



County/City: Santa Barbara

Fiscal Year: 2018/19

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## Agency Information Sheet

County/City: Santa Barbara County

Fiscal Year: 2018/19

### Official Agency

Name:	Public Health Department	Address:	300 N San Antonio Rd Santa Barbara, Ca 93110
Director	Van Do-Reynoso, PhD, MPH		

### CMS Director (if applicable)

Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:			Santa Barbara, CA 93110
Fax:	805-681-4763	E-Mail:	<a href="mailto:rgordon@sbcphd.org">rgordon@sbcphd.org</a>

### CCS Administrator (Interim)

Name:	Dana Gamble	Address:	300 N San Antonio Rd
Phone:	(805) 681-5171		Santa Barbara, CA 93110
Fax:	805-681-4763	E-Mail:	<a href="mailto:dgamble@sbcphd.org">dgamble@sbcphd.org</a>

### CHDP Director

Name:	Rhonda Gordon, MD	Address:	345 Camino Del Remedio
Phone:			Santa Barbara, CA 93110
Fax:	805-681-4763	E-Mail:	<a href="mailto:rgordon@sbcphd.org">rgordon@sbcphd.org</a>

### CHDP Deputy Director (Interim)

Name:	Dana Gamble	Address:	300 N San Antonio Rd
Phone:	(805) 681-5171		Santa Barbara, CA 93110
Fax:	805-681-4763	E-Mail:	

### Clerk of the Board of Supervisors or City Council

Name:	Michael Allen	Address:	105 E Anapamu St Room #407
Phone:	(805) 568-2245		Santa Barbara, CA 93101
Fax:	(805) 568-2249	E-Mail:	<a href="mailto:allen@co.santa-barbara.ca.us">allen@co.santa-barbara.ca.us</a>

### Director of Social Services Agency

Name:	Daniel Nielsen	Address:	234 Camino del Remedio
Phone:	(805) 681-4451		Santa Barbara, CA 93110
Fax:	(805) 681-4403	E-Mail:	<a href="mailto:dnielson@sbcsocialserv.org">dnielson@sbcsocialserv.org</a>

### Chief Probation Officer

Name:	Tanja Heitman	Address:	117 E. Carrillo St
Phone:	(805) 882-3652		Santa Barbara, CA 93101
Fax:	(805) 739-8579	E-Mail:	<a href="mailto:heitman@co.santa-barbara.ca.us">heitman@co.santa-barbara.ca.us</a>

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

<b>County/City:</b> Santa Barbara County	Fiscal Year: 2018-19
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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 Director	Date Signed

Signature of Director or Health Officer	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

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

<b>County/City:</b> Santa Barbara County	Fiscal Year: 2018-19
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Date Signed

Signature of Director or Health Officer
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

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> Santa Barbara County	Fiscal Year: 2018-19
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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 (CMS) 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.

Signature of CCS Administrator
Date Signed

Signature of Director or Health Officer
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

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> Santa Barbara County	Fiscal Year: 2018-19
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Signature of CCS Administrator
Date Signed

Signature of Director or Health Officer
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 FY 2018-2019**

**CHDP**

The Child Health and Disability Prevention (CHDP) program is in the Santa Barbara County Public Health Department . The Child Health and Disability Prevention (CHDP) program is under the Primary Care and Family Health Division.

Rhonda Gordon, MD CHDP Director (.15 FTE) assumed the oversight of medical direction in FY 2017-2018. CHDP Deputy Director (up to .15 FTE) is currently vacant and filled on an interim basis by Dana Gamble as of December 2017. Currently there is a CHDP PHN position (.75 FTE), HCPCFC PHN (1.0 FTE), Health Educator (.50 FTE) and two positions of Administrative Office Professional II (.75 FTE each). The number of CHDP providers in Santa Barbara County (SBC) is currently 36 provider offices, no offices pending.

The CHDP Deputy Director, CHDP PHN, and the Health Educator continue to work collaboratively with community based organizations involved with county-wide efforts for health coverage access, oral health services, children with  $\geq 85\%$  BMI, standardized developmental screening and a volunteer coalition (Promotoras) for promotion of preventative health services. County-wide strategic planning efforts enable increased access to health care and services to all children in Santa Barbara County. 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) to increase awareness of the CHDP program. Trainings to providers and to Social Services are done in conjunction with our Medi-Cal Managed Care Provider, Cen-Cal Health, when able.

Audiometric Trainings provided in Fiscal Year 2017/18:

South County	5/19/17	15 participants
North County	5/25/17	15 participants
North County	11/2/17	07 participants

Vision Trainings provided in Fiscal Year 2017/18:

South County	5/4/17	11 present
North County	5/12/17	17 participants
North County	6/29/17	19 participants

There were no Department of Social Services trainings conducted in Fiscal Year 2017/18.



**Incumbent List - California Children's Services  
FY 2018-2019**

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.

County/City: Santa Barbara			Fiscal Year: 2018-2019	
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Manager	Vacant	70%	No	No
Staff Physician	Rhonda Gordon, MD.	35%	No	No
PHN Nurse, Supervising	Dorothy Blasing, MSN, RN, PHN	75%	No	No
Staff PHN	Linda Garcia, RN, PHN	100%	No	No
Administrative Office Professional Sr	Tanisha Castaneda	95%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No

### Incumbent List - Child Health and Disability Prevention Program FY 2018-2019

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 in the last fiscal year. 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: 2018-2019		
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)		
Program Manager	Vacant	25%	N/A	70% CCS, 5% HCPCFC	Yes			
Staff Physician	Rhonda Gordon, MD.	15%	N/A	50% CCS, 10% Clinic	No	No		
PHN Supervisor	Dorothy Blasing, RN,PHN,MSN	15%	N/A	80% CCS	Yes	No		
Public Health Nurse	Nathalie Confiac, RN, PHN, MSN	75%	N/A		No	No		
Public Health Nurse	Vacant	25%	N/A		No	No		
Health Educator	Jennyffer Rivera, MPH	50%	N/A		No	No		
Administrative Office Professional Sr.	Tanisha Castaneda	5%	N/A	95% CCS	Yes	No		
Administrative Office Professional II	Maria Palma	75%	N/A		No	No		
Administrative Office Professional II	Gian Marroquin	75%	N/A		No	No		

### HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE INCUMBENT LIST FISCAL YEAR 2018-19

For FY 2018-19, complete the table below for all personnel listed in the Health Care Program for Children in Foster Care (HCPFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief Augmentation (Caseload Relief), and applicable Base County-City budgets. Use the same names and job titles for the incumbent list, administrative budgets, and organizational chart. 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 HCPFC are performed by a Public Health Nurse (PHN). Some counties may experience difficulty recruiting and hiring a PHN into the role. A Registered Nurse (RN) without a PHN certificate may only be used in the program with documented justification, (to the extent feasible) a commitment for the RN to obtain the PHN certificate, and a waiver approved by the ISCD and CDSS. Local programs that will need to hire an RN into the role must contact this office immediately to request a waiver form and instruction. Please note, contracted nurses (e.g., hired through an agency) may not be used in the HCPFC program.

Civil Service Classification Statements and Duty Statements are required for all incumbents listed

County/City: <i>Sania Barbara</i>		HCPFC Incumbent Name	HCPFC Job Title	Incumbent Is PHN Certified (Y/N)	FTE % on Base State/Federal Budget	FTE % on Base County-City/Federal Budget	FTE % on PMM&O State/Federal Budget	FTE % on Caseload Relief State/Federal Budget	FTE % on Other Programs (Specify Other Program)
		Vacant	CMS Program Manager	Y	5%				75% CCS / 20% CHDP
		Vivian Vance	HCPFC PHN		100%				

## CHDP Program Referral Data Santa Barbara County

County/City: Santa Barbara	FY 15-16		FY 16-17		FY 17-18	
<b>Basic Informing and CHDP Referrals</b>						
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	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	1,177	2,891	1,021	2,533	766	1944
b. Number of Foster Care cases/recipients	1,178	1,178	784	784	844	844
c. Number of Medi-Cal only cases/recipients	967	2,426	929	1,483	731	922
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	4,302		3,720		2404	
b. Medical and/or dental services with scheduling and/or transportation	1,525		1,011		549	
c. Information only (optional)	5,428		3,894		3074	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	16,620		14,165		11,196	
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0	0	0	0

Complete this form using the Instructions found on page 4-8 through 4-10.

\*The Santa Barbara County CHDP office is not able to provide the requested numbers for question. The CHDP office does not receive this information from the Department of Social Services.

### Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) 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 MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City:		Santa Barbara			Fiscal Year: 2018/19	
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)	
MOU Santa Barbara Public Health CHDP and CenCal Health – CHDP	MOU	12-22-2016 through 12-21-2020	12-14-2016	Dana Gamble	No	
Second Amendment to MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	07-01-2015 through 6-30-2019	01-02-2018	Dana Gamble	Yes (Retained Locally)	
CenCal Health – CCS	MOU	07-01-2018 through 6-30-2019	10-31-2018	Dana Gamble	Yes	
SELPA – CCS	IAA	From September 2015 and remains in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate	12-14-18	Dana Gamble	No	SELPA requesting to reduce transportation provided to children. County CCS does not support this request. Discussions are ongoing.

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**Santa Barbara San Luis Obispo Regional Health Authority, a body corporate and politic, dba CenCal  
Health (CenCal Health)**

**AND**

**County of Santa Barbara, Public Health Department (County)**

**FOR THE**

**California Children's Services (CCS) WHOLE CHILD MODEL PROGRAM**

**I. BACKGROUND**

The California Children's Services (CCS) Program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. The CCS Program is administered as a partnership between county health departments, the California Department of Health Care Services (DHCS), and some County Organized Health Systems (COHS) health plans. Health and Safety Code, Section 123800 et seq. is the enabling statute for the CCS Program. The explicit legislative intent of the CCS Program is to provide medically necessary services for children with CCS-eligible conditions. The statute also requires that DHCS and the county CCS Programs seek eligible children by cooperating with local public or private agencies and providers of medical care to enroll eligible children.

Senate Bill (SB) 586 Chapter 625 Statute of 2016 authorizes DHCS to establish the Whole Child Model (WCM) in all COHS counties, except Ventura County, to incorporate CCS covered services for the Medi-Cal eligible CCS children and youth into a Medi-Cal managed care health plan (MCP) contract. (Welf. & Inst. § 14094.4 et seq.) Additionally, under the WCM, some CCS administrative functions that are currently the responsibility of the county CCS Programs will move to the WCM MCP.

The CCS Program covered medical conditions are outlined and authorized in Title XXII, Section 41401 - 41518.9, for beneficiaries<sup>1</sup> who have these covered conditions. These regulations are further clarified by CCS Numbered Letters (NLs) located on the CCS website at [www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx).

**II. PURPOSE**

The purpose of this Memorandum of Understanding (MOU) between the County and CenCal Health is to identify each party's responsibilities and obligations to each other in accordance with and based on Health and Safety Code, Section 123800 et seq., statutory requirements related to administration of the CCS

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<sup>1</sup> The term "beneficiary" or "beneficiaries" as used in this MOU shall mean an individual residing in Santa Barbara County eligible for Medi-Cal and is enrolled with CenCal Health to receive Medi-Cal services and benefits.

Program by the County's and CenCal Health's respective current contract with DHCS. This MOU explains how the County and CenCal Health shall coordinate care, conduct administrative activities and information exchange activities required for the effective and seamless delivery of services to CCS WCM beneficiaries in Santa Barbara County.

The County CCS Program will retain all administrative responsibilities of case management, care coordination, provider referral, and service authorization functions of the County CCS Program as it pertains to CCS State-only children or children not actively enrolled in a COHS plan.

**III. TERM**

This MOU is effective from July 1, 2018. DHCS reviewed and provided final approval prior to the signing of the MOU. The MOU shall be automatically renewed on July 1 of each year for subsequent one (1) year terms, unless amended as hereinafter provided or terminated consistent with applicable law.

**IV. CONFIDENTIALITY**

All responsibilities and information shared by the County and CenCal Health in the provision of services for CCS WCM beneficiaries and under this MOU, shall adhere to all applicable Federal, State and/or local laws and regulations relating to confidentiality.

**V. LIABILITY AND INDEMNITY**

County and CenCal Health shall not be liable to third parties for any act or omission of the other party. Each party shall be solely liable for negligent or wrongful acts or omissions of its own officers, agents, and employees occurring in the performance of this MOU. If either the County or CenCal Health becomes liable for damages caused by its officers, agents or employees, it shall pay such damages without contribution by the other and hold harmless the other from all costs and expenses resulting from any attorney fees and court costs, claims, losses, damages, and liabilities.

**VI. RECORDS, AUDITS & INSPECTIONS**

County and CenCal Health shall at any time, upon reasonable notice during business hours, and as necessary, make all of its records and data with respect to the matters covered by this MOU and the CCS Program available for examination by the other, Local, State, or Federal authorities, pursuant to applicable State or Federal law or regulation.

**VII. CENCAL HEALTH AND COUNTY COORDINATION**

CenCal Health and the County shall establish a quarterly meeting to assist with the overall coordination by updating policies, procedures, and protocols, as appropriate, and to discuss activities related to this MOU and other related matters.

**VIII. SCOPE OF RESPONSIBILITIES**

The table below identifies the roles and responsibilities of each party as they relate to providing health care services to CCS beneficiaries including Eligibility and Enrollment services, Case Management services, Continuity of Care services, CCS Advisory Committees, Data and Information Sharing, Dispute Resolution,

Neonatal Intensive Care Unit (NICU) services and Quality Assurance and Monitoring. Not all CCS applicable regulations are listed in the table below.

<b>A. Beneficiary Eligibility and Enrollment (Case Identification and Referral)</b>	
<b>CenCal Health</b>	<b>County</b>
<p>1. CenCal Health shall provide available documentation, medical records/case notes/reports, such as prescription history and special care center (SCC) reports to the County to assist with medical eligibility determination.</p> <p>2. All potential CCS eligible beneficiaries identified by CenCal Health shall be referred to the County. Additionally, potential CCS eligible beneficiaries identified by CenCal Health's authorized providers may be referred to the County as appropriate.</p> <p>3. CenCal Health shall strive to inform the beneficiary and the family (or designated legal caregiver) within 30 days, but no later than 90 days, from referral to the County, of such referral and of the availability of the medical care related to the CCS eligible condition.</p> <p>4. CenCal Health shall ensure that appropriate staff has access to the CMSNet Provider Electronic Data Interchange System (PEDI) to view the status of CCS-eligible beneficiary data.</p> <p>5. CenCal Health shall provide medical records in its possession to the County for annual medical review of CCS program eligibility.</p> <p>6. CenCal Health shall provide notification and necessary documentation to the County to assist with transition from managed care to CCS-State only when CenCal Health becomes aware the beneficiary has lost CenCal coverage.</p> <p>7. CenCal Health shall provide notification to the County when CenCal Health becomes aware the beneficiary has moved out of the county.</p>	<p>1. The County shall determine medical, financial, and residential eligibility, initially and on an annual basis, for a CCS eligible condition based on evaluation of provided documentation.</p> <p>2. The County shall inform the child and their family (or designated legal caregiver) of the CCS Program eligibility determination.</p> <p>3. The County shall inform the child determined to be ineligible and their family (or designated legal caregiver) of the CCS Program eligibility appeal process.</p> <p>4. The County shall communicate to CenCal Health the CCS Program eligibility determination.</p> <p>5. The County is responsible to attempt to obtain any additional information required (e.g. medical reports) to make a program eligibility determination.</p> <p>6. The County shall provide notification to CenCal Health when County becomes aware the beneficiary has moved out of Santa Barbara County.</p>



A. Beneficiary Eligibility and Enrollment (Case Identification and Referral)	
CenCal Health	County
8. CenCal Health shall provide notification to the County when CenCal Health becomes aware the beneficiary has lost Medi-Cal eligibility and the case will be transferred to the County.	
B. Case Management (Care Coordination)	
CenCal Health	County
<p>1. CenCal Health shall provide case management services for CCS eligible conditions, coordinate benefits, and authorize services according to state regulations and guidelines.</p> <p>2. CenCal Health shall authorize services based on medical necessity and/or evidence based guidelines, including durable medical equipment (DME).</p> <p>3. CenCal Health shall inform beneficiaries of the availability of the CCS Program and benefits as needed.</p> <p>4. CenCal Health shall authorize a CCS paneled provider or center to treat and manage the CCS-eligible condition.</p> <p>5. CenCal Health shall, as part of its provider education strategy, educate local providers about the local CCS Program and the ways that the Primary Care Provider (PCP) can assist with integration of CCS authorized services.</p> <p>6. CenCal Health shall ensure that CCS eligible beneficiaries receive all medically necessary pediatric preventive services, including immunizations unless determined to be medically contraindicated.</p> <p>7. CenCal Health shall ensure access or arrange for the provision of High-Risk Infant Follow-up (HRIF), case management services.</p>	<p>1. The County CCS Administrator or designee shall request to meet and maintain communication with the CenCal Health liaison identified herein, or the CenCal Health Director of Health Services regarding beneficiaries, as often as necessary.</p> <p>2. The County CCS Medical Therapy Program (MTP) shall remain responsible for the provision of medically necessary occupational and physical therapy services and durable medical equipment (DME) prescribed by the County CCS Medical Therapy Unit (MTU) Conference Team Physician or the CCS-paneled physician who is providing the medical direction for occupational and physical therapy services.</p> <p>3. Upon notification a CCS child has lost Medi-Cal coverage, the County shall ensure the coordination of High Risk Infant Follow-Up (HRIF) outpatient diagnostic services.</p> <p>4. The County shall regularly communicate, and share information via telephone and/or case management notes, written or electronic, with CenCal Health to facilitate the care of CCS children and young adults who require services from both entities.</p>

A. Beneficiary Eligibility and Enrollment (Case Identification and Referral)	
CenCal Health	County
<p>8. CenCal Health shall notify the County of CCS eligible neonates, infants, and children up to three years of age that lose Medi-Cal coverage for HRIF services when CenCal Health becomes aware.</p> <p>9. CenCal Health shall develop and implement policies and procedures (P&amp;Ps) that specify coordination activities and communication requirements among PCPs, specialty providers, hospitals, and the CCS Program case manager(s).</p> <p>10. CenCal Health shall ensure families have ongoing information, education, and support regarding:</p> <ul style="list-style-type: none"> <li>• How to request continuity of care for pharmacy, specialized durable medical equipment, and health care providers</li> <li>• How to request Maintenance and Transportation</li> <li>• How to request assistance with Transition to Adult Care</li> <li>• Referrals to community resources</li> <li>• The child's and family's role in the individual care process</li> <li>• The availability of mental health services</li> <li>• Any other services that might be available</li> </ul> <p>11. CenCal Health shall regularly communicate, share information via telephone and/or case management notes, written or electronic, with the County to facilitate the care of CCS children and young adults who require services from both entities.</p> <p>12. The CenCal Health shall determine which staff will be appropriate to meet, at a minimum quarterly or as often as necessary, and maintain communication with the appointed CCS liaison or CCS Administrator.</p> <p>13. CenCal Health shall coordinate with the local CCS MTU to ensure appropriate access to MTP services.</p>	

A. Beneficiary Eligibility and Enrollment (Case Identification and Referral)	
CenCal Health	County
<p>14. CenCal Health, when feasible and at CenCal's sole expense, may assign a liaison to participate in the County's medical therapy conference in order to facilitate care coordination and authorization of services including DME and supplies.</p> <p>15. CenCal Health will inform the County if and when CenCal Health becomes aware that a treatment authorization for service will result in the beneficiary missing a scheduled participation in MTU services (treatment authorizations such as for surgeries and specialized procedures, including those authorizations that are not related to the CCS eligible conditions).</p>	

C. CCS Advisory Committees (Clinical Advisory and Family Advisory)	
CenCal Health	County
<p>1. CenCal Health shall create and maintain a Clinical Advisory Committee composed of:</p> <ul style="list-style-type: none"> <li>• CenCal Health chief medical officer or designee;</li> <li>• County CCS medical director or designee,</li> <li>• Other identified community members as needed on a permanent or ad-hoc basis, and</li> <li>• At least four CCS-paneled providers</li> <li>• Clinical Advisory Committee shall meet as often as needed</li> </ul> <p>2. CenCal Health shall establish a Family Advisory Committee (FAC). The FAC shall ensure meaningful engagement of a diverse group of families that represent a range of:</p> <ul style="list-style-type: none"> <li>• CCS-eligible conditions, disabilities, and demographics</li> <li>• Local family support providers, including, but not limited to, the parent centers, such as family resource centers, family empowerment centers,</li> </ul>	<p>1. The County CCS Program medical director and/or designee(s) shall actively participate in the CenCal Health CCS Clinical Advisory Committee by attending meetings, engaging in discussion, offering feedback and recommendations, etc.</p> <p>2. County will provide a representative to participate in the FAC.</p> <p>3. County will assist CenCal Health in recruiting families and members of family advocacy groups for the FAC.</p>

C. CCS Advisory Committees (Clinical Advisory and Family Advisory)	
CenCal Health	County
<ul style="list-style-type: none"> <li>• Parent training and information centers, that support families in the county</li> <li>• Appropriate plan leadership/staff</li> <li>• County CCS representative(s)</li> <li>• CCS provider representatives</li> <li>• FAC shall meet as often as needed</li> </ul> <p>3. CenCal Health will work with County CCS staff, local CCS providers, and consumer advocates to recruit CCS families for the FAC.</p> <p>4. CenCal Health will work with CCS families to ensure they understand the FAC's role and their role as members of the FAC.</p> <p>5. CenCal Health may provide a reasonable per diem payment to enable in-person participation in the advisory committee.</p> <p>6. Attendance at the FAC by video teleconferencing is permissible.</p>	

<b>D. Continuity of Care</b>	
<b>CenCal Health</b>	<b>County</b>
<p>1. CenCal Health shall ensure each beneficiary is allowed to continue to receive case management and care coordination from his or her public health nurse (PHN), if their PHN is available, upon request.</p> <p>2. CenCal Health shall establish and maintain a process by which a beneficiary may maintain access to navigating a health plan, rights to appeal any service denials, request continuity of care for pharmacy, health care providers and specialized or customized durable medical equipment providers for up to 12 months from when the beneficiary's case management and care is transitioned to CenCal Health.</p> <p>3. CenCal Health shall ensure families have ongoing information, education, and support regarding the rights to appeal any service denials including the right to appeal a denial of Continuity of Care (COC) beyond 12 months to the DHCS director.</p> <p>4. If a CCS beneficiary has established care with a provider prior to WCM and if that provider is not contracted with CenCal Health, CenCal Health will attempt to enter into a Letter of Agreement (LOA) with the provider to allow for COC for at least one year.</p>	<p>1. The County shall respond to CenCal Health regarding a beneficiary's request to continue working with his or her PHN within 15 working days.</p> <p>2. In the event a PHN is no longer available, the County shall provide reasonable notice to CenCal Health of the PHN's last day in the CCS Program.</p> <p>3. Continuity of care coordination and case management will be fulfilled through the same County system in use for children not assigned to CenCal Health.</p> <p>4. County shall provide information to CenCal Health on active CCS beneficiary cases.</p>

<b>E. Data and Information Sharing (HIPAA/Medical Records Sharing)</b>	
<b>CenCal Health</b>	<b>County</b>
<p>1. CenCal Health shall ensure any subcontractors that create, receive, maintain, or transmit protected health information on behalf of CenCal Health agree to the same confidentiality restrictions, conditions, and requirements that apply to CenCal Health.</p> <p>2. CenCal Health shall, in collaboration with the County, develop and mutually agree to policies and procedures (P&amp;Ps) on sharing information, including but not limited to, establishing secure methods of exchanging data electronically and complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. These P&amp;Ps shall be attached to this MOU within 90-days of its execution.</p>	<p>1. The County shall ensure any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the County agree to the same confidentiality restrictions, conditions, and requirements that apply to the County CCS Program.</p> <p>2. The County shall, in collaboration with CenCal Health, develop and mutually agree to policies and procedures (P&amp;Ps) on sharing information, including but not limited to, establishing secure methods of exchanging data electronically and complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. These policies and procedures shall be attached to this MOU within 90-days of its execution.</p>

<b>F. Non-Binding Dispute Resolution</b>	
<b>CenCal Health</b>	<b>County</b>
<p>1. Should the parties disagree over any interpretation or compliance with this MOU, the parties shall participate in a dispute resolution process.</p> <p>2. Either party may notify, in email or other written communication, of its disagreement with the other. A notice to the other party shall include a copy to the other party's Chief Medical Officer (CMO) (or designee) and medical director.</p> <p>3. Within five business days, the receiver of the written disagreement shall respond by similar email or other written form; also copying the clinical leadership of the other party.</p> <p>4. Upon receipt, the original party shall either concur with the other party's response or, within</p>	<p>1. Should the parties disagree over any interpretation or compliance with this MOU, the parties shall participate in a dispute resolution process.</p> <p>2. Either party may notify, in email or other written communication, of its disagreement with the other. A notice to the other party shall include a copy to the other party's CMO (or designee) and medical director.</p> <p>3. Within five business days, the receiver of the written disagreement shall respond by similar email or other written form; also copying the clinical leadership of the other party.</p> <p>4. Upon receipt, the original party shall either concur with the other party's response or, within</p>

<b>F. Non-Binding Dispute Resolution</b>	
<b>CenCal Health</b>	<b>County</b>
<p>five business days, request a formal meeting of each parties appropriate staff, appropriate executive leadership (such as COO or CMO, deputy director or department director) and clinical staff.</p> <p>5. CenCal Health shall designate appropriate staff to participate in a dispute resolution.</p>	<p>five business days, request a formal meeting of each parties appropriate staff, appropriate executive leadership (such as COO or CMO, deputy director or department director) and clinical staff.</p> <p>5. The County shall designate appropriate staff to participate in a dispute resolution.</p> <p>6. Questions regarding interpretation of state CCS medical eligibility regulations, or disagreements between the County and CenCal Health regarding interpretation of those regulations, shall be resolved by the County, in consultation with the state CCS program.</p>

<b>G. Neonatal Intensive Care Unit (NICU)</b>	
<b>CenCal Health</b>	<b>County</b>
<p>1. CenCal Health shall authorize NICU acuity assessment and pay for NICU services in Santa Barbara County.</p>	

H. Quality Assurance and Monitoring	
CenCal Health	County
1. CenCal Health shall participate, at a minimum, in quarterly meetings with the County to update P&Ps and protocols as appropriate. The CenCal Health and County may establish frequency of meetings.	1. The County shall participate, at a minimum, in quarterly meetings with CenCal Health to update P&Ps and protocol as appropriate. The CenCal Health and County may establish frequency of meetings.
2. Documentation should be available for auditing purposes, including agenda, sign-in sheets, etc.	2. Documentation should be available for auditing purposes, including agenda, sign-in sheets, etc.
3. Meeting facilitation to be determined by CenCal Health and the County.	3. Meeting facilitation to be determined by CenCal Health and the County.

I. Subcontractor	
[CenCal Health Name]	COUNTY
1. CenCal Health shall ensure all subcontractors follow the requirements in Health and Safety Code, Article 5 (commencing with section 123800) of Chapter 3 of Part 2 of Division 106.	1. The County shall ensure all subcontractors follow the requirements in Health and Safety Code, Article 5 (commencing with section 123800) of Chapter 3 of Part 2 of Division 106.

**IX. AMENDMENTS**

The County and CenCal Health may amend this MOU at any time by written, mutual consent. Amended MOUs shall be submitted to DHCS for final review and approval.

**X. LIAISONS**

For the purposes of this MOU:

CenCal Health Liaison:

Florence Chan, RN, MBA, Director  
 Health Services Department  
 CenCal Health  
 4050 Calle Real  
 Santa Barbara, CA 93110  
[FChan@CenCalHealth.org](mailto:FChan@CenCalHealth.org)

With a courtesy copy to:




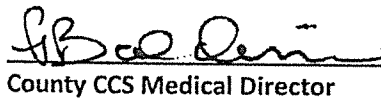
Takashi M. Wada, MD, MPH, CMO  
CenCal Health  
4050 Calle Real  
Santa Barbara, CA 93110  
[TWada@CenCalHealth.org](mailto:TWada@CenCalHealth.org)

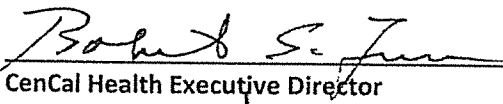
County Liaison:

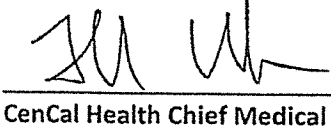
Dana Gamble, LCSW  
Santa Barbara County Public Health Department  
300 N San Antonio Road  
Santa Barbara, CA 93110  
[dgamble@sbcphd.org](mailto:dgamble@sbcphd.org)

The liaisons shall meet no less than quarterly to discuss activities related to this MOU and any other related matters. The County and CenCal Health shall also submit the contact information for their respective liaisons to DHCS.

  
County Public Health Director 7/25/18  
Date

  
County CCS Medical Director 7/25/18  
Date

  
CenCal Health Executive Director 7/9/18  
Date

  
CenCal Health Chief Medical Officer 7/6/18  
Date

**CHDP Administrative Budget Summary for FY 2018-19**  
**No County/City Match**  
**County/City Name: Santa Barbara**

Category/Line Item	Column 1	Column 2	Column 3	Column 4	Column 5
	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	\$ 471,045	\$ -	\$ 471,045	\$ 244,964	\$ 226,081
II. Total Operating Expenses	\$ 32,079	\$ -	\$ 32,079	\$ 2,360	\$ 29,719
III. Total Capital Expenses	\$ -	\$ -	\$ -		
IV. Total Indirect Expenses	\$ 95,151	\$ -	\$ 95,151		\$ 95,151
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
<b>Budget Grand Total</b>	<b>\$ 598,275</b>	<b>\$ -</b>	<b>\$ 598,275</b>	<b>\$ 247,324</b>	<b>\$ 350,951</b>

Source of Funds	Column 1	Column 2	Column 3	Column 4	Column 5
	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$ -	\$ -			
Medi-Cal Funds:	\$ 598,275		\$ 598,275		
State	\$ 237,307		\$ 237,307	\$ 61,831	\$ 175,475
Federal (Title XIX)	\$ 360,969		\$ 360,969	\$ 185,493	\$ 175,475
	237,307				

Suzanne Jacobson  
 Prepared By

10/12/2018  
 Date Prepared

(805) 681-5183  
 Phone Number

*[Signature]*  
 CHDP Director or Deputy  
 Director (Signature)

10/12/2018  
 Date

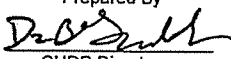
(805) 681-5171  
 Phone Number

**CHDP Administrative Budget Worksheet  
No County/City Match  
State and State/Federal**

County/City Name:  Santa Barbara

Fiscal Year 2018-19

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 %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. PH Prog Mgr Vacant	15%	\$ 122,479	\$ 18,372	0.00%	\$ -	100.00%	\$ 18,372	50%	\$ 9,186	50%	\$ 9,186
2. PHN, N. Confiac	75%	\$ 101,336	\$ 76,002	0.00%	\$ -	100.00%	\$ 76,002	80%	\$ 60,802	20%	\$ 15,200
3. PHN, Supv D Blasing	15%	\$ 105,453	\$ 15,818	0.00%	\$ -	100.00%	\$ 15,818	80%	\$ 12,654	20%	\$ 3,164
3. Staff Phys. Dr. Gordon	15%	\$ 230,000	\$ 34,500	0.00%	\$ -	100.00%	\$ 34,500	75%	\$ 25,875	25%	\$ 8,625
4. Health Educator J Rivera	50%	\$ 83,055	\$ 41,528	0.00%	\$ -	100.00%	\$ 41,528	75%	\$ 31,146	25%	\$ 10,382
5. AOP II, M Palma	75%	\$ 61,374	\$ 46,031	0.00%	\$ -	100.00%	\$ 46,031	0%	\$ -	100%	\$ 46,031
6. AOP II, G Marroquin	75%	\$ 61,374	\$ 46,031	0.00%	\$ -	100.00%	\$ 46,031	0%	\$ -	100%	\$ 46,031
7. AOP III, T Castaneda	5%	\$ 78,332	\$ 3,917	0.00%	\$ -	100.00%	\$ 3,917	0%	\$ -	100%	\$ 3,917
8. PHN, Vacant	25%	\$ 101,336	\$ 25,334	0.00%	\$ -	100.00%	\$ 25,334	80%	\$ 20,267	20%	\$ 5,067
<b>Total Salaries and Wages</b>											
			\$ 307,531			\$ -	\$ 307,531	\$ 159,930		\$ 147,601	
<b>Less Salary Savings</b>			\$ -			\$ -	\$ -	\$ -		\$ -	
<b>Net Salaries and Wages</b>			\$ 307,531			\$ -	\$ 307,531	\$ 159,930		\$ 147,601	
<b>Staff Benefits (Specify %) 53.17%</b>			\$ 163,514			\$ -	\$ 163,514	\$ 85,035		\$ 78,480	
<b>I. Total Personnel Expenses</b>			\$ 471,045			\$ -	\$ 471,045	\$ 244,964		\$ 226,081	
<b>II. Operating Expenses</b>											
1. Travel			\$ 750		\$ -		\$ 750		\$ 600		\$ 150
2. Training			\$ 2,200		\$ -		\$ 2,200		\$ 1,760		\$ 440
3. Office expense			\$ 5,500		\$ -		\$ 5,500				\$ 5,500
4. Printing/Duplicating			\$ 4,200		\$ -		\$ 4,200				\$ 4,200
5. Communications			\$ 4,309		\$ -		\$ 4,309				\$ 4,309
6. Motorpool			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities			\$ 1,620		\$ -		\$ 1,620				\$ 1,620
8. Data Processing			\$ 8,500		\$ -		\$ 8,500				\$ 8,500
<b>II. Total Operating Expenses</b>			\$ 32,079			\$ -	\$ 32,079	\$ 2,360		\$ 29,719	
<b>III. Capital Expenses</b>											
1.							\$ -				\$ -
2.											
3.											
4.											
5.											
<b>II. Total Capital Expenses</b>			\$ -			\$ -	\$ -			\$ -	
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 14.80%			\$ 69,715		\$ -		\$ 69,715				\$ 69,715
2. External (Specify %) 5.40%			\$ 25,436		\$ -		\$ 25,436				\$ 25,436
<b>IV. Total Indirect Expenses</b>			\$ 95,151			\$ -	\$ 95,151			\$ 95,151	
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>			\$ -			\$ -	\$ -			\$ -	
<b>Budget Grand Total</b>			\$ 598,275			\$ -	\$ 598,275	\$ 247,324		\$ 350,951	

Suzanne Jacobson  
Prepared By  
  
CHDP Director or Deputy

10/12/2018  
Date Prepared  
  
10/12/18  
Date

805-681-5183  
Phone Number  
  
(805) 681-5171  
Phone Number

**CHDP No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2018-19**

**I. PERSONNEL EXPENSE**

Total Salaries	\$	307,531
Total Benefits		163,514
<b>Total Personnel Expense</b>		<b>471,045</b>

**II. OPERATING EXPENSE**

1. Travel	750.00	Estimate of travel necessary to perform program activities
2. Training	2,200.00	Estimate of training needed for current and new staff
3. Office expense	5,500.00	Estimate of office expense based on CY usage
4. Printing/Duplicating	4,200.00	Copying and printing for program activities and newsletter
5. Communications	4,309.00	Telephone charges
6. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	1,620.00	pro-rated CHDP share of utilities
8. Data Processing	8,500.00	Charges by County's IT department
<b>TOTAL OPERATING EXPENSE</b>	<b>32,079.00</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE** -

**IV. INDIRECT EXPENSE**

1. Internal	69,715	Program share of internal overhead, per PHD cost plan
2. External	25,436	Program share of external overhead, per PHD cost plan
<b>TOTAL INDIRECT EXPENSE</b>	<b>95,151</b>	

**V. OTHER EXPENSE**

**TOTAL OTHER EXPENSE** -

**TOTAL BUDGET** \$ **598,275**

**HCPFC Administrative Budget Summary Fiscal Year 2018-19**

County/City Name: Santa Barbara County

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$160,760	\$160,760	\$0
II. Total Operating Expenses	\$2,100	\$2,100	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$23,792		\$23,792
V. Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$186,653</b>	<b>\$162,860</b>	<b>\$23,792</b>

Source of Funds	1 Total Funds	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
State Funds	52,611	40,715	11,896
Federal Funds (Title XIX)	134,041	122,145	11,896
<b>Budget Grand Total</b>	<b>186,653</b>		

Prepared By (Signature) *Suzanne Jacobson* 10/12/2018 Date Prepared 805-681-5183 Phone Number Suzanne.Jacobson@sbcphd.org Email Address

CHDP Director or Deputy Director *D. S. Ball* 10/12/2018 Date 805-681-5171 Phone Number dgamble@sbcphd.org Email Address

HPCFC Administrative Budget Worksheet Fiscal Year 2018-19

County/City Name: Santa Barbara County

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. PHN, V. Vorce	100%	\$101,336	\$101,336	100%	\$101,336		
2. Program Mgr, Vacant	5%	\$122,479	\$6,124	100%	\$6,124		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
<b>Total Salaries and Wages</b>			\$107,460		\$107,460		
<b>Less Salary Savings</b>							
<b>Net Salaries and Wages</b>			\$107,460	100%	\$107,460		
Staff Benefits (Specify %)   49.60%			\$53,300		\$53,300		
<b>I. Total Personnel Expenses</b>			\$160,760		\$160,760		
<b>II. Operating Expenses</b>							
1. Travel			\$500	100%	\$500		
2. Training			\$1,250	100%	\$1,250		
3. Licenses			\$150	100%	\$150		
4. Office Supplies			\$200	100%	\$200		
<b>II. Total Operating Expenses</b>			\$2,100		\$2,100		
<b>III. Capital Expenses</b>							
1.							
2.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)   14.80%			\$23,792				\$23,792
2. External 5.40%							
<b>IV. Total Indirect Expenses</b>			\$23,792				\$23,792
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$186,653		\$162,860		\$23,792

*Suzanne Jacobson*

10/12/2018

805-681-5183 [Suzanne.Jacobson@sbcphd.org](mailto:Suzanne.Jacobson@sbcphd.org)

Prepared By (Signature)

Date prepared

Phone Number

Email Address

*Dana Gamble*

10/12/2018

805-681-5171 [Dana.Gamble@sbcphd.org](mailto:Dana.Gamble@sbcphd.org)

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

**HPCFC No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2018-19**

**I. PERSONNEL EXPENSE**

Total Salaries	107,460
Total Benefits	53,300
<b>Total Personnel Expense</b>	<b>160,760</b>

**II. OPERATING EXPENSE**

1. Travel	500	Estimate of travel necessary to perform program activities
2. Training	1,250	Estimate of training needed for current program activities
3. Licenses	150	
4. Office Supplies	200	
<b>TOTAL OPERATING EXPENSE</b>	<b>2,100</b>	

**III. CAPITAL EXPENSE**

**TOTAL CAPITAL EXPENSE** -

**IV. INDIRECT EXPENSE**

1. Internal	23,792	Program share of internal overhead, per PHD cost plan
2. External		Program share of external overhead, per PHD cost plan
<b>TOTAL INDIRECT EXPENSE</b>	<b>23,792</b>	

**V. OTHER EXPENSE**

**TOTAL OTHER EXPENSE** -

**TOTAL BUDGET** **186,653**

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	120	5.64%
OTLCP - Total Cases of Open (Active) OTLCP Children	349	16.40%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (reg-OTLCP) Children	1659	77.96%
<b>TOTAL CCS CASELOAD</b>	<b>2128</b>	<b>100%</b>


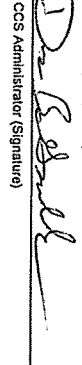
**CCS Administrative Budget Worksheet**

Fiscal Year: 2018-19

County: Santa Barbara

Category/Line Item	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
I. Total Personnel Expense	893,798	50,402	148,588	656,810	308,587	387,223
II. Total Operating Expense	86,500	4,878	14,186	67,435	19,743	47,692
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	191,165	10,780	31,352	149,033	1,559	148,033
V. Total Other Expense	2,000	113	328	1,559		1,559
<b>Budget Grand Total</b>	<b>1,173,463</b>	<b>66,173</b>	<b>192,452</b>	<b>914,837</b>	<b>329,330</b>	<b>585,507</b>

Source of Funds	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
<b>Total Budget</b>						
Straight CCS						
State	33,086	33,086				
County	33,087	33,087				
OTLCP						
State	15,396		15,396			
County	15,396		15,396			
Federal (Title XXI)	161,650		161,650			
Medi-Cal						
State	375,087			375,087	82,333	292,754
Federal (Title XIX)	539,750			539,750	246,997	292,753

 Suzanne Jacobson  
 Prepared By (Printed Name)  
 Dana Gamble  
 Prepared By (Printed Name)  
 CCS Administrator (Signature) Dana Gamble, Interim Administrator  
 CCS Administrator (Printed Name) Dana.gamble@sbcphd.org  
 Email Address



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	120	5.64%
OTLCP - Total Cases of Open (Active) OTLCP Children	349	16.40%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Gen-OTLCP) Children	1659	77.96%
<b>TOTAL CCS CASELOAD</b>	<b>2128</b>	<b>100%</b>

### CCS Administrative Budget Worksheet

Fiscal Year: 2018-19

County: Santa Barbara

Category/Line Item	1	2	3	Straight CCS				Medi-Cal (Non-OTLCP)						
				4A	4	5A	5	6A	6	7A	7	8A	8	
	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (\$0/\$0)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (\$0/\$0)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (\$0/\$0)	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (\$2575)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (\$0/\$0)
<b>I. Personal Expense</b>														
<b>Program Administration</b>														
1. Vacant, Program Director	80.00%	122,479	97,983	5.64%	5,525	16.40%	16,070	77.96%	16,070	76,388	100.00%	0	100.00%	76,388
2. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
Subtotal		122,479	97,983		5,525		16,070		16,070	76,388			100.00%	76,388
<b>Medical Case Management</b>														
1. Blasing, Dorothy, Public Health Supervisor	85.00%	105,453	89,635	5.64%	5,055	16.40%	14,700	77.96%	14,700	69,880	60.00%	41,928	40.00%	27,952
2. Garcia Linda, Public Health Nurse	100.00%	101,336	101,336	5.64%	5,714	16.40%	16,619	77.96%	16,619	79,002	75.00%	59,232	25.00%	19,750
3. Gordon, Rhonda Staff Physician	20.00%	230,068	46,014	5.64%	2,595	16.40%	7,546	77.96%	7,546	35,873	75.00%	28,905	25.00%	8,968
4. Vacant, Public Health Nurse	45.00%	101,336	45,801	5.64%	2,571	16.40%	7,479	77.96%	7,479	35,551	75.00%	28,663	25.00%	8,888
5. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
Subtotal		538,193	282,586		15,935		46,344		46,344	220,306		154,748		65,558
<b>Other Health Care Professionals</b>														
1. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0	0		0	100.00%	0
<b>Ancillary Support</b>														
1. Carmen Escobedo, CCS Caseworker	100.00%	60,048	60,048	5.64%	3,386	16.40%	9,848	77.96%	9,848	46,814	100.00%	45,801	25.00%	15,287
2. Alma Baygoun, CCS Caseworker	100.00%	60,048	60,048	5.64%	3,386	16.40%	9,848	77.96%	9,848	46,814	100.00%	45,801	25.00%	15,287
3. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	100.00%	0	100.00%	0
Subtotal		120,096	120,096		6,772		19,696		19,696	93,628		91,602		30,574
<b> Clerical and Claims Support</b>														
1. Casteneda, Tanesha Adm'n Office Pro. Sr	100.00%	78,332	78,332	5.64%	4,417	18.40%	12,847	77.96%	12,847	61,068	75.00%	45,801	25.00%	15,287
2. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	5.64%	0	16.40%	0	77.96%	0	0	0.00%	0	100.00%	0
Subtotal		78,332	78,332		4,417		12,847		12,847	61,068		45,801		15,287

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	120	5.64%
OTLCP - Total Cases of Open (Active) OTLCP Children	349	16.40%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Non-OTLCP) Children	1659	77.96%
<b>TOTAL CCS CASELOAD</b>	<b>2128</b>	<b>100%</b>

### CCS Administrative Budget Worksheet

Fiscal Year: 2018-19  
 County: Santa Barbara

Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLCP)		Medi-Cal (Non-OTLCP)					
				4A	4	5A	5	6A	6	7A	7	8A	8
<b>Total Salaries and Wages</b>			578,997	5.64%	32,650	16.40%	94,958	77.96%	451,390	44.43%	200,549	55.57%	250,841
<b>Staff Benefits (Specify %)</b>		54.37%	314,801	5.64%	17,732	16.40%	51,628	77.96%	245,420		109,038		136,382
<b>I. Total Personnel Expense</b>			893,798	5.64%	50,402	16.40%	146,586	77.96%	696,810		309,587		387,223
<b>II. Operating Expense</b>													
1. Information Technology			37,000	5.64%	2,086	16.40%	6,068	77.96%	28,845	44.43%	12,816	55.57%	16,029
2. Telephone/Communication			20,000	5.64%	1,128	16.40%	3,280	77.96%	15,592	44.43%	6,927	55.57%	8,665
3. Office, Travel, and Other Expenditures			29,500	5.64%	1,694	16.40%	4,838	77.96%	22,998				22,998
4.				5.64%	0	16.40%	0	77.96%	0				0
5.				5.64%	0	16.40%	0	77.96%	0				0
6.				5.64%	0	16.40%	0	77.96%	0				0
7.				5.64%	0	16.40%	0	77.96%	0				0
<b>II. Total Operating Expense</b>			86,500		4,878	14.186			67,435		19,743		47,692
<b>III. Capital Expense</b>													
1.				5.64%	0	16.40%	0	77.96%	0				0
2.				5.64%	0	16.40%	0	77.96%	0				0
3.				5.64%	0	16.40%	0	77.96%	0				0
<b>III. Total Capital Expense</b>			0		0		0		0				0
<b>IV. Indirect Expense</b>													
1. CDPH rate FY 18-19 (approved)			191,165	5.64%	10,780	16.40%	31,352	77.96%	149,033				149,033
2. External			0	5.64%	0	16.40%	0	77.96%	0				0
<b>IV. Total Indirect Expense</b>			191,165		10,780		31,352		149,033				149,033
<b>V. Other Expense</b>													
1. Maintenance & Transportation			2,000	5.64%	113	16.40%	328	77.96%	1,559				1,559
2.				5.64%	0	16.40%	0	77.96%	0				0
3.				5.64%	0	16.40%	0	77.96%	0				0
4.				5.64%	0	16.40%	0	77.96%	0				0
5.				5.64%	0	16.40%	0	77.96%	0				0
<b>V. Total Other Expense</b>			2,000		113		328		1,559				1,559
<b>Budget Grand Total</b>			1,173,463		86,173		182,452		914,837		328,330		585,507

*Suzanne Jacobson*  
 Prepared By (Signature)

Suzanne Jacobson  
 Prepared By (Printed Name)

10/12/2018  
 Date Prepared

(805) 581-5183  
 Phone Number

*Dana Gamble*  
 CCS Administrator (Signature)

Dana Gamble, Interim CCS Administrator  
 CCS Administrator (Printed Name)

1/6/2019  
 Date Signed

(805) 581-5171  
 Phone Number

**Budget Justification Narrative**

**Children's Medical Services  
Santa Barbara County  
Budget Narrative  
Fiscal Year 2018-2019**

<b>I. PERSONNEL EXPENSES</b>		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$578,997	Salary increases are a result of COLA granted in Santa Barbara county
Total Benefits:	\$314,801	Benefit rates have increased from the prior year due to cost increases for various insurances and retirement costs.
<b>Total Personnel Expenses:</b>	<b>\$893,798</b>	
FTEs	FTE decreases commensurate with Whole Child Model phase 1 counties	

<b>II. OPERATING EXPENSES</b>		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$1,000	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc, for State meetings, conferences and trainings, and other program related travel.
Training	\$1,200	Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This equal to prior fiscal year expenditures.
Office Supplies and Services	\$21,480	No increased cost of office supplies over prior year. Includes printer supplies, on-going chart supplies; copy, print and reproduction costs.
Postage & Shipping	\$5,820	Cost of postage for anticipated volume of mailing CMSNet correspondence and other miscellaneous mailing based on history.
Telephone	\$20,000	Decrease from prior year.
Information Technology Expenses	\$37,000	Increase from prior year. Includes non-capital hardware and software and ongoing maintenance charges.
<b>Total Operating Expenses:</b>	<b>\$86,500</b>	

<b>III. CAPITAL EXPENSES</b>		List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.
Total Capital Expenses:	0	None

<b>IV. INDIRECT EXPENSES</b>		
CDPH rate FY 18-19 Approved @ 21.39%	\$191,165	CDPH approved FY 18-19 rate.
<b>Total Indirect Expenses:</b>	<b>\$191,165</b>	

<b>V. OTHER EXPENSES</b>		List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.
Maintenance and Transportation	\$2,000	No increase. Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. This is based on last year's expenditures.
<b>Total Other Expenses:</b>	<b>\$2,000</b>	

**Budget Grand Total**      **\$1,173,463**