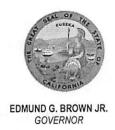


# State of California—Health and Human Services Agency Department of Health Care Services



September 25, 2018

CHDP Program Letter No.: 18-03

TO:

ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, AND STATE INTEGRATED SYSTEMS OFCARE DIVISION (ISCD) STAFF

SUBJECT:

FISCAL YEAR (FY) 2018-19 ALLOCATION FOR THE HEALTHCARE

PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

The purpose of this letter is to provide local CHDP programs (local programs) with the HCPCFC Base, Psychotropic Medication Monitoring & Oversight (PMM&O), and Caseload Relief Augmentation (Caseload Relief) allocations as it applies to FY 2018-19. The allocations apply to available State General Funds which are matched with Federal Title XIX funds to supplement the HCPCFC administrative budgets. The combined State and Federal allocations are based on the Federal Financial Participation (FFP) guidelines found in the Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG).

The Base and PMM&O allocation amounts are based on caseload data obtained from the CDSS for calendar year 2017. The county/city caseload proportion is applied toward the total State funding available to determine the local program allocation. The Caseload Relief allocation amount for each local program is based on a methodology (that integrates caseload and other variables) developed by the California Department of Social Services (CDSS) in coordination with the County Welfare Directors Association of California. HCPCFC allocations for the Base, PMM&O, and Caseload Relief funds must be tracked and accounted for separately.

Each local program is to carry out the HCPCFC as set forth in the CMS PFG. The primary responsibility of the HCPCFC public health nurse (PHN) 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 Bright Futures/American Academy of Pediatrics Recommendations for Preventive

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Pediatric Health Care, ensures that identified health needs are monitored, and supports continuity of health care services. The PHN, social worker, or clerical support update the Child Welfare Services/Case Management System Health and Education Passport. 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 and follow up.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a PHN. Some local programs have experienced difficulty recruiting and hiring a PHN into the role. A Registered Nurse (RN) without a PHN certificate may only be used in the program with documented justification and a waiver approved by both the ISCD and CDSS. A commitment by the RN to obtain the PHN certificate is preferred whenever feasible. Local programs that find they will need to hire an RN into the role must contact this office immediately to request a waiver form and instruction. Please note, contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC.

This letter also serves as each local program's approved State General Fund portion of the HCPCFC Base, PMM&O, and Caseload Relief State/Federal budget. There will be no budget approval letters issued from the ISCD. Each local program remains responsible for oversight and tracking of its HCPCFC budget expenditures. As in previous years, local programs will only be reimbursed for State/Federal Match expenditures up to their authorized budget allocations.

Local programs may submit a County-City Match Budget in order to claim Title XIX Federal funds to perform Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) administrative activities specifically for children and youth in foster care. The use of the County-City Match Budget must align with requirements applicable to the HCPCFC Base budget. Please refer to the CMS PFG for submission of County-City Match Budgets.

Submitted HCPCFC FY18-19 Plan and Budgets must include the following items:

- Attachment 2\_HCPCFC Checklist;
- Attachment 3\_HCPCFC Incumbent List. Please submit only one list for all three allocations;
- Attachment 4\_HCPCFC Base State/Federal Budget (Budget Worksheet & Summary);
- Attachment 5\_HCPCFC County-City/Federal Budget (Budget Worksheet & Summary);

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- Attachment 6\_HCPCFC PMM&O State/Federal Budget (Budget Worksheet & Summary);
- Attachment 7\_HCPCFC Caseload Relief State/Federal Budget (Budget Worksheet & Summary);
- Organizational Chart that encompasses the staff funded under the Base, PMM&O, and Caseload Relief allocations;
- HCPCFC Budget Justification Narrative. Base State/Federal, County-City/Federal, PMM&O State/Federal, and Caseload Relief State/Federal budgets must be tracked and accounted for separately;
- Civil Service Classification Statements for HCPCFC Base, City-County, PMM&O, and Caseload Relief staff;
- Duty Statements for HCPCFC Base, City-County, PMM&O, and Caseload Relief staff.

HCPCFC FY18-19 Quarterly Expenditure Invoices must be submitted using Attachment 8\_HCPCFC Exp Invoice. Four versions are provided to permit separate tracking and accounting of the Base State/Federal, County-City/Federal, PMM&O State/Federal, and Caseload Relief State/Federal budgets.

Local programs should follow the CMS PFG for plan/budget submissions to ISCD. Plans and Budgets for HCPCFC are due **60 days** from the date the last FY 18-19 allocation letter is issued to local programs by ISCD (the date of the most recently issued allocation letter for either the CHDP Program, HCPCFC, or the California Children's Services Program). Local programs that have previously submitted budget approval letters to the county's accounting authorities will be able to utilize the attached county allocation table as documentation and verification of the funds allocated.

Local programs that have questions regarding staffing, personnel changes, duty statements, and other budget preparation items should submit their questions to <a href="mailto:DHCSSCDAdmin@dhcs.ca.gov">DHCSSCDAdmin@dhcs.ca.gov</a> 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 conditions 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 each of the three (3) HCFCPC funded areas (Base, PMM&O, and Caseload Relief) and the County-City Match Budget, if applicable.

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All quarterly expenditure reports submitted for reimbursement must be based on 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, 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 the HCPCFC allocated funds constitutes an agreement that the receiving local 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 DHCS/ISCD.

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 local program.

For questions regarding this correspondence, please contact Sa Nguyen at (916) 713-8304 or at <a href="mailto:sa.nguyen@dhcs.ca.gov">sa.nguyen@dhcs.ca.gov</a> or V. David Banda at (916) 713-8357 or at v.david.banda@dhcs.ca.gov.

Sincerely,

#### **ORIGINAL SIGNED BY**

Joseph Billingsley, Chief Program Policy and Operations Branch Integrated Systems of Care Division

Attachments

### HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE ANNUAL BASE ALLOCATION FISCAL YEAR 2018-19

Count		Base	Base	Base
ı	County	State General Fund	Federal Fund	Total
┡		Allocation	Allocation	Allocation
-	Annual Base Allocation	\$8,181,783	\$24,545,349	\$32,727,132
	Alameda	\$206,214	\$618,643	\$824,858
	Alpine	\$0	\$0	\$0
_	Amador	\$8,486	\$25,457	
_	Butte	\$77,179	\$231,537	\$308,716
_	Calaveras	\$12,392	\$37,175	\$49,567
	Colusa	\$6,735	\$20,204	
	Contra Costa	\$144,121	\$432,363	
	Del Norte	\$10,237	\$30,710	\$40,947
_	El Dorado	\$40,542	\$121,627	
_	Fresno	\$282,585	\$847,756	
_	Glenn	\$10,775	\$32,326	\$43,102
	Humboldt	\$49,567	\$148,701	\$198,268
_	Imperial	\$60,746	\$182,239	\$242,986
	Inyo	\$3,000	\$9,000	\$12,000
	Kern	\$233,422	\$700,267	\$933,689
	Kings	\$51,318	\$153,954	\$205,272
	Lake	\$21,955	\$65,865	\$87,820
_	Lassen	\$9,159	\$27,477	
	Los Angeles	\$2,950,981		\$11,803,926
	Madera	\$44,853	\$134,558	
_	Marin	\$12,661	\$37,983	
_	Mariposa	\$4,041	\$12,122	\$16,163
_	Mendocino	\$36,771	\$110,313	\$147,084
_	Merced	\$71,118	\$213,353	\$284,471
_	Modoc	\$3,000	\$9,000	
	Mono	\$3,000	\$9,000	
	Monterey	\$58,726	\$176,178	
	Napa	\$17,645	\$52,934	
	Nevada	\$8,486	\$25,457	\$33,943
	Orange	\$319,760	\$959,281	
_	Placer	\$30,171	\$90,513	
	Plumas	\$6,735	\$20,204	
_	Riverside	\$466,037	\$1,398,110	
	Sacramento	\$321,511	\$964,534	
	San Benito	\$7,812	\$23,437	\$31,249
_	San Bernardino	\$808,964	\$2,426,892	
	San Diego	\$368,250	\$1,104,749	\$1,472,999
	San Francisco	\$122,840	\$368,519	\$491,359
_	San Joaquin	\$208,370	\$625,109	
_	San Luis Obispo	\$55,897	\$167,692 \$115,970	\$223,590
_	San Mateo	\$38,657	\$115,970	\$154,627
-	Santa Barbara	\$60,208	\$180,623	\$240,830
$\overline{}$	Santa Clara	\$158,533	\$475,600	\$634,133
	Santa Cruz	\$36,906	\$110,717 \$170,411	\$147,623 \$239,214
_	Shasta	\$59,804 \$3,000	\$179,411 \$9,000	
	Sierra			
	Siskiyou	\$14,277	\$42,832 \$174,966	
_	Solano	\$58,322	\$174,966 \$212,949	
	Stanielaus	\$70,983 \$102,366	\$307,099	
_	Stanislaus	\$102,366 \$23,571	\$70,714	
	Sutter		\$88,089	
	Trinity	\$29,363 \$7,004	\$21,012	
	Trinity Tulare	\$143,044	\$429,131	
	Tuolumne	\$14,143	\$42,428	
	Ventura	\$113,815	\$341,446	
	Yolo	\$57,783	\$173,349	
	Yuba	\$29,094	\$87,281	
	City of Berkeley	\$4,849	\$14,547	
	tal Annual Base Allocation	\$8,181,783	\$24,545,349	\$32,727,132
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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.

### HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE ANNUAL PSYCHOTROPIC MEDICATION MONITORING & OVERSIGHT ALLOCATION FISCAL YEAR 2018-19

County		PMM&O State General Fund	PMM&O Federal Fund	PMM&O Total
۳	Annual DMM2 Allacation	Allocation	Allocation	Allocation \$6,600,000
_	Annual PMM&O Allocation Alameda	\$1,650,000	\$4,950,000	
_		\$40,795	\$122,386	
	Alpine	\$3,659	\$10,975	\$14,634
_	Amador Butte	\$3,659	\$10,975	\$14,634
	Calaveras	\$18,293	\$54,878	
	Colusa	\$3,659 \$3,659	\$10,975 \$10,975	\$14,634 \$14,634
	Contra Costa	\$36,585	\$109,756	
	Del Norte	\$3,659	\$10,975	\$14,634
_	El Dorado	\$10,976	\$32,926	\$43,902
	Fresno	\$54,878	\$164,634	
	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	
	Kem	\$40,244	\$120,732	
	Kings	\$7,317	\$21,951	\$29,268
	Lake	\$7,317	\$21,951	
18	Lassen	\$3,659	\$10,975	\$14,634
19	Los Angeles	\$526,829	\$1,580,488	\$2,107,317
	Madera	\$3,659	\$10,975	\$14,634
21	Marin	\$3,659	\$10,975	\$14,634
	Mariposa	\$3,659	\$10,975	\$14,634
23	Mendocino	\$10,976	\$32,926	\$43,902
	Merced	\$10,976	\$32,926	\$43,902
_	Modoc	\$3,659	\$10,975	\$14,634
	Mono	\$3,659	\$10,975	
	Monterey	\$14,634	\$43,903	\$58,537
	Napa	\$3,659	\$10,975	
	Nevada	\$3,659	\$10,975	\$14,634
	Orange	\$47,561	\$142,683	\$190,244
	Placer	\$7,317	\$21,951	\$29,268
	Plumas	\$3,659	\$10,975	
	Riverside	\$102,439	\$307,317	\$409,756
	Sacramento	\$73,171	\$219,512	\$292,683
	San Benito	\$3,659	\$10,975	\$14,634
	San Bernardino	\$142,683	\$428,049	\$570,732
	San Diego San Francisco	\$80,488	\$241,463	\$321,951
	San Joaquin	\$25,610	\$76,829	\$102,439
	San Luis Obispo	\$51,220 \$14,634	\$153,658	\$204,878
	San Mateo	\$14,634 \$10,976	\$43,903 \$32,926	\$58,537 \$43,902
	Santa Barbara	\$10,576	\$43,903	\$58,537
_	Santa Clara	\$36,585	\$109,756	\$146,341
	Santa Cruz	\$7,317	\$21,951	\$29,268
45	Shasta	\$14,634	\$43,903	\$58,537
	Sierra	\$3,658	\$10,976	\$14,634
	Siskiyou	\$3,658	\$10,976	\$14,634
	Solano	\$10,975	\$32,927	\$43,902
	Sonoma	\$18,292	\$54,879	\$73,171
	Stanislaus	\$29,267	\$87,806	\$117,073
	Sutter	\$7,316	\$21,952	\$29,268
	Tehama	\$3,658	\$10,976	\$14,634
	Trinity	\$3,658	\$10,976	\$14,634
	Tulare	\$21,951	\$65,855	\$87,806
55	Tuolumne	\$3,658	\$10,977	\$14,635
	Ventura	\$25,609	\$76,831	\$102,440
	Yalo	\$14,634	\$43,904	\$58,538
	Yuba	\$7,316	\$21,953	\$29,269
	City of Berkeley	\$3,107	\$9,322	\$12,429
Tot	al Annual 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 calcula ion.

## HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE ANNUAL CASELOAD RELIEF ALLOCATION FISCAL YEAR 2018-19

		Caseload Relief	Caseload Relief	Caseload Relief
County		State General Fund	Federal Fund	Total
		Allocation	Allocation	Allocation
#	Annual Caseload Relief Allocation	\$3,850,000	\$11,550,000	\$15,400,000
	Alameda	\$97,126	\$291,374	\$388,500
_	Alpine	\$0	\$0	\$0
	Amador	\$3,996	\$11,989	\$15,985
_	Butte	\$36,351	\$109,051	\$145,402
_	Calaveras	\$5,836	\$17,509	\$23,345
_	Colusa	\$3,172	\$9,516	\$12,688
	Contra Costa  Del Norte	\$67,880 \$4,821	\$203,639 \$14,464	\$271,519 \$19,285
-	El Dorado	\$19,095	\$57,285	\$76,380
_	Fresno	\$133,095	\$399,283	\$532,378
-	Glenn	\$5,075	\$15,226	\$20,301
	Humboldt	\$23,346	\$70,036	\$93,382
	Imperial	\$28,611	\$85,832	\$114,443
	Inyo	\$1,161	\$3,483	\$4,644
15	Kern	\$109,940	\$329,818	\$439,758
	Kings	\$24,171	\$72,511	\$96,682
17	Lake	\$10,341	\$31,021	\$41,362
18	Lassen	\$4,314	\$12,942	\$17,256
	Los Angeles	\$1,389,880	\$4,169,636	\$5,559,516
	Madera	\$21,125	\$63,376	\$84,501
	Marin	\$5,963	\$17,890	\$23,853
	Mariposa	\$1,903	\$5,710	\$7,613
	Mendocino	\$17,318	\$51,956	\$69,274
	Merced	\$33,495	\$100,487	\$133,982
	Modoc	\$963	\$2,889	\$3,852
_	Mono	\$0 \$27,659	\$0 \$82,978	\$0 \$110,637
	Monterey Napa	\$8,310	\$24,932	\$33,242
	Nevada	\$3,996	\$11,989	\$15,985
	Orange	\$150,604	\$451,810	\$602,414
	Placer	\$14,211	\$42,632	\$56,843
_	Plumas	\$3,172	\$9,516	\$12,688
	Riverside	\$219,497	\$658,493	\$877,990
	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
	San Diego	\$173,441	\$520,324	\$693,765
	San Francisco	\$57,856	\$173,568	\$231,424
_	San Joaquin	\$98,139	\$294,419	\$392,558
	San Luis Obispo	\$26,328	\$78,981	\$105,309
${}$	San Mateo	\$18,206	\$54,621	\$72,827
_	Santa Barbara	\$28,357 \$74,669	\$85,071 \$224,002	\$113,428 \$298,670
	Santa Clara Santa Cruz	\$74,668 \$17,382	\$224,002 \$52,147	\$69,529
	Shasta	\$28,166	\$84,500	\$112,666
	Sierra	\$25,100	\$0	\$112,000
1 4 7 1	Siskiyou	\$6,725		\$26,899
	Solano	\$27,469		
49	Sonoma	\$33,433		
	Stanislaus	\$48,214	\$144,641	\$192,855
51	Sutter	\$11,102	\$33,305	
	Tehama	\$13,830	\$41,489	
	Trinity	\$3,299	\$9,896	
	Tulare	\$67,371	\$202,115	
	Tuolumne	\$6,660	\$19,983	
	Ventura	\$53,606	\$160,818	
_	Yolo	\$27,216	\$81,647	\$108,863
_	Yuba City of Borkeley	\$13,701 \$2,283	\$41,109 \$6,851	\$54,810 \$9,134
	City of Berkeley al Annual Caseload Relief Allocation	\$2,283		
LIO	ai Aimuai Caseloau 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 County-City match calculation.