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

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CHDP Program Letter No.: 17-05

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

Subject: FISCAL YEAR (FY) 2017-2018 ALLOCATIONS FOR THE GENERAL HEALTHCARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) AND PSYCHOTROPIC MEDICATION MONITORING AND OVERSIGHT (PMM&O) ACTIVITIES

The purpose of this CHDP Program Letter is to provide CHDP local programs with the allocations for the general HCPCFC and the PMM&O as it applies to FY 2017-2018. This is the state share of the Medi-Cal Title XIX funds. The State general funds are to be matched with Federal Title XIX funds to supplement the HCPCFC and PMM&O Administrative Budgets and are based on the Federal Financial Participation (FFP) guidelines found in the Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG). The allocations are based on caseload data obtained from the California Department of Social Services (CDSS) for calendar year 2016. The county caseload proportion is applied toward the total State dollars available to determine the county allocation. See the enclosed funding allocation tables, CHDP HCPCFC Allocation (Attachment A) and CHDP HCPCFC Psychotropic Medication Monitoring and Oversight Activities Allocation (Attachment B).

Please note that the FY 2017-2018 State Budget contained an augmentation of $3.8 million for additional Foster Care Public Health Nurse (PHN) operations. We are in communication with CDSS regarding this augmentation and anticipate an allocation letter will be issued for the new funds in the coming months.

Each local CHDP program is to carry out the HCPCFC program as set forth in the CMS PFG and in CHDP Program Letter No. 01-0217 for the PMM&O funds. The primary responsibility of the HCPCFC 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. The PHN supports adherence to the health assessment periodicity schedule specified in the CHDP Health Assessment Guidelines, ensures that identified health needs are monitored, and supports continuity of health care services. The PHN, Social Worker, and/or clerical support update the Child Welfare Services/Case Management System Health and Education Passport, including prescribed medications. The PHN/Social Worker/Probation Officer share medical information where appropriate. The PHN consults with physicians and other medical and non-medical professionals regarding the health and well-being of children in foster care and in coordinating appropriate medical treatment.

This Program Letter will serve as each local program's approved State General Fund portion of the HCPCFC and 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 of its administrative and budget expenditures. As in previous years, local programs will only be reimbursed for No County/City Match expenditures up to their authorized budget allocations. For the general HCPCFC only, each local program is authorized to claim Title XIX Federal funds to match its local funds in order to perform Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) administrative activities specifically for children and youth in foster care. Please refer to the CMS PFG for submission of county/city match budgets.

With the following exceptions, local programs should follow the CMS PFG for budget submissions to the SCD:

1. Use Attachment C, the Plan and Budgets Required Documents Checklist;

2. Use Attachment D, revised HCPCFC Incumbent list for the general HCPCFC and PMM&O (only one list is necessary for both programs);

3. If a PMM&O budget was not accepted by the SCD previously, include the organizational chart for the PMM&O staff;

4. If a PMM&O budget was not accepted by the SCD previously, include civil service classification statements for the PMM&O incumbents;

5. If a PMM&O budget was not accepted by the SCD previously, include the duty statements for the PMM&O incumbents;

6. Use Attachment E for the PMM&O budget worksheet;

7. Use Attachment F for the PMM&O budget summary;

8. Include a budget justification narrative for the PMM&O (refer to the CMS PFG Templates).

For FY 2017-2018 submit a current, signed and executed Interdepartmental Memorandum of Understanding for the HCPCFC program no later than 90 days from the date of this allocation letter. Budgets for the HCPCFC program including the PMM&O are due 60 days from the date of this allocation letter. All plan, budget and MOU documents should be submitted electronically via e-mail to DHCSSCDAdmin@dhcs.ca.gov. 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 notice as documentation and verification of the State General Funds allocated.

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/or work on more than one program must adhere to the CMS PFG (Section 8) for time study requirements and guidelines. Attachment G, Addressing the Most Common Budget Problems was developed to offer tips on how to avoid some of the most common problems found in past budget submissions.

All quarterly expenditure reports submitted for reimbursement must be based on accurate and auditable documentation. Submit separate invoices (Attachment H, HCPCFC PMM&O Quarterly Administrative Expenditure Invoice) for the general HCPCFC and PMM&O activities. 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.

Acceptance of allocated funds constitutes an agreement that the receiving local agency will comply with all federal and state requirements pertaining to the HCPCFC Program/PMM&O Activities and adhere to all applicable policies and procedures set forth by the Department of Health Care Services and the 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 an HCPCFC/PMM&O audit exception, are the exclusive and sole responsibility of each program.

Local programs that have questions regarding staffing, personnel changes, duty statements, and other budget preparation items should submit their questions to DHCSSCDAdmin@dhcs.ca.gov prior to submitting their budgets. For questions regarding this correspondence, please contact Theresa Sanchez via e-mail at Theresa.Sanchez@dhcs.ca.gov or Alex Vellos via e-mail at Alex.Vellos@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY PATRICIA McCLELLAND

Patricia McClelland, Chief
Systems of Care Division

Attachment