



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

February 13, 2017

CHDP Program Letter No.: 01-0217

To: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE SYSTEMS OF  
CARE DIVISION (SCD) STAFF AND DEPENDENT AND INDEPENDENT  
COUNTY OPERATIONS STAFF

Subject: FISCAL YEAR (FY) 2016-2017 ALLOCATION FOR THE HEALTH CARE  
PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FOR THE  
MONITORING AND OVERSIGHT OF FOSTER CHILDREN TREATED  
WITH PSYCHOTROPIC MEDICATION

The purpose of this CHDP Program Letter is to provide local CHDP programs with the HCPCFC allocation for psychotropic medication monitoring and oversight (PMM&O) activities as it applies to FY 2016-2017. State general funds (SFG) directed from the California Department of Social Services (CDSS) to the Department of Health Care Services (DHCS) via the HCPCFC interagency agreement (IA) are to be matched with Federal Title XIX funds to supplement the HCPCFC Administrative Budget and are based on the Federal Financial Participation (FFP) guidelines found in the Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG). The allocation methodology applied by CDSS is based on the county specific average monthly caseload of foster children/youth treated with psychotropic medication, a workload standard of 200 cases per Full-Time Equivalent (FTE), and an average annual cost of a full time Public Health Nurse of \$160,000 to establish the number of FTEs and allocation amount per county. A minimum funding level was established for small counties. See the enclosed funding allocation table (Attachment 1).

Each local CHDP program is to carry out the HCPCFC program, including the PMM&O activities, as set forth in the CMS PFG. The primary responsibility of the HCPCFC Public Health Nurses (PHNs) remains that of administrative case consultation. By providing these services the PHN administratively coordinates the health care needs of children in foster care, including their developmental, dental and mental health needs. PMM&O activities are to be conducted under the authority of and in conformance with Welfare and Institutions (W&I) Code Section 16501.3 and, as such, local county welfare agencies will support onsite placement for this staff.

This additional allocation is to be used exclusively to hire or augment existing PHN staff to permit PHN monitoring and oversight of foster children and youth treated with psychotropic medications. PHNs under the general program will continue to address the needs of foster children, youth, and NMD in accordance with the provisions of Welfare and Institutions Code 16501.3 and related policy (It should be noted that PHN assistance to the NMD is provided **only at the request** and under the direction of the NMD).

As with the general HCPCFC, the Social Worker/Probation Officer will share medical information with the PHN where appropriate. The PHN consults with physicians and other medical and non-medical professionals regarding the health and well-being of children/youth in foster care and in coordinating appropriate medical care. **All** activities that the PHN performs must be Skilled Professional Medical Personnel (SPMP) activities requiring the PHN's medical expertise in order to draw down enhanced federal matching funds. The PHN may not perform activities that a clerk, social worker, or other non-medical staff member could perform. Activities performed by an HCPCFC PHN that do not conform to the enhanced match/SPMP requirement are not allowed and would be subject to a recovery of funds in the event of an audit. As an example, a PHN may review, verify, and clarify medical information associated with the JV 220 process but may not undertake the handling of the entire JV 220 process and forms. Refer to the enclosed CDSS All County Letter (Attachment 2) for additional information.

This Program Letter will serve as each local program's approved SGF portion of the HCPCFC PMM&O No County/City Match Administrative Budget. There will be no budget approval letters issued from the SCD. Each local program remains responsible for oversight and tracking its administrative and budget expenditures. Local programs will only be reimbursed for No County/City Match expenditures up to their authorized budget allocations.

This letter contains the following forms to be used to implement the HCPCFC PMM&O:

- Allocation of State Dollars (Attachment 1)
- HCPCFC Incumbent List - HCPCFC (Attachment 3)
- HCPCFC PMM&O Budget Worksheet (Attachment 4)
- HCPCFC PMM&O Administrative Budget Summary (Attachment 5)
- HCPCFC PMM&O Invoice Template (Attachment 6)

In addition, the following must be included with the county's plan and budget:

- Organizational chart that reflect the HCPCFC PMM&O

- HCPCFC PMM&O Civil Service Classification Statement
- HCPCFC PMM&O Duty Statement for the PHN - Duty statements must be developed in accordance with the guidance in CMS FPG, Section 8 - Federal Financial Participation, as it relates to the activities of the SPMP and must be consistent with the intended and permitted use of these State and Federal funds.
- HCPCFC PMM&O Budget Justification Narrative

Local programs should follow the CMS PFG for budget submissions to SCD. Plan and budgets for the HCPCFC PMM&O activities are due 45 days from the date of this CHDP allocation letter. Local programs that have previously utilized budget approval letters to submit to the county's authorized personnel will be able to utilize the attached County Allocation table as documentation and verification of the funds allocated.

We recognize this allocation is being issued late in the fiscal year and that some local programs may find that they cannot use some or all of the funds allocated for this purpose. In order to maximize the impact of available funding we will try to re-allocate any unused funds to local CHDP Programs that indicate they can make use of additional funds on a one-time basis in this fiscal year for PHN PMM&O activities. We ask that you alert this office in writing at the e-mail address below if you establish that a specified portion of your allocation will not be expended or if you believe you can make use of additional funds on a one-time basis.

Local programs that have questions regarding staffing, personnel changes, duty statements, and other budget preparation items should submit their questions to [DHCSAdmin@dhcs.ca.gov](mailto:DHCSAdmin@dhcs.ca.gov) prior to submitting their budgets. All local programs must adhere to the CMS PFG for determination of enhanced and non-enhanced designation of staff and their activities as well as provision for FFP determination. Documentation for those staff that qualify for enhanced FFP and work on more than one program must adhere to the CMS PFG (Section 8) for time study requirements and guidelines. Time studies must clearly differentiate the time directed to the PMM&O activities. Performance measures will be developed and issued at a later date.

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

February 13, 2017

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

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

For questions regarding this correspondence, please contact Theresa Sanchez at (916) 323-8018 or at [Theresa.Sanchez@dhcs.ca.gov](mailto:Theresa.Sanchez@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY PATRICIA MCCLELLAND**

Patricia McClelland, Chief  
Systems of Care Division

Attachments

**FY 2016/17  
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM HEALTH  
CARE FOR CHILDREN IN FOSTER CARE (HCPCFC) PSYCHOTROPIC  
MEDICATION MONITORING AND OVERSIGHT ACTIVITIES ALLOCATIONS  
NOVEMBER 14, 2016**

COUNTY	Total Allocation	General Fund Allocation	Federal Fund Allocation
<b>TOTAL</b>	<b>\$ 6,600,000</b>	<b>\$1,650,000</b>	<b>\$4,950,000</b>
1 Alameda	\$186,441	\$46,610	\$139,831
2 Alpine	\$12,429	\$3,107	\$9,322
3 Amador	\$12,429	\$3,107	\$9,322
4 Butte	\$62,147	\$15,537	\$46,610
5 Calaveras	\$12,429	\$3,107	\$9,322
6 Colusa	\$12,429	\$3,107	\$9,322
7 Contra Costa	\$149,153	\$37,288	\$111,865
8 Del Norte	\$12,429	\$3,107	\$9,322
9 El Dorado	\$37,288	\$9,322	\$27,966
10 Fresno	\$174,011	\$43,503	\$130,508
11 Glenn	\$12,429	\$3,107	\$9,322
12 Humboldt	\$24,859	\$6,215	\$18,644
13 Imperial	\$49,718	\$12,430	\$37,288
14 Inyo	\$12,429	\$3,107	\$9,322
15 Kern	\$174,011	\$43,503	\$130,508
16 Kings	\$37,288	\$9,322	\$27,966
17 Lake	\$24,859	\$6,215	\$18,644
18 Lassen	\$12,429	\$3,107	\$9,322
19 Los Angeles	\$2,224,859	\$556,215	\$1,668,644
20 Madera	\$24,859	\$6,215	\$18,644
21 Marin	\$12,429	\$3,107	\$9,322
22 Mariposa	\$12,429	\$3,107	\$9,322
23 Mendocino	\$37,288	\$9,322	\$27,966
24 Merced	\$62,147	\$15,537	\$46,610
25 Modoc	\$12,429	\$3,107	\$9,322
26 Mono	\$12,429	\$3,107	\$9,322
27 Monterey	\$74,576	\$18,644	\$55,932
28 Napa	\$24,859	\$6,215	\$18,644
29 Nevada	\$12,429	\$3,107	\$9,322
30 Orange	\$174,011	\$43,503	\$130,508
31 Placer	\$37,288	\$9,322	\$27,966
32 Plumas	\$12,429	\$3,107	\$9,322
33 Riverside	\$422,599	\$105,650	\$316,949
34 Sacramento	\$310,734	\$77,684	\$233,050
35 San Benito	\$12,429	\$3,107	\$9,322
36 San Bernardino	\$472,316	\$118,079	\$354,237
37 San Diego	\$323,164	\$80,791	\$242,373
38 San Francisco	\$111,864	\$27,966	\$83,898
39 San Joaquin	\$186,441	\$46,610	\$139,831
40 San Luis Obispo	\$49,718	\$12,430	\$37,288
41 San Mateo	\$49,718	\$12,430	\$37,288
42 Santa Barbara	\$74,576	\$18,644	\$55,932
43 Santa Clara	\$149,153	\$37,288	\$111,865
44 Santa Cruz	\$24,859	\$6,215	\$18,644
45 Shasta	\$62,147	\$15,537	\$46,610
46 Sierra	\$12,429	\$3,107	\$9,322
47 Siskiyou	\$12,429	\$3,107	\$9,322
48 Solano	\$49,718	\$12,430	\$37,288
49 Sonoma	\$87,006	\$21,752	\$65,254
50 Stanislaus	\$87,006	\$21,752	\$65,254
51 Sutter	\$24,859	\$6,215	\$18,644
52 Tehama	\$24,859	\$6,215	\$18,644
53 Trinity	\$12,429	\$3,107	\$9,322
54 Tulare	\$99,435	\$24,859	\$74,576
55 Tuolumne	\$12,429	\$3,107	\$9,322
56 Ventura	\$111,864	\$27,966	\$83,898
57 Yolo	\$24,859	\$6,215	\$18,644
58 Yuba	\$24,863	\$6,214	\$18,649
59 City of Berkeley	\$12,429	\$3,107	\$9,322
<b>TOTAL</b>	<b>\$6,600,000</b>	<b>\$1,650,000</b>	<b>\$4,950,000</b>

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



Jennifer Kent  
DIRECTOR

State of California—Health and Human Services Agency



EDMUND G. BROWN JR.  
GOVERNOR



WILL LIGHTBOURNE  
DIRECTOR

December 5, 2016

ALL COUNTY LETTER NO. 16-96

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL JUDICIAL COUNCIL STAFF  
 ALL COUNTY CHILD WELFARE PROGRAM MANAGERS  
 ALL COUNTY CHILD WELFARE DIRECTORS  
 ALL COUNTY BEHAVIORAL HEALTH DIRECTORS  
 ALL CHIEF PROBATION OFFICERS  
 ALL TITLE IV-E AGREEMENT TRIBES  
 ALL ADOPTION REGIONAL AND FIELD OFFICES  
 ALL FOSTER CARE MANAGERS  
 ALL FOSTER FAMILY AGENCY DIRECTORS  
 ALL COUNTY CHILD HEALTH & DISABILITY PREVENTION PROGRAM DIRECTORS AND DEPUTY DIRECTORS  
 ALL FOSTER CARE PUBLIC HEALTH NURSES

SUBJECT: STATE GENERAL FUND APPROPRIATION FOR THE MONITORING AND OVERSIGHT OF PSYCHOTROPIC MEDICATION BY FOSTER CARE PUBLIC HEALTH NURSES

REFERENCE: SENATE BILL (SB) [319](#) (CHAPTER 535, STATUTES OF 2015) AND SB [238](#) (CHAPTER 534, STATUTES OF 2015); WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [369.5](#), [739.5](#), [16010](#), [16501.3](#); ALL COUNTY LETTER (ACL) NOS. [99-108](#), [16-48](#), AND [16-37](#); ALL COUNTY INFORMATION NOTICE (ACIN) NOS. [I-36-15](#) AND [I-36-15E](#)

The purpose of this letter is to inform county child welfare directors, county health directors, social workers, probation officers, caregivers, and foster care Public Health Nurses (PHNs) of the budget augmentation that adds \$1.65 million in State General Fund (SGF) to support county child welfare efforts to provide oversight and monitoring of children and youth in foster care who are treated with psychotropic medications, by

expanding their local foster care public health nursing programs. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) have amended the existing interagency agreement to include this budget augmentation in order to maximize funding through the matching of SGF with Federal Financial Participation (FFP) monies through Medicaid Title XIX.

## **BACKGROUND**

As noted in ACIN [1-36-15](#), social workers and probation officers with case management responsibilities, with assistance from PHNs, have a required duty to monitor the safe and appropriate use of psychotropic medication for children and youth in foster care. Nearly 9,500 children and youth in California's foster care system are prescribed psychotropic medication, representing approximately one-out-of-every-eight foster youth. Further, 25 percent of youth between the ages of six and 18 years-of-age are taking psychotropic medication in the child welfare system, while roughly 56 percent of youth in group homes are being administered these types of prescription drugs<sup>1</sup>. Side effects for psychotropic medications may include sleeping problems, weight gain or loss, diabetes, tremors, memory loss, and heart disease. These side effects can cause additional harm without adequate oversight and monitoring. Because many psychotropic medications have health risks associated with them, oversight and monitoring of children who are prescribed such medications is critical, and agencies may utilize the services of the PHNs to fulfill this role.

In 2015, SB [238](#) and SB [319](#) were signed into law in order to improve California's monitoring and oversight of psychotropic medication use within the child welfare system. Through the passage of SB 319, PHNs were given the authority to receive medical records directly from physicians in order to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services, including coordination of psychotropic medication appointments. Additionally, SB 319 amended WIC section [16501.3\(c\)\(3\)](#) to add "monitoring and oversight of psychotropic medication" to the list of activities included in the planning and coordination of health care that may be performed by the PHN. For more detailed information about this legislation please reference ACL [16-48](#) regarding SB 319 and ACL [16-37](#) regarding SB 238.

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<sup>1</sup>California Child Welfare Indicators Project *Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care* [http://cssr.berkeley.edu/ucb\\_childwelfare/CDSS\\_5A.aspx](http://cssr.berkeley.edu/ucb_childwelfare/CDSS_5A.aspx)



## **PSYCHOTROPIC MEDICATION OVERSIGHT AND MONITORING ACTIVITIES OF FOSTER CARE PUBLIC HEALTH NURSES**

The PHNs work collaboratively with social workers and probation officers to ensure that children, youth, and non-minor dependents in foster care receive all needed health care services. The PHNs provide health care oversight of the physical, behavioral, dental, and developmental needs for all children in foster care, including those in out-of-county and out-of-state placements.

California's 2016/17 state budget includes an ongoing annual increase of \$1.65 million to the SGF to fund psychotropic medication oversight and monitoring activities performed by PHNs. With this new funding, PHNs can assist child welfare and probation department staff by providing additional case level oversight of prescription medications and by supporting the facilitation of the judicial oversight of psychotropic medication.

The PHNs perform administrative activities in order to oversee psychotropic medication usage and do not provide direct medical services to children. These administrative activities can only be performed by an individual with the required level of medical expertise—Skilled Professional Medical Personnel (SPMP). As required by WIC section [16501.3\(d\)](#), the activities of PHNs are limited to specific administrative functions eligible for enhanced FFP matched at up to a maximum of 75 percent through the Medicaid Title XIX program. The allowable SPMP activities under the new funding include, but are not limited to, those detailed below.

### **Foster Care Public Health Nurses may:**

- Review the medical components of each request for psychotropic medication filed pursuant to WIC section [369.5](#) or [739.5](#) to verify that all required medical information is provided in the application and supporting documents submitted to the court.
- Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the child is taking based on sufficient medical/psychiatric information.
- Review and document in the child's health and education passport, as described in WIC section [16010](#), the psychotropic medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice.



- Provide guidance and consultation to social workers and probation officers in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.
- Contact the child's caregiver and child to inquire about the response of the child to the administration of psychotropic medication, including any adverse effects of the medication and if any, to assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects are promptly addressed and brought to the attention of the social worker or probation officer.
- Review, interpret, and document as necessary, the results of laboratory tests, screenings, and evaluations for the purpose of case planning and coordination.
- Review clinical documentation to assess the child or youth's progress in meeting treatment plan goals.

The CDSS and DHCS will provide further guidance in subsequent communications to local programs regarding allowable PHN activities.

Allowing PHNs to assist social workers and probation officers in tracking the use of psychotropic medication may have a significant impact on the ability of child welfare agencies to provide an additional level of attention to the management of medications used in the mental health treatment of foster children and youth.

To improve the monitoring of psychotropic medication use by children and youth in foster care, CDSS will be using the SafeMeasures application to distribute monthly data reports to counties who have entered into a data sharing agreement with DHCS and CDSS. This data will be available in SafeMeasures in early 2017. Counties may wish to explore providing their PHNs with access to the SafeMeasures application to assist them in the performance of their duties supporting psychotropic medication monitoring and oversight. .

### **MATCHING FEDERAL FUNDS FOR FOSTER CARE PUBLIC HEALTH NURSES**

As discussed above, the \$1.65 million SGF allocation will fund PHN psychotropic case management services that comply with specific administrative functions eligible for enhanced federal matching funds through the Medicaid Title XIX program. The CDSS and DHCS have amended the existing interagency agreement to allow the full allocation to be transferred to DHCS from CDSS.

**METHODOLOGY AND CLAIMING THROUGH DHCS**

The DHCS will issue an allocation letter that distributes the \$1.65 million SGF to local Child Health and Disability Prevention (CHDP) Programs that describes the allocation and claiming process in more detail. The allocation letter will provide each local CHDP Program their proportion of the \$1.65 million and the corresponding enhanced federal match (as outlined in Attachment A). Local CHDP Programs will coordinate with county child welfare agencies following the process and standards established for the Health Care Program for Children in Foster Care (HCPCFC) to build upon the program to comply with the new activities described in this ACL. Local CHDP Programs will submit quarterly claims using a new HCPCFC invoice that will differentiate the psychotropic medication monitoring and oversight activities from other HCPCFC activities.

If you have any questions regarding this letter, please contact the Placement Services and Support Unit at (916) 657-1858, or by emailing [QIPsychotropic@dss.ca.gov](mailto:QIPsychotropic@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

PATRICIA MCCLELLAND  
Chief  
Systems of Care Division

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment



**HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget Worksheet**  
 Fiscal Year \_\_\_\_\_

County/City Name: \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %)	0.00%						
<b>I. Total Personnel Expenses</b>							
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expenses</b>							
<b>III. Capital Expenses</b>							
1.							
2.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	0.00%						
2. External							
<b>IV. Total Indirect Expenses</b>							
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>							

Prepared By (Signature)

Date prepared

Phone Number

Email Address

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

**HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget Summary for FY \_\_\_\_\_**  
**No County/City Match**  
**County/City Name: \_\_\_\_\_**

Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>I. Total Personnel Expenses</b>					
<b>II. Total Operating Expenses</b>					
<b>III. Total Capital Expenses</b>					
<b>IV. Total Indirect Expenses</b>					
<b>V. Total Other Expenses</b>					
<b>Budget Grand Total</b>					

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
<b>State General Funds</b>					
<b>Medi-Cal Funds:</b>					
<b>State Funds</b>					
<b>Federal Funds (Title XIX)</b>					

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Prepared By (Signature) \_\_\_\_\_ Date Prepared \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CHDP Director or Deputy  
Director (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

COUNTY/CITY:

QUARTER ENDING:

MONTH/DAY/YEAR

HPCFC Psychotropic Medication Monitoring and Oversight (PMM&O)
Quarterly Administrative Expenditure Invoice
Fiscal Year \_\_\_\_\_

Table with 4 columns: Category/Line Item, Total Invoiced, Enhanced State/Federal (25/75), Non-Enhanced State/Federal (50/50). Rows include Total Personnel Expenses, Total Operating Expenses, Total Capital Expenses, Total Indirect Expenses, Total Other Expenses, and Expenditures Grand Total.

Table with 4 columns: Source of Funds, Total Funds Invoiced, Enhanced State/Federal (25/75), Non-Enhanced State/Federal (50/50). Rows include State Funds, Federal Funds (Title XIX), and Total Source of 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 E-Mail Address Date Area Code /Telephone No. / Ext. No.

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