



LASSEN COUNTY

Health and Social Services Department

■ **HSS Administration**

1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8128

□ **Grants & Loans Division**

1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-2683

□ **Behavioral Health**

555 Hospital Lane
Susanville, CA 96130
(530) 251-8108 / 8112

Chestnut Annex

1400-A & B Chestnut Street
Susanville, CA 96130
(530) 251-8112

□ **Patients' Rights Advocate**

1616 Chestnut Street
Susanville, CA 96130
(530) 251-8322

□ **Public Health**

1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8183

□ **Environmental Health**

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□ **Public Guardian**

720-A Richmond Road
Susanville, CA 96130
(530) 251-8337

□ **Community Social Services**

Lassen WORKS

P. O. Box 1359
720 Richmond Road
Susanville, CA 96130
(530) 251-8152

Business & Career Network

1616 Chestnut Street
Susanville, CA 96130
(530) 257-5057

Child & Family Services

1445 Paul Bunyan Road
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(530) 251-8277

Adult Services

720 Richmond Road
Susanville, CA 96130
(530) 251-8158

□ **HSS Fiscal**

P. O. Box 1180
Susanville, CA 96130

Date: November 14, 2017

To: Aaron Albaugh, Chairman
Lassen County Board of Supervisors

From: Barbara Longo, Director
Health & Social Services

Subject: Approval of CHDP, CCS, and HCPCFC Program Plans and
Budgets for FY 17/18

Background:

As the department responsible for administering the local Children's Health & Disability Prevention (CHDP) program, California Children's Services (CCS), and Health Care Program for Children in Foster Care (HCPCFC), the Public Health Department is required to submit its annual program plans and budgets to the California Department of Health Care Services (DHCS). Prior to submission, those plans and budgets must be approved by the local governing body.

Fiscal Impact:

There is no impact to County General Fund. Submitting the approved plans and budgets ensures the availability of state funds for program operations.

Action Requested:

1) Approve the Program Plans and Budgets, and 2) authorize the County Administrative Officer to execute the certification.



Plan and Budget Required Documents Checklist

MODIFIED FY 2016-2017

| County/City: <u>Lassen County/ Susanville</u> | | Fiscal Year: <u>2017-2018</u> |
|---|--|-------------------------------|
| | Document | Included |
| 1. | Checklist | Yes |
| 2. | Agency Information Sheet | Yes |
| 3. | Certification Statements | |
| | A. Certification Statement (CHDP) – Original and one photocopy | Yes |
| | B. Certification Statement (CCS) – Original and one photocopy | Yes |
| 4. | Agency Description | |
| | A. Brief Narrative | Yes |
| | B. Organizational Charts for CCS, CHDP, and HCPCFC | Retain locally |
| | C. CCS Staffing Standards Profile | Retain locally |
| | D. Incumbent Lists for CCS, CHDP, and HCPCFC | Yes |
| | E. Civil Service Classification Statements – Include if newly established, proposed, or revised | Yes |
| | F. Duty Statements – Include if newly established, proposed, or revised | Yes |
| 5. | Implementation of Performance Measures – Performance Measures for FY 2016—2017 are due September 7, 2017. | Yes |
| 6. | Data Forms | |
| | CHDP Program Referral Data | Yes |
| 7. | Memoranda of Understanding and Interagency Agreements List | |
| | A. MOU/IAA List | Yes |
| | B. New, Renewed, or Revised MOU or IAA | Retain locally |
| | C. CHDP IAA with DSS biennially | Retain locally |
| | D. Interdepartmental MOU for HCPCFC biennially | Retain locally |
| 8. | Budgets | |
| | A. CHDP Administrative Budget (No County/City Match) | |
| | 1. Budget Summary | Yes |

County/City: Lassen County/ Susanville

Fiscal Year: 2017-2018

| | Document | Included |
|----|---|----------|
| | 2. Budget Worksheet | Yes |
| | 3. Budget Justification Narrative | Yes |
| B. | CHDP Administrative Budget (County/City Match) - Optional | |
| | 1. Budget Worksheet | N/A |
| | 2. Budget Justification Narrative | N/A |
| | 3. Budget Justification Narrative | N/A |
| C. | CHDP Foster Care Administrative Budget (County/City Match) - Optional | |
| | 1. Budget Summary | N/A |
| | 2. Budget Worksheet | N/A |
| | 3. Budget Justification Narrative | N/A |
| D. | HCPCFC Administrative Budget | |
| | 1. Budget Summary | Yes |
| | 2. Budget Worksheet | Yes |
| | 3. Budget Justification Narrative | Yes |
| E. | CCS Administrative Budget | |
| | 1. Budget Summary | Yes |
| | 2. Budget Worksheet | Yes |
| | 3. Budget Justification Narrative | Yes |
| | | |
| G. | Other Forms | |
| | 1. County/City Capital Expenses Justification Form | N/A |
| | 2. County/City Other Expenses Justification Form | N/A |
| 9. | Management of Equipment Purchased with State Funds | |
| | 1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203) | N/A |
| | 2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204) | N/A |
| | 3. Property Survey Report Form (STD 152) | N/A |

Agency Information Sheet

County/City: Lassen County/Susanville

Fiscal Year: 2017-2018

Official Agency

| | | | |
|-----------------------|--|-----------------|--|
| Name: | Lassen County Health and Social Services | Address: | 1445 Paul Bunyan Rd. Suite B Susanville, CA 96130 |
| Health Officer | Dr. Kenneth Korver | | |

CMS Director (if applicable)

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

CCS Administrator

| | | | |
|---------------|---------------|-----------------|--|
| Name: | Jessica Jones | Address: | 1445 Paul Bunyan Rd. Suite B Susanville, CA 96130 |
| Phone: | 530-251-8384 | | |
| Fax: | 530-251-2668 | E-Mail: | jjones@co.lassen.ca.us |

CHDP Director

| | | | |
|---------------|---------------|-----------------|--|
| Name: | Jessica Jones | Address: | 1445 Paul Bunyan Rd. Suite B Susanville, CA 96130 |
| Phone: | 530-251-8384 | | |
| Fax: | 530-251-2668 | E-Mail: | jjones@co.lassen.ca.us |

CHDP Deputy Director

| | | | |
|---------------|--------------|-----------------|--|
| Name: | Helen May | Address: | 1445 Paul Bunyan Rd. Suite B Susanville, CA 96130 |
| Phone: | 530-251-2717 | | |
| Fax: | 530-251-2668 | E-Mail: | hmay@co.lassen.ca.us |

Clerk of the Board of Supervisors or City Council

| | | | |
|---------------|-------------------|-----------------|--|
| Name: | Michelle Yderraga | Address: | 220 S. Lassen St., Suite 5 Susanville, CA 96130 |
| Phone: | 530-251-8427 | | |
| Fax: | 530-251-3480 | E-Mail: | myderraga@co.lassen.ca.us |

Director of Social Services Agency

| | | | |
|---------------|---------------|----------------|---------------------------------------|
| Name: | Barbara Longo | | 336 Alexander Susanville, CA 96130 |
| Phone: | 530-251-8134 | | |
| Fax: | 530-251-2668 | E-Mail: | blongo@co.lassen.ca.us |

Chief Probation Officer

| | | | |
|---------------|-------------------|----------------|--|
| Name: | Jennifer Branning | | 107 South Roop St. Susanville, CA 96130 |
| Phone: | 530-251-2689 | | |
| Fax: | 530-251-9160 | E-Mail: | jbranning@co.lassen.ca.us |



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Health and Social Services Department

AGENCY DESCRIPTION

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1445 Paul Bunyan Road
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The Child Health and Disability Prevention Program provide comprehensive health check-ups for the detection and prevention of disease and disabilities in children and youth. The eligible population includes all Medi-Cal recipients from birth through 20 years of age, and low-income non-Medi-Cal eligible from birth through 18 years of age with family incomes at or below 200% of the federal poverty level.

The CCS program in Lassen County provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. Currently 100 percent of CCS-eligible children are also Medi-Cal eligible. The Medi-Cal program reimburses their care.

Lassen County is a dependent county; the CMS Branch provides medical case management and eligibility and benefits determination through the regional office located in Sacramento. Lassen County interacts directly with families, and makes decisions on financial and residential eligibility.

The Health Care Program for Children in Foster Care (HCPCFC) in Lassen County provides public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care. The nurse assists the social worker and probation officer in the entry and update of the child's medical and health information in the required record known as the Health and Education Passport (HEP). The nurse collaborates with the foster care team in the provision of training programs for foster parents, health providers, probation and juvenile court staff. The nurse participates in interdisciplinary team conferences, and assists with the transition from foster care by linking the child to community resources to meet the health care services needs upon termination of foster care.

The current organizational structure of CHDP, CCS and HCPCFC in Lassen County is reflected on the 2017-2018 Lassen County Health and Social Services Organizational Chart for Public Health Services. The internal relationships between these three programs have been strong and cooperative for many years. The Public Health Director oversees activity of all three programs and encourages their collaboration with one another.

In Lassen County, the positions of CHDP Deputy Director, CCS Coordinator, and HCPCFC Nurse are Public Health Nurses, and / or are under the direct supervision of the Public Health Nurse. In Lassen County we are struggling to fill vacant PHN positions. We have been looking for a PHN for close to two years, with no applicants. The CHDP Deputy Director provides case management services for all CHDP eligible children, including CCS children who have been referred to the CHDP program. The CHDP Deputy Director makes referrals to CCS when certain medical conditions have been referred to the CHDP program. The CCS Coordinator provides case management services for those CHDP children that are determined medically eligible in the CCS program. The HCPCFC Nurse also coordinates case management with the other two agencies.

For fiscal year 2016-2017, CHDP was actively involved with continuing its Childhood Obesity Prevention Plan, and promoting dental health. Groups targeted for these activities included public school children, mothers in substance-abuse recovery, foster parents, and home-visitors for high risk families, Head Start programs. For fiscal year 2017-2018, Lassen County CHDP plans to continue to collaborate more with local



LASSEN COUNTY

Health and Social Services Department

providers and other community partners to increase our impact on reducing childhood obesity and dental problems through prevention, early detection and treatment.

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Certification Statement - Child Health and Disability Prevention (CHDP) Program**County/City:** Lassen County/ Susanville**Fiscal Year:** 2017-18

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

Signature of CHDP Director

Date Signed

Signature of Director or Health Officer

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date

Certification Statement - California Children's Services (CCS)**County/City:** Lassen County/Susanville**Fiscal Year:** 2017-2018


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



Signature of CCS Administrator

10/28/2017

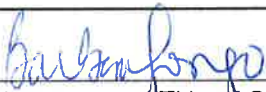
Date Signed



Signature of Director or Health Officer

10/31/17

Date Signed



Signature and Title of Other -- Optional

10/30/2017

Date Signed

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

Signature of Local Governing Body Chairperson

Date

Incumbent List - California Children's Services

For FY 2017-18, 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.

[illegible]

Incumbent List - Health Care Program for Children in Foster Care

For FY 2016-2017, 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 in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

| County/City: | | Lassen County/ Susanville | | Fiscal Year: 2016-2017 | | | |
|--------------------|----------------------------|---------------------------|-----------------------------------|--|---------------------------------------|--|--|
| Job Title | Incumbent Name | FTE % on HCPCFC Budget | FTE % on County/City Match Budget | FTE % in Other Programs (Specify) | Have Job Duties Changed ? (Yes or No) | Has Civil Service Classification Changed ? (Yes or No) | |
| Nurse | Jessica Jones RN, BSN, PHN | 15% | 0 | PH Director 45%, MCAH 10% CCS 10% SNAP-ED 10% | No | No | |
| Senior Admin Clerk | Paula Todd | 3% | 0 | TURP 50% CCS 20% CHDP 15% SNAPED 7% PH- 5% | No | No | |

FY 2017-2018 CCS DUTY STATEMENT FOR

CCS Nurse Case Manager PHN TOTAL .45 FTE

Name: **Vacant**

89% E RN MCM = 100% of .35 FTE

11 % NE Administrator = 100% of .10 FTE

89% - ENHANCED

1. 79%-E Medical Case Management: Collect and interpret information regarding the applicant/client's medical status and his/her needs for medical services. Identify medical services required to achieve the goals of the treatment plan and ensure that linkages are made with other providers of care. Coordinate and facilitate the client's care. Provide information on specialized medical program services available to medically high-risk children and their families. Provide follow-up contact to assess client's progress in meeting treatment goals. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans. Provide consultation to professional staff in other agencies about specific medical conditions. Interpret medical information to an individual, a provider, or professional staff of another agency. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services. Receive/review/process service authorization requests, prescriptions, etc. Document case notes on CMSNet.
2. 5%-E Intra/Interagency Coordination and Collaboration: Collaborate with other agencies such as schools, other Health and Social Services departments, etc., regarding the availability and use of services.
4. 2%-E Program Planning and Policy Development: Consultation with Health Officer and/or Public Health Director. Develop educational resources regarding CCS services and benefits for use by patients/families, providers, and community agencies.
5. 3%-E Professional Training: Attend conferences, trainings, workshops, meetings and educational sessions provided by SPMP, related to: utilization review of medical services, program planning and policy development, medical case management, intra-interagency and provider coordination, and quality management.

11% - NON-ENHANCED

1. 8%- General Program Administration: Review literature to apply up-to-date knowledge in delivery of health care services. Prepare program-related reports, documents and correspondence – including annual budget, annual performance measures – in accordance with the Annual Plan and Fiscal Guidelines. Develop and review program standards, regulations, policies, procedures, and health-related educational materials. Develop, maintain, and analyze management information system. Develop and distribute program specific information including procedure manuals and brochures. Foster local, regional and state partnerships to improve CCS services. Attend PHD staff meetings.
2. 2%- Outreach: Inform individuals, agencies, potential providers, and community groups about the CCS program. Distribute program materials to families, community agencies, and health care providers.
3. 1% Non-professional Training.

CCS DUTY STATEMENT FOR
CCS Client Case Manager

Name: Shonda Smith – .90 FTE

75% NE + 25% E= 100% of .90 FTE

Fiscal Year 2017-2018

75% Non-Enhanced

- 40% Determines applicant's/client's financial and residential eligibility for CCS; conducts interviews of applicant/client families, including screening potential eligibility for Medi-Cal. Performs annual reviews for financial and residential eligibility of active and pending cases.
- 25% Prepares and mails letters and notices to clients as directed by CMSNet. These include Applications / Interview letters and NOAs.
- 5% Informs and assists applicants/clients and families in accessing other Medicaid program services, as related to the client's medical condition, such as Medi-Cal and EPSDT Supplemental Services.
- 2% Prepares and submits program-related reports, documents, and correspondence. This includes: preparing MR 910/940 reports and monthly caseloads, for quarterly expenditure reports.
- 1% Informs individuals, agencies, potential providers, and community groups about the CCS program using written and oral methods. Orders, maintains, and distributes CCS/CMS program materials to families, community agencies, and health care providers.
- 1% Reviews and applies program regulations, policies, and procedures as applicable. This includes reviewing correspondence from CMS such as numbered letters, program letters and procedure manuals.
- .5% Serves as the CMS Web Administrator.
- .4% Participates in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.
- .1% Identifies barriers and assists the applicant/client, whose primary language is other than English, to secure medical services related to the client's medical condition.

25% FTE ENHANCED

16%-E Under the direct supervision of the PHN/SPMP, assists with Case Management tasks:

- 4% Processes medical reports and Service Authorization Requests (SARs).**
- 4% Communicates with clients/families to relay/obtain/exchange information.**
- 4% Acts as a liaison between providers and PHN and the CCS Regional Office.**
- 4% Attends Interagency Case Conference Committee (ICCC) meetings at the Lassen County Office of Education.**

9%-E Under the direct supervision of the PHN/SPMP, assists PHN and MD in facilitating the MTC Clinic.

CCS DUTY STATEMENT FOR
CCS Clerical

Name: Paula Todd
.35 FTE
100% Non-Enhanced

Fiscal Year 2017-2018

- 90% Determines client's/family's eligibility for receiving Maintenance and Transportation reimbursement. Processes M&T requests. Maintains log of M&T expenditures and balances.
- 5% Informs and assists applicants/clients and families in accessing other Medicaid program services, as related to the client's medical condition, such as Medi-Cal and EPSDT Supplemental Services.
- .4% Participates in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes.
- .1% Identifies barriers and assists the applicant/client, whose primary language is other than English, to secure medical services related to the client's medical condition.

**CCS DUTY STATEMENT FOR
Administrative Assistant – Fiscal**

Name: Sue Bardouski

.05 FTE

100 % Non-Enhanced

Fiscal Year 2017-2018

100% Under the direction of the Health and Social Services Finance Manager, performs a variety of accounting transactions, including but not limited to:

1. Assisting with the financial components of the program planning, budget development, cost control, budgetary monitoring, time studies and computer operations.
2. Communicating efficiently with representatives from State, County, Local and Private Sector Agencies.
3. Preparing necessary reports for county and state entities to secure and maintain funding.
4. Attending state training and informative meetings as necessary.

**FY 2017-2018 CHDP DUTY STATEMENTS FOR
CHDP Deputy Director, Total .50 FTE**

Name: Helen May, RN
85% E RN + 15% NE RN = 100% of 0.5 FTE

85%- ENHANCED

1. 35%-E-PM 160 Review – Follow up on PM 160's by performing skilled professional assessment, case planning and coordination of services, to assure the completion of any referrals for diagnosis, treatment, and/or determination of high risk cases that require CCS follow-up. Assist families with the interpretation of suspected conditions, provide community resources and/or referrals.
2. 30%-E-Preventive Health Education – Develop and implement outreach strategies to teach and inform target populations about childhood obesity, healthy eating, disease prevention, oral health and the importance of exercise for healthier families.
3. 10%-E- Interagency Meetings- Providing local county health issues, sharing methodologies to implement medical aspects of the CHDP program, outreach efforts to the high risk and assessment tools for medical management review.
4. 5%E-Provider Audits/Relations and Medical Quality Assurance – reviewing medical records for documentation of services, identifying needs and providing medical technical assistance. Implement a system to review provider's qualification and utilization of the CHDP program by orienting and training CHDP providers and their staff on the CHDP medical guidelines, ways to improve the quality of health assessments and the effective utilization of CHDP.
5. 5%E-Continued Training and Education – Preventive health education trainings (including trainings on nutrition, exercise, childhood obesity prevention and disease prevention), CHDP program trainings, and review of related technical literature to improve RN's ability to manage, inform and educate intelligently, effectively and up-to-date.

15% NON-ENHANCED

6. 15%-NE-Administration and Management- Coordinating, planning, organizing and evaluation of the local CHDP program and its interactions with other community organizations/agencies who are involved in the delivery of health services to the target population; organizing materials to generate required reports to the state; supervision and in-service of the local CHDP staff.

E=ENHANCED

NE=NON-ENHANCED

**CHDP
DUTY STATEMENTS
FY 2017-18**

Title: Administrative/Support Assistant- Marrisa Defabrizio- .50 FTE
65% NE + 35%E =100% of .50 FTE

Definition: Under the direction of the CHDP Deputy Director will provide both clerical and programmatic support for client outreach, education and counseling in specified health service areas, in order to maximize enrollment of CHDP eligible children. Duties include, but are not limited to:

10%-NE Medical Correspondence and Informing- Types medical correspondence as needed for Deputy Director and maintains CHDP provider files to include a reminder system for provider in-services and audits. Distributes provider information notices as needed and assists Deputy Director in informing community about CHDP and CHDP gateway, by answering general questions. Prepares and mails quarterly reports for CHDP recipients, under the direction of the Deputy Director to appropriate location. Corresponds with CCS program and clients by mailing CHDP information as deemed necessary by CCS program, as well as assists Deputy Director to refer high-risk CHDP clients to CCS for follow-up.

50%-NE PM 160 Screening and Data Entry – Processes incoming PM 160's for routine referrals and routes them to the Deputy Director for appropriate follow-up, routes foster care PM 160's to foster care nurse, and mails wayward PM160's to other counties. Enters all PM 160's into CHDP database, and maintains PM 160 files. Mails PM 160 follow-up letters as directed by deputy director.

5%NE PM 357 Outreach – Prepares and mails information packets to clients expressing need or interest in CHDP services from local welfare department.

35%E Preventive Health Education – Assists Deputy Director in informing target populations on disease preventive behaviors and childhood obesity prevention and reduction. Assisting the Deputy Director as directed in creating and distributing brochures, posters, and other educational tools as needed.

E = ENHANCED, NE=NON-ENHANCED

**CHDP
DUTY STATEMENTS
FY 2017-18**

Title: Administrative/Support Assistant- Paula Todd – .15 FTE
100% NE =100% of .15 FTE

Definition: Under the direction of the CHDP Deputy Director will provide both clerical and programmatic support for client outreach, education and counseling in specified health service areas, in order to maximize enrollment of CHDP eligible children. Duties include, but are not limited to:

15%-NE Medical Correspondence and Informing- Types medical correspondence as needed for Deputy Director and maintains CHDP provider files to include a reminder system for provider in-services and audits. Distributes provider information notices as needed and assists Deputy Director in informing community about CHDP and CHDP gateway, by answering general questions. Prepares and mails quarterly reports for CHDP recipients, under the direction of the Deputy Director to appropriate location. Corresponds with CCS program and clients by mailing CHDP information as deemed necessary by CCS program, as well as assists Deputy Director to refer high-risk CHDP clients to CCS for follow-up.

75%-NE PM 160 Screening and Data Entry – Processes incoming PM 160's for routine referrals and routes them to the Deputy Director for appropriate follow-up, routes foster care PM 160's to foster care nurse, and mails wayward PM160's to other counties. Enters all PM 160's into CHDP database, and maintains PM 160 files. Mails PM 160 follow-up letters as directed by deputy director.

10%NE PM 357 Outreach – Prepares and mails information packets to clients expressing need or interest in CHDP services from local welfare department.

E = ENHANCED, NE=NON-ENHANCED

**CHDP DUTY STATEMENT FOR
Administrative Assistant – Fiscal**

Name: Sue Bardouski

.05 FTE

100 % Non-Enhanced

Fiscal Year 2017-2018

100% Under the direction of the Health and Social Services Finance Manager, performs a variety of accounting transactions, including but not limited to:

1. Assisting with the financial components of the program planning, budget development, cost control, budgetary monitoring, time studies and computer operations.
2. Communicating efficiently with representatives from State, County, Local and Private Sector Agencies.
3. Preparing necessary reports for county and state entities to secure and maintain funding.
4. Attending state training and informative meetings as necessary.

FY 2017-2018 HCPCFC DUTY STATEMENT FOR

Foster Care PHN, TOTAL .15 FTE

Name: Jessica Jones BSN, RN, PHN

90% E RN MCM = 100% of .02 FTE

10 % NE Administrator = 100% of .08 FTE

90% - ENHANCED

1. 79%-E Medical Case Management: Interpret information regarding the applicant/client's medical status and his/her needs for medical services. Participate in case conferences or multi-disciplinary teams to review client needs and treatment plans. Provide consultation to professional staff in other agencies about specific medical conditions. Interpret medical information to an individual, a provider, or professional staff of another agency. Assess the effectiveness of inter-agency coordination in assisting clients to access health care services.
2. 5%-E Intra/Interagency Coordination and Collaboration: Collaborate with other agencies such as schools, other Health and Social Services departments, etc., regarding the availability and use of services.
4. 3%-E Program Planning and Policy Development: Consultation with Health Officer and other staff to develop educational resources regarding medical and dental services for children in the foster care system.
5. 3%-E Professional Training: Attend conferences, trainings, workshops, meetings and educational sessions provided by SPMP, related to: utilization review of medical services, program planning and policy development, medical case management, intra-interagency and provider coordination, and quality management.

10% - NON-ENHANCED

1. 10% General Program Administration: Review literature to apply up-to-date knowledge in delivery of health care services. Prepare and review program-related reports, documents and correspondence – including annual budget, annual performance measures – in accordance with the Annual Plan and Fiscal Guidelines. Develop and review program standards, regulations, policies, procedures, and health-related educational materials. Develop and distribute program specific information including procedure manuals and brochures. Foster local, regional and state partnerships to improve medical and dental services for children in the foster care system. Attend PHD staff meetings.

**HCPCFC
DUTY STATEMENTS
FY 2017-18**

Title: Administrative/Support Assistant- Paula Todd – .03 FTE
100% NE =100% of .03 FTE

Definition: Under the direction of the HCPCFC Nurse will provide both clerical and programmatic support related to healthcare needs of children in foster care. Duties include, but are not limited to:

25%-NE Medical Correspondence and Informing- Types medical correspondence as needed for foster care Nurse and children's files.

75%-NE PM 160 Screening and Data Entry – Processes incoming PM 160's for routine referrals and routes them to the foster care Nurse for appropriate follow-up, and mails wayward PM160's to other counties.

E = ENHANCED, NE=NON-ENHANCED

COUNTY Lassen**FISCAL YEAR 2016/2017****Performance Measure Profile**

| | | 2012-13 | | 2013-14 | | 2014-15 | | 2015-16 | | 2016-17 | |
|-----------------------------------|---------------------------------|--------------------|------|--------------------|------|--------------------|------|--------------------|------|--------------------|------|
| Performance Measure Number | CHDP | MC | N-MC | MC | N-MC | MC | N-MC | MC | N-MC | MC | N-MC |
| | 1 | 100% | 0% | 99% | 0% | 100% | 0% | 100% | 0% | 94% | 0% |
| | 2 | 0% | | 0% | | 0% | | 0% | | 0% | |
| | 3 | 100% | | 100% | | 0% | | 100% | | 100% | |
| | 4 | Dental | 10% | Dental | 1% | Dental | 13% | Dental | 71% | Dental | 2% |
| | Average for all three providers | Lead | 35% | Lead | 2% | Lead | 23% | Lead | 1% | Lead | 40% |
| | | BMI | 74% | BMI | 87% | BMI | 92% | BMI | 93% | BMI | 83% |
| | 5 | Abn. Wt. and/or DX | 0% | Abn. Wt. and/or DX | 0% | Abn. Wt. and/or DX | 0% | Abn. Wt. and/or DX | 33% | Abn. Wt. and/or DX | 37% |
| | 6 (Optional) | | | | | | | | | | |
| | E (optional) | | | | | | | | | | |
| | G (optional) | | | | | | | | | | |
| HPCFC | 1 | 100% | | 100% | | 100% | | 100% | | 90% | |
| | 2 | Health | 75% | Health | 85% | Health | 74% | Health | 63% | Health | 60% |
| | | Dental | 45% | Dental | 50% | Dental | 32% | Dental | 44% | Dental | 39% |

COUNTY Lassen**FISCAL YEAR 2016/2017****Performance Measure Profile – Continued**

| | 2012-13 | | 2013-14 | | 2014-15 | | 2015-16 | | 2016-17 | |
|------------|---------|------|---------|------|---------|-------|---------|-------|---------|-------|
| CCS | 100% | | 100% | | 100% | | 100% | | 100% | |
| 1 | | | | | | | | | | |
| 2 | MED | 7% | MED | 9.6% | MED | 34.8% | MED | 44% | MED | 51% |
| | RES | 100% | RES | 100% | RES | 100% | RES | 82.6% | RES | 78.6% |
| | FIN | 100% | FIN | 100% | FIN | 100% | FIN | 82.6% | FIN | 78.6% |
| 3 (A) | | 100% | | 100% | | 100% | | 100% | | 100% |
| 3 (B) | | 100% | | 100% | | 100% | | 100% | | 100% |
| 4 | CCS | 63% | CCS | 100% | CCS | 0% | CCS | 0% | CCS | 0% |
| | MTP | 100% | MTP | 100% | MTP | 0% | MTP | 100% | MTP | 100% |
| 5 | 75% | | 100% | | 75% | | 75% | | 75% | |

CCS Performance Measures Narrative

Performance Measure 1 – Medical Home:

Using the report from the CMS Help Desk “Qry count active data request”, generated average for fiscal year, we obtained the medical home data by running the report, “List of Clients with no medical home” generated on Sept. 6, 2017. The data was used to document the number/percentage of our CCS clients of an average of 103 for the fiscal year and zero listed with no medical home.

Performance Measure 2 – Determination of CCS Program Eligibility:

Using the report from the CMS/CCS website, we obtained the number of referrals from the “Referral Summary” report for the 2016/2017 fiscal year by quarters and used that data to document the total number of new referrals. Using the “Authorization Eligibility Report” we cross referenced each new referral (all necessary documentation date noted) with the documented medical review date from DCOS. The “within 5 day” period was calculated from the time CCS Dependent County Operations Section received all necessary documentation in order to make a medical determination. (Not from the date the County received the referral.) Program financial and residential eligibility is determined by the Lassen County CCS office staff within 30 days of receiving the required documentation.

Performance Measure 3 – Special Care Center:

We ran a report (list of SARS report) from the CMS/CCS website; we obtained the number of all 02-SCC SAR Authorizations for our CCS clients, throughout the 2016-17 Fiscal Year. We referred to the categories of conditions requiring CCS Special Care Center services, as defined in Numbered Letter 01-0108. We chose 4 categories of conditions, and compared those with the entries on our list. Of those 4 categories, we chose one to focus on for chart reviews.

Performance Measure 4 – Transition Planning:

We reviewed our list of active CCS clients, highlighting those who are eligible by age and diagnosis. There were 15 eligible clients to receive transition planning, 9 for long-term transitional planning; of those zero clients were counseled. Unfortunately, there is no nurse staffed and we have not been able to fill the obligation of transition planning for these clients. During the next year the local CCS program will institute procedures on monthly basis to ensure these clients receive transition planning at the appropriate age requirement once a nurse is hired. Lassen County does not have an MTU. In reviewing our MTP clients, it is determined that we have no clients at the age for transitional planning/review.

Performance Measure 5 – Family Participation:

We audited the charts of clients seen at Special Care Centers, for documentation showing family participation. We collaborate with case managers, from County Maternal Child Adolescent Health (MCAH), Child Health & Disability Prevention (CHDP), Child and Family Services (CFS), Far Northern Regional Center and Lassen County Office of Education.

COUNTY Lassen

FISCAL YEAR 2016/2017

CCS Performance Measures

The degree to which local CCS programs provide effective utilization review and management to eligible CCS children; the local programs will evaluate and rate **each** of the five (5) components as individual indicators of program effectiveness.

The five components for review are:

1. Medical Home
2. Determination of CCS Eligibility
3. Special Care Center
4. Transition Planning
5. Family Participation

COUNTY LassenFISCAL YEAR 2016/2017**CCS Performance Measure 1 – Medical Home**

Children enrolled in the CCS Program will have documented Medical homes/primary care providers. The goal is to have 100% compliance.

Definition: Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.

Numerator: The total number of children with a completed field with identification of a primary care physician and/or a physician that provides a medical home.

Denominator: The total number of children in the local CCS county program.

Data Source: Sample of 100 charts or 10% of caseload if caseload under 1,000.

Reporting Form:

| Number of children with a primary care physician/ Medical Home (Numerator) | Number of children in the local CCS program (Denominator) | Percentage of compliance |
|--|---|---------------------------------|
| 103 | 103 | 100% |

* Note: If county percentage of compliance is under 80%, counties need to submit with the annual report a plan for how they will work to improve this result.

COUNTY Lassen

FISCAL YEAR 2016-2017

CCS Performance Measure 2 – Determination of CCS Program Eligibility

Children referred to CCS have their program eligibility determined within the prescribed guidelines per Title 22, California Code of Regulations, Section 42000, and according to CMS Branch policy. Counties will measure the following:

Numerators:

- a. Medical eligibility within five working days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists.
- b. Residential eligibility within 30 days of receipt of documentation needed to make the determination.
- c. Financial eligibility within 30 days of receipt of documentation make the determination.

Denominator: Number of CCS unduplicated new referrals to the CCS program assigned a pending status in the last fiscal year.

Data Source: 10% of the county CCS cases or 100 cases (which ever number is less).

Children's Medical Services Plan and Fiscal Guidelines

COUNTY Lassen

FISCAL YEAR 2016-2017

Reporting Form:

| MEDICAL ELIGIBILITY | Number of referrals determined medically eligible within 5 days (Numerator) | | Number of new unduplicated referrals (Denominator) | | Percentage of compliance |
|--|--|---------------|---|---------------|-----------------------------------|
| Medical eligibility determined within 5 days of receipt of all necessary documentation | 21 | | 41 | | 51% |
| PROGRAM ELIGIBILITY | Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination (Numerator) | | Number of new unduplicated referrals (Denominator) | | Percentage of compliance |
| Financial eligibility determined within 30 days | FSMC /HF 44 | CCS only 4 | FSMC /HF 52 | CCS only 9 | FSMC/HC- CCS only 85% 44% |
| Residential eligibility determined within 30 days | 48 | | 61 | | 78.6% |

COUNTY Lassen

FISCAL YEAR 2016/2017

CCS Performance Measure 3 (A & B) – Special Care Center

This Performance Measure is evaluated in two parts.

Part A: Annual Team Report

Definition: This performance measure is based on the CCS requirement for an annual team report for each child enrolled in CCS whose condition requires Special Care Center services and has received an authorization to a Special Care Center. County CCS programs will evaluate this measure by the presence of an annual team conference report in the child's medical file.

Numerator: Number of children that received a Special Care Center authorization and were seen at least annually at the appropriate Special Care Center as evidenced by documentation and completion of the interdisciplinary team report.

Denominator: Number of children enrolled in CCS whose condition as listed in categories defined in Numbered Letter 01-0108 requires CCS Special Care Center services and has received an authorization to a Special Care Center.

Data source: 10% of the county CCS cases authorized to SCC or 100 cases (which ever number is less).

Part B: Referral of a Child to SCC

Definition: This measure is based on the CCS requirement that certain CCS eligible medical conditions require a referral to a CCS Special Care Center for ongoing coordination of services.

Numerator: Number of children in CCS, with medical conditions in the categories as listed in Numbered Letter 01-0108 requiring a Special Care Center Authorization, who actually received an authorization for services.

Denominator: Number of children enrolled in CCS, with medical conditions, requiring Special Care Center Authorizations.

Data source: Counties shall identify and use four or five specific diagnosis categories (cardiac, pulmonary, etc) as listed in the Special Care Center Numbered Letter 01-0108 as it relates to the SCC(s) identified for your client population. The county shall identify one or more diagnostic codes and use the diagnosis codes indicated for the SCC categories selected for this PM.

COUNTY LassenFISCAL YEAR 2016/2017**Reporting Form - Part A:**

| Category selected (cardiac, pulmonary, etc.) | Number of children with annual team report in client's medical records (Numerator) | Number of children with SCC authorization (Denominator) | Percentage of compliance |
|---|--|---|-------------------------------------|
| Malignant Neoplasm | 4 | 4 | 100% |

Reporting Form - Part B:

| Category selected (cardiac, pulmonary etc.) | Number of children with authorization to SCC (Numerator) | Number of children with eligible medical conditions that require an authorization to a SCC (Denominator) | Diagnostic Code Chosen | Percentage of compliance |
|--|--|--|--|---|
| Complex Congenital Heart Disease | 6 | 6 | Q22.0, Q22.5, Q23.4, Q25, Q25.1, Q25.2 | 100% |
| Endocrine disorder including diabetes | 10 | 10 | E01.8, E03.9, E10.65, E10.9, E11.65, E11.9, E23.0, E23.6, E25.0, E84 | 100% |
| Craniofacial Anomalies | 3 | 3 | Q37.9 | 100% |
| Hearing Loss | 3 | 3 | H90.2, H90.42, H90.5 | 100% |

*** Counties may select four (4) to five (5) specific medical conditions as outlined in the SCC NL to use as the basis for clients that should have a referral to a CCS SCC.**

COUNTY Lassen

FISCAL YEAR 2016-2017

CCS Performance Measure 4 – Transition Planning

Definition: Children, 14 years and older who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long term transition planning to adulthood.

Numerator: Number of CCS charts for clients 14, 16, 18, or 20 years containing the presence of a Transition Planning Checklist completed by CCS program staff within the past 12 months for children aged 14 years and over whom requires long term transition planning.

Denominators:

- a. Number of CCS charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.
- b. Number of MTP charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.

Data Source: Chart Audit, Completion of Transition Planning Checklist.

- * Due to caseload numbers in Los Angeles County, LA County should work with the Regional Office to select an appropriate number of clients to be included in their sample size.

COUNTY Lassen

FISCAL YEAR 2016-2017

Transition Planning Checklist

| Transition Documentation | YES | NO | Comments |
|--|-----|----|---|
| 1. Client has an identified need for long-term transition planning. | 9 | 0 | 100% 15 identified for transitional planning, 9 for long-term. |
| 2. Transition planning noted in child's medical record. | 0 | 9 | 0% - nothing noted on medical records |
| 3. Transition planning noted in SCC reports. | 0 | 9 | 0%- had no transitional planning noted on SCC reports. |
| 4. Vocational Rehab noted in child's reports. | 0 | 9 | No vocational Rehab noted on reports. |
| 5. Adult provider discussed or identified for children 17 years of age or older. | 0 | 9 | 0%- 9 clients were identified 17+ and 0% counseled on finding an adult provider.- Nurse staffing shortage |
| 6. Transition planning noted in SELPA for those children that are in the MTP. | 0 | 0 | No MTP clients at age of transition planning 14, 16, 18 or 20 years of age. |

* Note: Not all of the items in the Checklist will be applicable for each chart review.

Reporting Form:

| | | |
|-------------------------------------|--------------------------------------|----------------------------------|
| Number of CCS charts reviewed 15 | Number with transition planning 0 | Percentage of compliance 0% |
| Number of MTP charts reviewed 0 | Number with transition planning 0 | Percentage of compliance 100% |

COUNTY LassenFISCAL YEAR 2016-2017**CCS Performance Measure 5 – Family Participation**

The degree to which the CCS program demonstrates family participation.

Definition: This measure is evaluated based on **each** of the following four (4) specific criteria that documents family participation in the CCS program. Counties need to indicate the score based on the level of implementation.

| Checklist documenting family participation in the CCS program. | Yes | No | Comments |
|---|------------|-----------|--|
| 1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation. | X | | Individual consultation by the County. |
| 2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate. | | X | Due to shortage of staff, families were not offered the opportunity to participate in monthly Public Health Advisory Committees as none were held. |
| 3. Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning. | X | | Each SCC report indicates parent/guardian participation in the care of their child. None with Transitional planning. |
| 4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise. | X | | We collaborate with case managers from County MCAH, County CHDP, County CFS, Far Northern Regional Center and Lassen County Office of Education. |

COUNTY LassenFISCAL YEAR 2016-2017**Reporting Form:**

| Criteria | Performing (25% for each criteria) | Not Performing |
|--|---|-----------------------|
| 1. Medical Homes | 25% | |
| 2. Eligibility Determination of CCS Program Eligibility | 25% | |
| 3. Special Care Center | 25% | |
| 4. Transitional Planning | | 25% |
| Total | 75% | 25% |

CHDP Performance Measures Narrative

Performance Measure1– Care Coordination

The CHDP Deputy Director and the administrative assistant for FY 16-17 used the same Excel spreadsheet as the prior year to track all PM 160's completed by CHDP Providers as they were provided throughout the year. The spreadsheet tracked the Lead (at appropriate ages), Foster Care, Dental (referrals by age 1 and others), IZ, BMI, Hgb, Aid Code, and Dx of 4 or 5. This spreadsheet made data easily accessible for reporting on this performance measure. After the data was collected and recorded, the CDHP Administrative Assistant forwarded the identified PM160's with Dx 4 or 5 to the CHDP Deputy Director who in turn contacted the parent/guardian to assist with appointments, referrals, or any transportation needs.

Performance Measure 2 – New Provider Orientation

There have been no new providers in Lassen County; therefore no new provider orientation has been performed.

Performance Measure 3 – Provider Recertification

There was three recertification's performed in FY 17-18.

Performance Narrative 4 – Desktop Review

The CHDP Deputy Director and the administrative assistant for FY 17-18 used the same Excel spreadsheet as the prior year to track all PM 160's completed by CHDP Providers as they were provided throughout the year. The spreadsheet tracked the Lead (at appropriate ages), Foster Care, Dental (referrals by age 1 and others), IZ, BMI, Hgb, Aid Code, and Dx of 4 or 5. This spreadsheet made data easily accessible for reporting on the performance measures. This spreadsheet helps us identify at-a-glance as to which providers are accurately completing all the required components of the exam. This will in turn help us in identifying which providers need assistance with completing all required components of a CHDP exam. Deputy Director and administrative assistant were in contact with providers on their requirement to do dental referrals and lead screens however the providers failed to do most of the required screens. Therefore in this coming year we will work harder with the providers to be more on task. CHDP staff will also work on dental care information to the community thru outreach efforts.

Performance Measure 5 – Childhood Overweight

Our local CHDP program will continue with the childhood obesity prevention education in schools and activities within the community. Community partners in this effort will include the schools, CHDP providers, WIC, and other appropriate community clubs (scouts, sports etc.).

COUNTY: Lassen County**FISCAL YEAR: 2016-17****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 initiated¹ 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 | 171 | 161 | 94% |
| Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care | 0 | 0 | 0 |

¹ 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: Lassen County**FISCAL YEAR: 2016-17****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.

Reporting Form:

| | |
|--|----|
| Number of New Providers who Completed Orientation (Numerator) | 0 |
| Number of New Providers (Denominator) | 0 |
| Percent (%) of New Providers Oriented | 0% |

Optional Local Program Data Tracking Form:

| Provider | Provider Location | Date of Orientation | Number of Licensed Staff in Attendance | Number of Non-Licensed Staff in Attendance |
|-----------------|--------------------------|----------------------------|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

COUNTY: Lassen County**FISCAL YEAR: 2016-17****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:

| | |
|---|------|
| Number of Completed Site recertification's (Numerator) | 3 |
| Number of Active CHDP Provider Sites Due for Recertification (Denominator) | 3 |
| Percent (%) with Completed Recertification's | 100% |

Optional Workload Data Tracking Form:

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

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

¹ **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: Lassen County**FISCAL YEAR: 2016-17****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.

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. Lassen Indian Health | 0 | 3 | 0% | 0 | 3 | 0% |
| 2. Northeastern | 3 | 165 | 2% | 118 | 165 | 72% |
| 3. Westwood Family | 0 | 12 | 0% | 6 | 12 | 50% |

COUNTY: Lassen County**FISCAL YEAR: 2016-17**

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 category¹ and/or a related diagnosis are listed in the Comments Section.

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

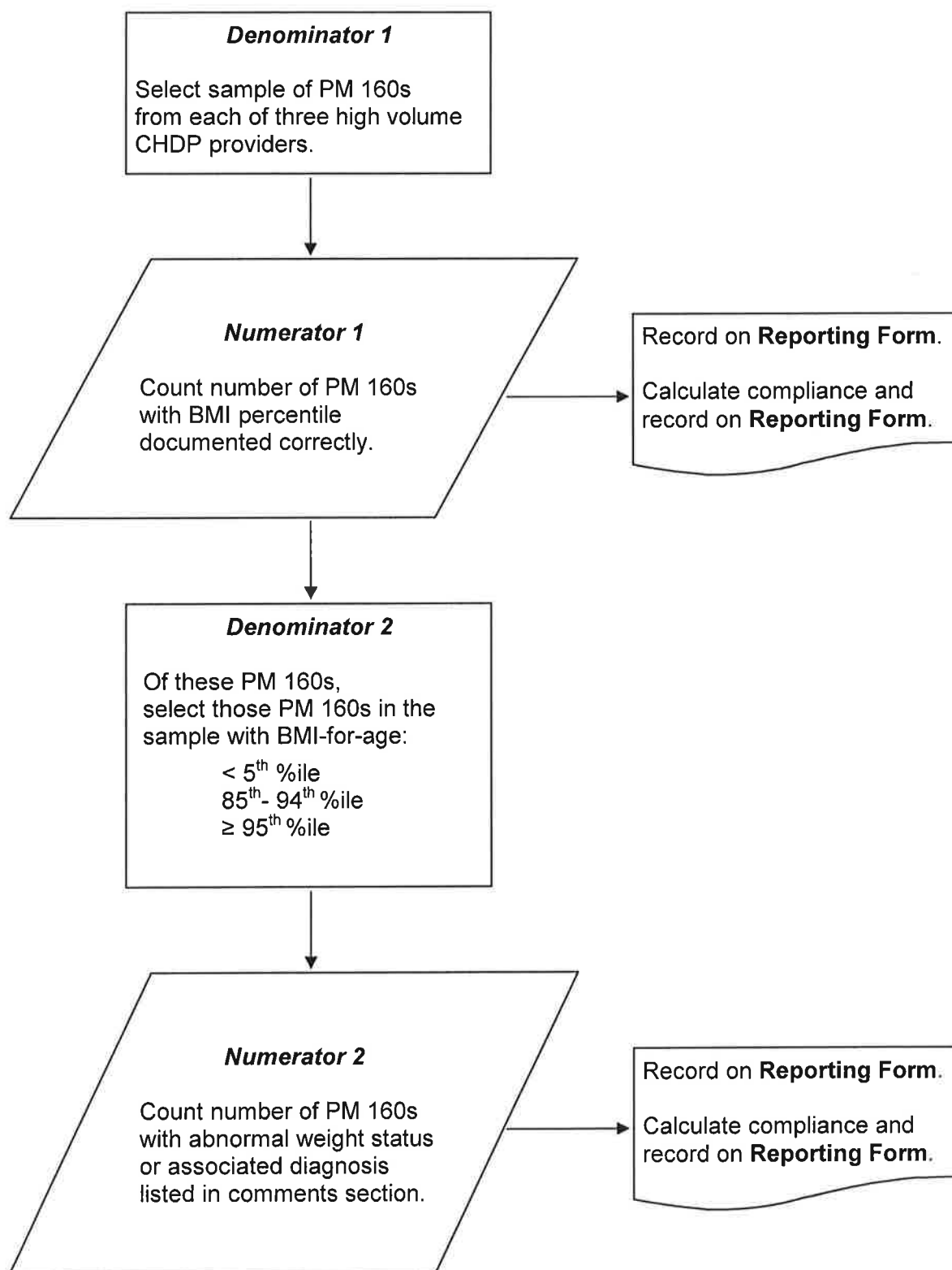
Numerator: The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

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

Data Source: Local program tracking system

¹ **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>

BMI Desktop Review Flow Diagram:



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 |
| 1. NRHC | 753 | 966 | 78% | 179 | 13 | 7% |
| 2. West-wood | 124 | 157 | 79% | 22 | 1 | 5% |
| 3. LIHC | 57 | 62 | 92% | 0 | 0 | 100% |

HPCFC Performance Measures Narrative

Performance Measure 1 - Care Coordination

Lassen County's percent of foster children who received follow up care within 120 days of receipt of the PM 160 at 90%. The current foster care PHN will continue to follow up with 100% of the foster children whose PM 160 reveals a condition requiring follow up care. To do so, the PHN will continue to work closely with the social workers and create a flow system to document that proper follow up is being completed. The PHN will contact each social worker independently as the need arises.

Performance Measure 2 - Health and Dental Exams for Children in Out-of-Home placement

The current number of children receiving documented medical visits was 90% and documented dental visits were 53%. The number of children in placement during the FY 16-17 was determined by using the Safe Measures program and looking at all twelve months to determine if children had documented medical and dental visits. The current HPCFC PHN will improve the number of documented medical and dental visits by working with social workers, the supervising social workers, and if necessary the program manager. The HPCFC nurse will try work with the social worker to obtain records directly from medical and dental providers to improve these numbers.

COUNTY: Lassen County**FISCAL YEAR: 2016-17**

HPCFC Performance Measure 1 - Care Coordination

The degree to which the local HPCFC 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 HPCFC 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) | 9 |
| Total number of conditions coded 4 or 5 on a PM 160, excluding cases lost to no contact. (Denominator) | 10 |
| Percent of conditions coded 4 or 5 where the client received follow-up care within 120 days of receipt of the PM 160. | 90% |

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

COUNTY: Lassen County

FISCAL YEAR: 2016-17

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

The degree to which the local HCPCFC 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 HCPCFC 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) | 43 | 72 | 60% |
| 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. | 11 | 28 | 39% |

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

Memoranda of Understanding/Interagency Agreement List

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

[illegible]

LASSEN COUNTY

BUDGET JUSTIFICATION NARRATIVE CALIFORNIA CHILDREN'S SERVICES ADMINISTRATION BUDGET FISCAL YEAR 2017-2018 JULY 1, 2017 – JUNE 30, 2018

| | |
|--|--------------------------|
| 1. Personnel | Funding Requested |
| Senior Public Health Nurse/Registered Nurse Case Manager \$68,005. (Annual Salary) 45% FTE Medical Case Management | \$30,603 |
| Admin/Support/Fiscal \$39,765 (Annual Salary)@.5% FTE | \$ 1,988 |
| Eligibility Worker/Ancillary Support \$39,321 (Annual Salary) 90% FTE | \$35,389 |
| Admin Clerk/Claims and Clerical Support \$32,908 (Annual Salary) 35% FTE | \$11,518 |
| Average Benefits rate of 28% | \$22,259 |
| Total Personnel Expense | \$101,757 |
| 2. Operating Expenses | |
| Travel and training to cover expenses incurred attending required or specialized workshops and meetings. | \$ 3,250 |
| Communications – (Aircard for Laptop) 38.01 X 12 | \$ 456 |
| Office Expense | \$ 1,000 |
| Rental Expense 114.05 sq.ft @ \$14.23 per sq. ft. | \$ 1,623 |
| IT-Direct annual @ 2,165.00 X 1.75 FTE | \$ 3,789 |
| Special Dept. Expense (Flyers, Material hand out regarding program. Fair booths for promotional/education & community knowledge). | \$ 1,000 |
| Total Operating Expense | \$11,118 |
| 4. Capital Expenditures | |
| 5. Indirect Costs | |
| Internal | |
| External 25% allowable direct costs per approved ICR on file with CDPH | \$25,439 |
| Total Indirect | \$25,439 |
| 6. Other Expense | |
| Maintenance and Transportation | \$40,000 |
| TOTAL BUDGET | \$177,678 |

| CCS CASELOAD | Actual CaseLoad | Percent of Total CCS CaseLoad |
|---|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 1 | 0.96% |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | 0 | 0.00% |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MCL/TLICP Children | 10 | 9.62% |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | 93 | 89.42% |
| TOTAL CCS CASELOAD | 104 | 100% |

CCS Administrative Budget Worksheet

Fiscal Year: 2017-2018

County: Lassen

| Column | 1 | 2 | 3 | Straight CCS | | Title XXI - Healthy Families | | | Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP) | | | Title XIX - Medi-Cal | | | | |
|--|--------|---------------|---|--------------|---|------------------------------|---|------------|---|------------|---|----------------------|---|---------------------------|---|--|
| | | | | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 | 9A | 9 | |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 x 6 + 7) | CaseLoad % | Straight CCS County/State (50/50) | CaseLoad % | Healthy Families County/State/Fed (17.5/17.5/65) | CaseLoad % | Medi-Cal/ Targeted Low Income Children's Program (TLICP) Co/State/Fed (17.5/17.5/65) | CaseLoad % | Title XIX Medi-Cal State/Federal (50/50) | Enhanced % FTE | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non- Enhanced % FTE | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) | |
| I. Personnel Expense | | | | | | | | | | | | | | | | |
| Program Administration | | | | | | | | | | | | | | | | |
| 1. Vacant, Supervising PHN/Program Manager | 10.00% | 66,005 | 6,601 | 0.96% | 65 | 0.00% | 0 | 9.62% | 654 | 89.42% | 6,082 | | | 100.00% | 6,082 | |
| 2. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| 3. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| 4. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| 5. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| Subtotal | | 66,005 | 6,601 | | 65 | | 0 | 9.62% | 654 | 89.42% | 6,082 | | | 100.00% | 6,082 | |
| Medical Case Management | | | | | | | | | | | | | | | | |
| 1. Vacant, Supervising PHN/Program Manager | 35.00% | 66,005 | 23,802 | 0.96% | 229 | 0.00% | 0 | 9.62% | 2,289 | 89.42% | 21,284 | 10.00% | 2,128 | 90.00% | 19,156 | |
| 2. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 3. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 4. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 5. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 6. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 7. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 8. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| Subtotal | | 66,005 | 23,802 | | 229 | | 0 | 9.62% | 2,289 | 89.42% | 21,284 | 10.00% | 2,128 | 90.00% | 19,156 | |
| Other Health Care Professionals | | | | | | | | | | | | | | | | |
| 1. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 2. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 3. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| Subtotal | | 0 | 0 | | 0 | | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| Ancillary Support | | | | | | | | | | | | | | | | |
| 1. Shonda Smith - Program Assistant | 75.00% | 39,321 | 29,461 | 0.96% | 284 | 0.00% | 0 | 9.62% | 2,836 | 89.42% | 26,372 | | | 100.00% | 26,372 | |
| 2. Sue Bardouski - Fiscal Officer | 5.00% | 39,765 | 1,988 | 0.96% | 19 | 0.00% | 0 | 9.62% | 191 | 89.42% | 1,778 | | | 100.00% | 1,778 | |
| 3. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| 4. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| 5. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | | | 100.00% | 0 | |
| Subtotal | | 79,086 | 31,479 | | 303 | | 0 | 9.62% | 3,027 | 89.42% | 28,150 | | | 100.00% | 28,150 | |
| Clerical and Claims Support | | | | | | | | | | | | | | | | |
| 1. Shonda Smith - Program Assistant | 15.00% | 39,321 | 5,698 | 0.96% | 57 | 0.00% | 0 | 9.62% | 567 | 89.42% | 5,274 | 0.00% | 0 | 100.00% | 5,274 | |
| 2. Paula Todd - Senior Admin. Clerk | 35.00% | 32,908 | 11,516 | 0.96% | 111 | 0.00% | 0 | 9.62% | 1,108 | 89.42% | 10,300 | 0.00% | 0 | 100.00% | 10,300 | |
| 3. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 4. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |
| 5. Employee Name, Position | 0.00% | 0 | 0 | 0.96% | 0 | 0.00% | 0 | 9.62% | 0 | 89.42% | 0 | 0.00% | 0 | 100.00% | 0 | |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|---|--------------------|-------------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 1 | 0.96% |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | 0 | 0.00% |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MCH/TLICP Children | 10 | 9.82% |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | 93 | 89.42% |
| TOTAL CCS CASELOAD | 104 | 100% |

CCS Administrative Budget Worksheet

Fiscal Year: 2017-2018

County: Lassen

| Column | Straight CCS | | | Title XXI - Healthy Families | | | Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP) | | | Title XIX - Medi-Cal | | | | | |
|--------------------|--------------|---------------|---|------------------------------|---|------------|---|------------|--|----------------------|--|-------------------|---|---------------------------|---|
| | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 | 9A | 9 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6 + 7) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Healthy Families County/State/Fed (17,517,516/5) | Caseload % | Medi-Cal/ Targeted Low Income Children's Program (TLICP) Col/State/Fed (17,517,516/5) | Caseload % | Title XIX Medi-Cal State/Federal | Enhanced % FTE | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non- Enhanced % FTE | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| Subtotal | | 72,228 | 17,416 | | 168 | | 0 | | 1,675 | | 15,574 | | 0 | | 15,574 |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|--------------------|-------------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 1 | 0.96% |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | 0 | 0.00% |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children | 10 | 9.62% |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | 93 | 89.42% |
| TOTAL CCS CASELOAD | 104 | 100% |

CCS Administrative Budget Worksheet

Fiscal Year: 2017-2018

County: Lassen

| Straight CCS | | | Title XXI - Healthy Families | | | | Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP) | | | Title XIX - Medi-Cal | | | | | |
|--|--------|---------------|---|------------|---|------------|---|------------|---|----------------------|---|-------------------|---|---------------------------|---|
| Column | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 | 9A | 9 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6 + 7) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Healthy Families County/State/Fed (17.5/17.5/65.5) | Caseload % | Medi-Cal/ Targeted Low Income Children's Program (TLICP) County/State/Fed (17.5/17.5/65.5) | Caseload % | Title XIX Medi-Cal State/Federal (25/75) | Enhanced % FTE | Title XIX Medi-Cal State/Federal (25/75) | Non- Enhanced % FTE | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| Total Salaries and Wages | | | 79,498 | 0.96% | 764 | 0.00% | | 0 | 7,644 | 89.42% | 71,090 | 2.99% | 2,129 | 97.01% | 68,962 |
| Staff Benefits (Specify %) | 28.00% | | 22,259 | 0.96% | 214 | 0.00% | | 0 | 2,140 | 89.42% | 19,905 | | 596 | | 19,309 |
| I. Total Personnel Expense | | | 101,757 | 0.96% | 978 | 0.00% | | 0 | 9,784 | 89.42% | 90,995 | | 2,724 | | 88,271 |
| II. Operating Expense | | | | | | | | | | | | | | | |
| 1. Travel | | | 750 | 0.96% | 7 | 0.00% | | 0 | 72 | 89.42% | 671 | 2.99% | 20 | 97.01% | 651 |
| 2. Training | | | 2,500 | 0.96% | 24 | 0.00% | | 0 | 240 | 89.42% | 2,256 | 2.95% | 67 | 97.01% | 2,189 |
| 3. Communication | | | 455 | 0.96% | 4 | 0.00% | | 0 | 44 | 89.42% | 408 | | | 100.00% | 408 |
| 4. Rent/Utilities 114.05 sq. ft @ 14.23 | | | 1,623 | 0.96% | 16 | 0.00% | | 0 | 155 | 89.42% | 1,451 | | | 100.00% | 1,451 |
| 5. IT Direct Annual (Maintenance) 2,165.00 X 1.75 FTE | | | 3,789 | 0.96% | 36 | 0.00% | | 0 | 364 | 89.42% | 3,398 | | | 100.00% | 3,368 |
| 6. Office Supplies | | | 1,000 | 0.96% | 10 | 0.00% | | 0 | 96 | 89.42% | 894 | | | 100.00% | 894 |
| 7. Education Materials, pamphlets, flyer, outreach materials | | | 1,000 | 0.96% | 10 | 0.00% | | 0 | 96 | 89.42% | 894 | | | 100.00% | 894 |
| III. Total Operating Expense | | | 11,118 | | 107 | | | 0 | 1,058 | | 9,942 | | 87 | | 9,855 |
| III. Capital Expense | | | | | | | | | | | | | | | |
| 1. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | | 0 |
| 2. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | | 0 |
| 3. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | | 0 |
| III. Total Capital Expense | | | 0 | | 0 | | | 0 | 0 | | 0 | | | | 0 |
| IV. Indirect Expense | | | | | | | | | | | | | | | |
| 1. Internal | 25.00% | | 25,439 | 0.96% | 245 | 0.00% | | 0 | 2,446 | 89.42% | 22,748 | | | 100.00% | 22,748 |
| 2. External | 0.00% | | 0 | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | 100.00% | 0 |
| IV. Total Indirect Expense | | | 25,439 | | 245 | | | 0 | 2,446 | | 22,748 | | | | 22,748 |
| V. Other Expense | | | | | | | | | | | | | | | |
| 1. Maintenance & Transportation | | | 40,000 | 0.96% | 385 | 0.00% | | 0 | 3,846 | 89.42% | 35,769 | | | 100.00% | 35,769 |
| 2. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | 100.00% | 0 |
| 3. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | 100.00% | 0 |
| 4. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | 100.00% | 0 |
| 5. | | | | 0.96% | 0 | 0.00% | | 0 | 0 | 89.42% | 0 | | | 100.00% | 0 |
| V. Total Other Expense | | | 40,000 | | 385 | | | 0 | 3,846 | | 35,769 | | | | 35,769 |
| Budget Grand Total | | | 178,314 | | 1,715 | | | 0 | 17,144 | | 159,454 | | 2,811 | | 156,643 |

Prepared By (Signature)

Prepared By (Printed Name)

Date Prepared

Phone Number

CCS Administrator (Signature)

CCS Administrator (Printed Name)

Date

Phone Number

CCS Administrative Budget Worksheet

Fiscal Year: 2018-2018

County: Lassen

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 1 | 0.96% |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | 0 | 0.00% |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MCLTICP Children | 10 | 9.62% |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | 93 | 89.42% |
| TOTAL CCS CASELOAD | 104 | 100% |

| Category/Line Item | Col 1 = Col 2+3+4+5 | Straight CCS | Title XXI - HF | Title XXI - Medi-Cal/TLICP | Title XIX Medi-Cal (Column 5 = Columns 6 + 7) | | |
|-----------------------------|---------------------|-----------------------------------|--|---|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/Targeted Low Income Children's Program (TLICP) County/State/Fed (17.5/17.5/65) | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| I. Total Personnel Expense | 101,757 | 978 | 0 | 9,784 | 90,995 | 2,724 | 88,271 |
| II. Total Operating Expense | 11,118 | 107 | 0 | 1,068 | 9,942 | 87 | 9,855 |
| III. Total Capital Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IV. Total Indirect Expense | 25,439 | 245 | 0 | 2,446 | 22,748 | | 22,748 |
| V. Total Other Expense | 40,000 | 385 | 0 | 3,846 | 35,769 | | 35,769 |
| Budget Grand Total | 178,314 | 1,715 | 0 | 17,144 | 159,454 | 2,811 | 156,643 |

| Source of Funds | Col 1 = Col 2+3+4+5 | Straight CCS | Title XXI - HF | Title XXI - Medi-Cal/TLICP | Title XIX Medi-Cal (Column 5 = Columns 6 + 7) | | |
|-----------------------------------|---------------------|-----------------------------------|--|---|---|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Total Budget | Straight CCS County/State (50/50) | Healthy Families County/State/Fed (17.5/17.5/65) | Medi-Cal/Targeted Low Income Children's Program (TLICP) County/State/Fed (17.5/17.5/65) | Title XIX Medi-Cal State/Federal | Enhanced Title XIX Medi-Cal State/Federal (25/75) | Non-Enhanced Title XIX Medi-Cal State/Federal (50/50) |
| Straight CCS | | | | | | | |
| State | 857 | 857 | | | | | |
| County | 858 | 858 | | | | | |
| Healthy Families | | | | | | | |
| State | 0 | 0 | 0 | 0 | | | |
| County | 0 | 0 | 0 | 0 | | | |
| Federal (Title XXI) | | | | | | | |
| Title XXI - Medi-Cal/TLICP | | | | | | | |
| State | 3,000 | | | 3,000 | | | |
| County | 3,000 | | | 3,000 | | | |
| Federal (Title XXI) | | | | | | | |
| Title XIX - Medi-Cal | | | | | | | |
| State | 79,025 | | | | 79,025 | 703 | 78,322 |
| Federal (Title XIX) | | | | | 80,429 | 2,106 | 78,321 |

Prepared By (Signature)

Prepared By (Printed Name)



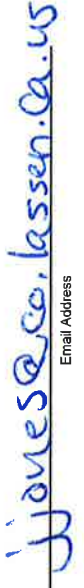
Email Address

CCS Administrative Budget Worksheet

Fiscal Year: 2018-2018

County: Lassen

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|---|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 1 | 0.96% |
| HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children | 0 | 0.00% |
| MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children | 10 | 9.62% |
| MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children | 93 | 89.42% |
| TOTAL CCS CASELOAD | 104 | 100% |

CCS Administrator (Signature)

CCS Administrator (Printed Name)

Email Address

LASSEN COUNTY

BUDGET JUSTIFICATION NARRATIVE CHILD HEALTH AND DISABILITY PREVENTION BUDGET FISCAL YEAR 2017-2018 JULY 1, 2017– JUNE 30, 2018

| 1. Personnel | Funding Requested | 17-18 |
|---|----------------------|-------------|
| RN –Coordinator @50% FTE \$66835 (Annual Salary) | \$33,418 | Increase |
| Admin/Fiscal Officer, \$39,765 (Annual Salary) .05% FTE | \$ 1,988 | Increase |
| Admin. Support \$32,908 (Annual Salary) .15% FTE | \$ 4,936 | Increase |
| Admin. Support \$29,305 (Annual Salary) .20% FTE | \$ 5,861 | Decrease |
| Average Benefits rate of 28% | \$12,937 | Increase |
| Subtotal | \$59,140 | Increase |
| 2. Operating Expenses | | |
| Travel and training to cover expenses incurred doing home visits and attending required or specialized workshops and meetings. CHDP Coordinator and support staff attend Annual CHDP Conference and quarterly CHDP regional meetings and trainings. This includes per diem, mileage and tuition fees. | \$ 3,500 | No Variance |
| Health Education Materials | \$ 5,000 | No Variance |
| Communications | \$ 500 | No Variance |
| Air Card for Laptop | \$ 456 | No Variance |
| Office Expense | \$ 750 | No Variance |
| Utilities | \$ 107 | No Variance |
| Rent 48 sq. ft. @ 1.00 X 12 months | \$ 576 | No Variance |
| IT-Direct Expense | \$ 1,949 | Decrease |
| | \$ | |
| Subtotal | \$ 12,838 | Decrease |

Capital Expenditures

None anticipated

Indirect Costs

Internal 25%

|

\$14,785 actual ICR approved plan on
file with CDPH

Total Budget Request \$86,763.00

Communication, Office expense are based on average of actual expenses from Previous year.

Utilities and Rent expense are based on the Square footage usage of Program Personnel 48 sq.ft. x \$1.00 per sq. ft. x 12.

IT direct cost is at actual annual cost per unit of \$2165/year X .90 FTE Personnel assigned to program.

Indirect costs are based on actual ICR approved plan on file with CDPH.

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2017-2018

| Category/Line Item | 1A | 1B | 1 | 2A | 2 | 3A | 3 | 4A | 4 | 5A | 5 |
|--|----------|---------------|---------------------------------|---------------|-------------------|------------------|-------------------------------|----------|--------------------------------|----------|-----------------------------------|
| | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | CHDP % or FTE | Total CHDP Budget | Total Medi-Cal % | Total Medi-Cal Budget (4 + 5) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| Personnel Expenses | | | | | | | | | | | |
| 1. Helen May, RN Coordinator | 50% | \$66,835 | \$33,418 | 3% | \$1,003 | 97% | \$32,415 | 24% | \$8,020 | 73% | \$24,395 |
| 2. Sue Bardouski - Fiscal Officer | 5% | \$39,765 | \$1,988 | | \$0 | 100% | \$1,988 | | \$0 | 100% | \$1,988 |
| 3. Paula Todd - Admin. Support | 15% | \$32,908 | \$4,936 | | \$0 | 100% | \$4,936 | | \$0 | 100% | \$4,936 |
| 4. Marissa DeFabrizio - Admin. Support | 20% | \$29,305 | \$5,861 | | \$0 | 100% | \$5,861 | | \$0 | 100% | \$5,861 |
| 5. | | | | | | | | | | | |
| Total Salaries and Wages | | | \$46,203 | | \$1,003 | | \$45,200 | | \$8,020 | | \$37,180 |
| Less Salary Savings | | | | | | | | | | | |
| Net Salaries and Wages | | | | | | | | | | | |
| Staff Benefits (Specify %) 28.00% | | | | | | | | | | | |
| I. Total Personnel Expenses | | | \$12,937 | | \$281 | | \$12,656 | | \$2,246 | | \$10,410 |
| II. Operating Expenses | | | \$59,140 | | \$1,283 | | \$57,857 | | \$10,266 | | \$47,591 |
| 1. Travel | | | \$1,000 | | \$30 | | \$970 | | \$240 | | \$730 |
| 2. Training | | | \$2,500 | | \$75 | | \$2,425 | | \$600 | | \$1,825 |
| 3. Education Materials | | | \$5,000 | | \$0 | | \$5,000 | | | | \$5,000 |
| 4. Communication | | | \$500 | | \$0 | | \$500 | | | | \$500 |
| 5. Air Card for Laptop | | | \$456 | | \$0 | | \$456 | | | | \$456 |
| 6. Office Supplies | | | \$750 | | \$0 | | \$750 | | | | \$750 |
| 7. Rent - 48 Sq ft. X 1.00 X 12 | | | \$576 | | \$0 | | \$576 | | | | \$576 |
| 8. Utilities 48 Sq ft X 2.2346 | | | \$107 | | \$0 | | \$107 | | | | \$107 |
| 9. IT Direct 2,195.00 X .90 FTE | | | \$1,949 | | \$0 | | \$1,949 | | | | \$1,949 |
| II. Total Operating Expenses | | | \$12,838 | | \$105 | | \$12,733 | | \$840 | | \$11,893 |
| III. Capital Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| II. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1. Internal (Specify %) 25.00% | | | \$14,785 | | \$0 | | \$14,785 | | | | \$14,785 |
| 2. External (Specify %) 0.00% | | | | | \$0 | | | | | | |
| IV. Total Indirect Expenses | | | \$14,785 | | \$0 | | \$14,785 | | | | \$14,785 |
| V. Other Expenses | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | \$86,763 | | \$1,388 | | \$85,374 | | \$11,106 | | \$74,269 |

Prepared By (Signature) *Sue Bardouski*
 Date Prepared *10/26/17*
 CHDP Director or Deputy Director (Signature) *Sue Bardouski*
 Date *10/26/17*

sbardouski@co.lassen.ca.us

Email Address

(530) 251-8365

Phone Number

hmay@co.lassen.ca.us

Email Address

(530) 251-2717

Phone Number

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2017-2018

County/City Name: Lassen County Susanville

| Column | 1 | 2 | 3 | 4 | 5 |
|------------------------------|-------------------------|----------------------|-------------------------------------|--------------------------------------|---|
| Category/Line Item | Total Budget (2 + 3) | Total CHDP Budget | Total Medi-Cal Budget (4 + 5) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$59,140 | \$1,283 | \$57,857 | \$10,266 | \$47,591 |
| II. Total Operating Expenses | \$12,838 | \$105 | \$12,733 | \$840 | \$11,893 |
| III. Total Capital Expenses | | | | | |
| IV. Total Indirect Expenses | \$14,785 | | \$14,785 | | \$14,785 |
| V. Total Other Expenses | | | | | |
| Budget Grand Total | \$86,763 | \$1,388 | \$85,375 | \$11,106 | \$74,269 |

| Column | 1 | 2 | 3 | 4 | 5 |
|---------------------------|-------------|----------------------|--------------------------|---------------------------|------------------------------|
| Source of Funds | Total Funds | Total CHDP Budget | Total Medi-Cal Budget | Enhanced State/Federal | Nonenhanced State/Federal |
| State General Funds | \$1,388 | \$1,388 | | | |
| Medi-Cal Funds: | \$0 | | \$0 | | |
| State Funds | \$39,911 | | \$39,911 | \$2,777 | \$37,135 |
| Federal Funds (Title XIX) | \$45,464 | | \$45,464 | \$8,330 | \$37,135 |

S. R. Bardouski
 Prepared By (Signature)
Alan May
 CHDP Director or Deputy Director
 (Signature)

sbardouski@co.lassen.ca.us

(530) 251-8365

Email Address

Phone Number

Date Prepared

10/31/17

hmay@co.lassen.ca.us

(530) 251-8183

Date

10/31/17

Email Address

Phone Number

Date

10/31/17

LASSEN COUNTY

BUDGET JUSTIFICATION NARRATIVE FOSTER CARE PHN ADMINISTRATION BUDGET FISCAL YEAR 2017-2018 JULY 1, 2017 – JUNE 30, 2018

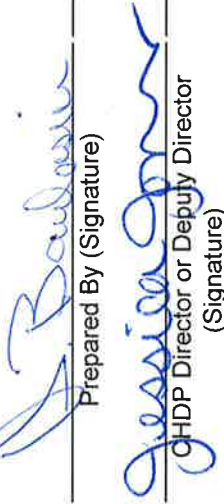
| | | |
|----|---|-------------------|
| 1. | Personnel | Funding Requested |
| | Public Health Nurse/Registered Nurse Case Manager | \$11,784 |
| | \$78,563 (Annual Salary) .15% FTE | |
| | Duties include intakes, assessments, plans, interventions and evaluation of services with clients and families. | |
| | Clerical Staff | \$988 |
| | \$32,908 (Annual Salary) .03% FTE | |
| | Average Benefits rate of 28% | \$3,576 |
| 2. | Operating Expenses | |
| | Travel and training to cover expenses incurred attending required or specialized workshops and meetings. | \$6,000 |
| 4. | Capital Expenditures | |
| | None anticipated | |
| 4. | Other Costs | |
| | None anticipated | |
| 5. | Indirect Costs | |
| | 25% Allowable Direct Costs (ICR approved plan on file with CDPH) | \$4,087 |
| | TOTAL BUDGET | \$26,435 |

HCPFC Administrative Budget Summary
Fiscal Year 2017-2018

County/City Name: Lassen County Susanville

| Column | 1 | 2 | 3 |
|------------------------------|-------------------------|-----------------------------------|--------------------------------------|
| Category/Line Item | Total Budget (2 + 3) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$16,348 | \$4,073 | \$12,275 |
| II. Total Operating Expenses | \$6,000 | \$1,620 | \$4,380 |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | \$4,087 | | \$4,087 |
| V. Total Other Expenses | | | |
| Budget Grand Total | \$26,435 | \$5,693 | \$20,742 |

| Column | 1 | 2 | 3 |
|---------------------------|-------------|--------------------------------------|--------------------------------------|
| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| State Funds | \$11,794 | \$1,423.25 | \$10,371.00 |
| Federal Funds (Title XIX) | \$14,641 | \$4,269.75 | \$10,371.00 |
| Budget Grand Total | \$26,435 | | |

| | | | | |
|---|-------------------------|---------------|----------------------------|-----------------------|
|  CHDP Director or Deputy Director (Signature) | Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
| | (530) 251-8365 | 10/31/17 | sbardouski@co.lassen.ca.us | jones@co.lassen.ca.us |

County/City Name: Lassen County Susanville

| Category/Line Item | | Column | 1A | 1B | 1 | 2A | 2 | % or FTE | Nonenhanced State/Federal (50/50) |
|--------------------------------|--|--------|----------|---------------|---------------------------------|----------|--------------------------------|----------|-----------------------------------|
| | | | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | |
| I. Personnel Expenses | | | | | | | | | |
| 1. Jessica Jones, PHN Director | | | 15% | \$78,563 | \$11,784 | 27% | \$3,181.80 | 73% | \$8,602.65 |
| 2. Paula Todd, Support Staff | | | 3% | \$32,908 | \$987 | | \$0.00 | 100% | \$987.24 |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| Total Salaries and Wages | | | 18% | | \$12,772 | | \$3,182 | | \$9,590 |
| Less Salary Savings | | | | | | | | | |
| Net Salaries and Wages | | | | | \$12,772 | | \$3,182 | | \$9,590 |
| Staff Benefits (Specify %) | | 28.00% | | | \$3,576 | | \$891 | | \$2,685 |
| I. Total Personnel Expenses | | | | | \$16,348 | | \$4,073 | | \$12,275 |
| II. Operating Expenses | | | | | | | | | |
| 1. Travel | | | | | \$2,000 | 27% | \$540 | 73% | \$1,460 |
| 2. Training | | | | | \$4,000 | 27% | \$1,080 | 73% | \$2,920 |
| II. Total Operating Expenses | | | | | \$6,000 | | \$1,620 | | \$4,380 |
| III. Capital Expenses | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| II. Total Capital Expenses | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | |
| 1. Internal (Specify %) | | 25.00% | | | \$4,087 | | | | \$4,087 |
| 2. External | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | \$4,087 | | | | \$4,087 |
| V. Other Expenses | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | |
| Budget Grand Total | | | | | \$26,435 | | \$5,693 | | \$20,742 |

Revised April 2005