

Plan and Budget Required Documents Checklist

MODIFIED FY 2011-12

County/City: <u>Santa Barbara County</u>	Fiscal Year: <u>2011-12</u>
Document	Page Number
1. Checklist	1-2
2. Agency Information Sheet	3
3. Certification Statements	
A. Certification Statement (CHDP) – Original and one photocopy	4-5
B. Certification Statement (CCS) – Original and one photocopy	6-7
4. Agency Description	
A. Brief Narrative	8, CHDP
B. Organizational Charts for CCS and CHDP	9-10
C. CCS Staffing Standards Profile	Retain locally
D. Incumbent Lists for CCS and CHDP	11-15
E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
F. Duty Statements – Include if newly established, proposed, or revised	N/A
5. Implementation of Performance Measures – Performance Measures for FY 2011-12 are due November 30, 2011.	N/A
6. Data Forms	
A. CCS Caseload Summary	16
B. CHDP Program Referral Data	17-18
7. Memoranda of Understanding and Interagency Agreements List	
A. MOU/IAA List	19-20
B. New, Renewed, or Revised MOU or IAA	21-39
C. CHDP IAA with DSS biennially	Retain locally
D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8. Budgets	
A. CHDP Administrative Budget (No County/City Match)	
1. Budget Summary	40
2. Budget Worksheet	41-42

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

County/City: <u>Santa Barbara County</u>	Fiscal Year: <u>2011-12</u>
Document	Page Number
3. Budget Justification Narrative	43
B. CHDP Administrative Budget (County/City Match) - Optional	
1. Budget Worksheet	N/A
2. Budget Justification Narrative	N/A
3. Budget Justification Narrative	N/A
C. CHDP Foster Care Administrative Budget (County/City Match) - Optional	
1. Budget Summary	N/A
2. Budget Worksheet	N/A
3. Budget Justification Narrative	N/A
D. HCPCFC Administrative Budget	
1. Budget Summary	N/A
2. Budget Worksheet	N/A
3. Budget Justification Narrative	N/A
E. CCS Administrative Budget	
1. Budget Summary	44
2. Budget Worksheets for CCS and Healthy Families	45-47
3. Budget Justification Narrative	N/A
G. Other Forms	
1. County/City Capital Expenses Justification Form	N/A
2. County/City Other Expenses Justification Form	N/A
9. Management of Equipment Purchased with State Funds	
1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
3. Property Survey Report Form (STD 152)	N/A

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

Agency Information Sheet

County/City: Santa Barbara

Fiscal Year: 2011-2012

Official Agency

Name:	Santa Barbara County	Address:	345 Camino del Remedio
Health Officer	Takashi Wada, MD		Santa Barbara, Ca 93110

CMS Director (if applicable)

Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____	E-Mail:	_____

CCS Administrator

Name:	Ana Stenersen, PHN	Address:	345 Camino del Remedio
Phone:	(805) 681-4026		Santa Barbara, Ca 93110
Fax:	(805) 681-4763	E-Mail:	Ana.stenersen@sbcphd.org

CHDP Director

Name:	Rea Goumas, MD	Address:	345 Camino del Remedio
Phone:	(805) 681-4027		Santa Barbara, Ca 93110
Fax:	(805) 681-4763	E-Mail:	Rea.goumas@sbcphd.org

CHDP Deputy Director

Name:	Sandra Copley, PHN	Address:	345 Camino del Remedio
Phone:	(805) 681-5476		Santa Barbara, Ca 93110
Fax:	(805) 681-4915	E-Mail:	Sandra.copley@sbcphd.org

Clerk of the Board of Supervisors or City Council

Name:	Michael Allen	Address:	105 E. Anapamu St Room 407
Phone:	(805) 681-4451		Santa Barbara, Ca 93101
Fax:		E-Mail:	allen@co.santa-barbara.ca.us

Director of Social Services Agency

Name:	Kathy Gallagher	Address:	234 Camino del remedio
Phone:	(805) 681-4451		Santa Barbara Ca 93110
Fax:	(805) 681-4403	E-Mail:	k.Gallagher@sbsocialserv.org

Chief Probation Officer

Name:	Patricia Stewart	Address:	117 E. Carillo St
Phone:	(805)882-3656		Santa Barbara, Ca 93101
Fax:	(805) 882-3651	E-Mail:	Stewart@co.santa-barbara.ca.us

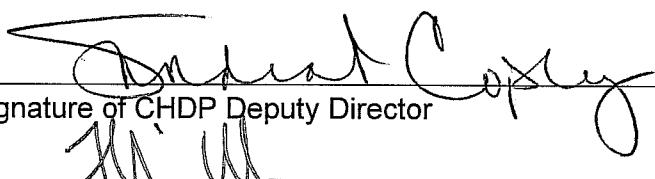
Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Santa Barbara County

Fiscal Year: 2011-12

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.



Signature of CHDP Deputy Director



Signature of Director or Health Officer

10-26-2011

Date Signed

10/11/11

Date Signed

Date Signed

I certify that this plan has been approved by the local governing body.

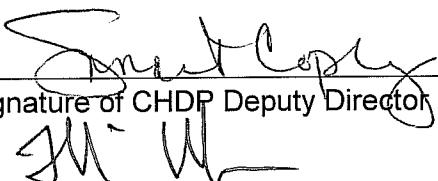
Date

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County/City: Santa Barbara County

Fiscal Year: 2011-12

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Signature of CHDP Deputy Director


Signature of Director or Health Officer

Signature and Title of Other – Optional

10-27-2011

Date Signed

10/28/11

Date Signed

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara

Fiscal Year: 2011-12

I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Ama Mennen
Signature of CCS Administrator

10/26/11

Date Signed

JW
Signature of Director or Health Officer

10/28/11

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

Certification Statement - California Children's Services (CCS)

County/City: Santa Barbara

Fiscal Year: 2011-12

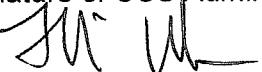
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Signature of CCS Administrator

10/26/11

Date Signed



Signature of Director or Health Officer

10/28/11

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES
AGENCY DESCRIPTION: CHDP and HCPCFC

CHDP

The Child Health and Disability Prevention (CHDP) Program is within the Santa Barbara County Public Health Department and integrated within the Community Health Division.

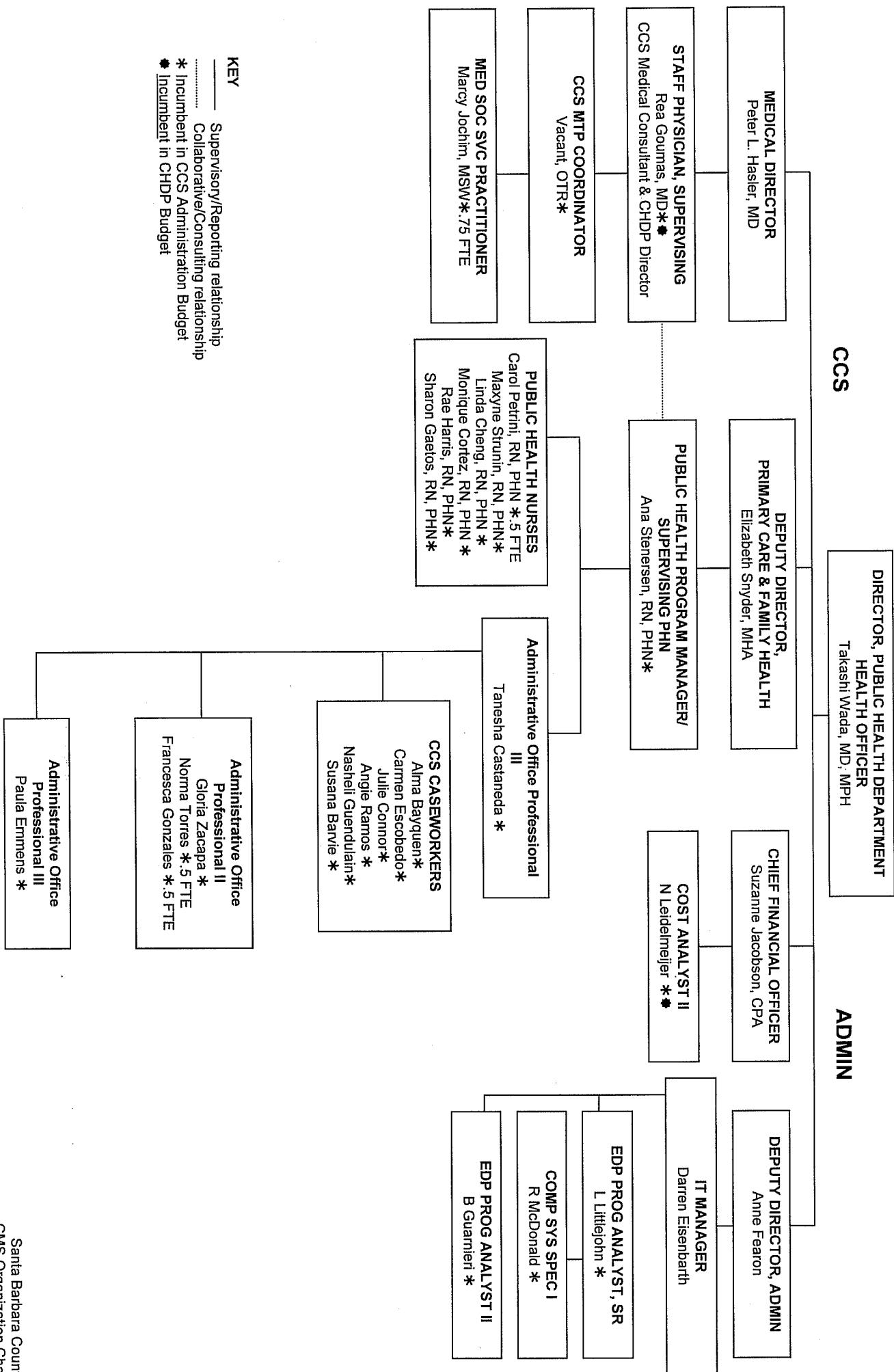
There were organizational changes to the CMS program in the Santa Barbara County (SBC) Public Health Department (PHD) as of February, 2011. The Child Health and Disability Prevention (CHDP) Program was separated from the Primary Care and Family Health Division and integrated within the Community Health Division. CCS and the MTU continue to be under the Primary Care and Family Health Division.

Rea Goumas, MD, CHDP Director (.10 FTE) assumed the oversight of medical direction in FY 2007-2008. Sandra Copley, PHN, CHDP Deputy Director (.15 FTE) assumed administrative oversight in February, 2011. Because of state and local funding concerns, the CHDP Deputy Director and administrative staff have been reduced. Currently there is a PHN CHDP (1 FTE), PHN HCPCFC (1 FTE), Health Educator (.5 FTE), Administrative Office Assistant III (AOP) (.05 FTE), two Administrative Office Assistants, level II (1.5 FTE).

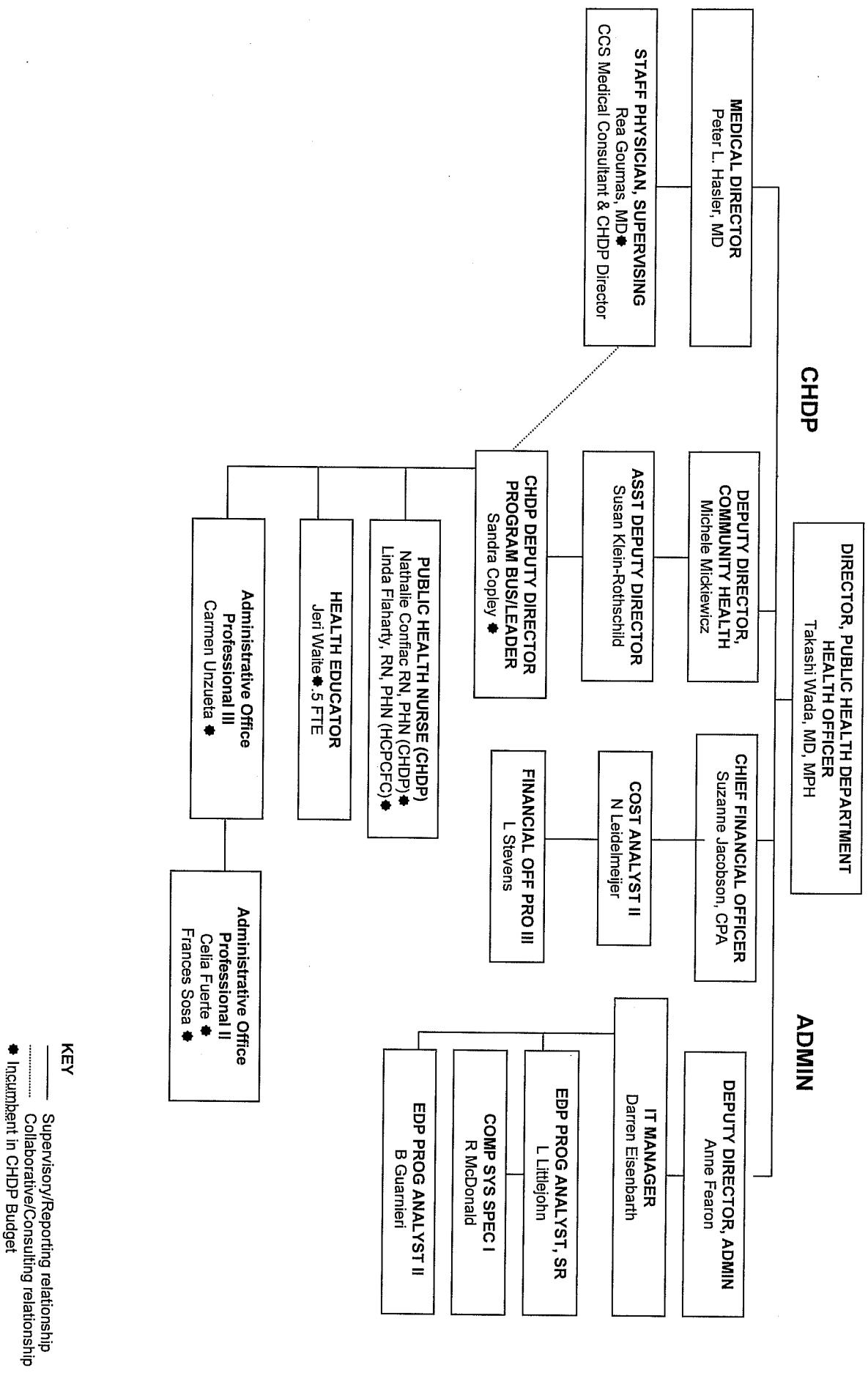
The number of CHDP providers in Santa Barbara County (SBC) has remained relatively constant. There are currently 38 CHDP providers. However, the number of CHDP exams completed in FY 10-11 (55,374) had increased by 28% from the FY 09-10 levels (39,974). This increase demonstrates a greater need for low-income health care for children than in previous years.

While funding and re-organization has reduced CHDP staffing, core functions and expectations of the CHDP program have remained. The CHDP PHN and Health Educator continue to work collaboratively with community based organizations involved in county-wide efforts for obesity, oral health services and access issues, standardized developmental screening and a promotoras coalition for preventative health issues. County-wide strategic planning efforts enabled increased access to health care and services to all children in SBC. Health activities specific to CHDP State and Federal guidance were maintained and focused on follow-up for abnormal health assessments. Mandated trainings were administered to the Department of Social Services (DSS, CWS, and Probation), CenCal, Head Start, provider offices and community organizations.

SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CCS



SANTA BARBARA COUNTY CHILD HEALTH DISABILITIES PROGRAM (CHDP) ORGANIZATION CHART



Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - California Children's Services

For FY 2010-11, complete the table below for all personnel listed in the CCS budgets. Use the **same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **HF** for Healthy Families; **IHO** for In-Home Operations, and; **RC** for Regional Center.

County/City: _____

Fiscal Year: _____

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Program Manager/Supervising Public Health Nurse	Ana Stenersen	100%	No	No
Staff Physician	Rea Goumas, MD	40%	No	No
Public Health Nurse	Carol Petrini, PHN	50%	No	No
Public Health Nurse	Linda Cheng, PHN	100%	No	No
Public Health Nurse	Maxyne Strunin, PHN	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

Public Health Nurse	Monique Cortez, PHN	100%	No	No
Public Health Nurse	Sharon Goetos, PHN	100%	No	No
Public Health Nurse	Rae Harris, PHN	100%	No	No
Medical Social Services Practitioner	Amy (Marcy) Jochim, MSW	75%	No	No
Therapy Coordinator	Vacant	50%	No	No
Supervising CCS Caseworker	Tanesha Castenada	50%	No	No
CCS Caseworker	Alma Bayquen	100%	No	No
CCS Caseworker	Juliet Connor	100%	No	No
CCS Caseworker	Carmen Escobedo	100%	No	No
CCS Caseworker	Angelica Ramos	100%	No	No
CCS Caseworker	Nasheli Guendulain	100%	No	No
CCS Caseworker	Susana Barvie	100%	No	No
Administrative Office Professional III	Tanesha Castaneda	50%	No	No
Administrative Office Professional II	Frances Sosa	50%	No	No
Administrative Office Professional II	Norma Torres	50%	No	No
Administrative Office Professional III	Paula Emmens	100%	No	No
Fiscal Analyst	Nancy Leidelmeijer	5%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

Computer Systems Specialist	Richard McDonald	20%	No	No
EDP Systems Analyst	Barbara Guarneri	10%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - Child Health and Disability Prevention Program

For FY 2010-11, complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Santa Barbara

Fiscal Year: 2011-12

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Staff Physician	Rea Goumas, MD	10%		40% CCS 20% Clinic	No	No
Public Health Program Manager	Sandra Copley, PHN	12%		3% HCPCFC 85% MCAH	Yes	No
Public Health Nurse	Nathalie Confiac	100%			No	No
Health Educator	Jeri Waite, M.Ed	50%			No	No
Administrative Office Professional III	Carmen Unzueta	5%		95% MCAH	Yes	No
Administrative Office Professional II	Celia Fuentes	100%			No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

County/City: Santa Barbara

Fiscal Year: 2011-12

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Administrative Office Professional II	Francisca Sosa	50%		50% CCS	No	No
Accountant	Nancy Leidelmeijer	3%		97% PHD Fiscal	No	No

California Children's Services Caseload Summary Form

County: Santa Barbara

Fiscal Year: 11-12

	CCS Caseload 0 to 21 Years	A		B		
		08-09 Actual Caseload	% of Grand Total	09-10 Actual Caseload	% of Grand Total	10-11 Estimated Caseload based on first three quarters
MEDI-CAL						
1	Average of Total Open (Active) Medi- Cal Children	1329	36%	1444	38%	1481
2	Potential Case Medi-Cal	1362	37%	1443	38%	1059
3	TOTAL MEDI-CAL (Row 1 + Row 2)	2691	73%	2887	76%	2540
NON MEDI-CAL						
Healthy Families						
4	Average of Total Open (Active) Healthy Families	235	6%	249	7	263
5	Potential Cases Healthy Families	240	6%	249	7	188
6	Total Healthy Families (Row 4 + Row 5)	475	12%	498	13	451
Straight CCS						
7	Average of Total Open (Active) Straight CCS Children	250	6%	207	5%	201
8	Potential Cases Straight CCS Children	255	7%	208	5%	144
9	Total Straight CCS (Row 7 + Row 8)	505	13%	415	11%	345
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	980	26%	913	24%	796
GRAND TOTAL						
11	(Row 3 + Row 10)	3671	100%	3800	100%	3336
						100%

CHDP Program Referral Data

County/City:	FY 08-09	FY 09-10	FY 10-11
Basic Informing and CHDP Referrals			
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services			
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases
a. Number of CalWORKs cases/recipients	1,955	4,713	2,349
b. Number of Foster Care cases/recipients	1,622	1,622	1,515
c. Number of Medi-Cal only cases/recipients	5,275	12,962	6,542
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:			
a. Medical and/or dental services	10,274	13,811	11,849
b. Medical and/or dental services with scheduling and/or transportation	5,495	5,893	5,118

c. Information only (optional)	16,353	16,996	18,654
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	32,122	36,700	33,372
Results of Assistance			

In response to the information requested in section 1, the Santa Barbara County CHDP office is not able to provide the requested numbers. The reason is because this is not data the CHDP office receives from the Department of Social Services.

County/City: Santa Barbara

Fiscal Year: 2011-12

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change?	(Yes or No)
Blue Cross HFP – CCS	MOU	05-27-1998	4/01/2011	Ana Stenersen	No	
SBRHA HFP – CCS	MOU	04-10-1998	5/01/2011	Ana Stenersen	No	
VSP HFP – CCS	MOU	10-20-1998	5/01/2011	Ana Stenersen	No	
Premier Access Dental HFP – CCS	MOU	6-28-2000	2/01/2011	Ana Stenersen	No	
Denticare HFP- CCS	MOU	10-17-1998	2/01/2011	Ana Stenersen	No	
Delta Dental HFP – CCS	MOU	11-23-1998	3/01/2011	Ana Stenersen	No	
Western Dental HFP – CCS	MOU	07-01-2005	6/01/2011	Ana Stenersen	No	
SafeGuard HFP- CCS	MOU	07-01-2005	6/01/2011	Ana Stenersen	No	
EyeMed Vision Care HFP - CCS	MOU	07-01-2005	7/01/2011	Ana Stenersen	No	

CHDP 9/29/11 sc
CCS 10/24/11 as

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOUs) or Interagency Agreements (IAAs) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOUs and IAAs that are new, have been renewed, or have been revised. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

County/City: **Santa Barbara**

Fiscal Year: 2011-12

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Head Start – CHDP	IAA	2-4-2008	01-01-2008	Dana Gamble	No
Department of Social Services – CHDP	IAA	07-01-2011 through 06-30-2013	07-01-2011	Sandra Copley	Yes
WIC – CHDP	MOU	06-07-2000	outdated	Sandra Copley	No
SELPA – CCS	IAA	7/01/11	7/01/2011	Ana Stenersen	Yes
Department of Social Services – Probation Department - HCPCFC	MOU	7-1-11 through 6-30-13	8-2011	Sandra Copley	Yes
CenCal Health – CCS	MOU	01-01-2005	1/1/2011	Ana Stenersen	No
Blue Shield HFP – CCS	MOU	05-21-1998	4/01/2011	Ana Stenersen	No

Santa Barbara County CHDP Program Interagency Agreement

Fiscal Years 2011 to 2013

I. Statement of Agreement

This statement of agreement is entered into between Santa Barbara County Public Health Department, Santa Barbara County Department of Social Services and the Santa Barbara County Probation Department to assure compliance with Federal and State regulations and the appropriate expenditure of funding in the implementation of the Child Health and Disability Prevention (CHDP) Program.

II. Statement of Need

The following specific needs in Santa Barbara County have been identified by the Public Health and Social Services departments as a focus for FYs 2011-2013.

- A. The Department of Social Services (DSS) will have procedures for informing clients about CHDP and reporting data to CHDP staff. See Attachment 4.
- B. DSS will be responsible to submit CHDP Referral Form (PM 357) on all age-appropriate cases identified for CHDP services to the CHDP Program.
- C. CHDP staff will provide annual training for the Social Workers, Juvenile Probation staff and Eligibility Workers about CHDP services.
- D. Children transitioning out of the foster care system at the age of 18 are still eligible for CHDP services until the age of 21. CHDP staff will participate in an annual workshop designed to educate transitional age youth about CHDP and the many resources available to them through the program if requested.

III. Organizational and Functional Relationships

- A. The exchange of information about persons applying for or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by State and Federal law and regulations, and is to be maintained in a confidential manner.
- B. Attached are charts showing important points of interface between CHDP and DSS programs and personnel.
 1. Relationship between the administrative staff of CHDP and staff of the Social Services Department. See Attachment 1.
 2. Reporting relationship of CHDP Program to the CHDP Director and Deputy Director. See Attachment 2.

3. The liaisons designated are as follows:

Public Health Department	Department of Social Services
Sandra Copley, PHN CHDP Program Manager 345 Camino Del Remedio Santa Barbara, CA 93110	Yolanda Perez Program Assistant 234 Camino Del Remedio Santa Barbara, CA 93110
DSS Contracts Unit	Reports
Linda Rodriguez Contracts Coordinator 2125 S. Centerpointe Pkwy. Santa Maria, CA 93455	Faye Tabin Dept. Business Specialist -- Cal Works and Cal Learn 234 Camino Del Remedio Santa Barbara, CA 93110

C. Attached are charts showing the CHDP process for informing parents/caregivers:
See Attachment 3

1. California Work Opportunity and Responsibility to Kids (CalWORKs)
Families
 - a. In-person application
 - b. Mail-in redetermination (where applicable)
2. Medi-Cal Only Families
 - a. In-person application
 - b. Mail-in application
3. Children Placed in Foster Care

IV. Social Services Department Responsibilities and Activities

A. Basic Informing and Documentation of Informing for CalWORKs or Medi-Cal

Following are the requirements for Basic Informing and Documentation of Informing by Eligibility Determination staff for persons applying for, or receiving, CalWORKs or Medi-Cal: See Attachment 4

1. In-person Application/Annual Re-determination
 - a. In the requested face-to-face eligibility intake interview or at the time of the annual re-determination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including unborn, and persons under 21 years of age will be:
 - 1) Given an approved brochure about the CHDP Program

- 2) Given an oral explanation about CHDP including:
 - a) The value of preventive health services and the differences between episodic and wellness care
 - b) Availability of health assessments
 - c) Availability of dental services
 - d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal
 - e) The nature, scope, and benefits of the CHDP Program
- 3) Asked questions to determine whether:
 - a) More information about CHDP Program services is wanted
 - b) CHDP Program services - medical and/or dental - are wanted
 - c) Appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services

b. The Eligibility Determination staff will document on the SAWS2, and/or MC210 using automated and non-automated systems that face-to-face informing occurred:

- 1) Explanation and brochure given
- 2) Date of the explanation and giving of the brochure
- 3) The individual responses to the CHDP service questions

2. Mail-in Application/Annual Re-determination - Medi-Cal
 - a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through completion of a State-approved Medi-Cal Application/Annual Re-determination form. The Application/Annual Re-determination process includes the mailing of the approved brochure about the CHDP Program to the applicant. The approved brochure about the CHDP Program, informs the family of where to call if:
 - 1) More information about CHDP Program services is wanted; or

- 2) Assistance with getting an appointment and transportation to medical care is needed
 - b. Eligibility Determination staff will document in the case record if any follow-up action is required
- B. Basic Informing and Documentation of Informing for Children in Foster Care Program Placement

Following are the requirements for Basic Informing and Documentation of Informing by staff responsible for placement of children in foster care, including placements controlled by the Probation Department, Licensed Adoption Agency, and/or Placement Agencies:

 1. Within 30 days of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given to the payee. A "payee," referred to as the "substitute care provider (SCP)" is defined as the foster parent(s) in a foster home, the officially designated representative of the payee when the child in the foster care program, or a Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility. In the case of an out-of-state placement, the social worker shall ensure information is given to the out-of-home care provider about the Federal EPSDT services. The care provider and/or child will be:
 - a. Given an approved brochure about CHDP services and information about the child's need of preventive health care; and
 - b. Given a face-to-face oral explanation about CHDP, including:
 - 1) The value of preventive health services and the differences between episodic and wellness care
 - 2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented or the child has entered a new foster care placement
 - 3) The availability of annual dental exams for children one year of age and older
 - 4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal
 - 5) The nature, scope, and benefits of the CHDP Program
 - c. Asked questions to determine whether:

- 1) More information about the CHDP Program is wanted; and
 - 2) CHDP Program services - medical and/or dental - are wanted; and
 - 3) Appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services.
2. The Child Welfare Services staff responsible for placement will document the SCP response to the questions in the CHDP Program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS):
 - a. Date SCP was informed of the CHDP Program and brochure given
 - b. SCP request for CHDP services
 - c. Probation staff members will document the information in the probation case management system and on the Health and Education Passport. This information will be forwarded to the HCPCFC PHN or appropriate person/s at CWS
 - d. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will document the SCP and/or child's response to the CHDP questions on the CHDP Referral Form (PM 357) and maintain a copy in the case record
3. The Probation Department staff responsible for placement will document the SCP's response to the questions in the CHDP Program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management Systems (CWS/CMS):
 - a. Date SCP was informed of the CHDP Program and brochure given; and
 - b. SCP request for CHDP services
4. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the SCP/child. They will include information about CHDP preventive health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in IV B.1 a-c; and will document the results of informing in the case plan update.
5. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will complete annual

informing and the documentation of that informing according to the outline in Section IV, B1 through B3.

6. When the placement responsibility is controlled by the Probation Department or any other social agency, the procedures outlined in Section IV B.1. and B.3. of this agreement are followed.
7. The procedures outlined in Section IV B.1. through B.3. of this agreement also apply to out-of-home placements with relatives and upon return of the child to the parent(s).
8. The procedures outlined in Section IV B.1. through B.3. of this agreement also apply to out-of-county placements.

C. Referral to the CHDP Program

1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/transportation assistance will be documented on a CHDP Referral Form (PM 357). The Referral Form will be sent to the CHDP Program at 345 Camino del Remedio, Bldg 4, Rm. 313. Santa Barbara, Ca 93110. This action is required to ensure these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal, and within 120 days of the date of request for children in foster care placement.
2. When the child is a member of a Medi-Cal managed care plan, the same referral process, as described in C.1, is followed.
3. Children in foster care placed out-of-county are referred, as described in C.1, for CHDP services.
4. Referral requirements described in C.1 and C.2 above also apply to children in foster care placement controlled by the Probation Department, licensed adoption agency, and/or a placement agency. The Department of Social Services has a Memorandum of Understanding (Title IV-E) with the Probation Department in effect December 10, 2008, regarding informing and assistance with the CHDP program.

D. Information Provided by DSS Staff on the CHDP Referral Form (PM 357).

The following will be included on the referral form when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Medi-Cal Identification Number.
2. Type of services requested:
 - a. Additional information

- b. Medical services
- c. Dental services
- d. Transportation assistance
- e. Appointment scheduling assistance

3. Source of referral:
 - a. New application
 - b. Re-determination
 - c. Self-referral
4. Case type:
 - a. CalWORKs
 - b. Foster Care
 - c. Medi-Cal Only (Full Scope, Limited Scope with or without a Share-of-Cost)
5. Complete listing of members in case with birth dates including unborn and the expected date of confinement (EDC)
6. Listing of the payee/out-of-home care provider and child in foster care
7. Residence address and telephone number
8. Eligibility Worker signature
9. Date of eligibility determination for CalWORKs and Medi-Cal Only cases or date of request for children in Foster Care and self-referrals

E. Case Management for Children in Foster Care

1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP Program, or equivalent health services in accordance with the CHDP Program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement. For example, if there is no record documenting a health assessment during their previous placement, if they are not performing age expected developmental skills, or if they have been moved to an area with a new provider, another health assessment may be claimed through CHDP by entering "MNIHA" (Medically Necessary Inter-periodic Health Assessment) : "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160)

2. The staff responsible for placement of the child will ensure that arrangements are made for necessary diagnosis and treatment of health conditions suspected or identified
3. Medical records including, but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) for any child in foster care will be given to the HCPCFC PHN
4. The case record will contain a plan which ensures that the child receives medical care, dental care and preventative health services in accordance with the CHDP Program's periodicity schedule

V. CHDP Program Staff Responsibilities and Activities for Referrals

- A. The CHDP Program is stationed at and administered by the Santa Barbara County Public Health Department.
- B. Duty Statements of the CHDP Program are included in the "Duty Statement". Attachment 5.
- C. Supervision of the CHDP Program is provided as follows:
 1. Overall medical supervision is provided by the Children's Medical Services (CMS) Medical Director, also known as the CHDP Director
 2. Administrative supervision is provided by the CHDP Program Manager, also known as the CHDP Deputy Director
 3. Day-to-day supervision is provided by the CHDP Program Manager
- D. The CHDP Program will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborn, and will:
 1. Provide information when requested. Offer scheduling and transportation assistance to those who request CHDP medical and/or dental services
 2. Provide a follow-up telephone call and/or letter to the parent/caregiver of the child. Provide information about requested services in regards to scheduling and/or transportation for medical and/or dental services. These CHDP follow-up services will be provided within 120 days of the child's date of eligibility determination or re-determination
 3. Information and follow-up may not be provided for any of the following reasons:
 - a. Eligibility is lost
 - b. Child is lost to contact after a good faith effort was made to locate the child
 - c. Failure to receive services was due to an action or decision of the family or child

E. The following will be documented on the CHDP Referral Form (PM 357):

1. Type of transportation assistance and date given
2. Appointment scheduling assistance and date given
3. Date(s) of appointment(s) and name(s) of provider(s) if known
4. Date appointment scheduling and/or transportation assistance was declined and by whom.

VI. CHDP Program Responsibilities and Activities

- A. The county will attempt to assure that an adequate number of dental providers are available to meet county CHDP needs and Federal regulations
- B. An adequate supply of the following materials will be available to meet DSS and other county needs:
 1. The CHDP brochure with the phone number of the local CHDP Program
 2. Current list of CHDP medical and dental providers
 3. Other informational material as needed
- C. Copies of Confidential Screening/Billing Reports (PM 160s) for services given to children in foster care will be sent to the HCPCFC PHN in the Department of Social Services. The CHDP staff separate these cases by aid code and route them appropriately

VII. Staff Education

- A. Within ninety (90) days of employment by the Social Services Department, all new staff with responsibility for placement or eligibility determination will have completed an orientation regarding the CHDP Program and their role and responsibilities for informing persons about CHDP and referring for services. The Eligibility Staff Development Supervisor conducts this training, in collaboration with the CHDP PHN and/or Health Educator
- B. Within ninety (90) days of employment by the Probation Department or licensed adoption agency, staff responsible for placement will have completed orientation regarding the CHDP Program and their roles and responsibilities for informing persons about CHDP and referring for services. The Probation/CWS Department conducts this training, in collaboration with the HCPCFC PHN and/or CHDP PHN
- C. Upon licensure and at renewal, foster parent(s) and group care home, residential treatment center, and other out-of-home care facility staff will complete orientation regarding nature, scope, benefits, and availability of CHDP Program services. The Licensing staff conducts this training, in collaboration with the HCPCFC PHN

- D. Additional staff in-service education needs will be identified through CHDP Program Reviews and State Program Compliance Reviews

VIII. Management Information and Program Evaluation

- A. The following information will be compiled and shared between departments:
 1. DSS provides monthly information regarding the number of persons and cases accepting/declining CHDP (Report MRQ005R) to the CHDP Program
 2. CHDP submits a quarterly report by the 15th day following the end of each quarter to the State Department of Health Services showing the number of CalWORKs and Medi-Cal Only persons requesting CHDP services
 3. The CHDP Program staff tabulates the number of PM 357's received and that have received follow-up on a regular basis and shares data when requested. Contact for this data is Sandra Copley, CHDP Deputy Director.
- B. Conduct and describe methods of program evaluation
 1. CHDP Program staff and DSS staff will attempt to meet annually to evaluate compliance with this agreement

IX. Compliance Certification

In signing this agreement, we hereby certify that the CHDP Program in our community will meet the compliance requirements and standards pertaining to our respective departments contained in the following:

- A. Enabling legislation of the CHDP Program
Reference: Health and Safety Code Sections 124025 through 124110 and Section 104395
- B. CHDP Program regulations that implement, interpret, or make specific the enabling legislation
Reference: California Code of Regulations, Title 17, Section 6800 through 6874
- C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP Program.
Reference: California Code of Regulations, Title 22, Sections 51340(c), 51340 and 51532
- D. Regulations defining county DSS responsibilities for meeting CHDP/EPSDT Program requirements
 1. Social Services Regulations

Reference:

- a. Staff Development and Training Standards - Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610
- b. Civil Rights - MPP Section 21-101, 21-107, 21.115
- c. Eligibility and Assistance Standards - MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5
- d. Child Welfare Services Program Standards - MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.1(h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), 31-405.1(g)(1)
- e. Intra and interagency relations and agreements Chapter 29-405 and Chapter 29-410

2. Medi-Cal Regulations

Reference:

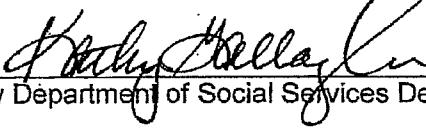
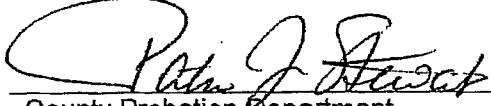
- a. California Code of Regulations, Title 22, Sections: 50031; 50157(a), (d), (e), (f), and 50184(b)
- b. Other Title 22 regulations governing DSS programs regarding adoptions and referring parents to community services, including CHDP Pre-placement Advisement, California Code of Regulations, Title 22, Section 35094.2 and Advisement of Parents Whose Child Has Not Been Removed from Parent's Care, Section 35129.1

E. Current interpretive releases by State Departments of Health Services and Social Services.

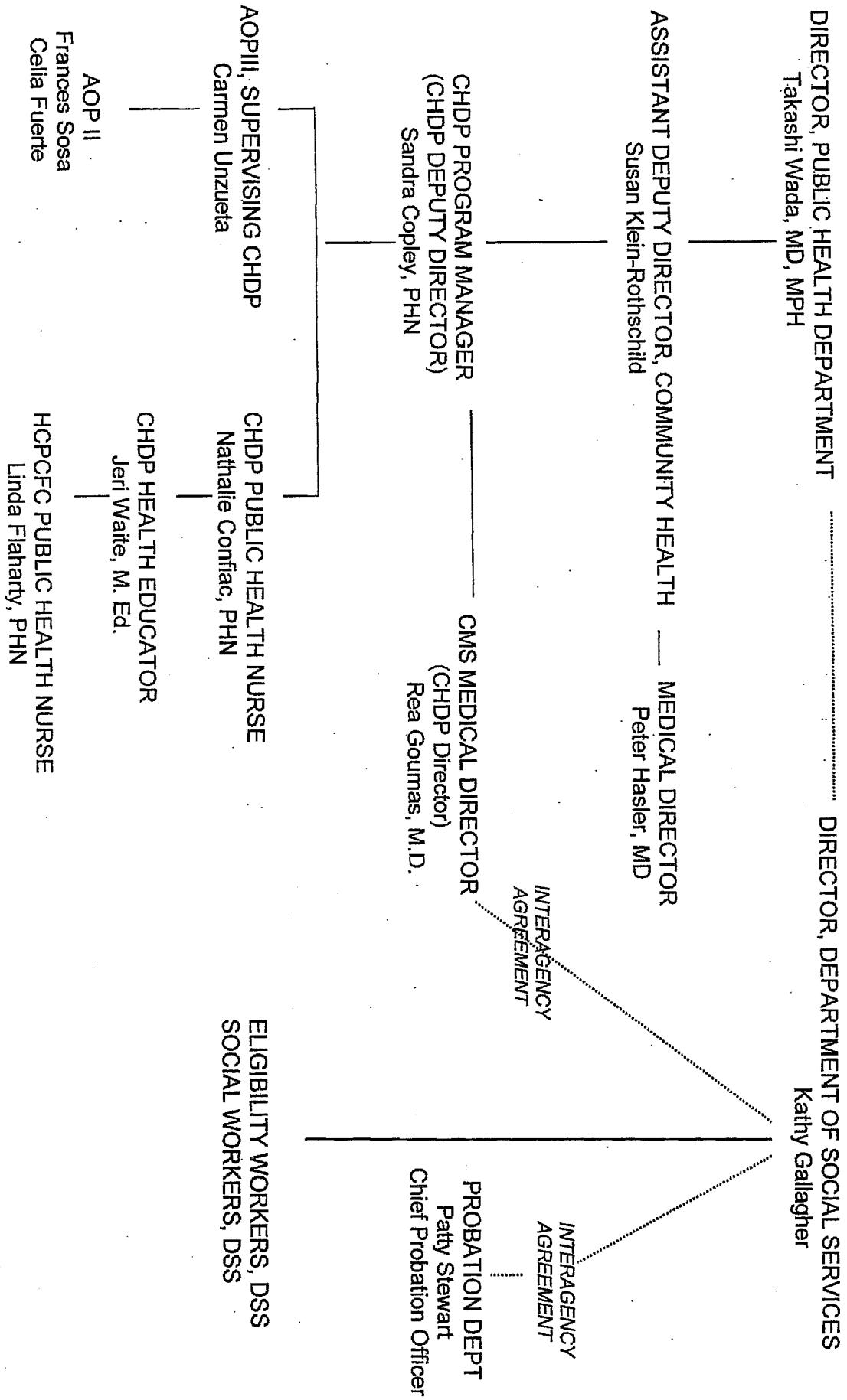
1. Children's Medical Services (CMS) Branch /CHDP Program Letters and Information Notices - Health Services
2. All County Letters - Social Services
3. Joint Letters - Health Services and Social Services
4. CMS Branch/CCS Numbered Letters pertaining to the CHDP Program - Health Services

This interagency agreement is in effect from July 1, 2011 through June 30, 2013 unless revised by mutual agreement.

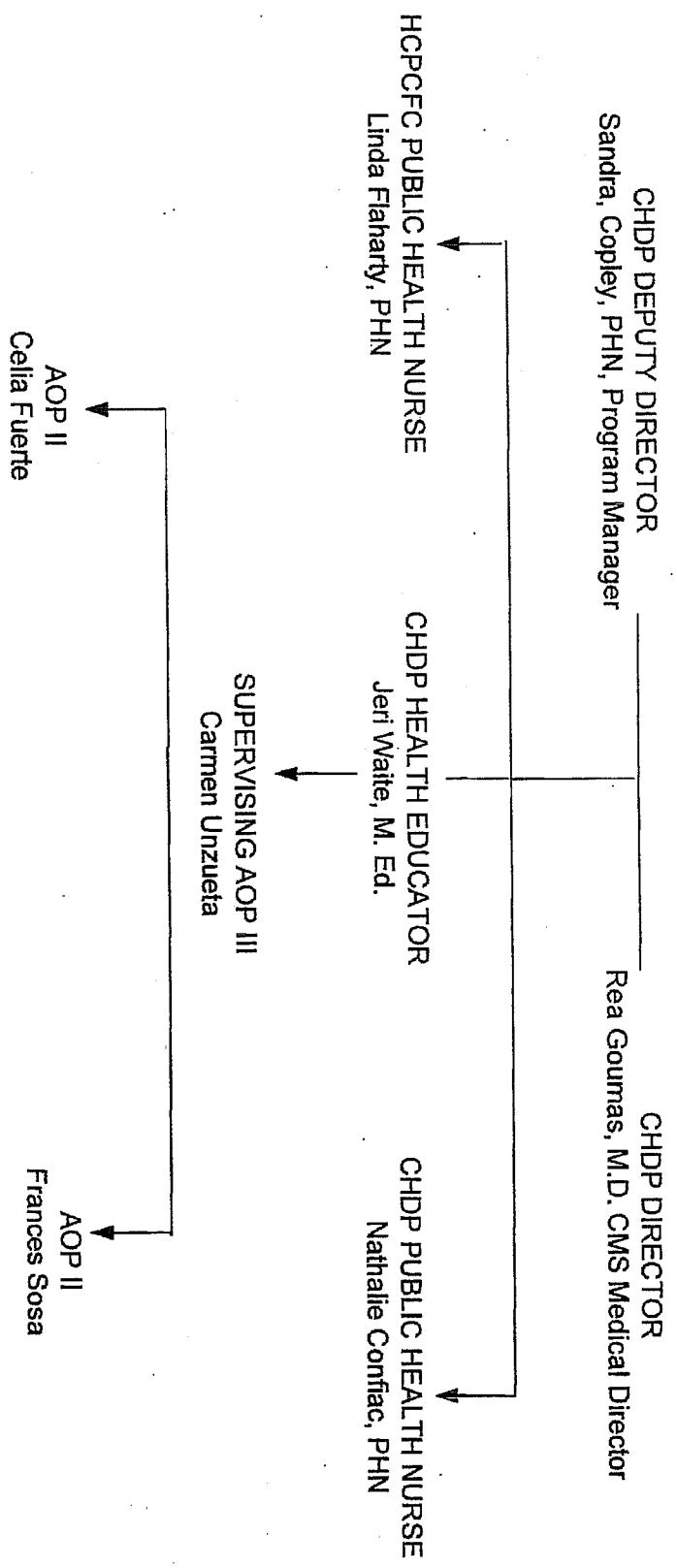
In the event that changes in Federal or State legislation impact the current interagency agreement, the Health Department and Social Services Department agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

 Child Health and Disability Prevention Program Director	8-8-11 Date
 County Department of Social Services Department Director	7/14/11 Date
 County Probation Department	07/19/11 Date

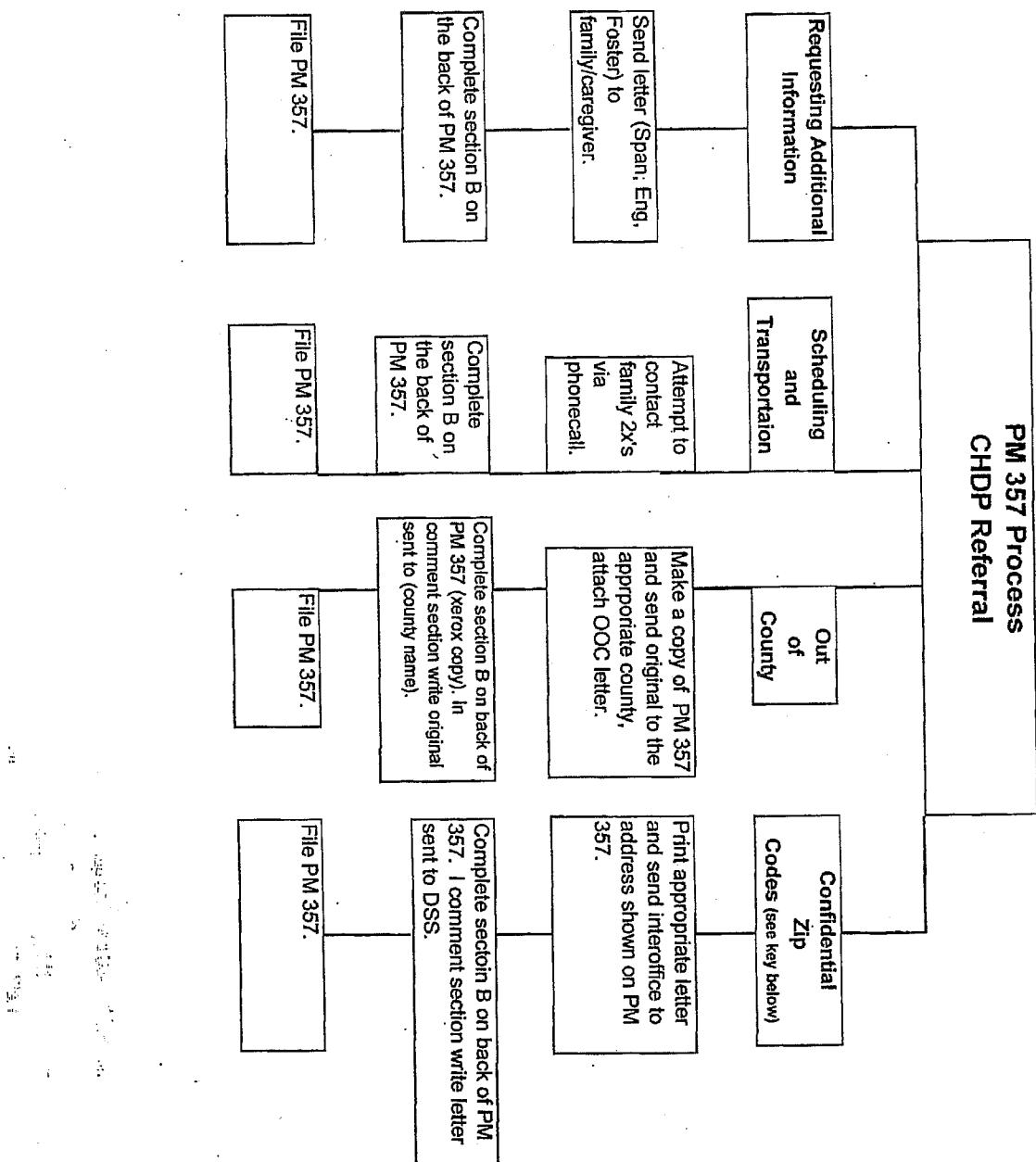
RELATION OF CHDP ADMINISTRATION TO HEALTH DEPARTMENT AND TO SOCIAL SERVICES DEPARTMENT



REPORTING CHANNEL OF CHDP UNIT TO CHDP DIRECTOR / DEPUTY DIRECTOR



**PM 357 Process
CHDP Referral**



DSS-EW/CHDP GUIDE

STEPS FOR DSS ELIGIBILITY WORKERS ON INFORMING CLIENTS ABOUT THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

Step 1

Determine Eligibility

- Use Eligibility table, or
- Use Program Description brochure

- Persons living in California who are:
 - 0-21 years old with F-S, Medi-Cal, or
 - 0-19 years old with limited scope Medi-Cal or without insurance who meet income eligibility (<200% of the FPL)

Step 2

Explain the CHDP Program

- Use SB CHDP brochure
- Use State CHDP Brochure

- No Cost Well-Child Check-up,
- Early detection of medical, dental, and other health concerns,
- No risk of deportation for undocumented persons.

Step 3

Describe CHDP Benefits

- Use SB CHDP brochure
- Use State CHDP Brochure

- **What?** Well-Child Check-up (See Health Assessments section on State CHDP Brochure)
- **When?** Periodicity (See eligibility for the CHDP Program on State CHDP Brochure)
- **Where?** SB County Provider (See SB County Provider List)

Step 4

Fill out PM 357 and Send to Local CHDP Office

- Ask Client if they need additional info about CHDP services (medical or dental) or scheduling.
- Ask Client if they need assistance with transportation.

If yes, check the appropriate boxes on the application.

Step 5

Provide CHDP Local Office Phone Number

- (805) 681-5130 (See SB CHDP Brochure)

Santa Barbara County, Fiscal Year 2010-11
CHILDREN'S HEALTH & DISABILITIES PROGRAM STAFF DUTY STATEMENT

PUBLIC HEALTH PROGRAM MANAGER

Sandra Copley, RN, PHN

This position serves as CHDP Deputy Director and Supervisor for HCPCFC

CHDP: 13%

1. General program administration
2. Coordination and liaison with local and State agencies
3. Assures Nursing and Health Education standards
4. Attends Southern California Regional Directors/Deputy Directors quarterly meetings
5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population and to facilitate the promotion of child health issues in the community
6. Responsible to develop and submit the annual CHDP related CMS plan and in compiling the data for program evaluation and state reporting

HCPCFC: 2%

1. Direct supervision of the PHN in HCPCFC
2. Assures Public Health Nursing standards of care
3. Liaison with DSS and Probation

STAFF PHYSICIAN

Rea Goumas, MD

This position serves as CHDP Director and CCS Medical Consultant

CHDP: 10%

This position exercises professional medical judgment in responding to the complex needs and problems faced by patients, families, and providers related to delivery of CHDP services, and acts as a resource to CHDP Administration staff in assuring CHDP access for eligible county residents. The incumbent is a board-certified pediatrician licensed in California Examples of duties:

1. Provides consultation to the CHDP professional staff on organization and direction of the CHDP Administrative Office
2. Coordinates medical program management with Regional and State office program personnel and attends appropriate related meetings
3. Assures standards for service set in the CHDP Medical Guidelines
4. Consults with professional staff to coordinate provider standards Maintains and updates standards according to accepted pediatric standards
5. Consults with professional staff on provider recruitment and training, and assists with periodic provider audits for quality assurance
6. Consults and collaborates with other programs and agencies (eg, WIC, Health Education, Dental Access Resource Team, Immunization Branch, Communicable Disease, etc) to facilitate promotion of child health issues in the community

PUBLIC HEALTH NURSE

Nathalie Confiac, RN, PHN; Linda Flaharty, RN, PHN

CHDP: 100% nursing oversight of CHDP Administration activities:

1. Provides quality monitoring of CHDP providers countywide (recruitment, certification and re-certification procedures including audits and PM 160 desktop reviews)
2. Provides CHDP providers support (ongoing training, daily phone assistance, site visits, health education materials and other resources)
3. Provides oversight of CHDP program follow-up procedure, assistance with children' follow -ups and referrals in collaboration with the CMS Medical Director
4. Provide case management for newborn hearing screening referred by the southern California Hearing Coordination Center

5. Provides training for eligibility workers and social workers at DSS about informing required for all Medical-Cal beneficiaries and foster care homes in conjunction with the CHDP Health Educator
6. Participates in community outreach opportunities and is the liaison to school staff, head start and other agencies serving the CHDP target population
7. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population
8. Participates in developing the annual CMS plan and in compiling the data for program evaluation and state reporting
9. Attends the Southern Regional CHDP Nurses Subcommittee

HCPCFC: 100% Health care consultation for Probation and DSS workers responsible for children in foster care

1. Monitors and evaluates health care coordination services in collaboration with CWS and Probation staff, including identification of health needs and facilitation of access to care
2. Collaborates with community and government agencies, professional groups and private providers to develop health care resources and provide technical assistance on behalf of target population
3. Develops and implements program policies and procedures
4. Attends professional training, meetings on relevant issues
5. Reviews and assesses agency capacity to deliver appropriate health services and develops appropriate educational material
6. Performs quality management activities, including periodic reviews of cases, program procedures and standards, and development of the annual plan
7. Develop and provide health education as necessary to CWS and Foster Parents

HEALTH EDUCATOR

Jeri Waite, MEd

CHDP: 50% Health Education support for CHDP

1. Collaborates with CHDP program staff to train providers and monitor quality of health assessments, including health education needs assessments and biannual newsletter updates.
2. Trains Department of Social Services and other agency staff on CHDP informing/linking.
3. Performs health education needs assessments for care coordination in collaboration with Director and PHN.
4. Participates in community outreach opportunities and is the liaison to school staff, head start and other agencies serving the CHDP target population.
5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population.
6. Updates resource lists for providers.

Administrative Office Professional III, SUPERVISING

Carmen Unzueta

CHDP: 5% Supervises CHDP clerical staff

1. Interviews, recommends hire, evaluates, counsels and recommends discipline for clerical staff
2. Maintains State correspondence and data reporting to and from state
3. Oversees clerical tasks for coordination of informing and referral follow up for CHDP children
4. Attends pertinent meetings and trainings
5. Direct clerical support of CHDP Deputy Director

Administrative Office Professional II

Francisca Sosa, Celia Fuerte

CHDP: 150% 15 FTEs

1. Supports professional and ancillary staff with coordination of program activities
2. Tracks program data including but not limited to PM 160 forms
3. Tracks follows-up with clients and participates in reporting to State
4. Assists families and providers with program issues and follows-up as needed

ACCOUNTANT

Nancy Leidelmeijer

CHDP: 3% this member of the PHD Fiscal staff calculates and tracks quarterly invoices for CMS

CHDP Administrative Budget Summary for FY 2011-12

County/City Name: Santa Barbara
 No County/City Match

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)
I. Total Personnel Expenses	\$ 430,798	\$ 1,772	\$ 429,027	\$ 194,104	\$ 234,923
II. Total Operating Expenses	\$ 35,300	\$ 483	\$ 34,817	\$ 5,075	\$ 29,742
III. Total Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
IV. Total Indirect Expenses	\$ 86,246	\$ 355	\$ 85,891	\$ 85,891	\$ -
V. Total Other Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Budget Grand Total	\$ 552,344	\$ 2,609	\$ 549,735	\$ 199,180	\$ 350,556

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$ 2,609	\$ 2,609	\$ 549,735	\$ 549,735	\$ 549,735
Medi-Cal Funds:					
State	\$ 225,073	\$ 225,073	\$ 49,795	\$ 49,795	\$ 175,278
Federal (Title XIX)	\$ 324,662	\$ 324,662	\$ 149,385	\$ 149,385	\$ 175,278

Nancy Leidelmeijer
 Prepared By

CHDP Deputy Director
 Date Prepared

(805) 681-5188
 Phone Number

10-21-2011
 Date

681-5474
 Phone Number

CHDP Administrative Budget Worksheet No County/City Match

No County/City Match
State and State/Federal

Fiscal Year 2011-12

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. PH Prog Mgr	25%	\$ 109,200	\$ 27,300	0.71%	\$ 194	99.29%	\$ 27,106	50%	\$ 13,553	50%	\$ 13,553
2. PHN N Confac	100%	\$ 92,505	\$ 92,505	0.71%	\$ 657	99.29%	\$ 91,848	80%	\$ 73,479	20%	\$ 18,370
3. Staff Phys. Dr. Goumas	10%	\$ 195,000	\$ 19,500	0.92%	\$ 179	99.08%	\$ 19,321	80%	\$ 15,456	20%	\$ 3,864
4. Health Educator J Waite	50%	\$ 73,500	\$ 36,750	0.11%	\$ 40	99.89%	\$ 36,710	75%	\$ 27,532	25%	\$ 9,177
5. AOP	5%	\$ 75,500	\$ 3,775	0.11%	\$ 4	99.89%	\$ 3,771	30%	\$ 1,131	70%	\$ 2,640
6. AOP	50%	\$ 75,500	\$ 37,750	0.11%	\$ 42	99.89%	\$ 37,708	0%	\$ -	100%	\$ 37,708
7 AOP	100%	\$ 73,500	\$ 73,500	0.11%	\$ 81	99.89%	\$ 73,419	0%	\$ -	100%	\$ 73,419
Total Salaries and Wages											
Less Salary Savings		\$ -	\$ -		\$ -		\$ -		\$ -		\$ -
Net Salaries and Wages		\$ -	\$ -		\$ -		\$ -		\$ -		\$ -
Staff Benefits (Specify %)	48.00%										
I. Total Personnel Expenses		\$ 430,798			\$ 1,772		\$ 429,027		\$ 194,104		\$ 234,923
II. Operating Expenses											
1. Travel		\$ 3,300	\$ 21		\$ 3,279		\$ 2,623		\$ 656		\$ 613
2. Training		\$ 3,200	\$ 135		\$ 3,065		\$ 2,452		\$ -		\$ 10,800
3. Office expense		\$ 11,000	\$ 200		\$ 10,800		\$ 2,960		\$ 2,960		\$ 2,994
4. Printing/Duplicating		\$ 3,000	\$ 40		\$ 2,994		\$ 4,485		\$ -		\$ 7,234
5. Communications		\$ 3,000	\$ 6		\$ 2,994		\$ 4,485		\$ -		\$ 4,485
6.											
7. Utilities		\$ 7,300	\$ 66		\$ 7,234		\$ 7,234		\$ -		\$ 7,234
8. Data Processing		\$ 4,500	\$ 15		\$ 4,485		\$ 4,485		\$ -		\$ 4,485
II. Total Operating Expenses		\$ 35,300			\$ 483		\$ 34,817		\$ 5,075		\$ 29,742

Nancy Leidelmeijer

10/27/2011
Date Prepared

805-681-5188
Phone Number

CHDP Director or Deputy
Director (Signature)

10.27.2011
Date

(805) 681-5476
Phone Number

**CHDP No County Match Budget Narrative
Santa Barbara County
Fiscal Year 2011-12**

I. PERSONNEL EXPENSE

Total Salaries	291,080.00
Total Benefits	139,718.40
Total Personnel Expense	430,798.40

II. OPERATING EXPENSE

1. Travel	3,300.00	Estimate of travel necessary to perform program activities
2. Training	3,200.00	Estimate of training needed for current and new staff
3. Office expense	11,000.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	3,000.00	Copying and printing for program activities and newsletter
5. Communications	3,000.00	Telephone charges
6. Lease 3273 Sq. Ft	-	CHDP share of office lease
7. Utilities	7,300.00	pro-rated CHDP share of utilities
8. Data Processing	4,500.00	Charges by county's DP department
TOTAL OPERATING EXPENSE	35,300.00	

III. CAPITAL EXPENSE

TOTAL CAPITAL EXPENSE

IV. INDIRECT EXPENSE

1. Internal	\$ 61,001	Program share of internal overhead, per PHD cost plan
2. External	\$ 25,245	Program share of external overhead, per PHD cost plan
TOTAL INDIRECT EXPENSE	\$ 86,246	

V. OTHER EXPENSE

TOTAL OTHER EXPENSE

TOTAL BUDGET \$ 662,071

CCS CASELOAD	Caseload	Percent of Grand Total
MEDICAL		
Average of Total Open (Active) Medi-Cal Children	1,483	61%
Potential Cases Medi-Cal	375	15%
TOTAL MEDICAL	1,858	76%
NON MEDICAL		
Healthy Families		
Average of Total Open (Active) HF Children	265	11%
Potential Cases HF	69	3%
Total Healthy Families	334	14%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	200	8%
Potential Cases Straight CCS	49	2%
Total Straight CCS	249	10%
TOTAL NON MEDICAL	583	24%
GRAND TOTAL	2,441	100%

CCS Administrative Budget Summary for FY 2011-12

County Name: Santa Barbara

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$1,905,057	\$468,073	\$1,436,984	\$587,949	\$905,269
II. Total Operating Expense	\$559,500	\$145,470	\$414,030	\$1,758	\$412,273
III. Total Capital Expense	-	-	-	-	-
IV. Total Indirect Expense	\$381,392	\$99,162	\$282,230		\$282,230
V. Total Other Expense	-	-	-	-	-
Budget Grand Total	\$2,845,950	\$712,705	\$2,133,244	\$589,707	\$1,599,772

Column	1	2	3	4	5
Source of Funds	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$152,199	\$152,199			
County	\$152,199	\$152,199			
CCS Healthy Families					
State	\$71,454	\$71,454			
County	\$71,454	\$71,454			
Federal (Title XXI)	\$265,400	\$265,400			
Medi-Cal Funds:					
State	\$947,313	\$947,313	\$147,427		\$799,886
Federal (Title XIX)	\$1,242,166	\$1,242,166	\$442,280		\$799,886

10/13/2011 805-581-5188 neidle@sbcphd.org

Prepared By (Signature) Date Prepared Phone Number Email Address
Ana Stenserson 805-581-4026 ana.stenserson@sbcphd.orgCCS Administrator (Signature) Date Phone Number Email Address
Ana Stenserson 805-581-4026 ana.stenserson@sbcphd.org

CCS Administrative Budget Worksheet for FY 2011-12

County Name: Santa Barbara

CCS CASELOAD		Actual Caseload	Percent of Grand Total								
MEDI-CAL											
Average of Total Open (Active) Medi-Cal Children		1,483	61%								
Potential Cases Medi-Cal		375	15%								
TOTAL MEDI-CAL		1,858	78%								
NON MEDI-CAL											
Average of Total Open (Active) HF Children		265	11%								
Potential Cases HF		69	3%								
Total Healthy Families		334	14%								
Straight CCS											
Average of Total Open (Active) Straight CCS Children		200	8%								
Potential Cases Straight CCS		49	2%								
Total Straight CCS		249	10%								
TOTAL NON MEDI-CAL		583	24%								
GRAND TOTAL		2,441	100%								
Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced (50/50)
I. Personnel Expense											
Program Administration											
Public Health Program Manager/Supervising PHN, A. Siemersen	1.00	\$109,200	\$109,200	24%	\$26,081	76%	\$83,119				100%
Computer Systems Specialist	0.25	\$85,365	\$21,341	24%	\$8,097	76%	\$16,244				100%
Accountant, Nancy Leideinbauer	0.10	\$95,340	\$9,534	24%	\$2,277	76%	\$7,257				100%
Subtotal		\$209,905	\$40,075		\$33,455			\$106,620			\$106,620
Medical Case Management											
Staff Physician, Supervising, Goumas	0.50	\$193,200	\$96,600	24%	\$23,072	76%	\$73,528	75%	\$55,146	25%	\$18,382
PHN Cheng	1.00	\$92,505	\$92,505	24%	\$22,094	76%	\$70,411	75%	\$32,809	25%	\$17,603
PHN Cortez	1.00	\$92,505	\$92,505	24%	\$22,094	76%	\$70,411	75%	\$32,809	25%	\$17,603
PHN Gabios	1.00	\$92,505	\$92,505	24%	\$22,094	76%	\$70,411	75%	\$32,809	25%	\$17,603
PHN Harris	1.00	\$92,505	\$92,505	24%	\$22,094	76%	\$70,411	75%	\$32,809	25%	\$17,603
PHN Peñini	0.50	\$92,505	\$46,253	24%	\$11,047	76%	\$35,205	75%	\$26,404	25%	\$9,801
PHN Shrader	1.00	\$92,505	\$92,505	24%	\$22,094	76%	\$70,411	75%	\$32,809	25%	\$17,603
Med Soc Suc Pract, M. Jochim	0.75	\$72,450	\$54,338	24%	\$12,978	76%	\$41,360	0%	\$0	100%	\$41,360
Subtotal		\$89,650	\$659,715		\$15,554		\$502,151		\$345,593		\$55,358
Ancillary Support											
CCS Caseworker A Bayguen	1.00	\$54,758	\$54,758	24%	\$13,078	76%	\$41,679				100%
CCS Caseworker J Connor	1.00	\$54,758	\$54,758	24%	\$13,078	76%	\$41,679				100%
CCS Caseworker C Escobedo	1.00	\$54,758	\$54,758	24%	\$13,078	76%	\$41,679				100%
CCS Caseworker A. Ramos	1.00	\$54,758	\$54,758	24%	\$13,078	76%	\$41,679				100%
CCS Caseworker S. Barvia		\$273,788	\$273,788		\$55,390		\$208,397				\$208,397
Subtotal											
Clerical and Claims Support											
Admin Office Professional, T. Castaneda	1.00	\$65,488	\$65,468	24%	\$15,656	76%	\$40,931	34%	\$16,943	66%	\$32,889
Admin Office Professional, F. Gonzales	1.00	\$55,125	\$55,125	24%	\$13,166	76%	\$41,959	34%	\$14,266	100%	\$41,959
Admin Office Professional, N. Torres	0.50	\$55,125	\$27,553	24%	\$8,583	76%	\$20,980	34%	\$7,133	100%	\$20,980
Admin Office Professional, P. Emmens	1.00	\$65,468	\$65,468	24%	\$15,636	76%	\$40,932	34%	\$16,943	100%	\$40,932
Subtotal		\$241,186	\$213,623		\$51,021		\$162,602		\$52,285		\$145,669

WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2011-12
County of Santa Barbara

**This worksheet is formula driven. Fill in shaded areas
 and the calculations will be entered automatically

Caseload Percentages

1	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)
2	Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))
3	Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))

(a)

(b)

583	
334	57.29%
249	42.71%

SOURCE OF FUNDS

Straight CCS

4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$712,705	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$304,397	
6	State (Line 5(a) x 50%)	\$152,199	(Transfer to Budget Summary, Column 2) →
7	County (subtract Line 6(b) from Line 5(a))	\$152,199	(Transfer to Budget Summary, Column 2) →

CCS Healthy Families

8	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$408,308	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$142,908	
10	State (multiply line 9, column (a) by 50%)	\$71,454	(Transfer to Budget Summary, Column 2) →
11	County (subtract line 10(b) from line 9(a))	\$71,454	(Transfer to Budget Summary, Column 2) →
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)	\$265,400	(Transfer to Budget Summary, Column 2) →

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)

\$712,705