

## Plan and Budget Required Documents Checklist

MODIFIED FY 2012-13

County/City: Santa Barbara County

Fiscal Year: 2012-13

Document		Page Number
1.	<b>Checklist</b>	1-2
2.	<b>Agency Information Sheet</b>	3
3.	<b>Certification Statements</b>	
	A. Certification Statement (CHDP) – Original and one photocopy	4-5
	B. Certification Statement (CCS) – Original and one photocopy	6-7
4.	<b>Agency Description</b>	
	A. Brief Narrative CHDP and HCPCFC	8-9
	B. Organizational Charts for CCS, CHDP and HCPCFC	10-11
	C. CCS Staffing Standards Profile	Retain locally
	D. Incumbent Lists for CCS, CHDP and HCPCFC	12-17
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
	F. Duty Statements CHDP and HCPCFC	18-19
5.	<b>Implementation of Performance Measures</b> – Performance Measures for FY 2011-12 will be submitted separately.	N/A
6.	<b>Data Forms</b>	
	A. CCS Caseload Summary	20
	B. CHDP Program Referral Data	21-22
7.	<b>Memoranda of Understanding and Interagency Agreements List</b>	
	A. MOU/IAA List	23-25
	B. New, Renewed, or Revised MOU or IAA	26-63
	C. CHDP IAA with DSS biennially	Retain locally
	D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	<b>Budgets</b>	
	A. CHDP Administrative Budget (No County/City Match)	
	1. Budget Summary	64
	2. Budget Worksheet	65

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

County/City: **Santa Barbara County**

Fiscal Year: **2012-13**

<b>Document</b>		<b>Page Number</b>
3.	Budget Justification Narrative	66
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	67
2.	Budget Worksheet	68
3.	Budget Justification Narrative	69
E.	CCS Administrative Budget	
1.	Budget Summary	70
2.	Budget Worksheets for CCS and Healthy Families	71-73
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)	74-76
3.	Property Survey Report Form (STD 152)	N/A

## Agency Information Sheet

**County/City:** Santa Barbara

**Fiscal Year:** 2012-13

### 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

### CCS and 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:	Beverly Taylor	Address:	117 E. Carrillo St
Phone:	(805) 882-3652		Santa Barbara, Ca 93101
Fax:	(805) 882-3651	E-Mail:	btaylor@co.santa-barbara.ca.us

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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

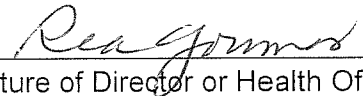
County/City: Santa Barbara County

Fiscal Year: 2012-13

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

10-10-12  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Signature of Director or Health Officer

10-10-12  
\_\_\_\_\_  
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 2012-13

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

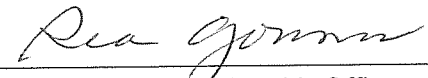
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Fiscal Year: 2012-13

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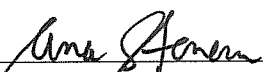
Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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

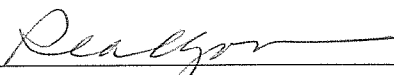
County/City: Santa Barbara

Fiscal Year: 2012-13

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.

  
Signature of CCS Administrator

10/10/12  
Date Signed

  
Signature of Director of Health Officer

10-10-12  
Date Signed

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Signature and Title of Other – Optional

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Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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County/City: Santa Barbara

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\_\_\_\_\_  
Date

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

**CHDP**

The Child Health and Disability Prevention (CHDP) Program is in 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 (up to .25 FTE) assumed administrative oversight in February, 2011. Currently there is a PHN CHDP (1 FTE), PHN HCPCFC (1 FTE), Health Educator (.5 FTE), Administrative Office Assistant III (AOP) (.05 FTE), one Administrative Office Assistant, level II (.5 FTE) and two Administrative Office Assistants, level I (.5 FTE x 2).

The number of CHDP providers in Santa Barbara County (SBC) has remained relatively constant. There are currently 38 CHDP providers. However, the total number of CHDP exams completed in FY 11-12 (58,655) had increased by 5.6% from the FY 10-11 levels (55,374). This increase demonstrates a greater need for low-income health care for children than in previous years.

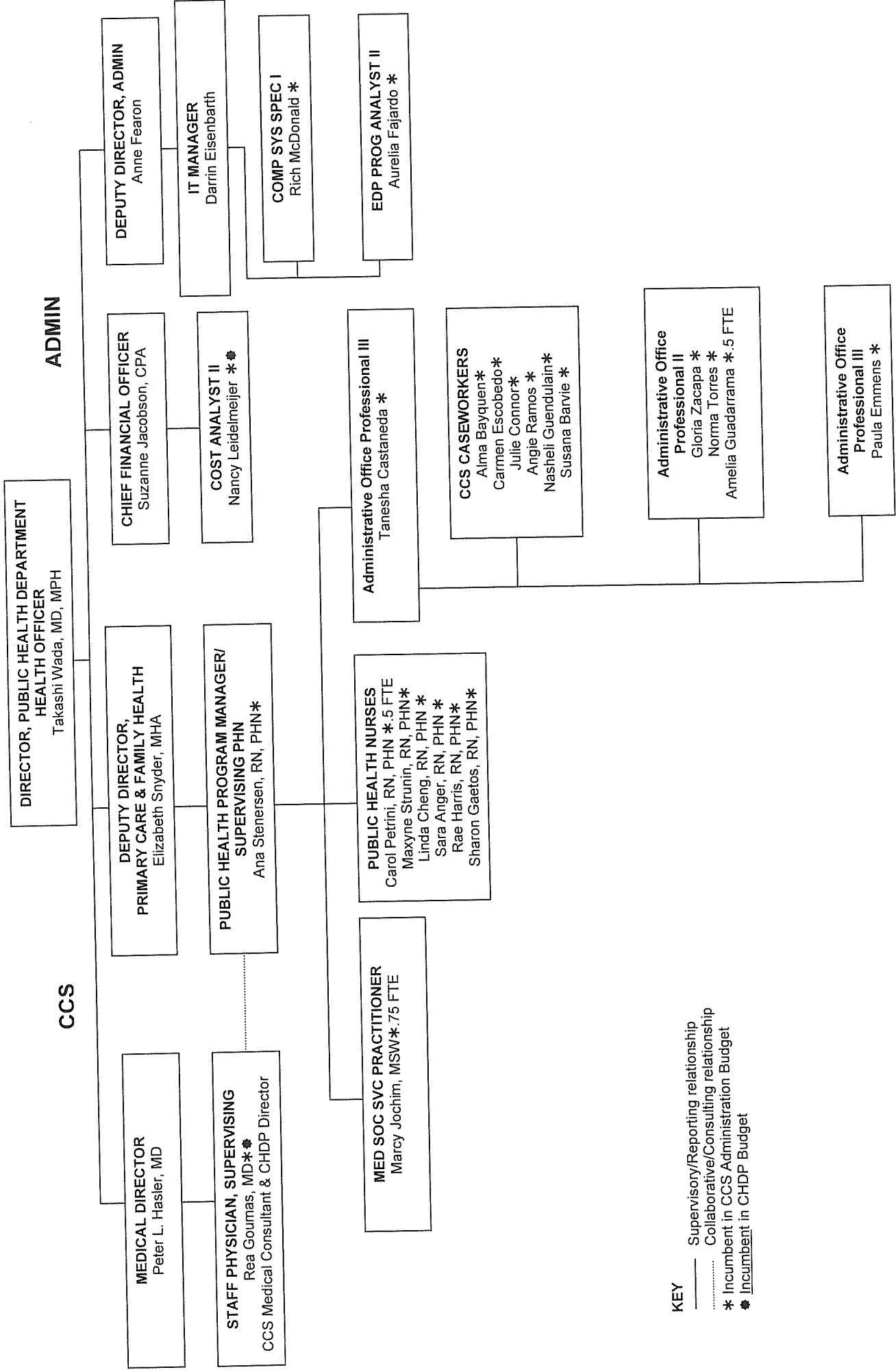
While funding and re-organization has reduced CHDP staffing, core functions and expectations of the CHDP program have remained. Operational changes in the local program addressed follow-up activities with providers and families that have CHDP-only and Gateway services. The CHDP PHN and Health Educator 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 in FY 11-12. **HCPCFC** On March 22, 2010, Santa Barbara County was mandated to introduce the Health Care Program for Children in Foster Care (HCPCFC). The HCPCFC MOU between CMS, Probation and the Department of Social Services was reviewed and revised to better serve the population and the needs to the youth who benefit from the program. The program became operational and staffed on March 22, 2010 and has already made an impact in improving access to health care for children in foster care.

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in the DSS child welfare service agency and works with probation departments to provide public health nurse expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The program has established a process through which PHNs consult and collaborate with the foster care team to promote access to comprehensive preventive health and specialty services.



The HCPCFC MOU between CMS, Probation and the Department of Social Services was reviewed and revised for FY 12-13 to better serve the population and the needs to the youth who benefit from the program. The HCPCFC PHN has a case load of 500-600 cases with minimal administrative support. The HCPCFC PHN has familiarized herself with the program, developed collaborative relationships and instituted creative approaches to maintain the HCPCFC core nursing functions. The HCPCFC has developed trainings of the CWS/DSS staff in coordination with CHDP PHN and begun a training schedule for the FY 12-13.

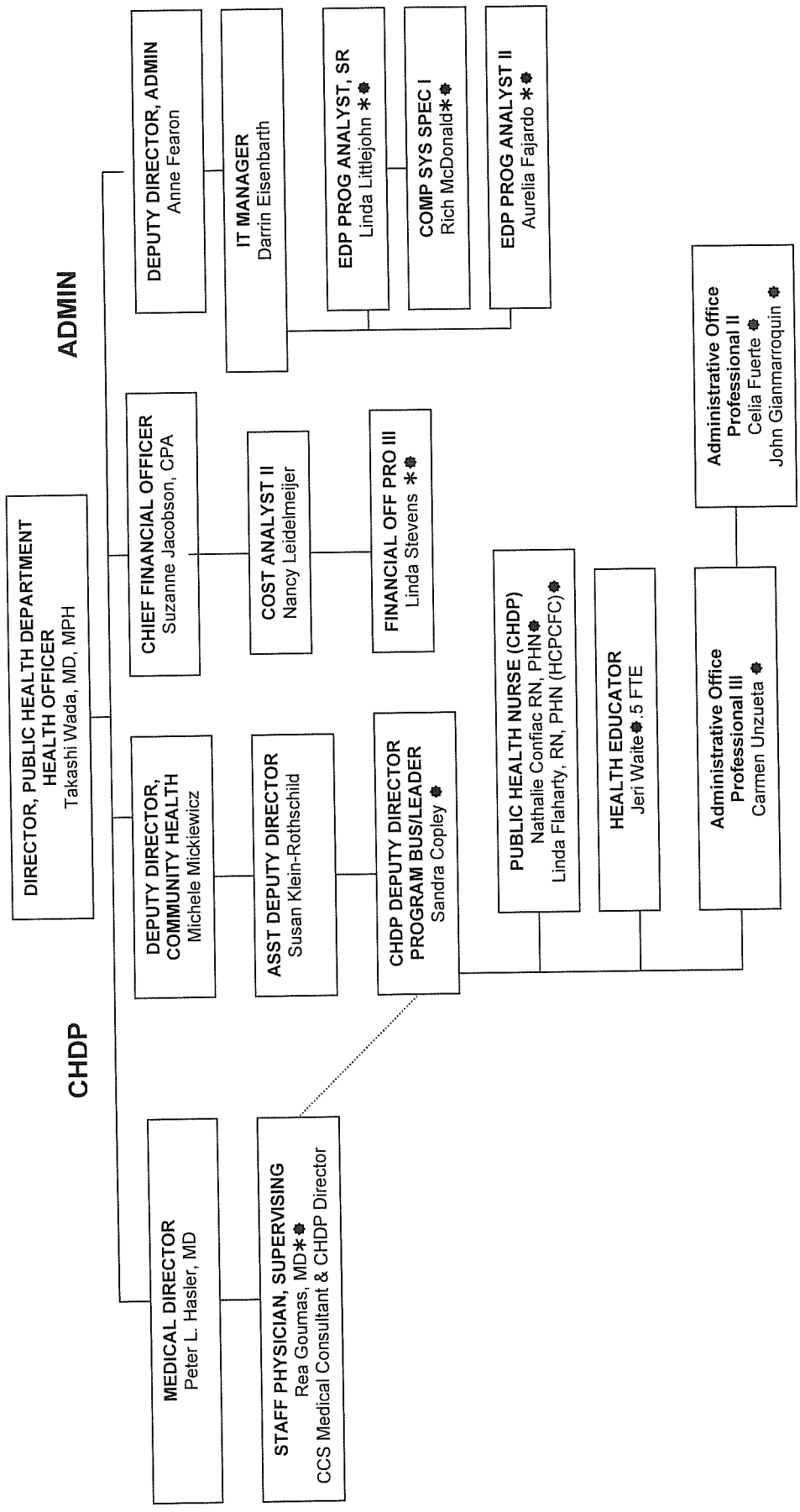
# SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CCS



**KEY**

- Supervisory/Reporting relationship
- ..... Collaborative/Consulting relationship
- \* Incumbent in CCS Administration Budget
- Incumbent in CHDP Budget

# SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CHDP



KEY

- Supervisory/Reporting relationship
- Collaborative/Consulting relationship
- \* Incumbent in CCS Administration Budget
- \* Incumbent in CHDP Budget

## Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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 2012-13, 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, PHN	100%	No	No
Staff Physician	Rea Goumas, MD	50%	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 2012-13

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

## Incumbent List - California Children's Services

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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, PHN	100%	No	No
Staff Physician	Rea Goumas, MD	50%	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 2012-13

Computer Systems Specialist	Richard McDonald	20%	No	No
EDP Systems Analyst	Aurelia Fajardo	10%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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 2012-13, 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: 2012-13**

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	22%		3% HCPCFC 72% 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 2012-13

County/City: **Santa Barbara**

Fiscal Year: **2012-13**

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	John Gianmarroquin	50%			No	No
Accountant	Nancy Leidelmeijer	3%		97% PHD Fiscal	No	No



Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2012-13

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

**Incumbent List - Health Care Program for Children in Foster Care**

For FY 2012-13, complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) 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:** 2012-13

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse	Linda Flaharty, PHN	100%			No	No
Program Manager	Sandra Copley, PHN	3%		22% CHDP/ 72% MCAH	Yes	No

**Santa Barbara County, Fiscal Year 2012-13**  
**CHILDREN'S HEALTH & DISABILITIES PROGRAM STAFF DUTY STATEMENT**

**PUBLIC HEALTH PROGRAM MANAGER**

Sandra Copley, RN, PHN

This position serves as Program Manager, CHDP Deputy Director and Supervisor for HCPCFC. 85% MCAH Director. Civil Service Classification: Business Leader

CHDP: 23%

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. Civil Service Classification: Staff Physician  
CHDP: 10% CCS: 40%; Clinic: 20%

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 (e.g, 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. Civil Service Classification: PHN

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

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

Civil Service Classification: PHN

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. Civil Service Classification: Health Educator

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 (AOP III)**

Carmen Unzueta

CHDP: 5% Supervises CHDP clerical staff; MCAH: 85%. Civil Service Classification: AOP III

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 (AOP II) and AOP I**

Celia Fuerte (AOP II). Gian Marroquin (AOP I), Maria Palma (AOP I)

CHDP: 150% (3) 50% FTEs; Civil Service Classification: AOP II

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

#### **ACCOUNTANT**

Nancy Leidelmeijer

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

## California Children's Services Caseload Summary Form

**County:** Santa Barbara County

**Fiscal Year:** 2011-12

		A	B			
CCS Caseload 0 to 21 Years		09-10 Actual Caseload	% of Grand Total	10-11 Actual Caseload	% of Grand Total	11-12 Actual Caseload
<b>MEDI-CAL</b>						
1	Average of Total Open (Active) Medi- Cal Children	1444	38%	1481	58%	1488
2	Potential Case Medi-Cal	1443	38%	1059	18%	1555
3	TOTAL MEDI-CAL (Row 1 + Row 2)	2887	76%	2540	76%	3043
<b>NON MEDI-CAL</b>						
<b>Healthy Families</b>						
4	Average of Total Open (Active) Healthy Families	249	7%	263	8%	276
5	Potential Cases Healthy Families	249	7%	188	6%	289
6	Total Healthy Families (Row 4 + Row 5)	498	13%	451	14%	565
<b>Straight CCS</b>						
7	Average of Total Open (Active) Straight CCS Children	207	5%	201	6%	208
8	Potential Cases Straight CCS Children	208	5%	144	4%	217
9	Total Straight CCS (Row 7 + Row 8)	415	11%	345	10%	425
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	913	24%	796	24%	990
<b>GRAND TOTAL</b>						
11	(Row 3 + Row 10)	3800	100%	3336	100%	4033

## CHDP Program Referral Data

County/City:	FY 09-10	FY 10-11	FY 11-12
<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 "4" requesting CHDP services			
a. Number of CalWORKs cases/recipients	Cases 2,349	Cases 2,331	Cases 2,201
b. Number of Foster Care cases/recipients	Recipients 1,515	Recipients 1,461	Recipients 1,496
c. Number of Medi-Cal only cases/recipients	Recipients 16,769	Recipients 15,977	Recipients 15,716
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	13,811	11,849	13,789
b. Medical and/or dental services with scheduling and/or transportation	5,893	5,118	6,274

c. Information only (optional)	16,996	18,654	18,391
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	36,700	33,372	38,454
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

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.

**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: 2012-13**

<b>Title or Name of MOU/IAA</b>	<b>Is this a MOU or an IAA?</b>	<b>Effective Dates</b>	<b>Date Last Reviewed by County/ City</b>	<b>Name of Person Responsible for this MOU/IAA?</b>	<b>Did this MOU/IAA Change? (Yes or No)</b>
CenCal Health – CHDP	MOU	In Process Current through 06-30-2013	10-05-2012	Sandra Copley	New -Yes
Head Start – CHDP	IAA	02-04-2008	01-01-2008	Sandra Copley	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
Department of Social Services – Probation Department - HCPCFC	MOU	07-01-12 through 6-30-13	08-01-2012	Sandra Copley	Yes
SELPA – CCS	IAA	7/01/11	07-01-2011	Ana Stenersen	No

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)
Department of Social Services – Probation Department - HCPCFC	MOU	07-01-12 through 6-30-13	08-01-2012	Sandra Copley	Yes
CenCal Health – CCS	MOU	01-01-2005	04/01/2012	Ana Stenersen	No
Blue Shield HFP – CCS	MOU	05-21-1998	04/01/2012	Ana Stenersen	No
Blue Cross HFP – CCS	MOU	05-27-1998	04/01/2012	Ana Stenersen	No
SBRHA HFP – CCS	MOU	04-10-1998	05/01/2012	Ana Stenersen	No
VSP HFP – CCS	MOU	10-20-1998	05/01/2012	Ana Stenersen	No
Premier Access Dental HFP – CCS	MOU	06-28-2000	02/01/2012	Ana Stenersen	No
Denticare HFP- CCS	MOU	10-17-1998	02/01/2012	Ana Stenersen	No
Delta Dental HFP – CCS	MOU	11-23-1998	03/01/2012	Ana Stenersen	No
Western Dental HFP – CCS	MOU	07-01-2005	06/01/2012	Ana Stenersen	No
SafeGuard HFP- CCS	MOU	07-01-2005	06/01/2012	Ana Stenersen	No



County/City: Santa Barbara

Fiscal Year: 2012-13

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)
EyeMed Vision Care HFP - CCS	MOU	07-01-2005	07/01/2012	Ana Stenersen	No

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT'S**  
**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**  
**AND**  
**CENCAL HEALTH**

This MEMORANDUM OF UNDERSTANDING (hereafter "MOU") is made by and between Santa Barbara County Public Health Department's Child Health and Disability Prevention (hereafter "CHDP") Program and Santa Barbara San Luis Obispo Regional Health Authority, a body corporate and politic, formerly Santa Barbara Regional Health Authority, dba CenCal Health, (hereafter "CenCal Health") in order to implement the provisions of the California Health and Safety Code § 124025 et seq., Title 17 CCR, Sections 6840-6850, and pursuant to the Medi-Cal Managed Care Division Policy Letters 96-12, Pediatric Preventive Services 96-13, and Immunization Services.

The purpose of this MOU is to describe the responsibilities of CHDP and CenCal Health in the delivery of CHDP Program services to Medi-Cal beneficiaries (hereafter "Members") who are served by both parties. It is the intention of both parties to provide good coordination of care between providers of CHDP Program services in order to ensure that Members receive high quality, appropriate care.

CHDP and CenCal Health will identify staff, within thirty (30) days of execution of this MOU, per Section V. A. 2. to function as liaison to the other. These staff members will work together to implement and execute the terms of this MOU and will meet quarterly to review areas of their respective programs that require collaborative strategies to support CHDP Providers and inform Members of health conditions and available services.

**I. CLIENT OUTREACH**

**A. CHDP will:**

1. Provide outreach to potential Members regarding CHDP services.
2. Offer basic (face-to-face) information through the Santa Barbara County Department of Social Services (DSS) as specified in the separate CHDP/DSS/Probation Interagency Agreement.
3. Provide information, referral, and documentation to persons referred by DSS eligibility workers via the PM 357 Process as described in the CHDP/DSS Interagency Agreement.
4. In coordination with CenCal Health, provide outreach to Members who are not using preventive health care services.

5. Inform CenCal Health Providers of the CHDP Gateway Program for those former Members who have lost their Medi-Cal eligibility.

**B. CenCal Health will:**

1. Inform Members of all available Medi-Cal benefits, including the availability of CHDP services.
2. Provide the local CHDP office, located at 345 Camino del Remedio, Bldg 4, Rm 313, with a list of CenCal Health Providers who may be potential CHDP Providers, or are specialized providers who examine/treat children with identified health problems as noted during their CHDP well-child examinations.
3. Ensure that Members are assigned to CHDP-approved Primary Care Providers (PCPs).
4. Ensure that all pediatric PCPs in CenCal Health are actively certified as CHDP Examiners.

**II. CARE COORDINATION, TRACKING, FOLLOW-UP, AND OTHER MEMBER ASSISTANCE**

**A. CHDP will:**

1. Provide health information and encouragement to CHDP Members who are referred for follow-up specialty health care services designated by Code 4/5 on the PM 160. CHDP care coordination will be limited to Members enrolled through Gateway with Medi-Cal Aid Codes 8 U, 8 W, 8 X, 8 Y. Current priority areas for health education and follow-up include nutrition, dental, vision and developmental assessments.
2. Offer consultation to parents/guardians to ensure that the methods to access medical treatment services are understood, including the significance of keeping appointments. The CHDP local office will provide this service to members enrolled through Gateway with Medi-Cal Aid Codes 8 U, 8 W, 8 X, 8 Y.
3. Send the PM 160s of CenCal Health Members with a follow-up Code 4/5 to CenCal Health following HIPAA-compliant standards, upon request.
4. Provide CHDP Providers with information that will assist them in making referral lists for follow-up care. CHDP will also provide appropriate community resources and local agency referral lists to the CHDP Providers, as needed.
5. Inform CHDP Providers of changes in the schedule of pediatric preventative care and other services that are required or recommended by CHDP/State Children's Medical Services.
6. Monitor the CHDP Providers' System that tracks the results of the periodic health assessments for those patients who have an identified medical problem and follow-up on the necessary treatment within one hundred and twenty (120) days.

**B. CenCal Health will:**

1. Ensure that PCPs provide primary care case management, care coordination, medical referrals, and continuity of care. CenCal Health will promote PCPs case management by requiring all referrals for specialty care be issued by the Members' assigned PCPs, and/or authorized by CenCal Health.
2. Require that PCPs follow-up on missed appointments according to CenCal approved protocols.
3. Require that PCPs refer Members to the CHDP Program when they no longer qualify for CenCal Health benefits yet may still qualify for pediatric preventive or time-limited treatment services covered as program benefits through CHDP or other County programs and provide appropriate documentation to CHDP.
4. Refer Members who are potentially eligible for community resources to agencies such as CCS, WIC, Early Start, Regional Center, Mental Health Services, and generalized dental care.
5. Refer CenCal Providers to appropriate agencies when claims, prior authorization, or other administrative information is available that suggest a medical need for referral.
6. Share information with the CHDP Program regarding a Member's specific PCP assignment and services provided to the Member, as requested.

**III. HEALTH EDUCATION**

**A. CHDP will:**

1. Perform community-wide education about child health issues including CHDP services.
2. Provide CHDP Providers with access to health education materials and resources that support the provision and documentation of complete well-child visits, including developmental histories (physical and mental), thorough physical exams, age-appropriate health education and anticipatory guidance. This includes, but is not limited to, health information on the local CHDP and State websites, brochures, videos, and/or training on a variety of topics such as nutrition, fluoride varnish, injury prevention, lead screening, and anti-tobacco information.

**B. CenCal Health will:**

1. Ensure that PCPs provide complete well-child visits, according to CHDP guidelines. Health Educator(s) employed by CenCal Health will coordinate with CHDP staff to provide prevention activities and community-wide education targeted at children and teens.
2. Coordinate with CHDP staff to provide PCPs with materials that are in accordance with CHDP and American Academy of Pediatrics (AAP) clinical guidelines for the provision of pediatric preventive care.

#### **IV. PROVIDER NETWORK**

##### **A. CHDP will:**

1. Recruit and maintain an adequate network of CHDP Providers.
2. Provide CenCal Health and CenCal Health Providers with up-to-date CHDP administrative policies and guidelines.
3. Provide training to both CenCal Health Providers and CHDP Providers on CHDP medical standards and requirements. Training shall be coordinated with CenCal Health staff to ensure a consistent and uniform message from both parties.
4. Distribute CHDP Provider Information Notices (PINs) to CenCal Health Providers and the CenCal Health liaison established for the CHDP Program.

##### **B. CenCal Health will:**

1. Maintain an adequate pediatric provider network of primary, specialty, and allied care providers.
2. Assist CHDP staff in provider training on CHDP and CenCal Health program standards, as requested.
3. Credential and re-credential healthcare providers according to National Committee for Quality Assurance (NCQA) guidelines, CenCal Health criteria and Title 28 regulations.
4. Require that all Members younger than 21 years of age are assigned to CHDP-approved PCPs.

#### **V. QUALITY IMPROVEMENT**

##### **A. CHDP will:**

1. Notify CenCal Health when a problem is identified regarding PCP services provided within the CHDP Program, to the extent that such notification is CenCal related and permitted by law, statute or regulation.
2. Appoint a liaison person(s), within thirty (30) days of a to coordinate activities with CenCal Health and to notify CHDP staff and providers of their roles and responsibilities.
3. Review and analyze data available through form PM 160 and report findings to the CHDP Provider community via newsletters and direct mailings.
4. Collaborate with CenCal Health to improve mutual quality of care priorities, including those specific to CenCal Health's pediatric membership.
5. Coordinate with CenCal Health to schedule joint site audit reviews (to the extent that such sharing is permitted by law, statute or regulation) and implement corrective actions required of those providers who are common to both CHDP and CenCal Health.
6. Provide CHDP-related data to the local CHDP office if needed.

B. CenCal Health will:

1. Notify CHDP when a problem is identified to the extent that such notification is CHDP-related and permitted by law, statute or regulation.
2. Appoint a liaison person(s) to coordinate activities with CHDP and to notify CenCal Health staff and CenCal Health Providers of their CHDP Program responsibilities.
3. Coordinate with CHDP to schedule joint site audit reviews (to the extent that such sharing is permitted by law, statute or regulation) and implement corrective actions required of those providers who are common to both CHDP and CenCal Health.
4. Inform CHDP of quality indicators/measures required for PCPs/CHDP Providers within the CenCal Health guidelines. As requested by CHDP, report the quality measures that have been recorded for each PCPs/CHDP Provider.

**VI. General Provisions**

A. Term

This MOU shall be effective on the date executed by the Public Health Department Director and shall renew automatically for subsequent terms of two (2) years each unless earlier terminated or amended as provided herein.

B. Termination

**For Cause.** If a party materially breaches this MOU and fails to cure the material breach to the satisfaction of the non-breaching party within fourteen (14) days after the non-breaching party gives written Notice of the material breach, the non-breaching party may terminate this MOU immediately upon written Notice to the other party.

**For Convenience.** Either party may terminate this MOU with a minimum of sixty (60) days advance written Notice to the other and the effective date of such termination shall be the first day of the month following the completion of the sixty (60) day period. Such written Notice shall be given by U.S. mail, addressed to the office of the other party at the address provided in § VI. E, Notices or sent to the most recent address on file. Subsequently, both parties may work in good faith to renegotiate a new MOU that meets program requirements and mutually satisfies the needs of the other.

Termination shall be immediate and automatic in the event that the State CHDP Contract is terminated.

C. Amendments

Neither party shall be precluded from mutually agreeing to amendments as may be necessary to effectuate or change the terms herein. In the event that a party wishes to amend this MOU, it shall notify the other party in writing of said request and shall propose language for the amendment. Any and all amendments must be in writing and signed by both parties.

D. Authority

Both CHDP and CenCal Health warrant and represent that they have the power and authority to enter into this MOU in the names, titles and capacities herein stated without the need for approval or agreement by any other person or entity.

E. Notices

Any Notice or other communication required or permitted in this MOU shall be in writing and shall be deemed to have been duly given on the day of service if served personally or by facsimile transmission with confirmation, or five (5) days after mailing if mailed by US mail, or two (2) days after delivery if delivered by a nationally recognized overnight courier, to the person and address noted below or to such other person or address as a party may designate in writing from time to time.

If served on CenCal Health:

Director of Provider Services  
CenCal Health  
4050 Calle Real  
Santa Barbara, CA 93110  
Facsimile Number: 805-683-9203

If served on CHDP:

County of Santa Barbara, Public Health Department  
Contracts Unit  
300 N. San Antonio Rd., Bldg 8  
Santa Barbara, CA 93110  
Facsimile Number: 805-681-5191

F. Entire Agreement

This agreement constitutes the entire understanding of the parties thereto and supersedes all prior and contemporaneous understandings or agreements of the parties.

G. Cooperation of Parties

In an effort to effectuate the purpose and intent of this MOU, each party agrees to meet annually, on or before the two (2) year anniversary of the date of execution, to review the MOU and its terms.

**IN WITNESS WHEREOF**, CHDP and CenCal Health have executed this MOU on the day and year set forth below.

\_\_\_\_\_  
Public Health Department Director

\_\_\_\_\_  
CenCal Health, Chief Executive Officer

\_\_\_\_\_  
Date



**MEMORANDUM OF UNDERSTANDING**  
between the  
**PUBLIC HEALTH DEPARTMENT/Child Health and Disability Prevention Program**  
and the  
**DEPARTMENT OF SOCIAL SERVICES/Child Welfare Services Agency**  
and the  
**PROBATION DEPARTMENT**  
for  
**HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE**  
for the period  
**JULY 1, 2012 through JUNE 30, 2013**

**THIS MEMORANDUM OF UNDERSTANDING** (hereafter MOU) is made by and between the Public Health Department Community Health Division's Child Health and Disability Prevention (PHD CHDP) Program *and* the Department of Social Services' Child Welfare Services (CWS) Agency *and* the Probation Department for the Health Care Program for Children in Foster Care (HCPCFC).

**ACRONYM DEFINITIONS:**

CCS	California Children's Services (a program within CMS)
CHDP	Child Health and Disability Prevention (a program within CMS)
CMS	Children's Medical Services (a program within PHD PCFH)
CWS	Child Welfare Services (a program within DSS)
DSS	Department of Social Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EPSDT-SS	Early and Periodic Screening, Diagnosis, and Treatment - Supplemental Services
HCPCFC	Health Care Program for Children in Foster Care
HEP	Health Education Passport
PCFH	Primary Care and Family Health (a division within PHD)
PROB	Probation Department
PHD	Public Health Department
PHN	Public Health Nurse

**SECTION ONE: PURPOSE**

The Public Health Department's Child Health and Disability Prevention (PHD CHDP) is a health promotion, disease and disability prevention program serving California's low-income infants, children and youth. The PHD CHDP program administers the Health Care Program for Children in Foster Care (HCPCFC). The services of this program are in support of and in compliance with the service plan developed for the family.

The HCPCFC is a public health nursing program located in the Department of Social Services' Child Welfare Service (DSS CWS) Agency to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth placed in foster care by CWS and Probation. The HCPCFC PHN serves in an administrative capacity, linking the child to vital

community resources. Services provided are limited to Title XIX mandates and do not include direct patient care.

DSS CWS provides child welfare services to the County of Santa Barbara. The Probation Department (PROB) serves the Juvenile Court and assists in the rehabilitation and supervision of juvenile offenders. Partnering together, PHD, DSS and PROB will accomplish the common goals and objectives of the HCPCFC program. These common goals and objectives shall be achieved through close collaboration and cooperation between this multi-disciplinary, interdepartmental team. This team (PHD-DSS-PROB) has established a process through which PHNs consult and collaborate with the foster care team to promote access to comprehensive preventive health and specialty services.

PHD CHDP's responsibility includes the management of this required interdepartmental MOU with DSS CWS Agency, Probation and Public Health Departments.

## SECTION TWO: POINTS OF CONTACT

1. DSS CWS: CWS Social Service Supervisor, and in his or her absence, the CWS Division Chief will serve as the primary contact.
2. PROB: Placement Unit Supervisor, and in his or her absence, the Juvenile Services Manager will serve as the primary contact.
3. PHD: The Deputy Director of CHDP Program, and in his or her absence, the Director of the CHDP Program will serve as the primary contact.

## SECTION THREE: TERM

This MOU is in effect from July 1, 2012 through June 30, 2014 unless revised or terminated by mutual agreement. In the event that changes in federal or state requirements impact the current MOU, PHD, DSS, and PROB agree to renegotiate the pertinent section(s) within 90 days of receiving new instructions from the state. The three Departments will meet annually to review the MOU and revise as needed.

## SECTION FOUR: SCOPE OF WORK

This MOU covers the suggested areas of responsibility for the PHD CHDP Public Health Nurse (PHN), the DSS CWS Agency, and the Probation Department as described below. The Points of Contact listed in SECTION TWO will discuss and set limits for the assignment appropriate with the priorities of the three Departments.

Service Provided	PHD Local CHDP PHN Responsibilities	DSS & PROB Local CWS Agency and Social Worker/Probation Officer Responsibilities
Location	<ul style="list-style-type: none"> <li>PHN will be physically located in the CWS Agency with accessibility to all team members</li> </ul>	<ul style="list-style-type: none"> <li>CWS will provide appropriate workspace, equipment, supplies and administrative support. PHN location within the CWS Agency will include accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.</li> </ul>

Service Provided	PHD Local CHDP PHN Responsibilities	DSS & PROB Local CWS Agency and Social Worker/Probation Officer Responsibilities
Supervision	<ul style="list-style-type: none"> <li>PHN will be supervised by the Deputy Director of the local CHDP program with input from CWS Agency staff.</li> </ul>	<ul style="list-style-type: none"> <li>CWS Agency and Supervising Probation Officer will provide input to the Deputy Director of the local CHDP program.</li> </ul>
Accessing Resources	<ul style="list-style-type: none"> <li>PHN will identify health care providers in the community.</li> <li>PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</li> <li>PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</li> <li>PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</li> </ul>	<ul style="list-style-type: none"> <li>CWS Agency and Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</li> <li>CWS Agency and Social Worker/Probation Officer will work with the substitute care provider (Foster Parent) and the PHN to identify an appropriate health care provider for the child.</li> <li>CWS Agency and Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</li> </ul>

Service Provided	PHD Local CHDP PHN Responsibilities	DSS & PROB Local CWS Agency and Social Worker/Probation Officer Responsibilities
Health Care Planning and Coordination	<ul style="list-style-type: none"> <li>• PHN will interpret health care reports for Social Worker/Probation Officers and others as needed.</li> <li>• PHN will verify that a Health and Education Passport has been initiated by Social Worker/Probation Officer for each child expected to remain in foster care.</li> <li>• PHN will work with substitute care provider and Social Worker/Probation Officer to ensure that the child's Health and Education Passport or its equivalent is updated.</li> <li>• PHN will assist substitute care providers in obtaining timely comprehensive assessments.</li> <li>• PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</li> <li>• PHN will assist Social Worker/Probation Officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs including, but not limited to, Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</li> <li>• PHN will obtain and provide health care documentation when necessary to support the request for health care services.</li> <li>• PHN will forward medical documentation for permanent filing/scanning to DOC Star after input to CWS/CMS.</li> <li>• PHN will collaborate with Social Worker/ Probation Officer, biological parent when possible and substitute care provider to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the Health Education Passport (HEP) to the substitute care provider.</li> <li>• PHN will assist Social Worker/Probation Officer to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• PHN will collaborate with the Social Worker/ Probation Officer and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• PHN will review upon request the child's health plan with Social Worker/Probation Officer.</li> </ul>	<ul style="list-style-type: none"> <li>• Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer.</li> <li>• Social Worker/ or designee will forward all medical, dental or mental health information to PHN prior to permanent filing/scanning to DOC Star.</li> <li>• Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</li> <li>• Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</li> <li>• Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the substitute care provider.</li> <li>• Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• Social Worker/Probation Officer will collaborate with the PHN and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.</li> </ul>

Service Provided	PHD Local CHDP PHN Responsibilities	DSS & PROB Local CWS Agency and Social Worker/Probation Officer Responsibilities
Training/Orientation	<ul style="list-style-type: none"> <li>• PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</li> <li>• PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS Agency staff and Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</li> <li>• CWS Agency staff and Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</li> <li>• CWS Agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS/CMS) system and provide training in its use.</li> <li>• CWS Agency personnel will arrange for PHN access to SafeMeasures for better determining which children are in need of medical/dental services.</li> </ul>
Policy/Procedure Development	<ul style="list-style-type: none"> <li>• PHN will provide program consultation to DSS and Probation Departments in the development and implementation of the EPSDT/CHDP program policies related to the Health Care Program for Children in Foster Care.</li> <li>• PHN will participate in multi-disciplinary meetings for review of health-related issues.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS Agency staff and Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</li> </ul>
Transition from Foster Care	<ul style="list-style-type: none"> <li>• PHN will provide assistance to the Social Worker/Probation Officer and the youths leaving foster care on the availability of options for health care coverage as well as community resources to meet the health care needs upon emancipation.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS Agency staff and Probation Officers will collaborate with PHN to assure youths leaving foster care supervision are aware and connected to resources for independent living.</li> </ul>
Quality Improvement	<ul style="list-style-type: none"> <li>• PHN will conduct joint reviews of case records for documentation of health care services with CWS Agency and Probation Department.</li> <li>• PHN will work with CWS Agency and Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li> <li>• PHN will establish baseline data for evaluating health care services provided to children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS Agency staff and Probation Officers will conduct joint reviews of case records for documentation of health care services</li> <li>• CWS Agency and Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li> <li>• CWS Agency and Probation Officers will collaborate and assist PHN in gathering data.</li> </ul>

**IN WITNESS THEREOF** the parties hereto have caused this agreement to be executed on the day and year written below.

PUBLIC HEALTH DEPARTMENT

Date: \_\_\_\_\_

\_\_\_\_\_  
Takashi Wada, MD, MPH  
Director/Health Officer  
Public Health Department  
County of Santa Barbara

DEPARTMENT OF SOCIAL SERVICES

Date: \_\_\_\_\_

\_\_\_\_\_  
Kathy Gallegher  
Social Services Director  
County of Santa Barbara

COUNTY PROBATION DEPARTMENT

Date: \_\_\_\_\_

\_\_\_\_\_  
Beverly A. Taylor,  
Chief Probation Officer  
County of Santa Barbara

MOU Reviewers:

Department	Name & Email	Approval Date:
DSS	Deborah Hartman: <a href="mailto:d.harman@sbcsocialserv.org">d.harman@sbcsocialserv.org</a>	
DSS	Delfino Neira: <a href="mailto:d.neira@sbcsocialserv.org">d.neira@sbcsocialserv.org</a>	
PROB	Wendy Stanley: <a href="mailto:wstanle@co.santa-barbara.ca.us">wstanle@co.santa-barbara.ca.us</a>	9/13/12
PHD	Sandra Copley: <a href="mailto:sandra.copley@sbcphd.org">sandra.copley@sbcphd.org</a>	9/13/12
PHD	Rea Goumas: <a href="mailto:rea.goumas@sbcphd.org">rea.goumas@sbcphd.org</a>	
PHD	Rose Davis: <a href="mailto:rose.davis@sbcphd.org">rose.davis@sbcphd.org</a>	9/26/12

**INTERAGENCY AGREEMENT**

**BETWEEN**

**SANTA BARBARA COUNTY**

**SPECIAL EDUCATION LOCAL PLAN AREA**

**AND**

**SANTA BARBARA**

**CALIFORNIA CHILDREN'S SERVICES**

**Final Version - December 1, 2011**



## TABLE OF CONTENTS

INTRODUCTION.....	1
INDIVIDUAL SERVICE NEEDS	
Standards.....	2
Referrals.....	3
Assessment.....	5
CCS Medical-Therapy Conference .....	6
IEP Development, Implementation, and Review.....	7
Least Restrictive Environment .....	9
Medical Therapy Unit Facilities and Equipment .....	10
MTU Satellite Facilities and Equipment.....	11
Location of MTU and Satellite Sites .....	12
Resolution of Disagreements and Due Process.....	13
Confidentiality and Exchange of Information.....	14
STAFF DEVELOPMENT .....	15
ADMINISTRATION .....	16
DISPUTE RESOLUTION .....	17
DIRECTORY OF AGENCY CONTACTS .....	18
INTERAGENCY AGREEMENT APPROVAL .....	21
APPENDIX	
A. Medical Eligibility for the Medical Therapy Program .....	22
B. Overview Department of Health Services Children's Medical Services CCS Prog .....	23
C. Referral Packet:	
1. Checklist for LEA Referrals for CCS Medical Therapy Program Services .....	26
2. New Referral CCS/GHPP Client Service Authorization Request (SAR) .....	27
3. Information About California Children's Services (CCS) (English/Spanish).....	29
4. Application to Determine CCS Program Eligibility (English/Spanish).....	33
5. Instructions for California Children's Services Application (English/Spanish) .....	35
6. CCS Authorization for Release of Information (English/Spanish).....	39
7. Physician's Information Form .....	41

D.	CCS Response Forms	
1.	CCS Medical Eligibility Notification - Sample.....	42
2.	CCS Notice of Action .....	43
3.	CCS Medical Therapy Program (MTP) Therapy Assessment Plan (English/Spanish)	45
4.	CCS Medical Therapy Conference/Clinic Notice – Sample (Santa Maria/Lompoc) ...	47
5.	CCS Medical Therapy Plan/Prescription .....	49
6.	CCS LEA Notification of Medical Therapy Program Status .....	50
7.	CCS LEA Notification of Possible Delay in Determining Medically Necessary Therapy Services .....	51
E.	Medical Therapy Program Second Expert Opinion Process .....	52

## INTRODUCTION

The purpose of this agreement is to establish working procedures to encourage interagency cooperation in the provision of services to children with disabilities.

It is the intent of this agreement to:

1. Determine each agency's responsibility to the individual, including which services are to be provided by each agency;
2. Delineate which agency assumes the fiscal responsibility for providing the service to the individual;
3. Ensure that all children with disabilities have a free and appropriate public education as required by federal and state laws, regardless of the public agency administering the program;
4. Provide an uninterrupted flow of education to the individual as indicated in each individualized education plan and therapy services as indicated in the CCS medical therapy plan;
5. Establish procedures for reviewing and updating the interagency agreement as necessary;
6. Establish joint planning at the local level to ensure that resources will be utilized in the most efficient manner;
7. Assure non-duplication of service;
8. Establish and maintain channels of communications between the education agencies and CCS.
9. Reflect the guidelines included in the State Interagency Agreement between California Department of Education (CDE), Special Education Division and Department of Health Services, Children's Medical Services Branch (CMS), California Children's Services (CCS) Medical Therapy Program (MTP).

A. INDIVIDUAL'S SERVICE NEED: Standards	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Provide the appropriate educational program and environment for individuals with exceptional needs according to their IEP and federal and state laws.</li> <li>2. Use all services available through CCS before expending any funds to provide such services to individuals with exceptional needs.</li> </ol>	<p>Santa Barbara County California Children Services Program will:</p> <ol style="list-style-type: none"> <li>1. Provide physical and occupational therapy services under medical supervision to individuals in accordance with standards established by the CCS Program.</li> <li>2. Assure that the services provided by physicians, physical therapists, and occupational therapists in the CCS Medical Therapy Program are in accordance with state licensure and professional ethics.</li> <li>3. Provide diagnostic and medical treatment services to individuals in accordance with standards established by the CCS program.</li> <li>4. Provide and maintain durable medical equipment as prescribed by a CCS panel physician for the sole use of the CCS client e.g. wheelchairs, crutches, per CCS treatment program eligibility standards.</li> </ol>

B. INDIVIDUAL'S SERVICE NEED: Referrals	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Refer any individual birth to 21 years of age who has or is suspected of having a neuromuscular, musculoskeletal, or other physical disability requiring medically necessary occupational or physical therapy to the local California Children's Services Program (see Appendix A and B for CCS eligible conditions) utilizing the procedure outlined below: <ul style="list-style-type: none"> <li>• Complete referral packet (Appendix C) including all items on the "Checklist for LEA Referrals for CCS Medical Therapy Program Services."</li> <li>• Include all the information requested on the forms.</li> <li>• Send to CCS administrative office, 345 Camino del Remedio, Santa Barbara, CA 93101.</li> </ul> </li> <li>2. Refer the parent to the CCS Therapy Services Coordinator when a student has been receiving CCS Therapy in another county and moves into the Santa Barbara SELPA.</li> <li>3. Using the procedure outlined in item #1, refer the parent of students from out-of-state who have been receiving OT/PT per their IEP and are suspected of having a CCS eligible condition to CCS for review of their records to determine medical eligibility and need based on CCS eligibility criteria. Students not suspected of having a CCS eligible condition will be referred to SELPA.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Review all referrals which appear to meet CCS criteria or which are questionable and determine medical eligibility for services (see Appendix A &amp; B).</li> <li>2. Provide diagnostic, treatment, and medical therapy services in accordance with standards established by the California Children's Services Program.</li> <li>3. Refer any individual suspected of needing educational support services to the director/coordinator of the local education agency as listed in Appendix F.</li> </ol>

B. INDIVIDUAL'S SERVICE NEED: Referrals (CONTINUED)		
EDUCATION		CALIFORNIA CHILDREN'S SERVICES
Santa Barbara County Special Education Local Plan Area will:		Santa Barbara County California Children's Services Program will:
4. Refer any individual, birth to 21 years of age, who has or is suspected of having a medical condition which is eligible for CCS diagnostic or treatment services (see Appendix B) by completing the CCS Request for Service packet (Appendix C) and forwarding the form to the CCS office at the address listed on the form, attaching any relevant medical records.		

C. INDIVIDUAL'S SERVICE NEED: Assessment		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:	
<ol style="list-style-type: none"> <li>1. Assess the individual according to assessment requirements of federal and state laws.</li> <li>2. With parental consent, will forward a copy of the assessment report to the CCS MTU.</li> </ol>	<ol style="list-style-type: none"> <li>1. Assess all medically eligible individuals in accordance with State CCS standards and federal and state law.</li> <li>2. With parental consent will send a copy of the CCS physical and/or occupational therapy evaluation to the LEA.</li> </ol>	

D. INDIVIDUAL'S SERVICE NEED: CCS Medical-Therapy Conference		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Release personnel, when appropriate, for attendance at a pupil's scheduled CCS Medical-Therapy Conference Appointment.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Use a CCS Medical-Therapy Conference Team as needed to evaluate and determine the rehabilitation needs of medically eligible individuals including bracing, surgery, physical therapy, occupational therapy, and equipment.</li> </ol>	



E. INDIVIDUAL'S SERVICE NEED: IEP Development, Implementation, and Review		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:	<ol style="list-style-type: none"> <li>1. Participate, with parental consent, in the development of the IEP in accordance with State CCS standards and state and federal laws. Such participation may include attendance by a CCS staff member at the IEP meeting, provision of written information concerning the need for CCS occupational and/or physical therapy, or conference calls, together with written recommendations.</li> <li>2. Provide, with parental consent, a copy of the current approved CCS Medical Therapy Plan Prescription, within 15 days of MD signature to the LEA Administrator or designee for the purpose of updating the IEP. (Appendix D-5)</li> <li>3. Provide at least 10 days prior notice to the LEA Administrator or designee noted as the contact person on the IEP Notification of Meeting form and the parent of a possible change in the CCS medical therapy program services which may necessitate a change in the IEP. This notice will be in the form of a copy of the Medical Therapy Conference Notice. (See Appendix D-4)</li> </ol>
<ol style="list-style-type: none"> <li>1. Provide prior notice to the appropriate CCS Medical Therapy Unit for all IEP meetings of individuals receiving CCS occupational and/or physical therapy services.</li> <li>2. Ensure that the child's IEP reflects the current level of CCS therapy services provided by attaching a copy of the current approved CCS Medical Therapy Plan/Prescription to IEP when provided. (Appendix D-5).</li> <li>3. Identify specialized equipment in the IEP when needed for achieving educational objectives.</li> <li>4. Include transportation to and from therapy in the IEP when needed.</li> <li>5. With parental consent send a copy of the IEP to the designated MTU when CCS therapy services and/or transportation to/from the therapy site are included on the IEP.</li> <li>6. If CCS notifies LEA/SELPA administrator or designee that CCS is unable to provide services in the approved CCS Medical Therapy Plan/IEP, the SELPA administrator shall engage in the following process: <ol style="list-style-type: none"> <li>a. Interagency team meets to discuss recruitment plan.</li> <li>b. Reimbursement at current contract rate or a negotiated rate between SBCSEPA and CCS plus an administrative fee of 15% shall be paid by CCS to the LEA.</li> </ol> </li> </ol>		

E. INDIVIDUAL'S SERVICE NEED: IEP Development, Implementation, and Review (CONTINUED)		
EDUCATION		CALIFORNIA CHILDREN'S SERVICES
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:	<ol style="list-style-type: none"> <li>4. Upon request from LEA, provide recommendations for durable medical equipment needed for the implementation of the student's IEP.</li> <li>5. Inform the student's district transportation provider when transportation to and/or from therapy is needed.</li> <li>6. CCS will inform the LEA administrator or designee if the student with an IEP is discharged from MTU services.</li> <li>7. CCS will notify the LEA/SELPA administrator or designee if CCS is unable to provide services as stated in approved CCS Medical Therapy Plan and contained in the IEP</li> </ol>

F. INDIVIDUAL'S SERVICE NEED: Least Restrictive Environment		
	EDUCATION	CALIFORNIA CHILDREN'S SERVICES
Santa Barbara County Special Education Local Plan Area will:	<ol style="list-style-type: none"> <li>1. Ensure that, to the maximum extent appropriate, children with disabilities, including children in public or private institutions, are educated with children who are not disabled.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Assist the LEA in evaluating those aspects of the pupil's physical disability relating to placement in the least restrictive environment, e.g., architectural considerations and special equipment needs.</li> </ol>

G. INDIVIDUAL'S SERVICE NEED: Medical Therapy Unit Facilities and Equipment		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Provide and maintain the necessary facilities, equipment and supplies as specified in Statewide Facilities Standards for CCS MTUs on a twelve month a year basis.</li> <li>2. Repair and replace equipment, facilities and supplies as necessary.</li> <li>3. Establish an annual budget for supplies, equipment and facilities used by the Medical Therapy Units.</li> <li>4. On an annual basis, jointly review with the CCS Therapy Services Coordinator the projected equipment and facility needs for Medical Therapy Units in the SELPA.</li> <li>5. Identify through revisions to the SELPA Local Plan any changes in fiscal/administrative responsibility for the provision and maintenance of necessary MTU space, equipment and supplies.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Coordinate with the Director of the Santa Barbara County SELPA the provision and maintenance of MTU facilities as specified in the SELPA Local Plan and in the Statewide Facilities Standards for CCS MTUs.</li> <li>2. On an annual basis, jointly review with the SELPA Director the projected equipment and facility needs for Medical Therapy Unit services in the SELPA.</li> </ol>	

H. INDIVIDUAL'S SERVICE NEED: MTU Satellite Facilities and Equipment	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Coordinate with local school districts the provision and maintenance of MTU satellite facilities as specified in the SELPA Local Plan and Statewide Facility Standards for MTUs.</li> <li>2. On an annual basis jointly review with the CCS Therapy Services Coordinator the projected equipment and facility needs for satellite services in the SELPA.</li> <li>3. Identify through revisions to the SELPA Local Plan any changes in fiscal/administrative responsibility for the provision and maintenance of necessary satellite space, equipment and supplies.</li> <li>4. Jointly establish a plan for the use of classrooms or MTU Satellite space when educational or therapy services are not being provided 5 days per week.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Coordinate with the Director of the Santa Barbara County SELPA the provision and maintenance of MTU satellite facilities as specified in the SELPA Local Plan and Statewide Standards for MTUs.</li> <li>2. On an annual basis, jointly review with the SELPA Director the projected equipment and facility needs for satellite services in the SELPA taking into consideration the number of hours of prescribed services and space required to provide those services.</li> <li>3. Jointly establish a plan for the use of classrooms or MTU Satellite space when educational or therapy services are not being provided 5 days per week taking into consideration the number of hours of prescribed services and space required to provide those services.</li> </ol>

I. INDIVIDUAL'S SERVICE NEED: Location of MTU and Satellite Sites		
EDUCATION	CALIFORNIA CHILDREN SERVICES	
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children Services Program will:	<ol style="list-style-type: none"> <li>1. Annually, with the local CCS, re-evaluate the appropriateness of MTU and satellite locations and adequacy of space needed per current state guidelines.</li> <li>2. Jointly plan with the local and state CCS for MTU and satellite establishment and relocation per current state guidelines.</li> <li>3. In the event the relocation of an MTU or MTU Satellite shall become necessary, the LEA will notify CCS by July 1 of the prior school year.</li> <li>4. CCS shall be notified by January 15 of the prior school year of the of the proposed new MTU or MTU Satellite location; the proposed new MTU or MTU Satellite location shall be mutually agreed upon by county.</li> </ol>
		<ol style="list-style-type: none"> <li>1. Annually, with the SELPA, re-evaluate the appropriateness of MTU and satellite locations and adequacy of space needed per current state guidelines.</li> <li>2. Jointly plan with the SELPA for MTU and satellite establishment and relocation per current state guidelines.</li> </ol>

J. INDIVIDUAL'S SERVICE NEED: Resolution of Disagreements and Due Process		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:	<ol style="list-style-type: none"> <li>1. Inform parents of their rights to a second medical opinion appeal using the CCS Medical Therapy Program Dispute Resolution Process - 2nd Expert Opinion. (see Appendix E)</li> <li>2. Refer parents with concerns about their child's educational placement or program to the LEA Staff.</li> <li>3. Encourage parents to participate in the CCS MTU Conference/Clinic for resolution of therapy related disagreements.</li> </ol>
<ol style="list-style-type: none"> <li>1. Inform parents of their rights to due process.</li> <li>2. Refer parents with concerns about their child's CCS Therapy Program to the CCS Therapy Staff.</li> <li>3. Encourage parents to participate in an IEP meeting for resolution of disagreements relating to their child's educational placement or program.</li> </ol>		

K. INDIVIDUAL'S SERVICE NEED: Confidentiality and Exchange of Information	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Acknowledge the protections afforded to student health information under regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), students' records under the Family Educational Rights and Privacy Act of the Education Code, and under provisions of state law relating to privacy. The Parties will ensure that all activities undertaken under this MOU will conform to the requirements of these laws.</li> <li>2. Provide to CCS in a timely manner relevant information concerning the pupil with a disability upon receipt of the parent's informed consent.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Acknowledge the protections afforded to student health information under regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), students' records under the Family Educational Rights and Privacy Act of the Education Code, and under provisions of state law relating to privacy. The Parties will ensure that all activities undertaken under this MOU will conform to the requirements of these laws.</li> <li>2. Provide to the Local Education Agency in a timely manner relevant information concerning the pupil with a disability upon receipt of the parent's informed consent.</li> </ol>



I. STAFF DEVELOPMENT		
EDUCATION	CALIFORNIA CHILDREN'S SERVICES	
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:	<ol style="list-style-type: none"> <li>1. Cooperate and collaborate in the provision of appropriate staff development activities to ensure implementation of the Interagency Agreement.</li> <li>2. Share information with SELPA staff regarding relevant CCS staff development activities.</li> <li>3. MTU staff will participate in all site emergency preparedness training and inservices, including fire and earthquake drills</li> </ol>

M. ADMINISTRATION	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. The Director of the Santa Barbara County SELPA shall serve as the liaison for the Santa Barbara County SELPA to California Children's Services.</li> <li>2. The contact person for each LEA within the SELPA is listed in Appendix F of this agreement.</li> <li>3. It is the policy of the Department of Education that the LEA accept the CCS assessment determinations for medically necessary physical therapy and occupational therapy.</li> <li>4. It is understood that the SELPA and its participating LEAs shall not presume or determine CCS eligibility nor make CCS service recommendations.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. The CCS Coordinator of Therapy and Clinic Services shall serve as the liaison for California Children's Services to the Santa Barbara County SELPA.</li> <li>2. The contact person for each Santa Barbara County California Children's Services MTU is listed in Appendix F of this agreement.</li> <li>3. It is the policy of the Department of Health that the local CCS accept the LEA assessment determination for educational placement and services.</li> <li>4. It is understood that CCS shall not presume or determine eligibility for special education nor make educational programs or service recommendations.</li> <li>5. In the event that a parent makes a request from CCS for a recommendation for specialized equipment to be used in a school based program, CCS will refer the parent to their special education case manager to request a consultation with CCS.</li> </ol>

N. DISPUTE RESOLUTION	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Agree to work cooperatively with CCS to minimize interagency disputes and if such disputes occur will seek a speedy resolution.</li> <li>2. Make every attempt to resolve the dispute at the lowest possible administrative level.</li> <li>3. Seek resolution of disputes through involvement of the Director prior to requesting intervention by the Superintendent of Public Instruction.</li> <li>4. Ensure that the dispute procedures shall not interfere with the right of a pupil with a disability to receive a free appropriate public education.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Agree to work cooperatively with SELPA and the SELPA LEAs to minimize interagency disputes and if such disputes occur will seek a speedy resolution.</li> <li>2. Make every attempt to resolve the dispute at the lowest possible administrative level.</li> <li>3. Seek resolution of disputes through involvement of the CCS Coordinator of Therapy Services prior to requesting intervention by the Southern California Regional Office of CCS.</li> <li>4. Ensure that the dispute procedures shall not interfere with the right of a pupil with a disability to receive a free appropriate public education.</li> </ol>

**DIRECTORY OF AGENCY CONTACTS**

CALIFORNIA CHILDREN SERVICES	HEATHER BOUVIER Clinical Education Coordinator 345 Camino del Remedio Santa Barbara, CA 93101	681-5362
CARPINTERIA	RUTH RECH Director, Pupil Services Carpinteria Unified School District 1400 North Linden Avenue Carpinteria, CA 93013	684-7657
FAMILY PARTNERSHIP CHARTER SCHOOL	TODD MITCHELL Executive Director PO Box 490 Santa Maria, CA 93454	348-3333 904-0087
GOLETA	JACKIE LAW Assistant Superintendent, Special Services Goleta Union School District 401 North Fairview Avenue Goleta, CA 93117	681-1220
GUADALUPE	ED CORA Superintendent Guadalupe Union School District 4465 Ninth Street, P.O. Box 788 Guadalupe, CA 93434-0788	343- 2114
HOPE	BRIAN MEDEL Special Education Coordinator/Psychologist Hope School District 3970 La Colina Road Santa Barbara, CA 93110	455-5885
LOMPOC	BOB ALTAVILLA Director, Special Education Lompoc Unified School District P.O. Box 8000 Lompoc, CA 93438-8000	742-3301
LOMPOC MTU & THE JONATA SATELLITE	LOIS KAM, PT, UNIT SUPERVISOR 991 Mountain View Blvd Suite 2 Vandenberg AFB, CA 93437	734-2005

ORCUTT	LANA THOMAS Director, Pupil Services Orcutt Union School District 500 Dyer Street Santa Maria, CA 93455	938-8960
SANTA BARBARA COUNTY EDUCATION OFFICE	CATHY BREEN Assistant Superintendent, Special Education Santa Barbara County Schools Office 4400 Cathedral Oaks Road Santa Barbara, CA 93111	964-4711
SANTA BARBARA MTU & THE CANALINO SATELLITE	JEANINE JOHNSON-CALOUDS OT, UNIT SUPERVISOR 4400 Cathedral Oaks Road Santa Barbara, CA 93110	967-7758
SANTA BARBARA SCHOOL DISTRICT	KERRI MILLS Assistant Superintendent Santa Barbara School District 720 Santa Barbara Street Santa Barbara, CA 93011	963-4338 x254
SANTA MARIA- BONITA SCHOOL DISTRICT	KAREN ANDERSON Director, Special Education Santa Maria-Bonita School District 708 South Miller Santa Maria, CA 93454	928-1783 x8180
SANTA MARIA HIGH SCHOOL DISTRICT	TINA CHRISTEN Director, Special Education Santa Maria Jt. Union High School District 2560 Skyway Drive Santa Maria, CA 93455	922-4573 x4221
SANTA MARIA MTU & THE BATTLES SATELLITE	ISABEL TELLEZ, PT UNIT SUPV. 601 W. Alvin Avenue Santa Maria, CA 93454	928-0662
SANTA YNEZ VALLEY CONSORTIUM	EMILY MILLER Director of Santa Ynez Valley Special Education Consortium Jonata School 301 Second Street Buellton, CA 93427-9476	688-4222 x2101

SELPA  
COORDINATOR

CLAUDIA ECHAVARRIA  
Santa Barbara County SELPA  
401 N. Fairview Avenue

683-1424

SELPA  
DIRECTOR


JARICE BUTTERFIELD  
Santa Barbara County SELPA  
401 N. Fairview Avenue  
Goleta, CA 93117  
Goleta, CA 93117

683-1424


INTERAGENCY AGREEMENT APPROVAL

INDEMNITY. Except as otherwise expressly provided, Santa Barbara California Children's Services and the Santa Barbara County SELPA shall defend, indemnify, and hold each other harmless from and against all claims, liability, loss, and expense, including reasonable costs, collection expenses and attorneys' fees incurred, which arise by reason of the acts of omissions of the indemnifying party, its agent or employees in the performance of its obligations under this agreement.


This agreement shall commence on the effective date of approval by the signatures. The agreement shall be reviewed annually and revised as necessary. It shall remain in effect until any revisions are mutually agreed upon or either party provides 20 days written notice to terminate.


  
KATHLEEN BOOMER, CHAIRPERSON  
SANTA BARBARA COUNTY SELPA  
JOINT POWERS AGENCY BOARD

DATE 11/7/11

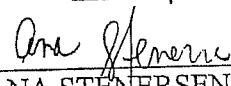
  
LARICE BUTTERFIELD, DIRECTOR  
SANTA BARBARA COUNTY SELPA

DATE 11/7/11


  
CLAUDIA ECHAVARRIA, COORDINATOR  
SANTA BARBARA COUNTY SELPA  
CCS THERAPY  
DATE 11/7/11

  
TAKASHI WADA, MD, MPH  
DIRECTOR/ HEALTH OFFICER  
SANTA BARBARA COUNTY  
PUBLIC HEALTH DEPARTMENT

DATE 10/20/11

  
ANA STENERSEN  
CHILDREN'S MEDICAL SERVICES  
PROGRAM MANAGER

DATE 10/27/11

  
HEATHER BOUVIER, CLINICAL  
EDUCATION COORDINATOR

DATE 11/1/11

## CHDP Administrative Budget Summary for FY 2012-13


No County/City Match

County/City Name: Santa Barbara

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	\$ 429,786	\$ 6,168	\$ 423,618	\$ 190,740	\$ 232,878
II. Total Operating Expenses	\$ 40,800	\$ 483	\$ 40,317	\$ 5,475	\$ 34,842
III. Total Capital Expenses	\$ -	\$ -	\$ -		\$ -
IV. Total Indirect Expenses	\$ 88,966	\$ 1,277	\$ 87,689		\$ 87,689
V. Total Other Expenses	\$ -	\$ -	\$ -		\$ -
Budget Grand Total	\$ 559,552	\$ 7,928	\$ 551,624	\$ 196,215	\$ 355,409
		\$ 3,152			


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	\$ 7,928	\$ 7,928			
Medi-Cal Funds:	\$ 551,624		\$ 551,624		
State	\$ 226,758		\$ 226,758	\$ 49,054	\$ 177,704
Federal (Title XIX)	\$ 324,866		\$ 324,866	\$ 147,161	\$ 177,704

234,686

  
Nancy Leidelmeijer  
Prepared By

10/5/2012  
Date Prepared

(805) 681-5188  
Phone Number

  
CHDP Director or Deputy  
Director (Signature)

10/5/2012  
Date

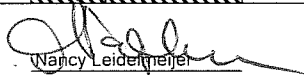
(805) 681-5476  
Phone Number



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

County/City Name:  Santa Barbara Fiscal Year  2012-13 

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 S Copley	23%	\$ 109,200	\$ 25,116	0.71%	\$ 178	99.29%	\$ 24,938	50%	\$ 12,469	50%	\$ 12,469
2. PHN N Confiac	100%	\$ 92,505	\$ 92,505	0.71%	\$ 657	99.29%	\$ 91,848	80%	\$ 73,479	20%	\$ 18,370
3. Staff Phys. Dr. Goumas	10%	\$ 180,000	\$ 18,000	0.92%	\$ 166	99.08%	\$ 17,834	80%	\$ 14,268	20%	\$ 3,567
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 III	5%	\$ 75,500	\$ 3,775	0.11%	\$ 4	99.89%	\$ 3,771	30%	\$ 1,131	70%	\$ 2,640
6. AOP II	50%	\$ 75,500	\$ 37,750	0.11%	\$ 42	99.89%	\$ 37,708	0%	\$ -	100%	\$ 37,708
7 AOP I	100%	\$ 73,500	\$ 73,500	0.11%	\$ 81	99.89%	\$ 73,419	0%	\$ -	100%	\$ 73,419
8 Accountant	3%	\$ 100,000	\$ 3,000	#####	\$ 3,000						
<b>Total Salaries and Wages</b>			\$ 290,396		\$ 4,168		\$ 286,228		\$ 128,878		\$ 157,350
<b>Less Salary Savings</b>			\$ -		\$ -		\$ -		\$ -		\$ -
<b>Net Salaries and Wages</b>			\$ 290,396		\$ 4,168		\$ 286,228		\$ 128,878		\$ 157,350
<b>Staff Benefits (Specify %) 48.00%</b>			\$ 139,390		\$ 2,000		\$ 137,390		\$ 61,862		\$ 75,528
<b>I. Total Personnel Expenses</b>			\$ 429,786		\$ 6,168		\$ 423,618		\$ 190,740		\$ 232,878
<b>II. Operating Expenses</b>											
1. Travel			\$ 3,500		\$ 21		\$ 3,479		\$ 2,783		\$ 696
2. Training			\$ 3,500		\$ 135		\$ 3,365		\$ 2,692		\$ 673
3. Office expense			\$ 11,000		\$ 200		\$ 10,800				\$ 10,800
4. Printing/Duplicating			\$ 3,000		\$ 40		\$ 2,960				\$ 2,960
5. Communications			\$ 3,000		\$ 6		\$ 2,994				\$ 2,994
6. Motorpool			\$ 5,000		\$ -		\$ 5,000				\$ 5,000
7. Utilities			\$ 7,300		\$ 66		\$ 7,234				\$ 7,234
8. Data Processing			\$ 4,500		\$ 15		\$ 4,485				\$ 4,485
<b>II. Total Operating Expenses</b>			\$ 40,800		\$ 483		\$ 40,317		\$ 5,475		\$ 34,842
<b>III. Capital Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>II. Total Capital Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 14.91%			\$ 64,081		\$ 920		\$ 63,161				\$ 63,161
2. External (Specify %) 5.79%			\$ 24,885		\$ 357		\$ 24,527				\$ 24,527
<b>IV. Total Indirect Expenses</b>			\$ 88,966		\$ 1,277		\$ 87,689				\$ 87,689
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>			\$ -		\$ -		\$ -				\$ -
<b>Budget Grand Total</b>			\$ 559,552		\$ 7,928		\$ 551,624		\$ 196,215		\$ 355,409

  
 Prepared By  
 Sandra Copley  
 CHDP Director or Deputy

10/5/2012  
 Date Prepared

10/5/2012  
 Date

805-681-5188  
 Phone Number

(805) 681-5476  
 Phone Number

**CHDP No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2012-13**

**I. PERSONNEL EXPENSE**

Total Salaries	290,396.00
Total Benefits	139,390.08
<b>Total Personnel Expense</b>	<b>429,786.08</b>

**II. OPERATING EXPENSE**

1. Travel	3,500.00	Estimate of travel necessary to perform program activities
2. Training	3,500.00	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. Motorpool	5,000.00	County Carpool attributable to CHDP
7. Utilities	7,300.00	pro-rated CHDP share of utilities
8. Data Processing	4,500.00	Charges by county's DP department
<b>TOTAL OPERATING EXPENSE</b>	<b>40,800.00</b>	

**III. CAPITAL EXPENSE**

	-
<b>TOTAL CAPITAL EXPENSE</b>	<b>-</b>

**IV. INDIRECT EXPENSE**

1. Internal	\$	64,081	Program share of internal overhead, per PHD cost plan
2. External	\$	24,885	Program share of external overhead, per PHD cost plan
<b>TOTAL INDIRECT EXPENSE</b>	\$	88,966	

**V. OTHER EXPENSE**

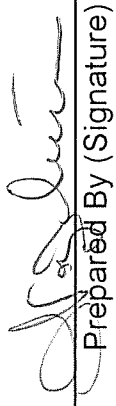
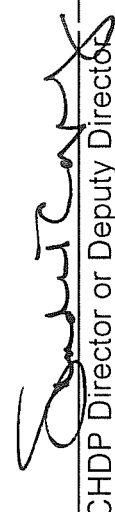
	\$	-
<b>TOTAL OTHER EXPENSE</b>	\$	-
<b>TOTAL BUDGET</b>	\$	<b>559,552</b>

## HCPCFC Administrative Budget Summary Fiscal Year 2012-13

County/City Name: Santa Barbara County

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$140,132	\$140,132	\$0
II. Total Operating Expenses	\$2,250	\$2,250	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$29,007		\$29,007
V. Total Other Expenses			
Budget Grand Total	\$171,390	\$142,382	\$29,007

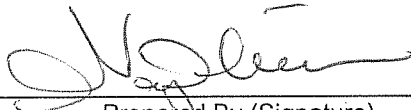
Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	50,099	35,596	14,504
Federal Funds (Title XIX)	121,290	106,787	14,504
Budget Grand Total	171,390		

	10/5/2012	805-681-5188	nleidel@sbcphd.org
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	10/05/12	805-681-5476	scopley@sbcphd.org
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

## HCPCFC Administrative Budget Worksheet Fiscal Year 2012-13

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, L. Flaherty	100%	\$92,500	\$92,500	100%	\$92,500		
2. Program Mgr, S Copley	2%	\$109,200	\$2,184	100%	\$2,184		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$94,684		\$94,684		
Less Salary Savings							
Net Salaries and Wages			\$94,684	100%	\$94,684		
Staff Benefits (Specify %) 48.00%			\$45,448		\$45,448		
<b>I. Total Personnel Expenses</b>			\$140,132		\$140,132		
<b>II. Operating Expenses</b>							
1. Travel			\$1,500	100%	\$1,500		
2. Training			\$750	100%	\$750		
<b>II. Total Operating Expenses</b>			\$2,250		\$2,250		
<b>III. Capital Expenses</b>							
1.							
2.							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 20.70%			\$29,007				\$29,007
2. External 5.79%							
<b>IV. Total Indirect Expenses</b>			\$29,007				\$29,007
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$171,390		\$142,382		\$29,007



Prepared By (Signature)

10-5-2012

Date prepared

805-216-6585 [nleidel@sbcphd.org](mailto:nleidel@sbcphd.org)

Phone Number

Email Address



CHDP Director or Deputy Director (Signature)

10/5/2012

Date

805-681-5476 [sandra.copley@sbcphd.org](mailto:sandra.copley@sbcphd.org)

Phone Number

Email Address

**HCPCFC No County Match Budget Narrative  
Santa Barbara County  
Fiscal Year 2012-13**

**I. PERSONNEL EXPENSE**

Total Salaries	94,684	Full year budget this FY includes Program Manager
Total Benefits	45,448	full budget this FY.
<b>Total Personnel Expense</b>	<b>140,132</b>	

**II. OPERATING EXPENSE**

1. Travel	1,500	Estimate of travel necessary to perform program activities
2. Training	750	Estimate of training needed for current
<b>TOTAL OPERATING EXPENSE</b>	<b>2,250</b>	

**III. CAPITAL EXPENSE**

<b>TOTAL CAPITAL EXPENSE</b>	<b>-</b>	
------------------------------	----------	--

**IV. INDIRECT EXPENSE**

1. Internal	29,007	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>29,007</b>	

**V. OTHER EXPENSE**

<b>TOTAL OTHER EXPENSE</b>	<b>-</b>	
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<b>TOTAL BUDGET</b>	<b>171,390</b>	
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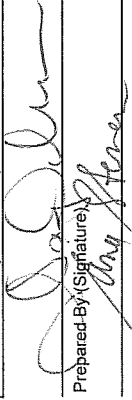
## CCS Administrative Budget Summary for FY 2012-13

County Name: Santa Barbara

CCS CASELOAD	Caseload	Percent of Grand Total
<b>MEDI-CAL</b>		
Average of Total Open (Active) Medi-Cal Children	1,446	60%
Potential Cases Medi-Cal	375	15%
<b>TOTAL MEDI-CAL</b>	<b>1,821</b>	<b>75%</b>
<b>NON MEDI-CAL</b>		
<b>Healthy Families</b>		
Average of Total Open (Active) HF Children	257	11%
Potential Cases HF	69	3%
<b>Total Healthy Families</b>	<b>326</b>	<b>13%</b>
<b>Straight CCS</b>		
Average of Total Open (Active) Straight CCS Children	226	9%
Potential Cases Straight CCS	49	2%
<b>Total Straight CCS</b>	<b>275</b>	<b>11%</b>
<b>TOTAL NON MEDI-CAL</b>	<b>601</b>	<b>25%</b>
<b>GRAND TOTAL</b>	<b>2,422</b>	<b>100%</b>

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 State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$2,010,307	\$506,573	\$1,503,734	\$537,763	\$965,971
II. Total Operating Expense	\$285,000	\$74,100	\$210,900	\$1,850	\$209,050
III. Total Capital Expense	-	-	-	-	-
IV. Total Indirect Expense	\$416,134	\$108,195	\$307,939	-	\$307,939
V. Total Other Expense	-	-	-	-	-
<b>Budget Grand Total</b>	<b>\$2,711,441</b>	<b>\$688,868</b>	<b>\$2,022,573</b>	<b>\$539,613</b>	<b>\$1,482,960</b>

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 State/Federal (25/75)	Nonenhanced State/Federal (50/50)
<b>Straight CCS</b>					
State	\$157,603	\$157,603			
County	\$157,603	\$157,603			
<b>CCS Healthy Families</b>					
State	\$65,391	\$65,391			
County	\$65,391	\$65,391			
<b>Federal (Title XXI)</b>					
Federal (Title XXI)	\$242,880	\$242,880			
<b>Medi-Cal Funds:</b>					
State	\$876,383		\$876,383	\$134,903	\$741,480
<b>Federal (Title XIX)</b>					
Federal (Title XIX)	\$1,146,190		\$1,146,190	\$404,710	\$741,480

  
 Prepared By (Signature) \_\_\_\_\_  
 Date Prepared 10/11/2012  
 Date 10/11/2012  
 CCS Administrator (Signature) \_\_\_\_\_

805-681-5188  
 Phone Number  
 805-681-4026  
 Phone Number  
 70  
 Phone Number

nleidel@sbcphd.org  
 Email Address  
 ana.stenersen@sbcphd.org  
 Email Address

## CCS Administrative Budget Worksheet for FY 2012-13


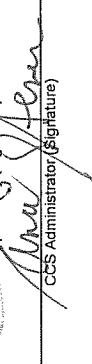
County Name: Santa Barbara

CCS CASELOAD		Actual Caseload	Percent of Grand Total										
MEDI-CAL													
Average of Total Open (Active) Medi-Cal Children		1,446	60%										
Potential Cases Medi-Cal		375	15%										
TOTAL MEDI-CAL		1,821	75%										
NON MEDI-CAL													
Healthy Families													
Average of Total Open (Active) HF Children		257	11%										
Potential Cases HF		69	3%										
Total Healthy Families		326	13%										
Straight CCS													
Average of Total Open (Active) Straight CCS Children		226	9%										
Potential Cases Straight CCS		49	2%										
Total Straight CCS		275	11%										
TOTAL NON MEDI-CAL		601	25%										
GRAND TOTAL		2,422	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 State/Federal (50/50)
I. Personnel Expense													
Program Administration													
Public Health Program Manager, A Stenersen			1.00	\$109,200	\$109,200	25%	\$27,097	75%	\$82,103				\$82,103
Computer Systems Specialist			0.20	\$85,365	\$17,073	25%	\$4,237	75%	\$12,836				\$12,836
Accountant, Nancy Leideimeijer			0.10	\$95,340	\$9,534	25%	\$2,366	75%	\$7,168				\$7,168
Subtotal				\$289,905	\$135,807		\$33,699		\$102,108				\$102,108
Medical Case Management													
Staff Physician, Supervising, Goumas			0.50	\$193,200	\$96,600	25%	\$23,971	75%	\$72,629	75%	\$54,472	25%	\$18,157
PHN Anger			1.00	\$94,800	\$94,800	25%	\$23,524	75%	\$71,276	75%	\$53,457	25%	\$17,819
PHN Cheng			1.00	\$94,800	\$94,800	25%	\$23,524	75%	\$71,276	75%	\$53,457	25%	\$17,819
PHN Gaetos			1.00	\$94,800	\$94,800	25%	\$23,524	75%	\$71,276	75%	\$53,457	25%	\$17,819
PHN Harris			1.00	\$94,800	\$94,800	25%	\$23,524	75%	\$71,276	75%	\$53,457	25%	\$17,819
PHN Peirini			0.50	\$94,800	\$47,400	25%	\$11,762	75%	\$35,638	75%	\$26,729	25%	\$8,910
PHN Strutin			1.00	\$94,800	\$94,800	25%	\$23,524	75%	\$71,276	75%	\$53,457	25%	\$17,819
Med Soc Svc Pract, M Jochim			0.75	\$73,500	\$55,125	25%	\$13,679	75%	\$41,446	0%	\$0	100%	\$41,446
Subtotal				\$835,500	\$673,125		\$187,031		\$506,084		\$348,486		\$157,608
Ancillary Support													
CCS Caseworker A Bayquen			1.00	\$54,758	\$54,758	25%	\$13,588	75%	\$41,170			100%	\$41,170
CCS Caseworker J Connor			1.00	\$54,758	\$54,758	25%	\$13,588	75%	\$41,170			100%	\$41,170
CCS Caseworker C Escobedo			1.00	\$54,758	\$54,758	25%	\$13,588	75%	\$41,170			100%	\$41,170
CCS Caseworker A Ramos			1.00	\$54,758	\$54,758	25%	\$13,588	75%	\$41,170			100%	\$41,170
CCS Caseworker N Guendulain Ordaz			1.00	\$54,758	\$54,758	25%	\$13,588	75%	\$41,170			100%	\$41,170
CCS Caseworker S Barvie			0.50	\$54,758	\$27,379	25%	\$6,794	75%	\$20,585			100%	\$20,585
Subtotal				\$328,545	\$301,166		\$74,732		\$226,434				\$226,434
Clerical and Claims Support													
Admin Office Professional, T Castaneda			1.00	\$65,468	\$65,468	25%	\$16,245	75%	\$49,222	34%	\$16,736	66%	\$32,487
Admin Office Professional, Zacapa			1.00	\$55,125	\$55,125	25%	\$13,679	75%	\$41,446	0%	\$0	100%	\$41,446
Admin Office Professional, N Torres			1.00	\$55,125	\$55,125	25%	\$13,679	75%	\$41,446	0%	\$0	100%	\$41,446
Admin Office Professional, P Emmens			1.00	\$72,500	\$72,500	25%	\$17,990	75%	\$54,510	0%	\$0	100%	\$54,510
Subtotal				\$248,218	\$248,218		\$61,593		\$186,624		\$16,736		\$169,889

CCS Administrative Budget Worksheet for FY 2012-13

County Name: Santa Barbara

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-Med-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
Total Salary and Wages			\$1,358,316		\$337,055		\$1,021,261		\$365,222		\$656,039
Less Salary Savings											
Net Salary and Wages			\$1,358,316		\$337,055		\$1,021,261		\$365,222		\$656,039
Staff Benefits (Specify %)	48.00%		\$651,992	26%	\$169,518	74%	\$482,474	25%	\$172,542	75%	\$309,932
I. Total Personnel Expense			\$2,010,307		\$506,573		\$1,503,734		\$537,763		\$965,971
II. Operating Expense											
1. Travel			\$2,500	26%	\$650	74%	\$1,850	25%	\$463	75%	\$1,388
2. Training			\$7,500	26%	\$1,950	74%	\$5,550	25%	\$1,388	75%	\$4,163
3. Other Expenditures			\$275,000	26%	\$71,500	74%	\$203,500			100%	\$203,500
II. Total Operating Expense			\$285,000		\$74,100		\$210,900		\$1,850		\$209,050
III. Capital Expense											
II. Total Capital Expense											
IV. Indirect Expense											
1. Internal	14.91%		\$299,737	26%	\$77,932	74%	\$221,805			100%	\$221,805
2. External	5.79%		\$116,397	26%	\$30,263	74%	\$86,134			100%	\$86,134
IV. Total Indirect Expense			\$416,134		\$108,195		\$307,939				\$307,939
V. Other Expense											
V. Total Other Expense											
Budget Grand Total			\$2,711,441		\$688,868		\$2,022,573		\$539,613		\$1,482,960

 Prepared By (Signature)  CCS Administrator (Signature)	10/05/2012	805-681-5188	nancy.leideheller@sbcphd.org
	Date Prepared	Phone Number	email address
	10/05/2012	805-681-4026	ana.stenersen@sbcphd.org
	Date Signed	Phone Number	email address



**WORKSHEET**  
**TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES**  
**RELATED TO HEALTHY FAMILIES FOR FY 2012-13**  
**County of Santa Barbara**

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

<b>Caseload Percentages</b>		<b>(a)</b>	<b>(b)</b>
<b>1</b>	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	601	
<b>2</b>	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))	326	54.24%
<b>3</b>	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))	275	45.76%

**SOURCE OF FUNDS**

<b>Straight CCS</b>			
<b>4</b>	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$688,868	
<b>5</b>	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$315,206	
<b>6</b>	State (Line 5(a) x 50%)	(Transfer to Budget Summary, Column 2)	\$157,603
<b>7</b>	County (subtract Line 6(b) from Line 5(a))	(Transfer to Budget Summary, Column 2)	\$157,603

<b>CCS Healthy Families</b>			
<b>8</b>	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$373,662	
<b>9</b>	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$130,782	
<b>10</b>	State (multiply line 9, column (a) by 50%)	(Transfer to Budget Summary, Column 2)	\$65,391
<b>11</b>	County (subtract line 10(b) from line 9(a))	(Transfer to Budget Summary, Column 2)	\$65,391
<b>12</b>	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)	(Transfer to Budget Summary, Column 2)	\$242,880
<b>Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)</b>		<b>\$688,868</b>	

CMSB A-2  
ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

Date of Report: 11/4/2012

County/City Name: Santa Barbara County

Complete Address: 345 Camino Del Remedio, Santa Barbara, CA 93110

CMS Administrative Consultant: Ana Stenersen, RN, PHN

Consultant's Address: 345 Camino Del Remedio, Santa Barbara, CA 93110

Program Name: CHDP

Consultant's Telephone No.: 805-681-4026

Program Contract Telephone No.: 805-681- 5476

Program Contract E-Mail Address: Sandra.Copley@sbcphd.org

DHCS PROPERTY CONTROL USE ONLY STATE ID TAG NO.	Quantity	Description 1. Include Manufacturer's name, model no. (type, size, and/or capacity. 2. If motor vehicle, list year, make model no., type of vehicle (van, sedan, truck, etc.) 3. If Van, include passenger capacity.	Base Cost Per Unit	DHCS Order or Document No.	Date Received	Serial No. (If Motor Vehicle, list VIN No.)
	1	MDF HP Laser Jet 1200n printer	\$ 598.00		8/25/2001	CNBR124527
	1	MDN HP Laser Jet 1200 printer	\$ 428.85		9/26/2002	CNCO330893
	1	725 HP Cpq dc5700 SFF P4 541 HT/1GB/80GB/Combo	\$ 829.17		1/19/2007	MXL165205NG
	1	725 HP Cpq dc5700 SFF P4 541 HT/1GB/80GB/Combo	\$ 829.17		1/19/2007	MXM65205N7
	1	753 HP LP1965 Flat Paner Monitor	\$ 297.00		6/25/2007	CNN71039PK
	1	753 HP LP1965 Flat Paner Monitor	\$ 340.94		8/22/2007	CNN72802V
	1	753 HP LP1965 Flat Paner Monitor	\$ 340.95		11/18/2007	CNN7371XON
	1	788 HP Laser Jet CP1518ni	\$ 754.52		5/20/2008	CNAC82P1MD
	1	820 LCD TFT-24" Widescreen -1920 - 1200/60HZ Monitor	\$ 428.16		9/30/2009	3C09190VT9
	1	1818 HP Laser jet P2035	\$ 333.16		7/28/2010	CNB9k29861
	1	1876 HP Compaq 8200 Elite Small Form Factor PC-XL510	\$ 865.93		6/28/2011	MCL124125M
	1	1879 HP Compaq 8200 Elite Small Form Factor PC-XI510 CPU	\$ 865.93		6/28/2011	MXL124125F

Revised: March 2008  
CMSB A-2 (7/01)

## CMSB A-2

Date of Report: 10/4/2012

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CMSB A-2  
ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

County/City Name: Santa Barbara County CCCS	Date of Report: 10/4/2012
Complete Address: 345 Camino del Remedio	CMS Administrative Consultant: Ana Stenersen, RN, PHN
Santa Barbara, CA 93110	Consultant's Address: 345 Camino del Remedio, Santa Barbara, CA 93110
Program Name: CCS	Consultant's Telephone No.: 805-681-4026
Program Contract Telephone No.: 805-681-5360	
Program Contract E-Mail Address: ana.stenersen@sbcphd.org	

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