

**Plan and Budget Required Documents Checklist**

**MODIFIED FY 2015-16**

<b>County/City:</b> <u>Santa Barbara County</u>		<b>Fiscal Year:</b> <u>2015-16</u>
<b>Document</b>		<b>Page Number</b>
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
	B. Organizational Charts for CCS, CHDP and HCPCFC	9-11
	C. CCS Staffing Standards Profile	Retain locally
	D. Incumbent Lists for CCS, CHDP and HCPCFC	12-16
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
	F. Duty Statements CHDP and HCPCFC	17-18
5.	<b>Implementation of Performance Measures for CHDP and HCPCFC FY 14-15</b>	19- 30
6.	<b>Data Forms</b>	
	A. CCS Caseload Summary	Retain locally
	B. CHDP Program Referral Data	31-32
7.	<b>Memoranda of Understanding and Interagency Agreements List</b>	
	A. MOU/IAA List	33-34
	B. New, Renewed, or Revised MOU or IAA	35-101
	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	N/A
	2. Budget Worksheet	N/A

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2015-16

County/City: **Santa Barbara County**

Fiscal Year: **2015-16**

<b>Document</b>		<b>Page Number</b>
3.	Budget Justification Narrative	N/A
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.	HCPFCF Administrative Budget	
1.	Budget Summary	N/A
2.	Budget Worksheet	N/A
3.	Budget Justification Narrative	N/A
E.	CCS Administrative Budget	
1.	Budget Summary	N/A
2.	Budget Worksheets for CCS	N/A
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)	102-104
3.	Property Survey Report Form (STD 152)	N/A

**Agency Information Sheet****County/City:** Santa Barbara**Fiscal Year:** 2015-16**Official Agency**

Name:	Santa Barbara County Public Health Dept	Address:	345 Camino Del Remedio
Health Officer	Takashi Wada, MD		Santa Barbara CA 93110

**CMS Director (if applicable)**

Name:	Rea Goumas, MD	Address:	345 Camino Del Remedio
Phone:	(805) 681-4027		Santa Barbara CA 93110
Fax:	(805) 681-4958	E-Mail:	Rea.Goumas@sbcphd.org

**CCS Administrator**

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

**CHDP Director**

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

**CHDP Deputy Director**

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

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

Name:	Michael Allen	Address:	105 E. Anapamu St Room 407
Phone:	(805) 568-2245		Santa Barbara, CA 93101
Fax:	(805) 568-2249	E-Mail:	allen@co.santa-barbara.ca.us

**Director of Social Services Agency**

Name:	Daniel Nielson		234 Camino Del Remedio
Phone:	(805) 681-4451		Santa Barbara CA 93110
Fax:	(805) 681-4403	E-Mail:	dnielson@sbcsocialserv.org

**Chief Probation Officer**

Name:	Guadalupe Rabago		117 E. Carrillo St
Phone:	(805) 739-8603		Santa Barbara CA 93101
Fax:	(805) 882-3651	E-Mail:	grabago@co.santa-barbara.ca.us

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

County/City: Santa Barbara County Fiscal Year: 2015-16

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

11-17-2015  
\_\_\_\_\_  
Date Signed

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

11-18-2015  
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

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

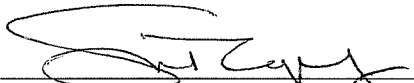
\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

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County/City: Santa Barbara County Fiscal Year: 2015-16

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Signature of CHDP Deputy Director

11-17-2015

Date Signed



Signature of Director of Health Officer

11-18-15

Date Signed

Signature and Title of Other – Optional

Date Signed

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

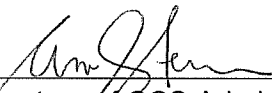
Signature of Local Governing Body Chairperson

Date

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

County/City: Santa Barbara Fiscal Year: 2015-16

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

11-17-2015  
\_\_\_\_\_  
Date Signed

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

11-18-15  
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

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Date Signed

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Signature of Local Governing Body Chairperson

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Date

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County/City: Santa Barbara

Fiscal Year: 2015-16

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\_\_\_\_\_  
Signature of CCS Administrator

11/17/2015  
\_\_\_\_\_  
Date Signed

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

11-18-15  
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

**SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES**  
**AGENCY DESCRIPTION: CHDP and HCPCFC FY 14-15**

**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. 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 (.15 FTE) assumed the oversight of medical direction in FY 2007-2008. Sandra Copley, PHN, CHDP Deputy Director (up to .28 FTE) assumed administrative oversight in February, 2011. Currently there is a CHDP PHN position (1 FTE), HCPCFC PHN (1 FTE), Health Educator (.5 FTE), two positions of Administrative Office Assistant II (.75 FTE each), one Administrative Office Assistants, level III (.05 FTE).

The number of CHDP providers in Santa Barbara County (SBC) is currently 40 provider offices, no offices pending. There was 44,745 PM 160's submitted, excluding partials. 1,734 children with Gateway & CHDP-only received follow-up services by the CHDP office.

The CHDP Deputy Director, CHDP PHN and Health Educator continue to work collaboratively with community based organizations involved in county-wide efforts for health insurance access, oral health services and access issues, children with  $\geq 85\%$  BMI, standardized developmental screening and a promotoras coalition for promotion of preventative health issues. County-wide strategic planning efforts enable 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. Trainings for provider billing and to social services are done in conjunction with our MediCal Managed Care (CenCal Health) when able. There were three Audiometry trainings and three Vision trainings in FY 14-15.

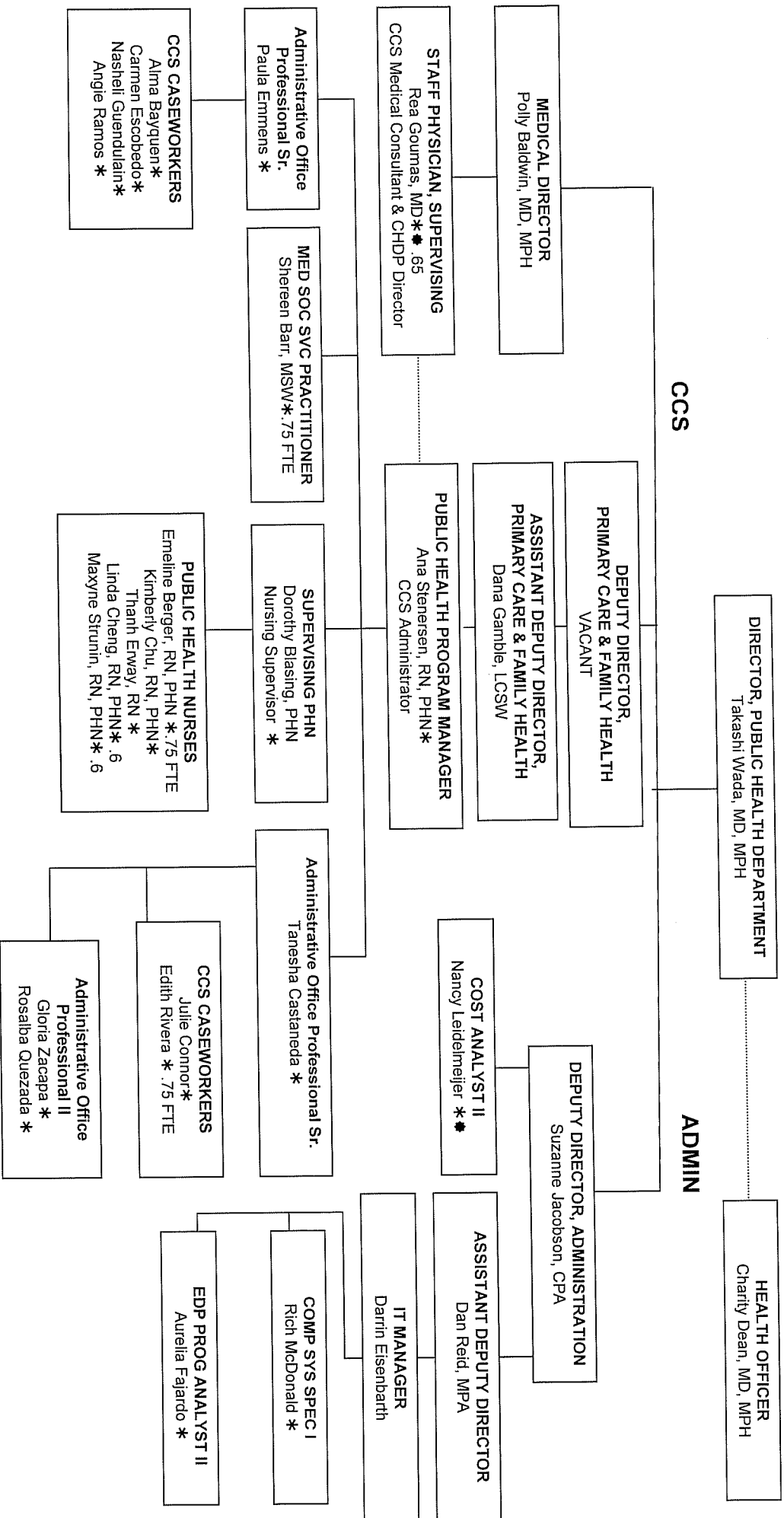
**HCPCFC**

The Health Care Program for Children in Foster Care (HCPCFC) was reinstated in Santa Barbara County per mandate on March 22, 2010. The program has impacted and improved 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 on medical issues, the health passport and psychotropic medication prescriptions that promotes access to comprehensive preventive health and specialty services. There is a HCPCFC PHN (1FTE) and supervision by the CHDP Deputy Director (.03 FTE). A new PHN was hired in June, 2014.

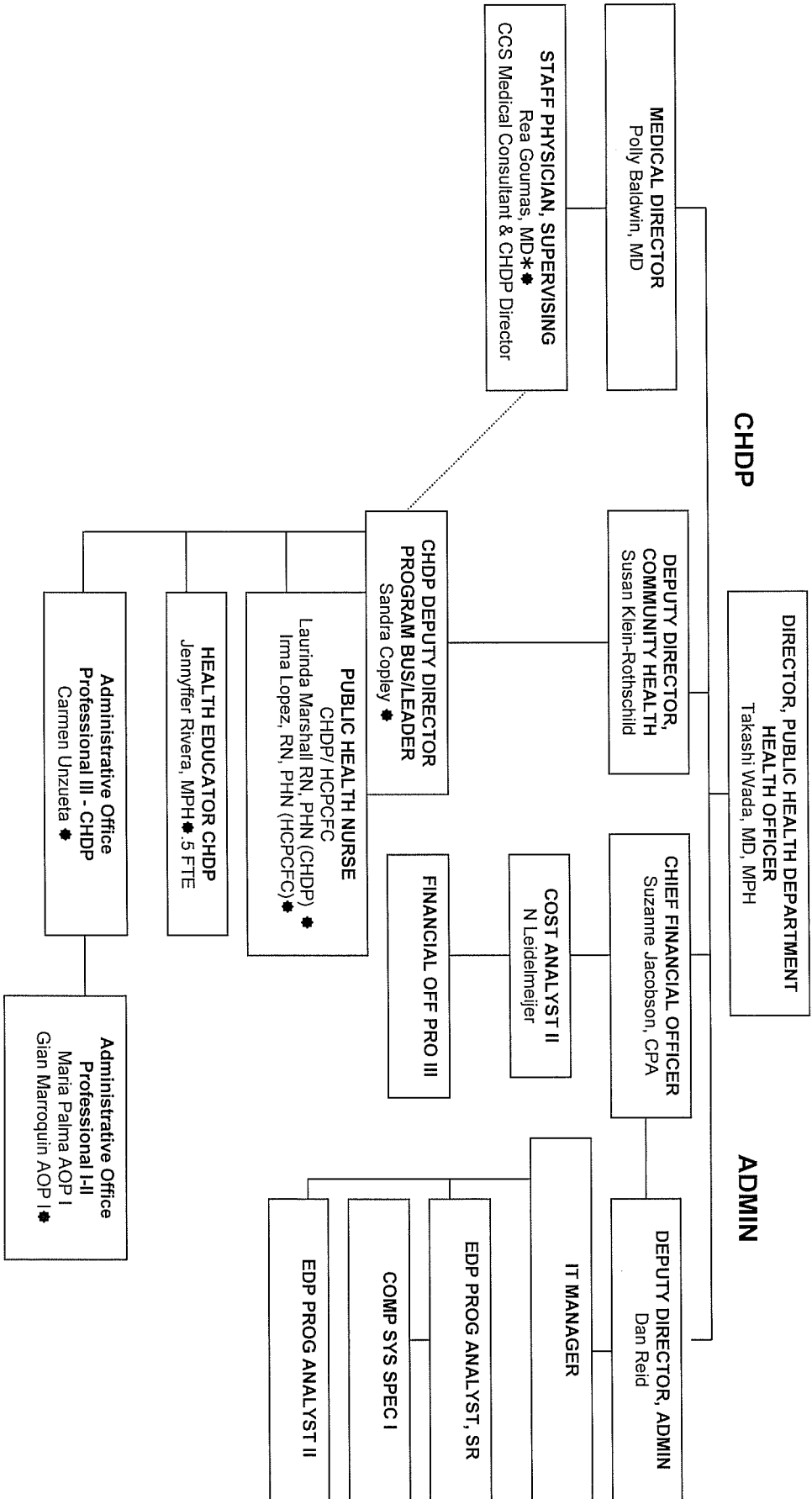
The HCPCFC MOU between CWS, Probation and the Department of Social Services was reviewed and revised for FY 14-15 with outreach efforts targeted to Probation. The HCPCFC PHN has a case load of 450-550 cases. The HCPCFC PHN developed collaborative relationships and instituted creative approaches to maintain the HCPCFC core nursing functions. The HCPCFC has developed trainings for the CWS/DSS staff in coordination with CHDP PHN. The HCPCFC has developed trainings for the CWS/DSS/Probation staff in coordination with CHDP PHN.

**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

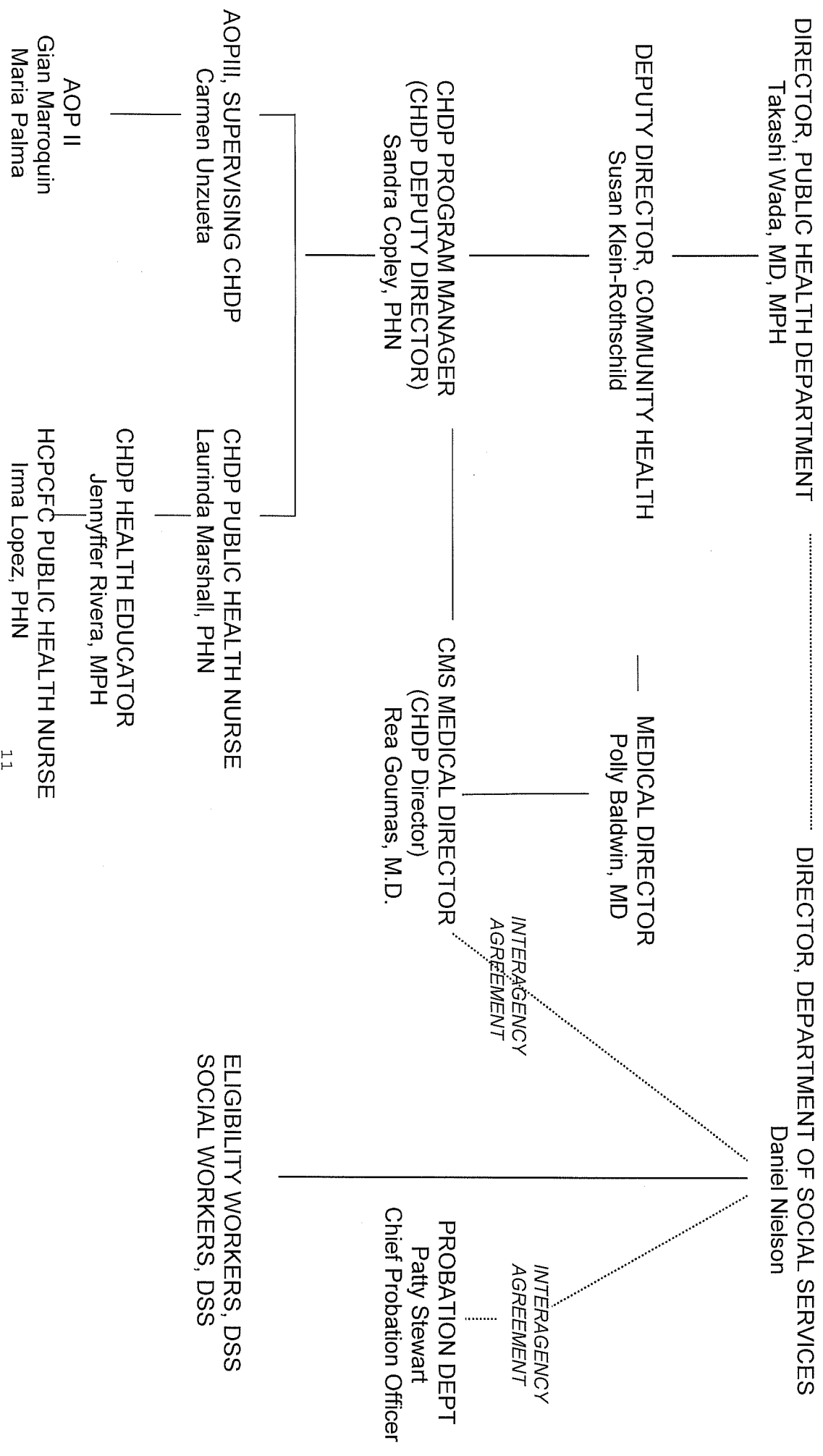
SANTA BARBARA COUNTY CHILDREN'S MEDICAL SERVICES ORGANIZATION CHART FOR CHDP



KEY

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

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



## Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2015-16

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: **Santa Barbara** Fiscal Year: **2015-16**

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	Dorothy Blasing, RN, PHN, Nurse Supervisor	100%	Yes	No
Public Health Nurse	Kimberly Chu, PHN	100%	No	No
Public Health Nurse	Thanh Erway, RN	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2015-16

Public Health Nurse	Emeline Berger, PHN	75%	No	No
Public Health Nurse	Linda Cheng, PHN (EXH)	60%	No	No
Public Health Nurse	Maxyne Strunin, PHN (EXH)	60%	No	No
Medical Social Services Practitioner	Shereen Barr, MSW	75%	No	No
Therapy Coordinator	Vacant	100%	No	No
Supervising Caseworker, Administrative Office Professional Sr.	Tanisha Castenada	100%	No	No
Caseworker	Alma Bayquen	100%	No	No
Caseworker	Juliet Connor	100%	No	No
Caseworker	Carmen Escobedo	100%	No	No
Caseworker	Angelica Ramos	100%	No	No
Caseworker	Nasheli Guendulain	100%	No	No
Caseworker	Edith Rivera	75%	No	No
Supervising Caseworker, Administrative Office Professional Sr.	Paula Emmens	100%	No	No
Fiscal Analyst	Nancy Leidelmeijer	5%	No	No
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 2015-16

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 UPDATE

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

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

County/City: **Santa Barbara**

Fiscal Year: **2015-16**

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	15%		50% CCS 10% Clinic	No	No
Public Health Program Manager	Sandra Copley, PHN	25%		3% HCPFC 72% MCAH	No	No
Public Health Nurse	Laurinda Marshall , PHN	100%			No	No
Health Educator	Jennyfer Rivera, MPH	50%			No	No
Administrative Office Professional III	Carmen Unzueta	5%		95% MCAH	No	No
Administrative Office Professional II	Gian Marroquin	75%			No	No

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2015-16

County/City: **Santa Barbara**

Fiscal Year: 2015-16

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	Maria Palma	75%			No	No
Accountant	Nancy Leidelmeijer	3%		97% PHD Fiscal	No	No

# Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2015-16

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 2015-16, 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: **2015-16**

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	Irma Lopez, PHN	100%		No	No	No
Program Manager	Sandra Copley, PHN	3%		25% CHDP/ 72% MCAH	No	No

**Santa Barbara County, Fiscal Year 2015-16**  
**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. 72% MCAH Director. Civil Service Classification: Business Leader

CHDP: 25%

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: 3%

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: 15% / CCS: 50% / Clinic: 10%

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

1. Provides consultation to the CHDP professional staff on organization and direction of the CHDP Administrative Office
2. Coordinates medical program management with Regional and State office program personnel and attends appropriate related meetings
3. Assures standards for service set in the CHDP Medical Guidelines
4. Consults with professional staff to coordinate provider standards Maintains and updates standards according to accepted pediatric standards
5. Consults with professional staff on provider recruitment and training, and assists with periodic provider audits for quality assurance
6. Consults and collaborates with other programs and agencies (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**

Laurinda Marshall RN, PHN; Irma Lopez, 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

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

Civil Service Classification: OGB

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**

Jennyffer River, MPH

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: 95%. 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**

Gian Marroquin, Maria Palma

CHDP: 150% 1.5 FTEs

1. Supports professional and ancillary staff with coordination of program activities
2. Tracks program data including but not limited to PM 160 forms
3. Tracks follow-up with clients 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

Report of CMS Performance Measures  
Santa Barbara County CMS  
Fiscal Year 2014-15  
Narrative

2014-2015 represents the third year in five-year cycle in data collection for CMS performance measures. Business Objects reports were available and applicable to some measures, while customized reports had to be designed to find relevant data. The following is a summary of pertinent changes in methodology and description of those measures that proved challenging.

### **CHDP Performance Measures**

#### **CHDP Performance Measure (PM) 1 - Care Coordination**

- Santa Barbara CHDP local database captured relevant information.
- Care coordination is *initiated* on children with 'Gateway' or 'CHDP-only' coverage when the PM 160 has a code 4 or 5 in the areas of nutritional, developmental, vision or dental assessment. This results in the CHDP office sending the family an educational letter and referral resources. A phone call for didactic education is then completed two weeks after the letter is sent. A fax is sent to the provider office for PM 160's with code 4 or 5 in other problem areas with a request to send follow-up information on the case to the CHDP office. Therefore *100% code 4 and 5 follow-up care was 'initiated'*.
- 'Completed' care coordination signifies that the family was contacted by phone, given education and assisted with referrals for code 4/5 nutritional, developmental, vision and dental issues on children with Gateway or CHDP only services. Completed care coordination for other code 4 or 5 conditions signifies that a fax was returned to the CHDP office by the provider stating care was completed.
- 72% (1554/2156) of children with Gateway M/C received a completed follow-up with a verbal phone call and care coordination activities (or) a fax returned by the provider. 77% (242/313) of children with 'CHDP-only' received a completed follow-up and care coordination activities (or) a fax returned by the provider. Multiple attempts are made on each case. Reasons that staff members were unable to reach clients are due to 'no answer' by phone or fax, wrong demographic info and disconnected phones.

#### **CHDP Performance Measure (PM) 2 - New Provider Orientation**

- The CHDP PHN tracks provider orientation on an excel sheet in the CHDP shared drive. 61% (11/18) of new providers received a completed orientation.

#### **CHDP Performance Measure (PM) 3 - Provider Recertification**

- The CHDP PHN keeps a record of Provider re-certifications through the CHDP Database. 15 out of 16 provider sites (94%) received a completed a facility review tool and medical record review tool during the required fiscal year (FY). One office received a timely initial review, follow-up review, letters, interface with our MCMC CenCal and continues to be out of compliance. All offices receive a folder of local resources and brochures.

#### **CHDP Performance Measure (PM) 4 - Desktop Review Dental, Lead**

- The PHN obtains information for this PM by reviewing a statistically significant sample of PM 160's for children 12-14 months of age from three high-volume providers during the period of 10/15 to 12/15 and 4/15 to 6/15 of FY 14/15. Partials are excluded.
- Provider site CHCC SM was 94% in compliance vs. 65% last FY for dental referrals. Lead testing and referrals were 97% in compliance vs. 56% last FY. The CHDP PHN has done outreach for CHCC clinic managers and providers to ameliorate the problem.
- Lompoc HCC and Pediatric Medical Group were 94% in dental referral compliance and 85% and 82% respectively for lead testing/referrals.
- Training of staff and examiners was successful.
- All providers are now given a community resource folder to assist with case management needs.

#### **CHDP Performance Measure 5 - Childhood Overweight**

- The PHN obtains information for this PM by reviewing a statistically significant sample of PM 160's for children greater than two years of age from three high-volume providers during the period of 10/15 to 12/15 and 4/15 to 6/15 of FY 14/15. Partials are excluded.
- Provider compliance in recording BMI %tile ranged from 87% to 100%.

Report of CMS Performance Measures  
Santa Barbara County CMS  
Fiscal Year 2014-15  
Narrative

- This review demonstrated that CHCCC SMI was given training to routinely record follow-up care for abnormal BMI percentile and increased their compliance from 60% to 87%.
- SBC CHDP is involved with Partners for Fit Youth and Health Fairs in preventative activities for childhood overweight issues.

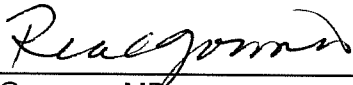
**HPCFC Performance Measures**

**HPCFC Performance Measure (PM) 1 – Care Coordination**

The HPCFC PHN uses a combination of PM 160's, Health Care Encounter Forms and CHDP database information to identify children with out-of-home placement with code 4-5's that had follow-up care within 120 days. Follow-up by HPCFC PHN was initiated 100% of the time by sending a letter to foster care parents inquiring about follow-up medical care. 51% of children in foster care that needed medical care began follow-up treatment within 120 days & provided documentation to the HPCFC PHN. The 49% of those children not captured for medical care were due to the child initiating treatment after 120 days, had no documentation received by June 30<sup>th</sup>, and/or had a change in placement, provider or foster care status.

**HPCFC Performance Measure (PM) 2 – Health and Dental Exams for Children in Out-of-Home Placement**

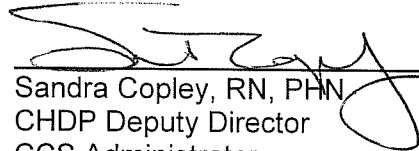
PM 2 outcomes were taken from 'Safe Measures' data. The numerator is obtained from medical documentation obtained & entered by HPCFC PHN into CMS. 83.6% of children in out-of-home placement received a preventive health exam according to the CHDP periodicity schedule. 58.5% of children in out-of-home placement received a preventive dental exam according to CHDP dental periodicity schedule. The HPCFC PHN does not always receive medical documentation on foster care children and therefore data may be missing from Safe Measures. When documentation is received, it may take 1-2 months for Safe Measures to update new information and compile data. Data may not reflect all medical care if documentation is not received.



Rea Goumas, MD  
CHDP Director  
CCS Medical Consultant

11-18-15

Date



Sandra Copley, RN, PHN  
CHDP Deputy Director  
CCS Administrator

11-18-15

Date

**COUNTY Santa Barbara****FISCAL YEAR 14-15****CHDP Performance Measure 1 - Care Coordination**

The degree to which the local CHDP program provides effective care coordination to CHDP eligible children.

**Definition:** CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective CHDP care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated<sup>1</sup> within 120 days of local program receipt of the PM 160.

**Numerator:** Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160.

**Denominator:** Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

**Data Source:** Local program tracking system.

**Reporting Form:**

Element	Number of conditions coded 4 or 5 where follow-up care was initiated (Numerator)	Total number of conditions coded 4 or 5, excluding children lost to contact (Denominator)	Percent (%) of conditions where follow-up care was initiated within 120 days
Conditions found on children eligible for fee-for-service Medi-Cal that required follow-up care	Initiated: 2156 Completed: 1554	2156	Initiated: 100% Completed: 72%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	Initiated: 313 Completed: 242	313	Initiated: 100% Completed: 77%

<sup>1</sup> Centers for Medicare and Medicaid Services, Publication #45, the State Medicaid Manual, Chapter 5 EPSDT, Section 5310 A  
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

COUNTY Santa BarbaraFISCAL YEAR FY 2014-15**CHDP Performance Measure 2 - New Provider Orientation**

The percentage of new CHDP providers with evidence of quality improvement monitoring by the local CHDP program through a New Provider Orientation.

**Definition:** The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.

**Numerator:** The number of new CHDP providers who completed an orientation within the past fiscal year.

**Denominator:** The number of new CHDP providers in the county or city (local program) added within the past fiscal year.

**Data Source:** Local program tracking system. Logged in CHDP Shared files and CHDP Provider Files

**Reporting Form:**

Number of New Providers who Completed Orientation (Numerator)	11
Number of New Providers (Denominator)	18
Percent (%) of New Providers Oriented	61%

**Local Program Data Tracking Form: Licensed and non-licensed staff in attendance not tracked.**

Provider	Provider Location	Date of Orientation	Number of Licensed Staff in Attendance	Number of Non-Licensed Staff in Attendance
1. <u>Alejandro Torres PA</u>	<u>CHCCC Lompoc</u>	<u>9/11/2014</u>		
2. <u>Hugo Bravo PA</u>	<u>CHCCC Santa Maria</u>	<u>8/28/2014</u>		
3. <u>Lisa Ercolini Bhatia MD</u>	<u>Valley Medical Group Lompoc (VMGL)</u>	<u>9/11/2014</u>		
4. <u>Tina Carbajal PA</u>	<u>American Indian Health &amp;</u>	<u>7/21/2014</u>		

COUNTY Santa BarbaraFISCAL YEAR FY 2014-15

	<u>Services</u>			
5. <u>Ashley Raum NP</u>	<u>American Indian Health &amp; Svc (AIHS) Santa Barbara</u>	<u>7/21/2014</u>		
6. <u>Janina Meissner MD</u>	<u>CHCCC Lompoc</u>	<u>8/18/2014</u>		
7. <u>Karen Bodnar MD</u>	<u>VMGL</u>	<u>9/11/2014</u>		
8. <u>Renae O-Keefe NP</u>	<u>Goleta Neighborhood Clinic</u>	<u>9/5/2014</u>		
9. <u>Michelle Corbier MD</u>	<u>CHCCC Santa Maria</u>	<u>8/28/2014</u>		
10. <u>Alice Brinkman MD</u>	<u>Pediatric Medical Group</u>	<u>11/12/2014</u>		
11. <u>Kendra Wiggins MD</u>	<u>SB Neighborhood Clinic</u>	<u>9/5/2014</u>		
12. <u>Christina Weaver DO</u>	<u>CHCCC Santa Maria</u>	<u>11/24/2014</u>		
13. <u>Kristin Pena MD</u>	<u>IV Neighborhood Clinic</u>	<u>3/17/2014</u>		
14. <u>Heather Bosma NP</u>	<u>CHCC New Cuyama</u>	<u>11/12/2014</u>		
15. <u>Vanessa Crawford NP</u>	<u>Eastside Neighborhood Clinic</u>	<u>3/17/2015</u>		
16. <u>Gabriela Ramirez Diaz MD</u>	<u>PHD Health Care Center Santa Maria</u>	<u>4/15/2015</u>		
17. <u>Melissa Grunt NP</u>	<u>R. Barry Practice Santa Maria</u>	<u>6/3/2015</u>		
18. <u>Andrew Fairburn PA</u>	<u>CHCCC Santa Maria</u>	<u>6/3/2015</u>		

COUNTY Santa BarbaraFISCAL YEAR 2014-15**CHDP Performance Measure 3 - Provider Site Recertification**

The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. Provider site visits may occur for other reasons. These can be documented for workload activities. The purpose of this performance measure is to ensure that all providers are recertified at least once every three (3) years. This performance measure is a benchmark to ensure that providers are recertified using the Facility and Medical Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

**Definition:** An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.

**Numerator:** The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.

**Denominator:** The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.

**Data Source:** Local program tracking system.

**Reporting Form:**

<b>Number of Completed Site Recertifications</b> (Numerator)	15
<b>Number of Active CHDP Provider Sites Due for Recertification</b> (Denominator)	16
<b>Percent (%) with Completed Recertifications</b>	94%

**Optional Workload Data Tracking Form:**

(Other reasons for a provider site visit by local program. This identifies workload.)

<b>Other reasons for provider site visits:</b>	<b>Number of Visits</b>
1. Provider change in location or practice	0
2. Problem resolution such as, but not limited to, billing issues, parental complaints, facility review and/or other issues. <sup>1</sup>	36
3. Medical record review	20
4. Office visits for CHDP updates or in-service activities	15
5. Other - Please specify: Health Fairs	5

<sup>1</sup> CHDP Provider Manual: Program, Eligibility, Billing and Policy. California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program. See website for current updates.  
 Local Program Guidance Manual Chapter 10: Problem Resolution and/or Provider Disenrollment.  
 California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program, May 2005.  
 Both references available at: <http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#dgmp>.

COUNTY Santa BarbaraFISCAL YEAR 2014-15**CHDP Performance Measure 4 - Desktop Review: Dental, Lead**

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

**Definition:** A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Referred to a dentist at 1 year exam (12-14 months of age)
- Lead test or a referral for the test at 1 year exam (12-14 months of age)

**Numerator:** The number of PM 160 elements recorded correctly per selected providers for the specific ages.

**Denominator:** The total number of PM 160s reviewed per selected providers for the specific ages.

**Data Source:** Local program tracking system. Statistically significant sample of patients 12-14 months of age Total=9;Sample=30

**Reporting Form:**

Provider	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance	Number of PM160s w/ Lead Test or Referral at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance
1. PMG	30	30	100%	29	30	97%
2. CHCC-SM1	31	33	94%	28	33	85%
3. Lompoc HCC	16	17	94%	14	17	82%

PMG – Pediatric Medical Group – Santa Maria

Lompoc HCC – Lompoc Health Care Center (PHD)

CHCCC SM I – Community Health Centers of the Central Coast – Santa Maria

COUNTY Santa BarbaraFISCAL YEAR FY 2014-15**CHDP Performance Measure 5 - Desktop Review: BMI**

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

**Definition:** A targeted desktop review for three (3) high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Body Mass Index (BMI) Percentile for ages 2 years and over
- If BMI Percentile is abnormal, the description of weight status category<sup>1</sup> and/or a related diagnosis are listed in the Comments Section.

BMI percentile	Weight status category
< 5 <sup>th</sup> %ile	Underweight
85 <sup>th</sup> - 94 <sup>th</sup> %ile	Overweight
95 <sup>th</sup> - 98 <sup>th</sup> %ile	Obese
≥ 99 <sup>th</sup> %ile	Obesity ( <i>severe</i> )

**Numerator:** The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

**Denominator:** The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

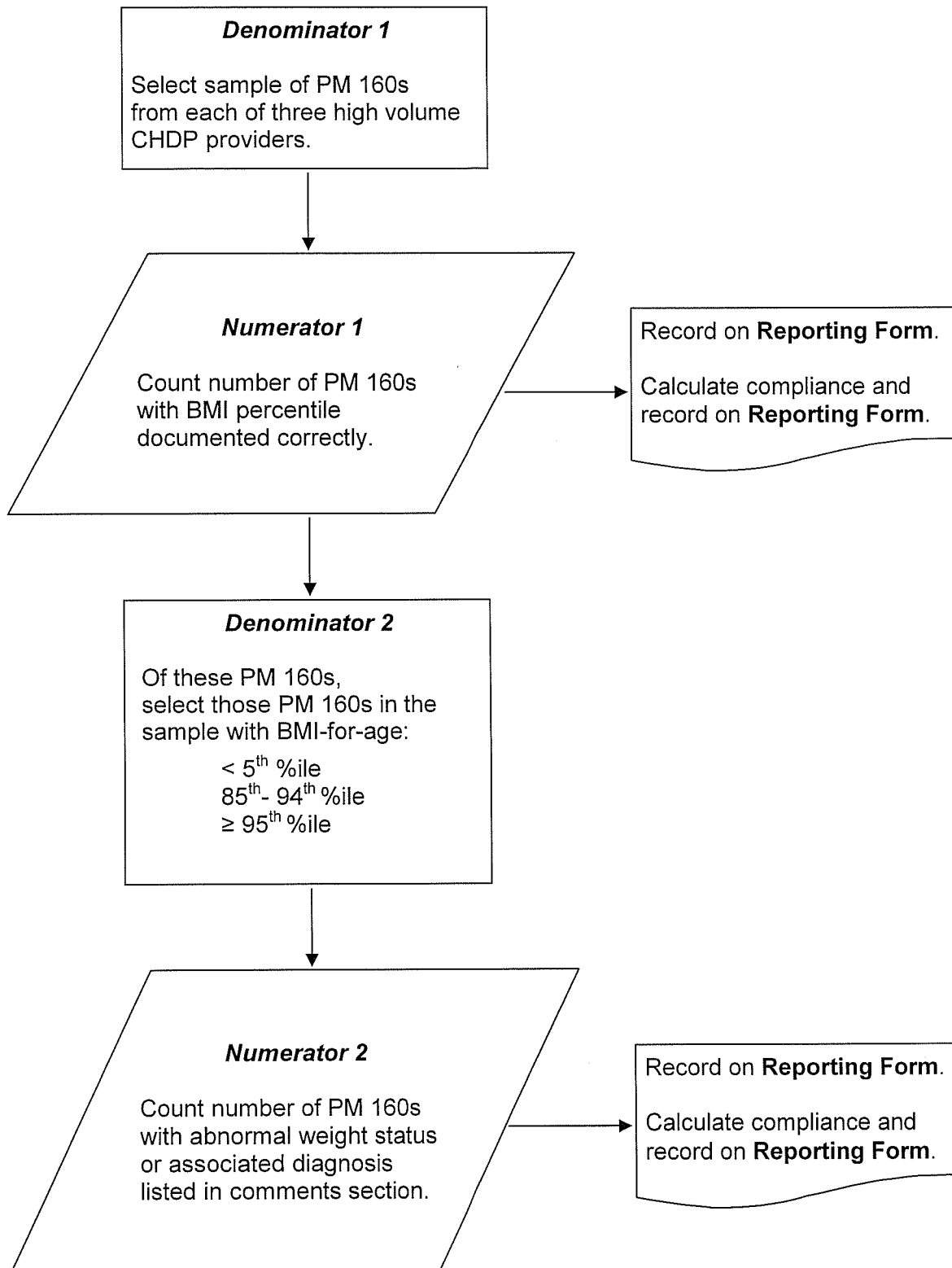
**Data Source:** Local program tracking system

<sup>1</sup> **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007. <http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

COUNTY Santa Barbara

FISCAL YEAR FY 2014-15

**BMI Desktop Review Flow Diagram:**



COUNTY Santa BarbaraFISCAL YEAR FY 2014-15**Reporting Form for Performance Measure 5-Desktop Review: BMI**

Provider	BMI percentile recorded on PM 160s for children ages 2 and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in Comments Section		
	Number of PM 160s with BMI %ile recorded (Numerator)	Number of PM 160s reviewed (Denominator)	Percent (%) Compliance	Number of PM 160s with abnormal weight status category/ diagnosis in Comments (Numerator)	Number of PM 160s with abnormal weight status reviewed for diagnosis and follow-up (Denominator)	Percent (%) Compliance
<b>1. PMG</b>	139	140	99%	40	63	63%
<b>2. CHCC-SM1</b>	70	80	88%	7	25	28%
<b>3. Lompoc HCC</b>	99	100	99%	38	46	83%

PMG – Pediatric Medical Group – Santa Maria

Lompoc HCC – Lompoc Health Care Center (PHD)

CHCCC SM I – Community Health Centers of the Central Coast – Santa Maria

### HCPCFC Performance Measure 1 - Care Coordination

The degree to which the local HCPCFC provides effective care coordination to CHDP eligible children.

**Definition:** CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective HCPCFC care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.

**Numerator:** Number of conditions coded 4 or 5 where the follow up care was initiated within 120 days of receipt of the PM 160.

**Denominator:** Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

**Reporting Form:**

Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160. (Numerator)	25
Total number of conditions coded 4 or 5 on a PM 160, excluding cases lost to no contact. (Denominator)	49
<b>Percent</b> of conditions coded 4 or 5 where the client received follow-up care within 120 days of receipt of the PM 160.	51%

**Data Source:** Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department

## HPCFC Performance Measure 2 - Health and Dental Exams for Children in Out-of-Home Placement

The degree to which the local HPCFC program ensures access to health and dental care services for eligible children according to the CHDP periodicity schedule.

**Definition:** This measure is based on characteristics that demonstrate the degree to which the PHN in the HPCFC facilitates access to health and dental services as evidenced by documentation of a health and dental exam in the Health Education Passport.

**Numerator 1:** Number of children in out-of-home placement with a preventive health exam, according to the CHDP periodicity schedule documented in the Health and Education Passport, and

**Numerator 2:** Number of children in out-of-home placement with a preventive dental exam, according to the CHDP dental periodicity schedule documented in the Health and Education Passport.

**Denominator:** Number of children in out-of-home placement during the previous fiscal year supervised by Child Welfare Services or Probation Department.

### Reporting Form:

Element	Number of Children With Exams (Numerator)	Number of Children (Denominator)	Percent of Children with Exams
Number of children in out-of-home placement with a preventive health exam according to the CHDP periodicity schedule documented in the Health and Education Passport. (Numerator)	1432	1713	83.6%
Number of children in out-of-home placement with a preventive dental exam according to the CHDP dental periodicity schedule documented in the Health and Education Passport.	815	1394	58.5%

**Data Source/Issue:** Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.

## CHDP Program Referral Data Santa Barbara County

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

<b>County/City: Santa Barbara County</b>	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY 14-15</b>	
<b>Basic Informing and CHDP Referrals</b>				
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	*			
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients		
a. Number of CalWORKs cases/recipients	2,060	4,825	1,425	3,399
	1,382	3,322		
b. Number of Foster Care cases/recipients	1,578	1,578	1,281	1,281
	1,266	1,266		
c. Number of Medi-Cal only cases/recipients	4,553	11,463	2,309	5,397
	1,285	2,971		
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	11,553		6,570	5,356

b. Medical and/or dental services with scheduling and/or transportation	5,266	2,428	1,978
c. Information only (optional)	15,073	8,674	6,585
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	31,591	20,291	18,105
<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

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

**Memoranda of Understanding/Interagency Agreement List**

List all current Memoranda of Understanding (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: 2015-16

<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>
MOU Santa Barbara Public Health CHDP and CenCal Health – CHDP	IAA	12-20-2012 through 12-20-2014	12-2014	Sandra Copley	No – Reviewed and sent to CenCal. On hold for CenCal Carve-in
Santa Barbara County CHDP Interagency Agreement with Department of Social Services – CHDP – Probation	IAA	07-01-2015 through 06-30-2017	07-01-2015	Sandra Copley	Completed & Approved Waiting for signatures
MOU SB County PHD HCPCFC and Department of Social Services and Probation Department - HCPCFC	MOU	07-01-2015 through 06-30-2017	07-01-2015	Sandra Copley	Yes

County/City: Santa Barbara

Fiscal Year: 2015-16

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)
MOU SB County PHD and Department of Social Services and SBC County PHD	MOU	11-08-2015 through 11-07-2017	11-01-2015	Suzanne Jacobson, CFO	Yes
SELPA – CCS	IAA	9-14-15 through 9-13-16	09-14-2015	Ana Stenersen	Completed & Approved Waiting for signatures
Cencal Health – CCS	MOU	01-01-2014 through 12-30-2015	1-1-2014	Ana Stenersen	Yes
SafeGuard HFP- CCS	MOU	07-01-2005	01-01-2008	Ana Stenersen	No
EyeMed Vision Care HFP - CCS	MOU	07-01-2005	01-01-2008	Ana Stenersen	No

**MEMORANDUM OF UNDERSTANDING**  
between  
**SANTA BARBARA COUNTY DEPARTMENT OF SOCIAL SERVICES**  
and  
**SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT**

**I. PURPOSE/TERM**

This Memorandum of Understanding (MOU) is hereby entered into between the County of Santa Barbara Department of Social Services (hereinafter referred to as DSS) and the County of Santa Barbara Public Health Department (hereinafter referred to as PHD). The MOU covers eleven (11) direct service programs.

**II. SERVICE PROGRAMS**

**A. GENERAL RELIEF (GR) PHYSICALS**

**1) Program Description**

Provide physical examinations for persons applying for GR. The purpose of the examination is to document the fitness to work status of the client for participation in the Employment and Training (E&T) program on the GR form Medical Report of Disability Status (W-349).

PHD Adult Medicine providers at its Health Care Centers (main clinics) in Santa Barbara, Lompoc, and Santa Maria are designated as GR examiners.

**2) Scope of Work (See Attachment A)**

**B. SEXUAL ASSAULT RESPONSE TEAM (SART) EXAMINATIONS**

**1) Program Description**

Provide physical examinations for victims of sexual abuse referred by Child Welfare Services in Santa Maria, Lompoc, and Santa Barbara. Specific providers are designated SART physician and nurse examiners.

**2) Scope of Work (See Attachment B)**

**C. CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) PHYSICALS**

**1) Program Description**

Provide a complete Authorization to Release Medical Information (CW 61) form for incapacitated CalWORKs applicants who are not eligible for the Welfare-to-Work program in order to determine the individual's ability to work.

**2) Scope of Work (See Attachment C)**

**D. MEDI-CAL ELIGIBILITY WORKER OUTSTATION**

**1) Program Description**

DSS will assign an Eligibility Worker (EW) to a PHD Health Care Center or Satellite Clinic location to receive and process Medi-Cal and/or CalFresh applications and make referrals to Social Services programs and/or community resources that would meet the needs of the family. Social Services staff members, in conjunction with other community partners, will develop and participate in a community education program. This will be a collaborative effort to strengthen families in the community.

**2) Scope of Work (See Attachment D)**

**E. HOMELESS CLIENT TRANSPORTATION SERVICE**

**1) Program Description**

Provide transportation for clients, primarily homeless individuals or GR recipients, from downtown Santa Barbara locations to the Calle Real campus of PHD and DSS.

**2) Scope of Work (See Attachment E)**

**F. HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) PROGRAM**

**1) Program Description**

PHD's Health Care Program for Children in Foster Care (HCPCFC) provides a Public Health Nurse (PHN) to meet the medical, dental, mental and developmental needs of children and youth in foster care in coordination with information received from DSS staff.

**2) Scope of Work (See Attachment F)**

**G. RX PROGRAM – PUBLIC HEALTH NURSE (PHN) IN CHILD WELFARE SERVICES (CWS)**

**1) Program Description**

DSS RX Program provides a PHN to promote optimal childhood growth and development and enhance family and child well-being through comprehensive health assessments, developmental screenings and care coordination for children who receive DSS/CWS services in coordination with the DSS/CWS case manager.

**2) Scope of Work (See Attachment G)**

**H. CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM**

## **1) Program Description**

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

## **2) Scope of Work (See Attachment H)**

### **I. CALIFORNIA IMMUNIZATION REGISTRY**

#### **1) Program Description**

The Health Care Program for Children in Foster Care (HCPCFC) Program Public Health Nurse (PHN) will work with the Immunization Program Administrator regarding DSS access to the California Immunization Registry.

PHD will assist in the management of health and education records for youth in Foster Care.

#### **2) Scope of Work (See Attachment I)**

### **J. RESOURCE FAMILY APPROVAL (RFA) PROGRAM**

#### **1) Program Description**

RFA is a unified process that replaces existing processes and increases approval standards by incorporating a comprehensive psycho-social evaluation of all families who want to foster, adopt or provide legal guardianship to a child. This means that anyone desiring to provide out-of-home care for a child who is under the supervision of the Child Welfare Services must complete the same training and approval process, including relatives and non-relative extended family members of the child.

#### **2) Scope of Work (See Attachment J)**

### **K. PUBLIC HEALTH NURSE IN THE ADULT SERVICES PROGRAM**

#### **1) Program Description**

Public Health Nurse(s) (PHNs) provide clinical support and consultation to DSS casework staff and to seniors and disabled adults served in the DSS Adults Services Program.

## **2) Scope of Work (See Attachment K)**

### **III. SPECIAL PROVISIONS**

DSS and PHD acknowledge that the services and claims are of a confidential nature. Staff reviewing medical records and handling claims will maintain the confidentiality of records. Confidentiality guidelines shall be consistent with all local, state, and federal requirements and mandates governing confidentiality and privacy rights, including the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act).

### **IV. GENERAL PROVISIONS**

- A. The term of this MOU shall commence when executed and continue until terminated by either party.
- B. This MOU may not be modified or changed orally, but only in writing, signed by both parties.
- C. This represents the entire agreement between the parties and supersedes all prior oral and written MOUs.
- D. Either party may terminate this MOU for any reason with a ninety (90) calendar day written notice to the other party. Written notice of termination or amendment pursuant to this MOU shall be addressed as shown below.

To DSS:                Contracts Coordinator  
                             2125 S. Centerpointe Parkway  
                             Santa Maria, CA 93455

To PHD:                Contracts Unit  
                             300 N. San Antonio Road, Building 8  
                             Santa Barbara, CA 93110

### **V. CONFIDENTIALITY**

Each party has a legal obligation to protect confidential data and Protected Client Information (PCI) in its possession, especially data and information concerning health, mental health, criminal and public assistance records. This information includes but is not limited to client name, address, social security number, date of birth, driver's license number, identification number, or any other information that identifies the individual. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

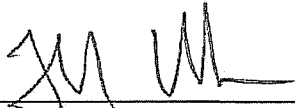
The parties to this MOU shall keep all confidential information exchanged between them in the strictest confidence, in accordance with all federal and state laws and regulations.

## VI. DISPUTES

If a dispute arises from this MOU involving interpretation, implementation or conflict of policy or procedures, the parties shall meet to resolve the problem within applicable laws, governing policies and state/federal laws. To the extent possible, both parties shall ensure that any dispute will not disrupt the delivery of services.

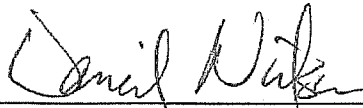
**IN WITNESS THEREOF** the parties hereto have caused this Memorandum of Understanding to be executed on the day and year written below.

**SANTA BARBARA COUNTY  
PUBLIC HEALTH DEPARTMENT**

  
\_\_\_\_\_  
Takashi Wada, MD, MPH  
Public Health Director/Health Officer

10/14/15  
\_\_\_\_\_  
Date of Signature

**SANTA BARBARA COUNTY  
DEPARTMENT OF SOCIAL SERVICES**

  
\_\_\_\_\_  
Daniel Nielson  
Director

10-21-2015  
\_\_\_\_\_  
Date of Signature

**ATTACHMENT A  
GENERAL RELIEF (GR) PHYSICALS  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

Provide physical examinations for persons applying for GR. The purpose of the examination is to document the fitness to work status of the client for participation in the Employment and Training (E&T) program on the GR form Medical Report of Disability Status (W-349).

PHD Adult Medicine providers at its Health Care Centers (main clinics) in Santa Barbara, Lompoc, and Santa Maria are designated as GR examiners.

**B. POINTS OF CONTACT**

**DSS** – The Economic Assistance Operations and Support Division Chief, and in his or her absence, the Economic Assistance Deputy Director, will serve as the primary contact for General Relief (GR) Physicals program.

**PHD** – The Medical Director of Primary Care and Family Health will serve as the medical contact and the Special Accounts FOP will serve as the financial contact for GR Physicals.

**C. DSS RESPONSIBILITIES – SCHEDULE APPOINTMENT**

A DSS GR Eligibility Worker (EW) will call the Health Care Center to schedule an appointment. EW will advise that this is a GR client requiring W-349 form completion.

The DSS EW will check the patient's Medi-Cal eligibility and should only ask to schedule patients at the PHD under the following circumstances:

- The patient is a CenCal member assigned to the PHD;
- The patient has State Medi-Cal coverage, chooses to come to the PHD, and is not assigned to another provider;
- The patient is uninsured.

In the event PHD is unable to determine a patient's fitness to work based on physical illness or injury, DSS will facilitate referral and forms completion by a mental health specialist.

**D. PHD RESPONSIBILITIES – DETERMINE FITNESS TO WORK**

1. PHD will accept patients with referral in hand from DSS. If the patient does not present a form, PHD staff will call DSS to make sure the patient should have a GR physical before providing the service.

2. Complete office visit and physical examination and attempt completion within 30 days of receipt of referral from DSS in order to avoid delay in issuance of benefits to patient.
3. Determine the individual's range of motion and fitness to work. If unable to determine fitness to work based on a physical illness or injury and there is a need for mental health evaluation, indicate such by checking the appropriate box in #4 on W-349.
4. Complete the provider section of the W-349 at the time of the visit.
5. PHD to provide individual with original form to submit to DSS.
6. Make a copy of the W-349 form for inclusion in the patient medical record.
7. Submit copy of form to DSS (upon request).
  - Contact: PHD Scanning and Index Office – (805) 346-7276
8. Submit billing to DSS. All charges will be coded 00246 at current rate. PHD will notify DSS of a change in rate thirty (30) days prior to billing DSS.

#### **E. JOINT RESPONSIBILITIES OF BOTH PARTIES**

1. Efforts will be made by both parties to meet on a semi-annual basis to work collaboratively to discuss, review, and coordinate services between organizations.
2. Collaboration to improve service delivery, including utilization of automation.

#### **F. FISCAL PROVISIONS / BILLING**

(Journal Entry Transfer from DSS to PHD)

The Board-approved fee for a physical examination will be charged.

Monthly, PHD will prepare a journal entry to transfer the costs for GR Physicals as well as backup consisting of a statement for all charges and submit to DSS for approval. DSS will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

DSS may deny ancillary services that are not related to the provision of a medical opinion, but PHD will have the right to review the denials and present facts showing that the laboratory testing was required to determine fitness to work and will resubmit any denied testing to DSS for payment.

**ATTACHMENT B  
SEXUAL ASSAULT RESPONSE TEAM (SART) EXAMINATIONS  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

Provide physical examinations for victims of sexual abuse referred by Child Welfare Services in Santa Maria, Lompoc, and Santa Barbara. Specific providers are designated SART physician and nurse examiners.

**B. POINTS OF CONTACT**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director, will serve as the primary contact for the SART Examinations.

**PHD** – The Assistant Deputy Director of Community Health and in his or her absence, the SART Medical Director or the on-call Health Officer, will serve as the primary contact for SART.

**C. DSS RESPONSIBILITIES**

DSS will make referrals, as appropriate for clients based on agreed SART protocols.

**D. PHD RESPONSIBILITIES**

PHD will provide 24-hour, 365-days a year call for forensic examinations of adults, and children referred by Child Welfare Services, who are victims of sexual assault or sexual abuse.

**E. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT C**  
**CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS**  
**(CALWORKS) PHYSICALS**  
**SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

Provide a complete Authorization to Release Medical Information (CW 61) form for incapacitated CalWORKs applicants who are not eligible for the Welfare-to-Work program in order to determine the individual's ability to work.

**B. POINTS OF CONTACT**

**DSS** – The Employment Services Operations CalWIN and Program Support Division Chief, and in his or her absence, the Employment Services Deputy Director, will serve as the primary contact for CalWORKs Medical Reports.

**PHD** – The Medical Director of Primary Care and Family Health will serve as the primary contact for CalWORKs Medical Reports.

**C. DSS RESPONSIBILITIES – SCHEDULE APPOINTMENT**

A DSS Eligibility Worker (EW) will call to schedule an appointment. EW will advise that this is a CalWORKs client requiring CW 61 form completion.

The DSS EW will check the patient's Medi-Cal eligibility and should only ask to schedule patients at the PHD under the following circumstances:

- The patient is a CenCal member assigned to the PHD;
- The patient has State Medi-Cal coverage, chooses to come to the PHD, and is not assigned to another provider;
- The patient is uninsured.

In the event PHD is unable to determine a patient's fitness to work based on physical illness or injury, DSS will facilitate referral and forms completion by a mental health specialist.

Prior to registration, the patient should arrive at the Health Care Center with the CW 61 form in hand. If the patient does not present with a form, PHD staff will call DSS to make sure the patient should have an examination before providing the service.

**D. PHD RESPONSIBILITIES – DETERMINE ABILITY TO WORK**

1. Determine the individual's ability to work. Perform a physical examination if needed in order to determine the individual's physical capacity.
2. Complete the provider section of the CW 61 at the time of the visit.

3. PHD to provide individual with original form to submit to DSS.
4. Make a copy of the CW 61 form for inclusion in the patient medical record.
5. Submit copy of form to DSS (upon request).
  - Contact: PHD Scanning and Index Office – (805) 346-7276
6. Submit billing to DSS. All charges will be coded based on the level of service at the current Board-approved rate. PHD will notify DSS of a change in rate thirty (30) days prior to billing DSS.

**E. JOINT RESPONSIBILITIES OF BOTH PARTIES**

1. Efforts will be made by both parties to meet on a semi-annual basis to work collaboratively to discuss, review, and coordinate services between organizations.
2. Collaboration to improve service delivery, including utilization of automation.

**F. FISCAL PROVISIONS / BILLING**

(Journal Entry Transfer from DSS to PHD)

The Board-approved fee for a physical examination will be charged.

Monthly, PHD will prepare a journal entry to transfer the costs for CalWORKs Medical Reports as well as backup consisting of a statement for all charges and submit to DSS for approval. DSS will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

**ATTACHMENT D  
MEDI-CAL ELIGIBILITY WORKER OUTSTATION  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

DSS will assign an Eligibility Worker (EW) to a PHD Health Care Center or Satellite Clinic location to receive and process Medi-Cal and/or CalFresh applications and make referrals to Social Services programs and/or community resources that would meet the needs of the family. Social Services staff members, in conjunction with other community partners, will develop and participate in a community education program. This will be a collaborative effort to strengthen families in the community.

**B. POINTS OF CONTACT**

**DSS** – The Economic Assistance Operations and Support Division Chief, and in his or her absence, the Economic Assistance Deputy Director, will serve as the primary contact for the Medi-Cal Eligibility Worker (EW) Outstation.

**PHD** – The Assistant Deputy Director of Primary Care and Family Health and in his or her absence, the Chief Financial Officer, will serve as the primary contact for the Medi-Cal EW Outstation.

**C. DSS RESPONSIBILITIES**

1. Assign an EW to service clients at a PHD Health Care Center or Satellite Clinic location as mutually agreed by PHD and DSS.
  - a) The assignment and reassignment of the EW shall be the sole function of DSS and shall be made in accordance with applicable employee rules and regulations as set forth in agreements with employee organizations.
  - b) The EW will work mutually acceptable times as determined by DSS in consultation with PHD but will provide at least monthly service. The EW will not be available on holidays observed by DSS.
  - c) DSS shall replace the worker during planned and unplanned absences within the limitations of DSS resources and personnel. Supervision of the EW shall be the sole responsibility of DSS; however, PHD retains the authority to control the behaviors of County staff members within the PHD Health Care Centers or Satellite Clinic locations. All attempts to work cooperatively and collaboratively with the DSS Staff Supervisor will be employed prior to any unilateral action by PHD.
  - d) The EW will be assigned to a PHD Health Care Center or Satellite Clinic location, but DSS reserves the right to have the actual process of determining eligibility carried on by that worker at either the clinic or at DSS.

2. Arrange for the installation of analog phone lines and personal computer equipment used by their staff.
3. Provide transportation related to the services given under this agreement.
4. Accept referrals and consultation requests from PHD employees for the Health Care Centers and Satellite Clinic locations.
5. Maintain DSS approved monthly intake statistical reports. These statistical reports will show the disposition of all applications processed by the EW. A copy will be given to PHD upon request.
6. DSS will work cooperatively with PHD to assist individuals and families in obtaining Medi-Cal and/or CalFresh program services. DSS may share with PHD only current beneficiary eligibility, aid code and share of cost information.

**D. PHD RESPONSIBILITIES**

PHD will provide, at the PHD Health Care Centers or Satellite Clinic locations, office space, reasonable office supplies, photocopies and fax machine.

**E. JOINT RESPONSIBILITIES OF BOTH PARTIES**

1. Efforts will be made by both parties to meet on a semi-annual basis to work collaboratively to discuss, review, and coordinate services between organizations.
2. Collaboration to improve service delivery, including utilization of automation.
3. Operation of this work will not generate any costs billable from one party to the other.

**F. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT E**  
**HOMELESS CLIENT TRANSPORTATION SERVICES**

**A. PROGRAM DESCRIPTION**

Provide transportation for clients, primarily homeless individuals or GR recipients, from downtown Santa Barbara locations to the Calle Real campus of PHD and DSS.

**B. POINTS OF CONTACT**

**DSS** – The Economic Assistance Operations and Support Division Chief, and in his or her absence, the Economic Assistance Deputy Director, will serve as the primary contact for the Homeless Client Transportation Service.

**PHD** – The Healthcare for the Homeless Program Coordinator will serve as primary contact for the Homeless Client Transportation Service.

**C. DSS RESPONSIBILITIES**

DSS will offset the costs for the provision of the client transportation contract in the amount of \$2,000 annually.

**D. PHD RESPONSIBILITIES**

PHD will contract with a community transportation provider for shuttle service for homeless clients in south county from downtown Santa Barbara locations to the Calle Real campus of PHD and DSS.

**E. FISCAL PROVISIONS / BILLING**

\$2,000 annually (Journal Entry Transfer from DSS to PHD)

Quarterly, PHD will prepare an invoice in the amount of \$500 and submit the invoice to DSS for approval. DSS will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

**ATTACHMENT F**  
**HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) PROGRAM**  
**SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

PHD's Health Care Program for Children in Foster Care (HCPCFC) provides a Public Health Nurse (PHN) to meet the medical, dental, mental and developmental needs of children and youth in foster care in coordination with information received from DSS staff.

**B. POINTS OF CONTACT**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director will serve as primary contact for Foster Care.

**PHD** – The Child Health & Disabilities Program Manager and, in his or her absence, the Deputy Director for Community Health Division, will serve as primary contact for Foster Care.

**Probation** – The Deputy Chief of Juvenile Service will serve as primary contact for Foster Care.

**C. RESPONSIBILITIES**

This MOU herein incorporates by reference a separate MOU among PHD Child Health and Disabilities Program (CHDP), DSS Child Welfare Services Division, and Probation Department for CHDP/HCPCFC services.

**D. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT G**  
**RX PROGRAM – PUBLIC HEALTH NURSE (PHN) in CHILD WELFARE SERVICES (CWS)**  
**SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

DSS RX Program provides a PHN to promote optimal childhood growth and development and enhance family and child well-being through comprehensive health assessments, developmental screenings and care coordination for children who receive DSS/CWS services in coordination with the DSS/CWS case manager.

**B. POINTS OF CONTACT**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director will serve as primary contact for Foster Care.

**PHD** – The Child Health & Disabilities Program Manager and, in his or her absence, the Deputy Director for Community Health Division, will serve as primary contact for Foster Care.

**Probation** – The Deputy Chief of Juvenile Service will serve as primary contact for Foster Care.

**C. DSS RESPONSIBILITIES**

DSS will hire and support the administrative, training and operational needs of the PHN.

**D. PHD RESPONSIBILITIES**

PHD will provide nursing supervision to interview, hire, train and supervision PHN in the provision of activities in the scope of practice.

**E. FISCAL PROVISIONS / BILLING**

Quarterly, PHD will prepare an invoice for the cost of the actual hours and related Indirect Cost Rate Proposal (ICRP) of the .50 Full-Time Equivalent (FTE) PHD PHN and the PHD PHN Supervision time and submit the invoice to DSS for approval. DSS will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

Quarterly, DSS will prepare an invoice for the cost of the actual hours and related ICRP of the .50 FTE DSS PHN time and submit the invoice to PHD for approval. PHD will authorize the journal entry and submit to the Auditor-Controller's office via the on-line County system for payment.

**ATTACHMENT H  
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM  
SCOPE OF WORK**

**F. PROGRAM DESCRIPTION**

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

**G. POINTS OF CONTACT**

**DSS** – The Economic Assistance Operations and Support Division Chief, and in his or her absence, the Economic Assistance Medi-Cal/General Relief/Clerical Division Chief or the Adult and Children Services Operations and Support Division Chief, will serve as primary contact for the CHDP Program.

**PHD** – The CHDP Program Manager and, in his or her absence, the Deputy Director for the Community Health Division will serve as primary contact for the CHDP Program.

**H. RESPONSIBILITIES**

This MOU incorporates herein by reference a separate MOU among PHD, DSS and Probation Department for CHDP services.

**I. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT I  
CALIFORNIA IMMUNIZATION REGISTRY  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

The Health Care Program for Children in Foster Care (HCPCFC) Program Public Health Nurse (PHN) will work with the Immunization Program Administrator regarding DSS access to the California Immunization Registry.

PHD will assist in the management of health and education records for youth in Foster Care.

**B. POINTS OF CONTACTS**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director, will serve as the primary contact for the Immunization Registry.

**PHD** – The HCPCFC PHN will serve as primary contact for the Immunization Registry. The HCPCFC PHN will work with the PHD Immunization Program Administrator regarding DSS access to the Registry.

**C. RESPONSIBILITIES**

This MOU incorporates herein by reference a separate MOU among PHD, DSS and Probation Department for CHDP/HCPCFC services.

**D. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT J  
RESOURCE FAMILY APPROVAL (RFA) PROGRAM  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

RFA is a unified process that replaces existing processes and increases approval standards by incorporating a comprehensive psycho-social evaluation of all families who want to foster, adopt or provide legal guardianship to a child. This means that anyone desiring to provide out-of-home care for a child who is under the supervision of the Child Welfare Services must complete the same training and approval process, including relatives and non-relative extended family members of the child.

**B. POINTS OF CONTACT**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director, will serve as the primary contact for the Resource Family Approval (RFA) Program.

**PHD** – The Medical Director of Primary Care and Family Health will serve as the medical contact for the RFA Program.

**C. DSS RESPONSIBILITIES**

DSS will provide client with RFA Health Screening Assessment (RFA-107) form and direct client to their primary care provider for completion.

**D. PHD RESPONSIBILITIES**

PHD, as a primary care provider for their CenCal members and those that are uninsured, will complete a RFA Health Screening Assessment (RFA-107) form with physician opinion of ability to provide permanent placement of a child. A physical may be needed in order to complete the RFA-107.

The PHD will perform their department's billing procedures for payment from client for completion of form. DSS is not billed. DSS will notify client that they may be billed for this service.

**E. FISCAL PROVISIONS / BILLING**

(No journal transfer)

**ATTACHMENT K  
PUBLIC HEALTH NURSE IN THE ADULT SERVICES PROGRAM  
SCOPE OF WORK**

**A. PROGRAM DESCRIPTION**

Public Health Nurse(s) (PHNs) provide clinical support and consultation to DSS casework staff and to seniors and disabled adults served in the DSS Adults Services Program.

**B. POINTS OF CONTACT**

**DSS** – The Adult and Children Services Operations and Support Division Chief, and in his or her absence, the Adult and Children Services Deputy Director will serve as primary contact for Adult Services.

**PHD** – The Disease Control & Prevention Manager and Director of Public Health Nursing and in his or her absence, the Deputy Director for Community Health will serve as the primary contact for nursing oversight.

**C. DSS RESPONSIBILITIES**

DSS will hire, train and supervise PHNs in their daily work. DSS will meet operational needs of the PHNs.

**D. PHD RESPONSIBILITIES**

PHD will provide nursing case management support and consultation to PHN(s) and ensure work activities are within the scope of nursing practice.

**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, 2015 through JUNE 30, 2017**

**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 (DSS 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 CWS 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 CWS-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 Probation 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 July1, 2015 through June 30, 2017 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 DSS 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 DSS 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>

MOU between: PHD-DSS-PROB  
for the Health Care Program for Children in Foster Care (HCPCFC)  
Term: July 1, 2015 through June 30, 2017

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



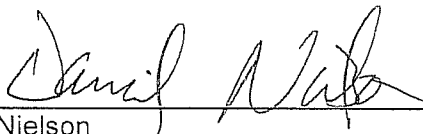
Takashi Wada, MD, MPH  
Director/Health Officer  
Public Health Department  
County of Santa Barbara

Date:

5/27/15

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

DEPARTMENT OF SOCIAL SERVICES




Daniel Nielson  
Social Services Director  
County of Santa Barbara

Date: 6-11-2015

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

COUNTY PROBATION DEPARTMENT

  
\_\_\_\_\_  
Guadalupe Rabago  
Chief Probation Officer  
County of Santa Barbara

Date: 5/27/15

MOU Reviewers:

Department	Name & Email	Approval Date:
DSS	Amy Krueger <a href="mailto:a.krueger@sbcsocialserv.org">a.krueger@sbcsocialserv.org</a>	5-07-15
DSS	Devin Drake <a href="mailto:d.drake@sbcsocialserv.org">d.drake@sbcsocialserv.org</a>	5-07-15
PROB	Guadalupe Rabago <a href="mailto:grabago@co.santa-barbara.ca.us">grabago@co.santa-barbara.ca.us</a> Wendy Stanley <a href="mailto:wstanle@co.santa-barbara.ca.us">wstanle@co.santa-barbara.ca.us</a> Clark Barton <a href="mailto:beclark@co.santa-barbara.ca.us">beclark@co.santa-barbara.ca.us</a>	5-07-15
PHD	Sandra Copley: <a href="mailto:sandra.copley@sbcphd.org">sandra.copley@sbcphd.org</a>	5-07-15
PHD	Rea Goumas: <a href="mailto:rea.goumas@sbcphd.org">rea.goumas@sbcphd.org</a>	5-07-15
PHD	Kelly Lazarus: <a href="mailto:kelly.lazarus@sbcphd.org">kelly.lazarus@sbcphd.org</a>	5-26-15

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## ***Santa Barbara County CHDP Program***

### ***Interagency Agreement***

Fiscal Years (FYs) 2015-2017

#### **I. Statement of Agreement**

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

#### **II. Statement of Need**

The following specific needs in Santa Barbara County have been identified by the Public Health, Social Services and Probation departments as a focus for FYs 2015-2017.

- A. The Department of Social Services (DSS) will have procedures for informing clients about CHDP and reporting data to CHDP staff. See Attachment 4.
- B. DSS will be responsible to submit CHDP Referral Form (PM 357) on all age-appropriate cases identified for CHDP services to the CHDP Program.
- C. CHDP staff will provide annual training for the Social Workers, Juvenile Probation staff and Eligibility Workers about CHDP services.

#### **III. Organizational and Functional Relationships**

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

##### **Public Health Department**

Sandra Copley, PHN  
CHDP Deputy Director  
345 Camino Del Remedio  
Santa Barbara, CA 93110

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## **Department of Social Services**

Amy Krueger  
Adult & Children Services  
Operations Division Chief  
2125 S. Centerpointe Pkwy.  
Santa Maria, CA 93455

Pam Powers  
Economic Assistance  
Operations Division Chief  
1100 W. Laurel Ave.  
Lompoc, CA 93436

Rene Garcia  
Employment Services  
Operations Division Chief  
234 Camino Del Remedio  
Santa Barbara, CA 93110

Tricia Beebe  
Contracts Coordinator  
2125 S. Centerpointe Pkwy.  
Santa Maria, CA 93455

### **Probation Services**

Brian Swanson  
Probation Manager  
2121 S. Centerpointe, Santa Maria 93455

- C. Attached are charts showing the CHDP process from informing through diagnosis and treatment: See Attachment 3.
1. California Work Opportunity and Responsibility to Kids (CalWORKs) Families
    - a. In-person application
    - b. Mail-in redetermination
  2. Medi-Cal Only Families
    - a. In-person application
    - b. Mail-in application
    - c. Redeterminations
  3. Children Placed in Foster Care

## **IV. Social Services Department Responsibilities and Activities**

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

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

1. In-person Application/Annual Redetermination
  - a. In the requested face-to-face eligibility intake interview or at the time of the annual redetermination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including unborn, and persons under 21 years of age will be:
    - 1) Given an approved brochure about the CHDP Program
    - 2) Given an oral explanation about CHDP including:
      - a) The value of preventive health services and the differences between episodic and wellness care
      - b) Availability of health assessments
      - c) Availability of dental services

- d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal
      - e) The nature, scope, and benefits of the CHDP Program
    - 3) Asked questions to determine whether:
      - a) More information about CHDP Program services is wanted
      - b) CHDP Program services - medical and/or dental - are wanted
      - c) Appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services
  - b. The Eligibility Determination staff will document on the SAWS2 Plus, and/or Application for Health Insurance (CCFRM604) using automated and non-automated systems that face-to-face informing occurred:
    - 1) Explanation and brochure given
    - 2) Date of the explanation and giving of the brochure
    - 3) The individual responses to the CHDP service questions
2. Non-in-person Application/Annual Redetermination - Medi-Cal
- a. Non-in-person Application includes but not limited to: mail-in, telephone, fax, or MyBenefits CalWIN.
  - b. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by non-in-person application will do so through completion of a State-approved Medi-Cal Application/Annual Redetermination form. The Application/Annual Redetermination process includes the mailing of a State-approved brochure about the CHDP Program to the applicant. The State-approved brochure about the CHDP Program, informs the family of where to call or write if:
    - 1) More information about CHDP Program services is wanted
    - 2) Assistance with getting an appointment and transportation to medical care is needed
  - c. Eligibility Determination staff will document in the case record if any follow-up action is required

B. Basic Informing and Documentation of Informing for Children in Foster Care Program Placement

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

- 1. Within 30 days of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given to the payee. A "payee," referred to as the "substitute care provider (SCP)" is defined as the foster parent(s) in a foster home, the officially designated representative of the payee when the child in the foster care program, or a Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility. In the case of an out-of-state placement, the social worker shall ensure information is given to the

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out-of-home care provider about the Federal EPSDT services. The care provider and/or child will be:

- a. Given a State-approved brochure about CHDP services and information about the child's need of preventive health care; and
  - b. Given a face-to-face oral explanation about CHDP, including:
    - 1) The value of preventive health services and the differences between episodic and wellness care
    - 2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented or the child has entered a new foster care placement
    - 3) The availability of bi-annual dental exams for children one year of age and older
    - 4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal
    - 5) The nature, scope, and benefits of the CHDP Program
  - c. Asked questions to determine whether:
    - 1) More information about the CHDP Program is wanted
    - 2) CHDP Program services - medical and/or dental - are wanted
    - 3) Appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services
2. The Child Welfare Services staff responsible for placement will document the SCP response to the questions in the CHDP Program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS):
    - a. Date SCP was informed of the CHDP Program and brochure given
    - b. SCP request for CHDP services
  3. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the SCP/child. They will include information about CHDP preventive health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in IV B.1ac; and will document the results of informing in the case plan update.
  4. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will complete annual informing and the documentation of that informing according to the outline in Section IV, B1 through B3.
  5. When the placement responsibility is controlled by the Probation Department or any other social agency, the procedures outlined in Section IV B.1. and B.3. of this agreement are followed.
  6. The procedures outlined in Section IV B.1. through B.3. of this agreement also apply to out-of-home placements with relatives and upon return of the child to the parent(s).

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7. The procedures outlined in sections Section B.1. through B.5. of this agreement also apply to out-of-county placements.

C. Referral to the CHDP Program

1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/ transportation assistance will be documented on a CHDP Referral Form (PM 357). The Referral Form will be sent to the CHDP Program at 345 Camino del Remedio, Bldg 4, Rm. 313. Santa Barbara, Ca 93110. This action is required to ensure these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal, and within 120 days of the date of request for children in foster care placement.
2. When the child is a member of a Medi-Cal managed care plan, the same referral process, as described in C.1, is followed.
3. Children in foster care placed out-of-county are referred, as described in C.1, for CHDP services.
4. Referral requirements described in C.1 and C.2 above also apply to children in foster care placement controlled by the probation department, licensed adoption agency, and/or a placement agency. The Department of Social Services has a Memorandum of Understanding (Title IV-E) with the Probation Department in effect October 2, 2014, regarding informing and assistance with the CHDP program.

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

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

1. Case Name and Medi-Cal Identification Number.
2. Type of services requested:
  - a. Additional information
  - b. Medical services
  - c. Dental services
  - d. Transportation assistance
  - e. Appointment scheduling assistance
3. Source of referral:
  - a. New application
  - b. Redetermination
  - c. Self-referral
4. Case type:
  - a. CalWORKs
  - b. Foster Care
  - c. Medi-Cal Only (Full Scope, Limited Scope with or without a Share-of-Cost)
5. Complete listing of members in case with birth dates including unborn and the expected date of confinement (EDC)
6. Listing of the payee/out-of-home care provider and child in foster care
7. Residence address and telephone number

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8. Eligibility Worker signature
  9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in Foster Care and self-referrals
- E. Case Management for Children in Foster Care
1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP Program, or equivalent health services in accordance with the CHDP Program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement. For example, if there is no record documenting a health assessment during their previous placement, if they are not performing age expected developmental skills, or if they have been moved to an area with a new provider, another health assessment may be claimed through CHDP by entering "MNIHA" (Medically Necessary Inter-periodic Health Assessment): "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160)
  2. The staff responsible for placement of the child will ensure that arrangements are made for necessary diagnosis and treatment of health conditions suspected or identified
  3. Medical records including, but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) for any child in foster care will be given to the HCPCFC PHN
  4. The case record will contain a plan which ensures that the child receives medical care, dental care and preventative health services in accordance with the CHDP Program's periodicity schedule.

**V. CHDP Program Staff Responsibilities and Activities for Referrals**

- A. The CHDP Program is stationed at and administered by the Santa Barbara County Public Health Department.
- B. Duty Statements of CHDP Program are included in the "Duty Statement" Attachment 5.
- C. Supervision of the CHDP Program is provided as follows:
  1. Overall medical supervision is provided by the Children's Medical Services (CMS) Medical Director, also known as the CHDP Director
  2. Administrative supervision is provided by the CHDP Program Manager, also known as the CHDP Deputy Director
  3. Day-to-day supervision is provided by the CHDP Program Manager
- D. The CHDP Program will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborn, and will:
  1. Provide information when requested. Offer scheduling and information regarding transportation assistance to those who request CHDP medical and/or dental services
  2. Provide a follow-up telephone call and/or letter to the parent/caregiver of the child. Provide information about requested services in regards to scheduling and/or transportation for medical and/or dental services. These CHDP follow-up services

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will be provided within 120 days of the child's date of eligibility determination or redetermination

3. Information and follow-up may not be provided for any of the following reasons:
  - a. Eligibility is lost
  - b. Child is lost to contact after a good faith effort was made to locate the child
  - c. Failure to receive services was due to an action or decision of the family or child
- E. The following will be documented on the CHDP Referral Form (PM 357):
  1. Type of transportation assistance and date given
  2. Appointment scheduling assistance and date given
  3. Date(s) of appointment(s) and name(s) of provider(s)
  4. Date appointment scheduling and/or transportation assistance was declined and by whom.

#### **VI. CHDP Program Responsibilities and Activities**

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

#### **VII. Staff Education**

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

#### **VIII. Management Information and Program Evaluation**

- A. The following information will be compiled and shared between departments.

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1. DSS provides monthly information regarding the number of persons and cases accepting/declining CHDP (Report MRQ005R) to the CHDP Program
  2. The CHDP staff tabulates the number of PM 357's received and that have received follow-up on a regular basis and shares data when requested. Contact for this data is Sandra Copley, CHDP Deputy Director
- B. Conduct and describe methods of program evaluation.
1. CHDP Program staff and DSS staff will meet biennially to evaluate compliance with this agreement

## IX. Compliance Certification

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

- A. Enabling legislation of the CHDP Program.
- Reference:** Health and Safety Code Sections 124025 through 124110 and Section 104395.
- B. CHDP Program regulations that implement, interpret, or make specific the enabling legislation.
- Reference:** California Code of Regulations, Title 17, Section 6800 through 6874.
- C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP Program.
- Reference:** California Code of Regulations, Title 22, Sections 51340(c), 51340 and 51532.
- D. Regulations defining county DSS responsibilities for meeting CHDP/EPSDT Program requirements.
1. Social Services Regulations
- Reference:**
- a. Staff Development and Training Standards - Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610.
  - b. Civil Rights - MPP Section 21-101, 21-107, 21.115.
  - c. Eligibility and Assistance Standards - MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5.
  - d. Child Welfare Services Program Standards - MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.1(h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), 31-405.1(g)(1).
  - e. Intra and interagency relations and agreements Chapter 29-405 and Chapter 29-410.
2. Medi-Cal Regulations
- Reference:**
- a. California Code of Regulations, Title 22, Sections: 50031; 50157(a), (d), (e), (f), and 50184(b).

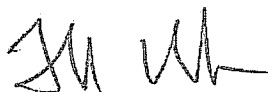
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- b. Other Title 22 regulations governing DSS programs regarding adoptions and referring parents to community services, including CHDP Pre-placement Advisement, California Code of Regulations, Title 22, Section 35094.2 and Advisement of Parents Whose Child has not been Removed from Parent's Care, Section 35129.1
  - E. Current interpretive releases by State Departments of Health Services and Social Services.
    - 1. Children's Medical Services (CMS) Branch /CHDP Program Letters and Information Notices - Health Services.
    - 2. All County Letters - Social Services.
    - 3. Joint Letters - Health Services and Social Services
    - 4. CMS Branch/CCS Numbered Letters pertaining to the CHDP Program - Health Services.

**X. General**

- A. This Interagency Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.
- B. This interagency Agreement is in effect from July 1, 2015 through June 30, 2017 unless revised by mutual agreement.
- C. In the event that changes in Federal or State legislation impact the current Interagency Agreement, the Public Health Department and Social Services Department agree to renegotiate the pertinent section(s) within 90 days of receiving new language or instructions from the State.

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IN WITNESS THEREOF the parties hereto have caused this Interagency Agreement to be executed on July 1, 2015.



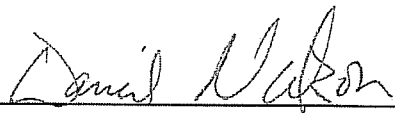
10/26/15

Takashi Wada, MD, MPH  
Director/Health Officer Public Health Department

Date

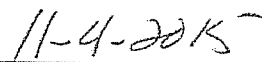
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**IN WITNESS THEREOF** the parties hereto have caused this Interagency Agreement to be executed on July 1, 2015.



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Daniel Nielson, Director  
County Department of Social Services Department




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Date

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**IN WITNESS THEREOF** the parties hereto have caused this Interagency Agreement to be executed on July 1, 2015.



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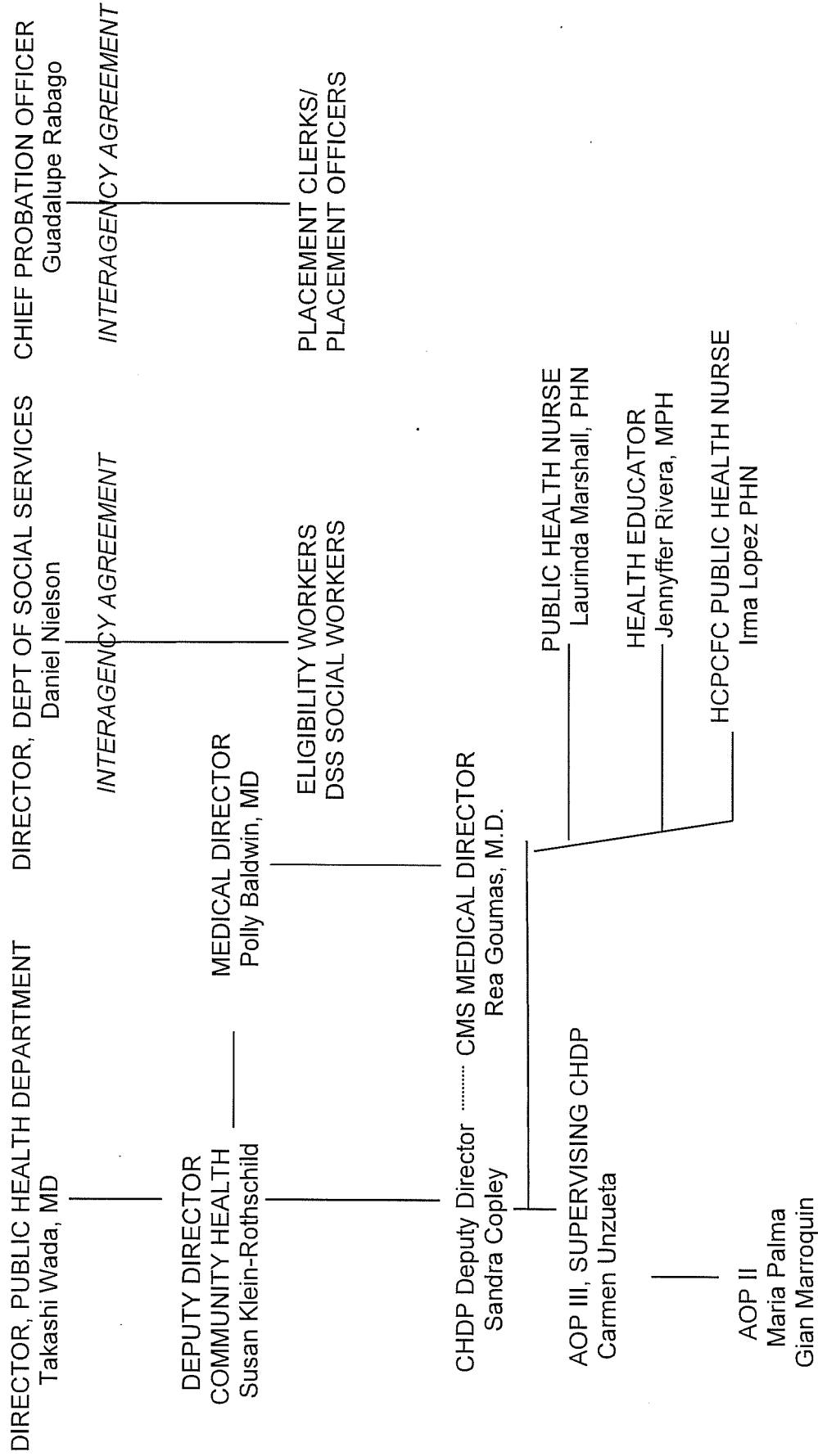
Chief Guadalupe Rabago  
County Probation Department

11/9/15

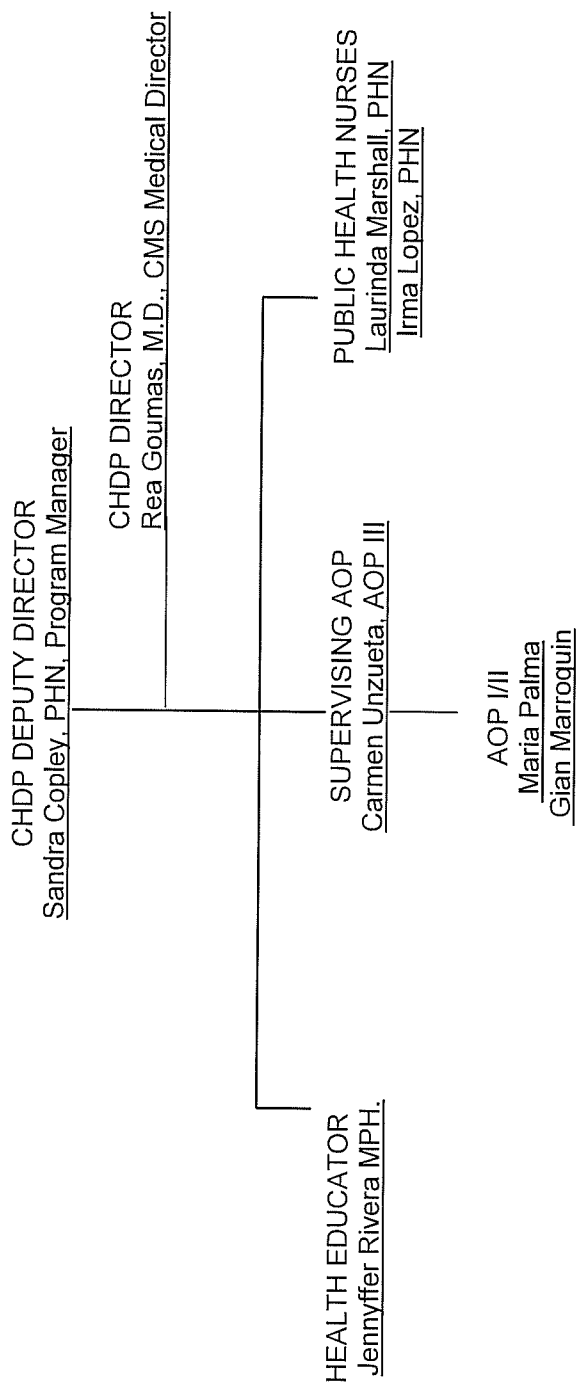
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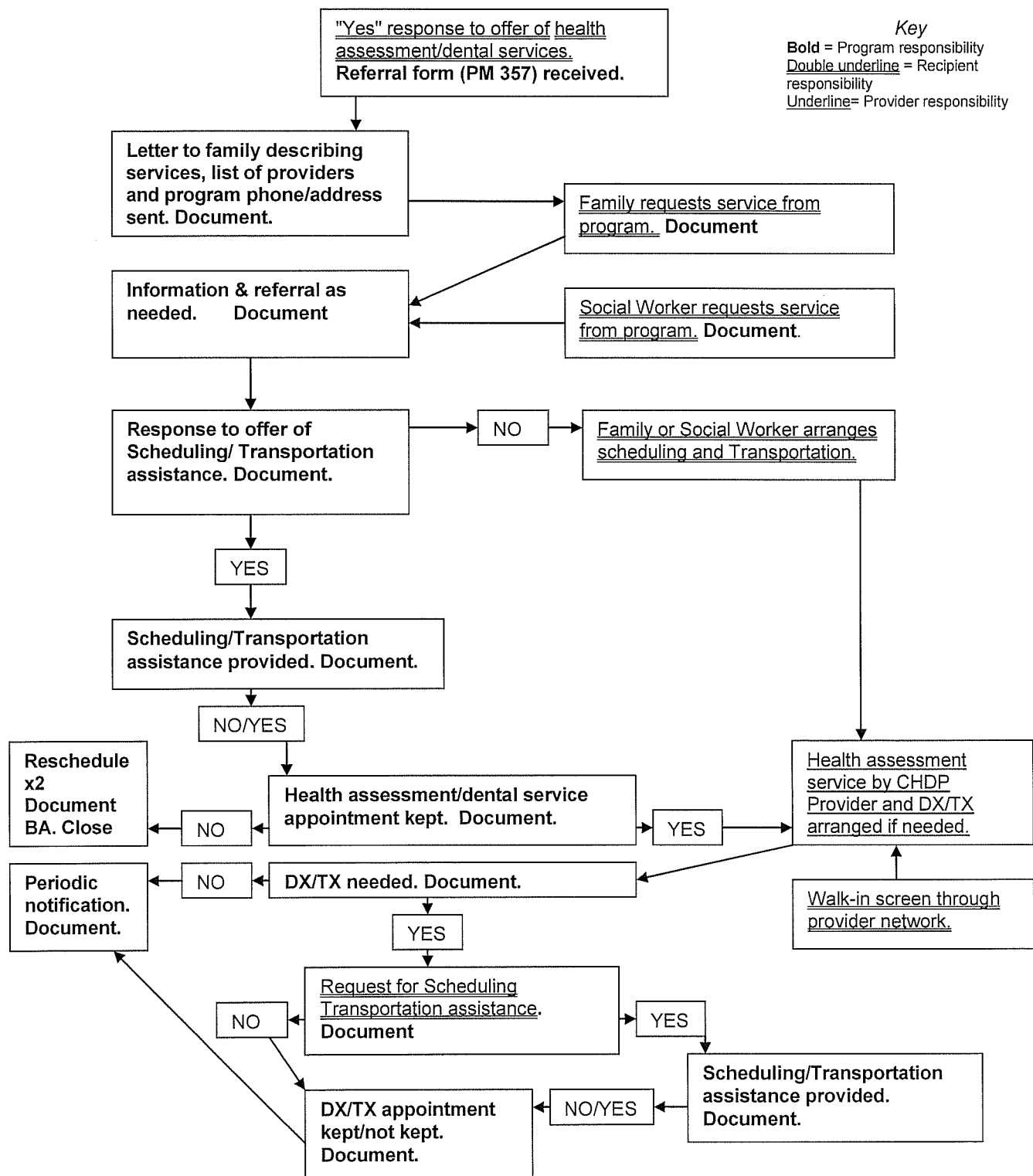
RELATION OF CHDP ADMINISTRATION TO PUBLIC HEALTH DEPARTMENT,  
SOCIAL SERVICES DEPARTMENT AND PROBATION DEPARTMENT



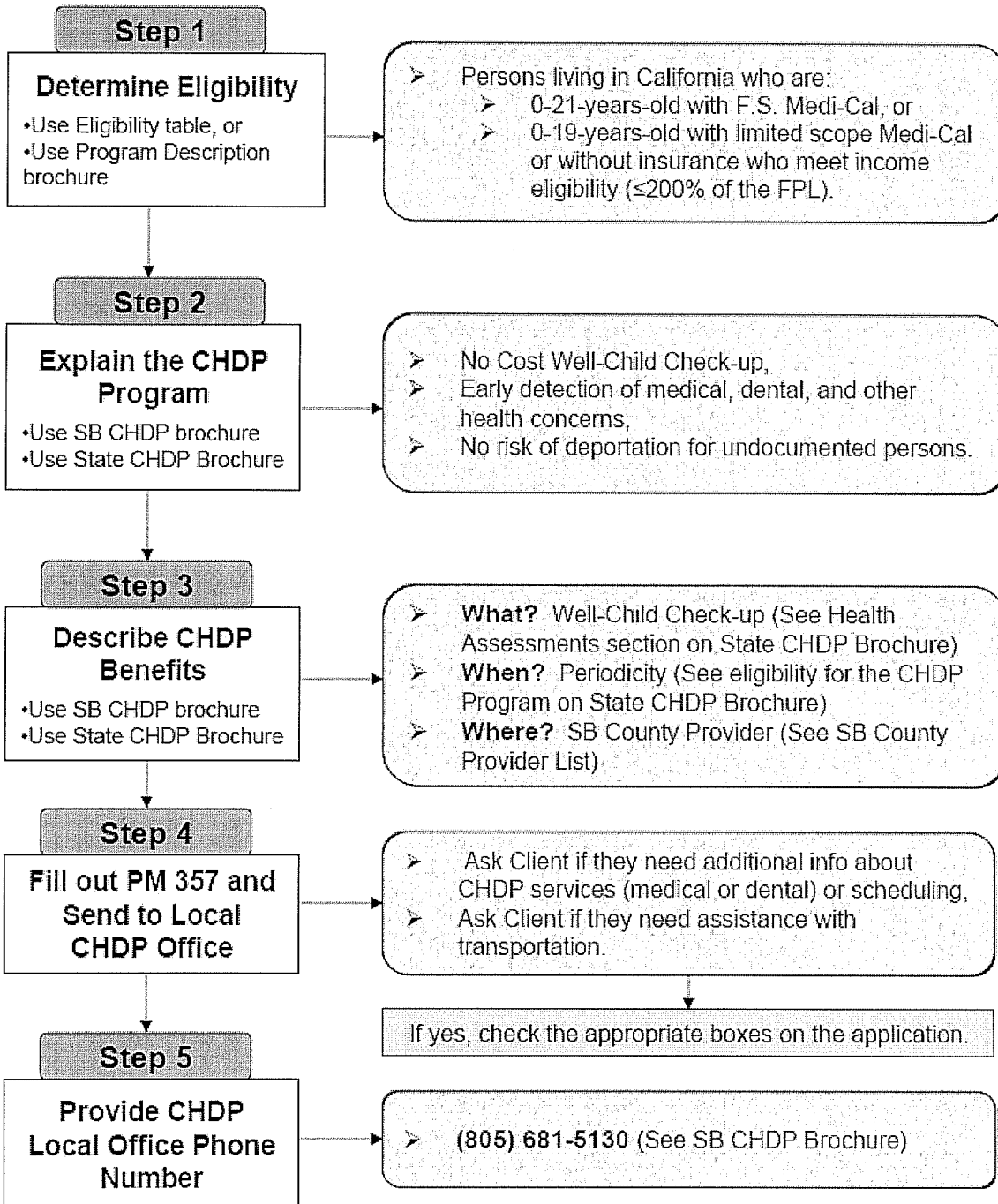
REPORTING CHANNEL OF CHDP UNIT TO CHDP DIRECTOR/DEPUTY DIRECTOR



**SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT**  
**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**  
**Flow Chart of EPSDT Activities for CalWorks and Medi-Cal only families, and Foster Care children**



**DSS-EW CHDP GUIDE:  
STEPS FOR DSS ELIBILITYTY WORKERS ON INFORMING CLIENTS ABOUT THE  
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM**



*Santa Barbara County Child Health & Disability Prevention Program  
345 Camino del Remedio, Santa Barbara, CA 93110 (Last Revised 06/2011)*

**Santa Barbara County, Fiscal Year 2015-2017**  
**CHILDREN'S HEALTH & DISABILITIES PROGRAM STAFF DUTY STATEMENT**

**PUBLIC HEALTH PROGRAM MANAGER**

Sandra Copley, RN, PHN

This position serves as CHDP Deputy Director and Supervisor for HCPCFC

CHDP: 13%

1. General program administration
2. Coordination and liaison with local and State agencies
3. Assures Nursing and Health Education standards
4. Attends Southern California Regional Directors/Deputy Directors quarterly meetings
5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population and to facilitate the promotion of child health issues in the community
6. Responsible to develop and submit the annual CHDP related CMS plan and in compiling the data for program evaluation and state reporting
7. Direct supervision of PHN in CHDP, Health Educator and Administrative Office Professional III.
8. Consults and collaborates with other programs and agencies, (e.g. WIC, Health Education, Oral Health Executive Committee, Immunization Branch, Communicable Disease, etc) to facilitate promotion of child health issues in the community.

HCPCFC: 2%

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

**STAFF PHYSICIAN**

Rea Goumas, MD

This position serves as CHDP Director and CCS Medical Consultant

CHDP: 15%

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

### **PUBLIC HEALTH NURSE**

Laurinda Marshall, RN, PHN; Irma Lopez, RN, PHN

CHDP: 100% nursing oversight of CHDP Administration activities:

1. Provides quality monitoring of CHDP providers countywide (recruitment, certification and re-certification procedures including audits and PM 160 desktop reviews)
2. Provides CHDP providers support (ongoing training, daily phone assistance, site visits, health education materials and other resources) and facilitates communication between providers, State CHDP and State Fiscal Intermediary.
3. Provides oversight of CHDP program follow-up procedure, assistance with children' follow –ups and referrals in collaboration with the CMS Medical Director
4. Provide case management for newborn hearing screening referred by the southern California Hearing Coordination Center
5. Provides training for eligibility workers and social workers at DSS about informing required for all Medical-Cal beneficiaries and foster care homes in conjunction with the CHDP Health Educator
6. Participates in community outreach opportunities and is the liaison to school staff, head start and other agencies serving the CHDP target population
7. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population
8. Participates in developing the annual CMS plan and in compiling the data for program evaluation and state reporting
9. Attends the Southern Regional CHDP Nurses Subcommittee

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

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

### **HEALTH EDUCATOR**

Jennyffer Rivera, MPH

CHDP: 50% Health Education support for CHDP

1. Collaborates with CHDP program staff to train providers and monitor quality of health assessments, including health education needs assessments and biannual newsletter updates
2. Trains Department of Social Services, Probation and other agency staff on CHDP informing/linking.
3. Performs health education training for care coordination by AOP's in collaboration with the Medical Director, Program Manager 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

Santa Barbara County CHDP-DSS-PROB Interagency Agreement  
FY 2015-2017  
Attachment 5  
Page 18 of 19

5. Participates in policy development and community preventive initiatives related to health issues that may affect the CHDP target population
6. Updates resource lists for providers

**Administrative Office Professional III, SUPERVISING**

Carmen Unzueta

CHDP: 5% Supervises CHDP clerical staff

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

**Administrative Office Professional I & II**

Maria Palma, Gian Marroquin

CHDP: 75% each; 1.5 FTEs

1. Supports professional and ancillary staff with coordination of program activities
2. Tracks program data including but not limited to PM 160 forms
3. Tracks follows-up with clients and participates in reporting to State
4. Assists families and providers with program issues and follows-up as needed
5. Assists selected families to access care and referrals for dental, developmental, vision and nutrition services

**ACCOUNTANT**

Nancy Leidelmeijer

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

**INTERAGENCY AGREEMENT**

**BETWEEN**

**SANTA BARBARA COUNTY**

**SPECIAL EDUCATION LOCAL PLAN AREA**

**AND**

**SANTA BARBARA**

**CALIFORNIA CHILDREN'S SERVICES**

**SEPTEMBER 14, 2015**

## 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
INTERAGENCY AGREEMENT APPROVAL .....	18
APPENDIX	
A. Medical Eligibility for the Medical Therapy Program .....	19
B. Eligible Medical Conditions.....	20
C. Referral Packet:	
1. Checklist for LEA Referrals for CCS Medical Therapy Program Services .....	24
2. New Referral CCS/GHPP Client Service Authorization Request (SAR) .....	25
3. Information About California Children’s Services (CCS) (English).....	27
4. Application to Determine CCS Program Eligibility (English) .....	29
5. Instructions for California Children’s Services Application (English) .....	30
6. CCS Authorization for Release of Information (English) .....	32
7. Information About California Children’s Services (CCS) (Spanish) .....	33
8. Application to Determine CCS Program Eligibility (Spanish) .....	35
9. Instructions for California Children’s Services Application (Spanish) .....	36
10. CCS Authorization for Release of Information (Spanish) .....	38
11. Physician’s Information Form .....	39

D. CCS Response Forms	
1. CCS Medical Eligibility Notification - Sample.....	40
2. CCS Notice of Action .....	41
3. CCS Medical Therapy Program (MTP) Therapy Assessment Plan (English/Spanish)	43
4. CCS Medical Therapy Conference/Clinic Appointment Notice – Sample (Lompoc) (English/Spanish).....	45
5. CCS Medical Therapy Plan/Prescription.....	47
6. CCS LEA Notification of Medical Therapy Program Status .....	48
7. CCS LEA Notification of Possible Delay in Determining Medically Necessary Therapy Services .....	49
E. Medical Therapy Program Second Expert Opinion Process (English/Spanish).....	50
F. Directory of Agency Contacts .....	52

## INTRODUCTION

The purpose of this agreement is to establish working procedures to encourage interagency cooperation in the provision of services to students 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 students 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> <p>1. Under the Individuals with Disabilities Education Improvement Act of 2004 ("IDEA") and related state law, students with disabilities have a right to a free and appropriate public education ("FAPE"). FAPE is made up of special education and related services. Related services, also called designated instruction and services, "include in pertinent part, developmental, corrective, and supportive services such as PT and OT, as may be required to assist a child with a disability to benefit from special education." 20 U.S.C. §1401(a)(26); Ed. Code §56363.</p>	<p>Santa Barbara County California Children Services Program will:</p> <p>1. Provide physical and occupational therapy services under medical supervision to individuals in accordance with standards established by the CCS Program.</p> <p>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.</p> <p>3. Provide diagnostic and medical treatment services to individuals in accordance with standards established by the CCS program.</p> <p>4. Provide and maintain durable medically necessary 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.</p>

**B. INDIVIDUAL'S SERVICE NEED: Referrals**

EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p>	<p>Santa Barbara County California Children's Services Program 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 Program Manager or designee when a student has been receiving CCS Therapy in another county and moves into the Santa Barbara County 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 SBCSELPA.</li> </ol>	<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>B. INDIVIDUAL'S SERVICE NEED: Referrals (CONTINUED)</b>	
<b>EDUCATION</b>	<b>CALIFORNIA CHILDREN'S SERVICES</b>
Santa Barbara County Special Education Local Plan Area will:	Santa Barbara County California Children's Services Program will:
<p>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.</p>	

C. INDIVIDUAL'S SERVICE NEED: Assessment	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Assess students 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>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Assess all medically eligible individuals in accordance with State CCS standards and federal and state law for medically necessary physical and/or occupational therapy services.</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> <p>1. Release personnel, when appropriate, for attendance at a pupil's scheduled CCS Medical-Therapy Conference Appointment.</p>	<p>Santa Barbara County California Children's Services Program will:</p> <p>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.</p>

<b>E. INDIVIDUAL'S SERVICE NEED: IEP Development, Implementation, and Review</b>		
<b>EDUCATION</b>		<b>CALIFORNIA CHILDREN'S SERVICES</b>
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. Provide prior notice to the appropriate CCS Medical Therapy Unit for all IEP meetings of students receiving CCS occupational and/or physical therapy services. LEAs will provide 10 days notice to CCS.</li> <li>2. Ensure that the student'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). CCS services may also be noted in the IEP notes.</li> <li>3. Identify specialized equipment in the IEP when needed to provide the student with a free and appropriate public education (FAPE).</li> <li>4. Include transportation to and from therapy in the IEP when needed. This should be documented in the IEP notes.</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 in the IEP notes.</li> </ol>		<p>Santa Barbara County California Children's Services Program will:</p> <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>

**E. INDIVIDUAL'S SERVICE NEED: IEP Development, Implementation, and Review (CONTINUED)**

EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <p>6. If CCS notifies LEA and SBCSELPA administrator or designee that CCS is unable to provide services in the approved CCS Medical Therapy Plan/IEP, the SBCSELPA administrator shall engage in the following process:</p> <ul 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 SBCSELPA and CCS plus an administrative fee of 15% shall be paid by CCS to the SBCSELPA.</li> </ul>	<p>Santa Barbara County California Children's Services Program will:</p> <p>4. Upon request from LEA, provide consultation regarding durable medical equipment needed for the implementation of the student's IEP.</p> <p>5. Inform the student's district transportation provider when transportation to and/or from therapy is needed.</p> <p>6. CCS will inform the LEA administrator or designee if the student with an IEP is discharged from MTU services.</p> <p>7. CCS will notify the LEA and SBCSELPA administrator if CCS is unable to provide services as stated in approved CCS Medical Therapy Plan and contained in the IEP</p>

<b>F. INDIVIDUAL'S SERVICE NEED: Least Restrictive Environment</b>	
<b>EDUCATION</b>	<b>CALIFORNIA CHILDREN'S SERVICES</b>
<p>Santa Barbara County Special Education Local Plan Area will:</p> <p>1. Ensure that, to the maximum extent appropriate, students with disabilities, including students in public or private institutions, are educated with students who are not disabled.</p>	<p>Santa Barbara County California Children's Services Program will:</p> <p>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.</p>

**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 Program Manager or designee the projected equipment and facility needs for Medical Therapy Units in the SBCSELPA.</li> <li>5. Identify through revisions to the SBCSELPA 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 SBCSELPA Local Plan and in the Statewide Facilities Standards for CCS MTUs.</li> <li>2. On an annual basis, jointly review with the SBCSELPA Director the projected equipment and facility needs for Medical Therapy Unit services in the SBCSELPA.</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 SBCSELPA Local Plan and Statewide Facility Standards for MTUs.</li> <li>2. On an annual basis jointly review with the CCS Program Manager or designee the projected equipment and facility needs for satellite services in the SBCSELPA.</li> <li>3. Identify through revisions to the SBCSELPA 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 SBCSELPA Local Plan and Statewide Standards for MTUs.</li> <li>2. On an annual basis, jointly review with the SBCSELPA Director the projected equipment and facility needs for satellite services in the SBCSELPA 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'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <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>	<p>Santa Barbara County California Children's Services Program will:</p> <ol style="list-style-type: none"> <li>1. Annually, with the SBCSELPA, 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 SBCSELPA for MTU and satellite establishment and relocation per current state guidelines.</li> </ol>

<b>J. INDIVIDUAL'S SERVICE NEED: Resolution of Disagreements and Due Process</b>	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <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 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 student's IEP.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <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>

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>

L. STAFF DEVELOPMENT	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <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 CCS staff regarding relevant SBCSELPA staff development activities.</li> </ol>	<p>Santa Barbara County California Children's Services Program will:</p> <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 SBCSELPA 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>

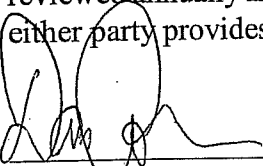
M. ADMINISTRATION	
EDUCATION	CALIFORNIA CHILDREN'S SERVICES
<p>Santa Barbara County Special Education Local Plan Area will:</p> <ol style="list-style-type: none"> <li>1. The Director of the Santa Barbara County SELPA shall serve as the liaison for the Santa Barbara County SELPA to California Children's Services.</li> <li>2. The contact person for each LEA within the SBCSELPA 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 SBCSELPA 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 SBCSELPA Director prior to requesting intervention by the JPA Board.</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 SBCSELPA and the SBCSELPA 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>

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.



DAN COOPERMAN, CHAIRPERSON  
SANTA BARBARA COUNTY SELPA  
JOINT POWERS AGENCY BOARD

TAKASHI MICHAEL WADE, MDMPH  
DIRECTOR/ HEALTH OFFICER  
SANTA BARBARA COUNTY PUBLIC HEALTH  
DEPARTMENT

DATE 9/14/15

DATE \_\_\_\_\_

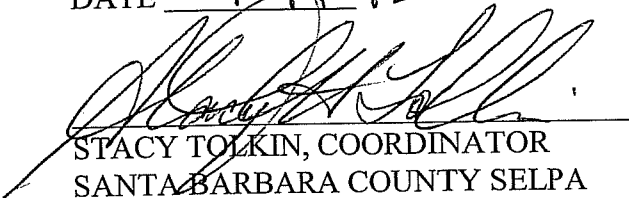


JARICE BUTTERFIELD, DIRECTOR  
SANTA BARBARA COUNTY SELPA

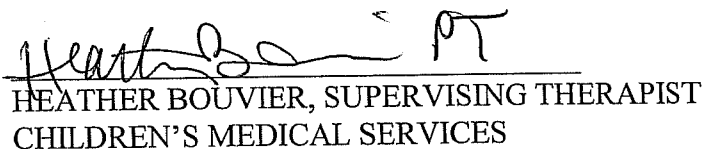
ANA STENERSEN, PROGRAM MANAGER  
CHILDREN'S MEDICAL SERVICES

DATE 9-14-15

DATE \_\_\_\_\_



STACY TOLKIN, COORDINATOR  
SANTA BARBARA COUNTY SELPA

 PT  
HEATHER BOUVIER, SUPERVISING THERAPIST  
CHILDREN'S MEDICAL SERVICES

DATE 9-15-15

DATE 10/27/15

CMSB A-2  
ANNUAL INVENTORY OF STATE FURNISHED EQUIPMENT

County/City Name: Santa Barbara County

Date of Report: 6/30/15

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

CMS Administrative Consultant: Sandra Copley, RN, PHN

Program Name: CHDP

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

Program Contract Telephone No.: 805-681-5476

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

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	876 HP Compaq 8200 Elite Small Form Factor PC XL510	\$ 863.50		6/28/2011	MCL124121J
	1	826 LA 1951g 19-inch LCD Monitor	\$ 181.48		7/22/2011	CNC115R392
	1	Fujitsu LIFEBOOK T730 Tablet -	\$ 1,685.70		10/10/2012	A4VEE3E902LE1A05
	1	Fujitsu Port Replicator FPCPR94AP	\$ 145.35		10/10/2012	
	1	Fujitsu Notebook Carrying case - black FPCCC16	\$ 52.85		10/10/2012	
	1	HP Compaq Elite 8300	\$ 699.00		3/5/2013	CCNN7282Q2V
	1	HP Compaq LA 2405x LED Monitor	\$ 272.00		4/7/2014	N440108Q7
	1	HP EliteDesk 800 G1 SFF	\$ 978.20		2/17/2015	XWV7X7TK8B63

## CMSB A-2

Date of Report: 6/30/2015

CMS Administrative Consultant: Sandra Copley, RN, PHN

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

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

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