Health and Disability Prevention program, HCPCFC, and California Children Services program). Please submit the Plan and Budgets electronically to dhcsscdadmin@dhcs.ca.gov. Please ensure all required documents are complete and signed prior to electronic submission.
- 8. 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.

- 9. 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.

- 10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. Organizational Chart. The organizational chart should document the HCPCFC chain of command.

17. 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.

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



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
 Incumbent List**



County-City Name:	Fiscal Year:
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HPCFC administrative budgets (Summary, Worksheet, and Narrative), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/Federal	% FTE Other Programs (Specify)	% FTE Total



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
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: _____

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	\$0	\$0	\$0
IV Total Indirect Expenses	\$0	\$0	\$0
V Total Other Expenses	\$0	\$0	\$0
Budget Grand Total	\$0	\$0	\$0

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

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

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



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

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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
 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%			0.00%		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
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
County-City/Federal
Budget Summary



	County-City/Federal
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County-City Name:		Fiscal Year:	
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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:	
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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
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CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address
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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:
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Quarter Number:	Quarter End Date:
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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	Phone Number	E-mail Address
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CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address
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