



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



GAVIN NEWSOM
GOVERNOR

DATE: August 11, 2019

CHDP Program Letter No.: 19-02

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

SUBJECT: Fiscal Year 2019-2020 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) 2019-2020. 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,

ORIGINAL SIGNED BY

Stephanie Johnson, Assistant Division Chief
Integrated System of Care Division

Attachments:

HCPCFCSGF Allocations FY2019-2020
HCPCFC FAQs FY 2019-2020
HCPCFC Checklist FY 2019-2020
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

cc: See Next Page

cc: Roy Schutzengel, Medical Director
Medical Operations and Policy Branch
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814

Sa Nguyen, Health Program Specialist
Health Care Program for Children in Foster Care
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814

Annette Lee, Chief
Special Populations Section
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814

Barbara Sasaki, Chief
Special Programs Unit
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814



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



Base
State/Federal Allocation
FY 2019-2020

| 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 | \$194,522 | \$583,567 | \$778,089 |
| 2 Alpine | \$3,000 | \$9,000 | \$12,000 |
| 3 Amador | \$8,423 | \$25,270 | \$33,693 |
| 4 Butte | \$74,500 | \$223,500 | \$298,000 |
| 5 Calaveras | \$13,521 | \$40,564 | \$54,085 |
| 6 Colusa | \$6,905 | \$20,716 | \$27,622 |
| 7 Contra Costa | \$139,094 | \$417,281 | \$556,374 |
| 8 Del Norte | \$10,706 | \$32,117 | \$42,823 |
| 9 El Dorado | \$42,360 | \$127,079 | \$169,438 |
| 10 Fresno | \$297,119 | \$891,357 | \$1,188,476 |
| 11 Glenn | \$10,057 | \$30,171 | \$40,228 |
| 12 Humboldt | \$60,063 | \$180,190 | \$240,254 |
| 13 Imperial | \$66,285 | \$198,856 | \$265,141 |
| 14 Inyo | \$3,000 | \$9,000 | \$12,000 |
| 15 Kern | \$216,374 | \$649,122 | \$865,497 |
| 16 Kings | \$50,783 | \$152,348 | \$203,131 |
| 17 Lake | \$23,300 | \$69,900 | \$93,200 |
| 18 Lassen | \$7,508 | \$22,524 | \$30,032 |
| 19 Los Angeles | \$3,034,567 | \$9,103,702 | \$12,138,270 |
| 20 Madera | \$41,189 | \$123,568 | \$164,757 |
| 21 Marin | \$12,305 | \$36,914 | \$49,219 |
| 22 Mariposa | \$3,000 | \$9,000 | \$12,000 |
| 23 Mendocino | \$35,593 | \$106,779 | \$142,372 |
| 24 Merced | \$70,178 | \$210,535 | \$280,713 |
| 25 Modoc | \$3,117 | \$9,350 | \$12,467 |
| 26 Mono | \$3,000 | \$9,000 | \$12,000 |
| 27 Monterey | \$55,162 | \$165,487 | \$220,650 |
| 28 Napa | \$19,743 | \$59,229 | \$78,972 |
| 29 Nevada | \$8,122 | \$24,366 | \$32,488 |
| 30 Orange | \$338,517 | \$1,015,551 | \$1,354,068 |
| 31 Placer | \$29,174 | \$87,523 | \$116,697 |
| 32 Plumas | \$6,546 | \$19,639 | \$26,185 |
| 33 Riverside | \$399,206 | \$1,197,618 | \$1,596,824 |
| 34 Sacramento | \$303,202 | \$909,606 | \$1,212,808 |
| 35 San Benito | \$6,871 | \$20,612 | \$27,483 |
| 36 San Bernardino | \$864,118 | \$2,592,353 | \$3,456,471 |
| 37 San Diego | \$328,089 | \$984,268 | \$1,312,357 |
| 38 San Francisco | \$112,515 | \$337,544 | \$450,058 |
| 39 San Joaquin | \$201,810 | \$605,431 | \$807,241 |
| 40 San Luis Obispo | \$55,070 | \$165,209 | \$220,279 |
| 41 San Mateo | \$34,852 | \$104,555 | \$139,406 |
| 42 Santa Barbara | \$54,340 | \$163,019 | \$217,359 |
| 43 Santa Clara | \$157,215 | \$471,644 | \$628,858 |
| 44 Santa Cruz | \$31,619 | \$94,857 | \$126,476 |
| 45 Shasta | \$60,075 | \$180,225 | \$240,300 |
| 46 Sierra | \$3,000 | \$9,000 | \$12,000 |
| 47 Siskiyou | \$14,008 | \$42,024 | \$56,031 |
| 48 Solano | \$56,645 | \$169,936 | \$226,582 |
| 49 Sonoma | \$72,924 | \$218,773 | \$291,697 |
| 50 Stanislaus | \$107,544 | \$322,632 | \$430,176 |
| 51 Sutter | \$23,427 | \$70,282 | \$93,710 |
| 52 Tehama | \$24,192 | \$72,577 | \$96,769 |
| 53 Trinity | \$6,372 | \$19,117 | \$25,490 |
| 54 Tulare | \$152,765 | \$458,296 | \$611,061 |
| 55 Tuolumne | \$12,907 | \$38,721 | \$51,629 |
| 56 Ventura | \$100,036 | \$300,108 | \$400,144 |
| 57 Yolo | \$67,096 | \$201,289 | \$268,385 |
| 58 Yuba | \$28,282 | \$84,846 | \$113,129 |
| 59 City of Berkeley | \$4,658 | \$13,973 | \$18,631 |
| 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/Federal Match budget 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 2019-2020



| 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/Federal Match budget 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 2019-2020



| 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 County-City/Federal Match budget calculation.



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



August 11, 2019

This document is a compilation of frequently asked questions (FAQs) and reminders regarding the Health Care Program for Children in Foster Care (HPCFC).

FAQs

1. What are the HPCFC funding sources?

Answer: HPCFC 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 HPCFC 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.

HPCFC budgets will need to make clear the staff positions and percentages of staff time dedicated to each funding source. HPCFC 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.

Reminders

- 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 | HPCFC Incumbent List. Please submit only one list. |
| <input type="checkbox"/> | B | HPCFC Organizational Chart |
| <input type="checkbox"/> | C | HPCFC 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 HPCFC 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 HPCFC staff |
| <input type="checkbox"/> | | Base |
| <input type="checkbox"/> | | PMM&O |
| <input type="checkbox"/> | | Caseload Relief |
| <input type="checkbox"/> | | County-City/Federal Match |



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

Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPFC) Base, Psychotropic Medication Monitoring & Oversight (PMMO), 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 HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC 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.

[illegible]



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 | | | |
| IV Total Indirect Expenses | \$0 | | \$0 |
| V Total Other Expenses | | | |
| 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
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 |
|--|---------------------|

| | | | |
|-------------------|--|--------------|--|
| 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 | 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
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: | |
|---------------------------|--|

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 |
|-------------------------------------------------|------|--------------|----------------|