

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

County/City: San Mateo Health Services

Fiscal Year: 2008-09

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.

Dorothy Vano-Wiles MD MPH
Signature of CHDP Director

4-30-09
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: San Mateo Health Services

Fiscal Year: 2008-09


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



Signature of CCS Administrator

4/29/09

Date Signed



Signature of Director or Health Officer

4/29/09

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



HEALTH DEPARTMENT

November 17, 2008

Consuelo Bautista
Administrative Analyst
Children's Medical Services
San Francisco Regional Office
1515 Clay Street, Room 401
Oakland, CA 94612

Dear Ms. Bautista:

Enclosed please find one (1) original and one (1) copy of the San Mateo County CMS Plan and Budget for FY 2008-2009.

Should you have any questions about the items contained within, please contact Joanne MacDonald, PHN, CSM, at (650) 573-2348.

The managers and staff of San Mateo County CMS Program look forward to another year supporting comprehensive health services for children in San Mateo County.

Sincerely,

Joanne MacDonald, PHN, CSM
Child Health Services Manager
Deputy Director CHDP

Cc: Mary Hansell, Dr. PH, PHN
Dorothy Vura-Weis, MD

FAMILY HEALTH SERVICES DIVISION

Plan and Budget Required Documents Checklist

County/City: San Mateo

Fiscal Year: 2008-09

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Agency Information Sheet

County/City: San Mateo

Fiscal Year: 2008-09

Official Agency

Name:	Charlene Silva	Address:	San Mateo County Health Dept.
Health Officer			225 W. 37 th Ave., San Mateo, CA 94403

CMS Administrator (if applicable)

Name:	Joanne MacDonald	Address:	2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403
Phone:	(650)573-2348		
Fax:	(650)573-2751	E-Mail:	jmacdonald@co.sanmateo.ca.us

CCS Director

Name:	Anand Chabra, MD	Address:	2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403
Phone:	(650) 573-3469		
Fax:	(650) 573-2751	E-Mail:	achabra@co.sanmateo.ca.us

CHDP Director

Name:	Dorothy Vura-Weis, MD	Address:	2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA94403
Phone:	(650) 573-2492		
Fax:	(650)573-2859	E-Mail:	DVura-Weis@co.sanmateo.ca.us

CHDP Deputy Director

Name:	Joanne MacDonald	Address:	2000 Alameda De Las Pulgas, Suite 200, San Mateo, CA 94403
Phone:	(650) 573-2348		
Fax:	(650) 573-2859	E-Mail:	jmacdonald@co.sanmateo.ca.us

Clerk of the Board of Supervisors or City Council

Name:	John Maltbie	Address:	400 County Center
Phone:	(650) 363-4123		Redwood City, CA 94063
Fax:	(650) 363-1916	E-Mail:	jmallbie@co.sanmateo.ca.us

Director of Social Services Agency

Name:	Beverly B. Johnson	Address:	400 Harbor Blvd.
Phone:	(650) 802-7559		Belmont, CA 94002
Fax:	(650) 802-7516	E-Mail:	BBJohnson@co.sanmateo.ca.us

Chief Probation Officer

Name:	<u>Lauren Budress</u>	Address:	<u>21 Tower Road</u>
Phone:	<u>(650) 312-8816</u>		<u>San Mateo, CA 94402</u>
Fax:	<u>(650) 312-5597</u>	E-Mail:	<u>lbudress@co.sanmateo.ca.us</u>

SAN MATEO COUNTY
Children's Medical Services
AGENCY NARRATIVE FY 08-09

Agency Structure:

All three of the California Medical Services Programs - the Child Health and Disability Prevention Program (CHDP), the Health Care Program for Children in Foster Care (HCPCFC) and California Children Services (CCS) are now in the Family Health Service Division of the San Mateo County Public Health Department. Health Services is a separate agency from Human Services in San Mateo County, though close cooperation and collaboration occurs for many services, including the CMS programs. The program managers for the CMS programs –Anand Chabra, MD for CCS and Joanne MacDonald, Clinical Service Manager for CHDP, HCPCFC and administrator for CCS , report to Mary Hansell, Dr.PH, PHN, the Director of Family Health Services Division..

CHDP Services:

The multi-disciplinary staff of CHDP have offices at a new facility in San Mateo, though some of the staff spend a significant amount of time doing work with providers and in the community.

HCPCFC Services/ Staff Changes:

One public health nurse now composes the staff of HCPCFC. She is employed and supervised in the Public Health Department and has an office alongside Human Services Agency staff in Child Welfare. The Family Health Services Division is funding a Community Worker to work with the FC/HCPCFC PHN.

CHDP Staff Changes:

CHDP has had significant staff changes during 2007-08. CHDP promoted its former MOA II to a Benefits Analyst II position early last summer. This BA II position was vacated through retirement. In December 2007, one of the PHNs transferred out of HCPCFC into the high-risk Partners for Safe and Healthy Children's Program and was subsequently hired as the SrPHN for CHDP. The remaining PHN in HCPCFC transferred to CCS in January 2008. In February 2008 a PHN was transferred from Child Health Services to the HCPCFC PHN position.

The .25 FTE SrPHN that was in HCPCFC will now be .25 FTE SrPHN for Provider Relations in CHDP. She continues to supervise (.75 FTE) 8 PHNs in the Human Services Agency. The CHDP SrPHN will supervise the PHN in HCPCFC .25 FTE of her time.

The .83 FTE Community Program Specialist III is now .33 FTE CHDP Dental, .17 FTE Brighter Bites and .50 FTE in the Family Health Service Division as a contract administrator. We have increased the Community Worker II to .75 FTE and have added a .25 FTE Medical Office Specialist to CHDP. Both of these positions are working in the CHDP Dental Program.

The Clinical Services Manager is now .50 FTE in CHDP and .50 FTE in CCS as the Administrator. A .20 FTE Systems Support Specialist was hired in August 2007.

ACCOMPLISHMENTS

2008-2009

Accomplishments FY 2007-2008
Foster Care Public Health Nurses – HCPCFC Program
San Mateo County

- 1) Continued to provide education regarding CHDP, HCPCFC, and needs of foster children to:
 - Social Workers
 - Probation Officers
 - Social Worker Training Units
 - Group Homes
 - Foster Parents

- 2) Revised Probation Health and Education Passport to accurately record information required for Measure 5F, which will report the percent of children in foster care for whom a court order or parental consent has been obtained for the child to receive psychotropic medications.

Dental Accomplishments for 2007-2008:

Give Kids A Smile Day, February 1, 2008: 218 children received free dental care from 29 volunteer dentists. The Board of supervisors presented certificates of appreciation to these volunteers. \$51,403 worth of dental services was provided that day.

Children's Dental Disease Prevention Program: provided oral health education to 2,500 children.

Share the Care Dental Program: revamped the program, but not yet piloted.

Kindergarten Dental Requirements: worked closely with school districts and the dental society to ensure that all kindergarten students fulfill the new dental requirement. Facilitated school-based dental screenings.

Philanthropic Ventures Foundation awarded the Dental Program \$10,000 to provide financial assistance to children with special needs who require dental treatment.

Nutrition Accomplishments for 2007-2008:

- Developed a 'job aid' to train CHDP providers on BMI-for-age percentile and the revised PM160.
- Conducted BMI-for-age trainings for CHDP providers and clinic staff.
- Developed a training curriculum and mini posters: 'How to Accurately Weigh and Measure Children for the CHDP Well-child Exam' for CHDP medical assistants/paraprofessionals.
- Collaborated with Health Plan of San Mateo to facilitate the translation of the Shapedown curriculum into Spanish, obtain funding sources, and redesign outreach materials.
- Developed the *Eat a Rainbow* poster to complement the National Nutrition Month *Power Foods* campaign. Distributed the poster to all CHDP provider clinics.
- Hosted Pediatric Nutrition Teleconference (June, 2008, 'Assessment, Treatment, and Environmental Factors that Impact in Childhood Obesity').

Accomplishments FY 2007-08

CHDP:

The CHDP program was reorganized so that the majority of staff members are supervised by one Senior PHN in order to improve coordination of activities. The new Senior PHN is also the provider relations nurse, and this role has direct contact with CHDP providers as well as internal staff. Form letters for care coordination have been standardized. Care coordination protocols are in the process of being finalized.

The benefits analysts (care coordinators) accompanied the prior provider relations PHN to various provider offices when the CHDP Health Education Materials Resource Kit was distributed. This increased familiarity of the providers' staff and CHDP program staff with each other.

The provider relations nurse performed a targeted desktop review for 3 of the highest volume providers by determining the percentage of PM 160s that documentation is present for: BMI percentile for all clients over 2 yrs, the number of children 1 yr and older who were referred to a dentist, and the number of children referred for a lead test (minimum of 1 referral for age 2 and under).

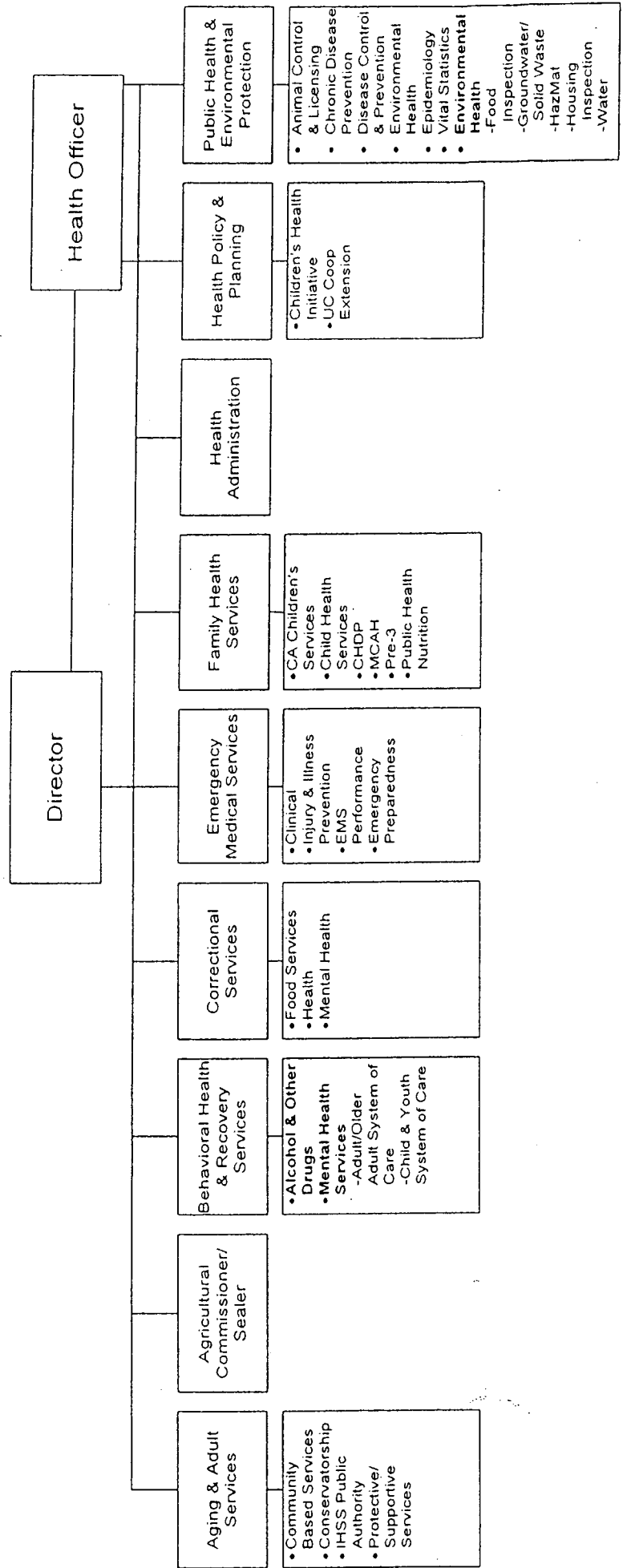
The CHDP Health Education Materials Resource Kit was recently updated and the provider relations PHN will distribute the binder to provider offices.

The provider relations PHN and CHDP Medical Director are in the process of recruiting a new provider in Daly City.

In conjunction with the dental program, a provider training on oral health by Dr. Jared Fine, Alameda County Dental Consultant,, was scheduled in San Mateo. Unfortunately, the speaker cancelled immediately before the presentation, which will be rescheduled later in 2008.

In conjunction with the San Mateo County Asthma Coalition, publicized a class titled "Improving Asthma Care" in October 2007. Among the 42 attendees, 10 were staff from CHDP provider offices, 5 were school nurses from schools with large numbers of CHDP clients, and 7 were staff of public health programs serving these children.

San Mateo County Health Department



Updated March 2008

COUNTY OF SAN MATEO, HEALTH DEPARTMENT, FAMILY HEALTH SERVICES DIVISION



FAMILY HEALTH SERVICES
DIRECTOR
MARY HANSELL

FINANCIAL SERVICES
MANAGER
ELIZABETH KAUK

ACCOUNTING FINANCIAL
SERVICES MANAGER
NESTOR MERCADO

CONTRACTS
ADMINISTRATION
RACHELLE SALVANA

MANAGEMENT ANALYST/
SUPPORT SERVICES
JAMES MILLER

FISCAL OFFICE
ASSISTANT II
RAQUEL SAN MIGUEL

SYSTEMS SUPPORT
SPECIALIST
KIM PIJMA

RISK ASSESSMENT
PROJECT
PATRICIA ERWIN

CALIFORNIA CHILDREN'S
SERVICES (CCS)
&
MATERNAL CHILD AND
ADOLESCENT HEALTH
(MCAH)
MEDICAL DIRECTOR
ANAND CHABRA

CHILD HEALTH &
DISABILITIES PREVENTION
(CHDP)
MEDICAL DIRECTOR
DOROTHY VURA-WEISS

CLINICAL SERVICES
MANAGER – NURSING
RONELL REYNA

FIELD NURSING

MATERNAL, CHILD AND
ADOLESCENT HEALTH
PROGRAMS

PRENATAL TO THREE

ADOLESCENT FAMILY LIFE
PROGRAM (AFLP)

COMPREHENSIVE
PERINATAL SERVICES
PROGRAM (CPSP)

PRENATAL ADVANTAGE
BLACK INFANT HEALTH
(BIH)

CLINICAL SERVICES
MANAGER – NURSING
JOANNE MACDONALD

CCS
ADMINISTRATION

CCS
MEDICAL THERAPY UNIT

CHILD HEALTH & DISABILITY
PREVENTION AND FOSTER
CARE

LEAD PROGRAM
IMMUNIZATION PROGRAM
DENTAL PROGRAM

CHILD PROTECTIVE SERVICES
&
PARTNERS FOR SAFE
AND HEALTHY CHILDREN...
(PSHC)
PUBLIC HEALTH NURSING

PH NUTRITION
DIRECTOR
ELIANA SCHULTZ

WOMEN, INFANTS &
CHILDREN (WIC)

CALIFORNIA NUTRITION
NETWORK

CHILD/SENIOR
NUTRITION SERVICES

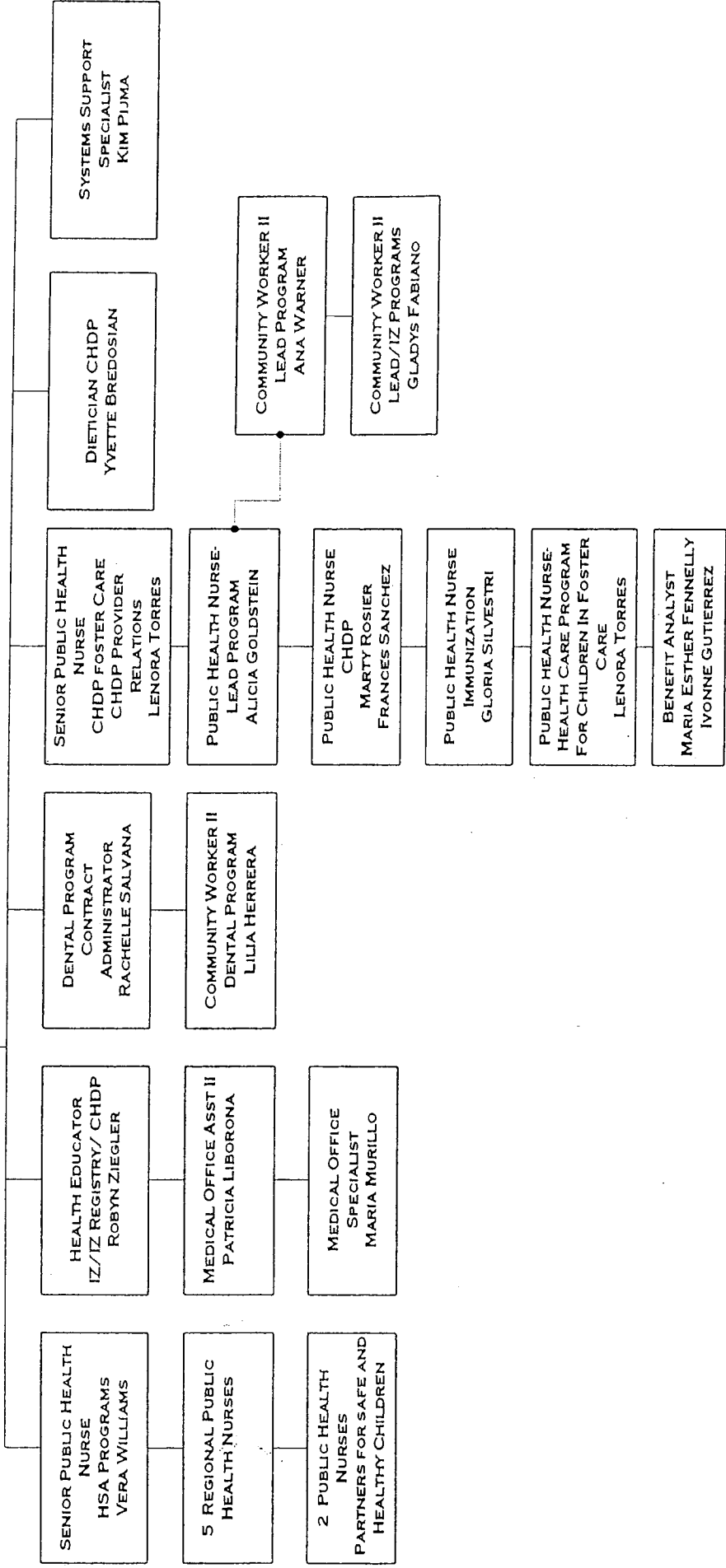
HEALTHY FAMILIES, HEALTHY COMMUNITIES



COUNTY OF SAN MATEO, HEALTH DEPARTMENT
 CHILD HEALTH & DISABILITY PREVENTION PROGRAM
 HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

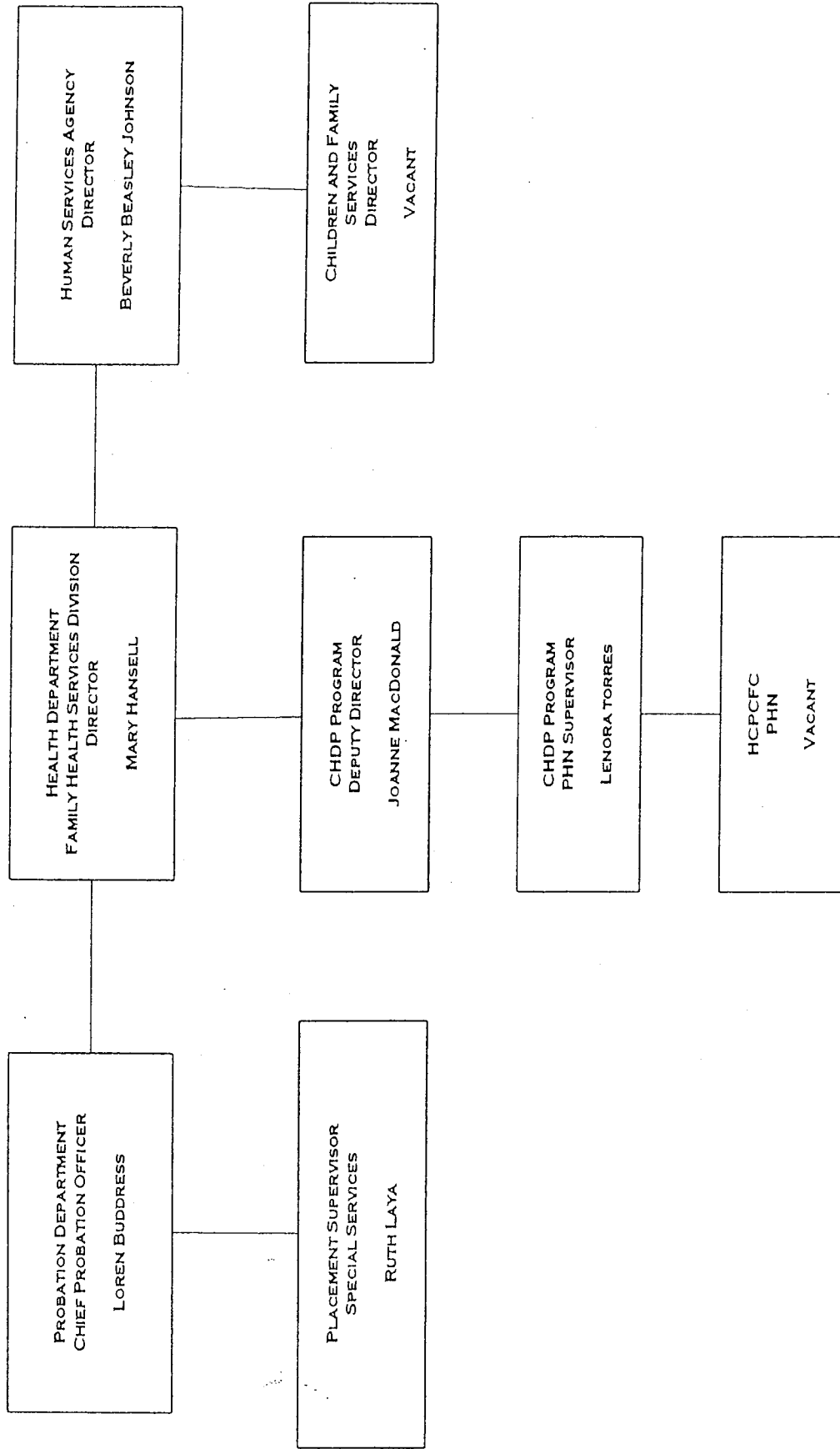
CHDP MEDICAL DIRECTOR
 DOROTHY VURA-WEIS, MD

CHILD HEALTH SERVICES
 CLINICAL SERVICES MANAGER
 DEPUTY DIRECTOR CHDP
 JOANNE MACDONALD

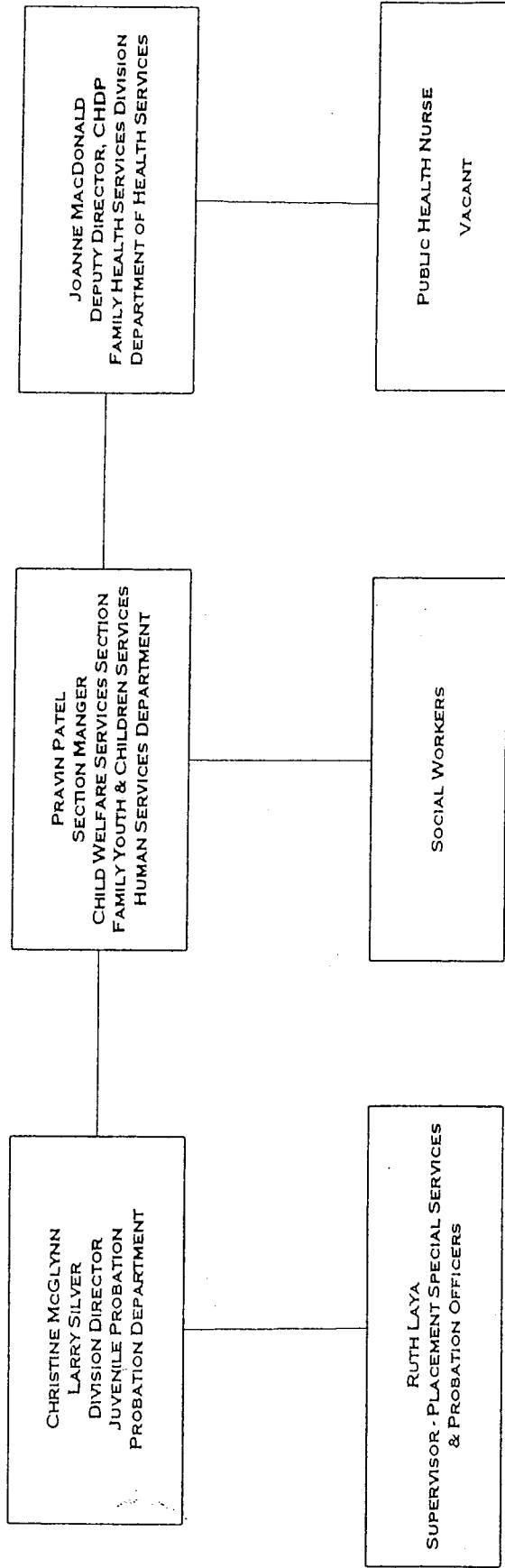


HEALTHY FAMILIES, HEALTHY COMMUNITIES

**SAN MATEO COUNTY PROBATION/HUMAN SERVICES/HEALTH DEPARTMENT
 ORGANIZATIONAL CHART FOR HEALTH CARE PROGRAM FOR CHILDREN IN
 FOSTER CARE (HCPCFC)**



**LIAISON PERSONNEL
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)**



14

REVISED 11/08

Incumbent List - Child Health and Disability Prevention Program

For FY 2008-09, complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

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

County/City: San Mateo County / San Mateo

Fiscal Year: 2008-09

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Medical Director	Dorothy Vura-Weis, MD	20%	15%	15% Public Health 50% Clinics	No	No
Clinical Service Manager Deputy Director	Joanne MacDonald, RN, PHN	50%	0%	50% CCS	No	No
Senior PHN	Lenora Torres	0%	75%	25% HPCFC	No	No
Senior PHN	Vera Williams	0%	25%	75% HSA*	No	No
Health Educator	Robyn Ziegler	25%	0%	75% IAP**	No	No

County/City: San Mateo County / San Mateo

Fiscal Year: 2008-09

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse	Marty Rosier	80%	0%	0%	No	No
Dietitian	Yvette Bedrosian	60%	0%	0%	No	No
Community Prog. Spec. III	Rachelle Salvana	0%	33%	17% CDDP*** 50% FHS***** Contract Admin.	No	No
Administrative Asst. II-	Vacant	0%	5%	95% CCS	Yes	Yes
Benefits Analyst II	Maria Esther Fennelly	0%	90%	0%	No	No
Benefits Analyst II	Ivonne Roblero	85%	0%	0%	No	No
Medical Office Assist. II	Patricia Liberona	95%	0%	0%	No	No
Medical Office Specialist	Maria Murillo	0%	25%	70% IAP**	No	No
Community Worker II	Lilia Herrera	0%	70%	30% GF*****	No	NO
Systems Support Specialist	Kim Pijma	0%	20%	80% GF*****	No	No

County/City: San Mateo County / San Mateo

Fiscal Year: 2008-09

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN	Frances Sanchez	0%	80%		No	No

- HSA * Human Service Agency
- IAP ** Immunization Assistance Program
- CDDP *** Children's Dental Disease Program
- FHS **** Family Health Services
- GF ***** General Funds

Incumbent List - Health Care Program for Children in Foster Care

For FY 2008-09, complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

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

County/City: San Mateo County, San Mateo

Fiscal Year: 2008-09

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Senior Public Health Nurse	Lenora Torres	25%		75% CHDP	No	No
Public Health Nurse	Vacant	85%	15%		No	No

Class Title: STAFF PHYSICIAN

Class Code: F124

Salary: \$66.52 - \$78.64 hourly
 \$5,321.60 - \$6,291.20 biweekly
 \$11,530.13 - \$13,630.93 monthly
 \$138,361.60 - \$163,571.20 annually

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Description	Benefits
Under general direction, provide professional medical services to patients in health care facilities and other settings located throughout San Mateo County.	
Examples Of Duties:	
<p>Duties may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Conduct medical and/or physical examinations and make diagnoses. - Prescribe appropriate treatment plans and prescribe therapy or rehabilitation programs. - Provide appropriate chemotherapy to patients. - Coordinate the work of consulting medical specialists. - Act as physician member of a multi-disciplinary team for clinical work or program development. - Train and supervise interns and residents. - Provide clinical supervision to licensed and professional staff. - Prepare reports and maintain records of activities. - Consult and work with other medical and/or mental health professionals in the community when necessary. - Confer with patients' relatives regarding illness and treatment. - Maintain records of diagnosis, treatment and prognosis according to Joint Commission of Accredited Hospitals Organization standards and other regulatory agencies. - Develop comprehensive case histories. - Perform related duties as assigned. 	
Qualifications:	
<p>Knowledge of:</p> <ul style="list-style-type: none"> - Current developments, trends and research in the medical field. - Basic understanding of clinical supervisory principles and practices. - Pharmacology and psychopharmacology including laws regarding informed consent, dosage ranges, drug incompatibilities, and side effects. - Proper documentation of clinical services. - Principles, practices, and techniques of general medicine and its application. - Medical diagnosis and treatment. - Hospitals and Clinics organization. - Knowledge of communicable disease control. - Knowledge of public health practices and procedures. <p>Skill/Ability to:</p>	

- Diagnose and treat patients.
- Develop and monitor appropriate treatment plans.
- Establish and maintain effective working relationships with patients, their families, staff and others.
- Learn and apply laws, statutes, codes and regulations governing California health service providers, and JCAHO and other regulatory requirements.
- Maintain medical records and prepare reports.
- Serve on interdisciplinary teams.
- Clinically supervise licensed and professional staff.

Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

Completion of a residency training program approved by the American Medical Association, or two years of clinical experience post internship in an appropriate medical specialty.

Licensure/Certification:

- License to practice medicine or osteopathy in the State of California.
- Board certification or Board eligibility in Family Practice, Internal Medicine, Pediatrics, Adolescent Medicine or a related area is highly desirable.

MEDICAL DIRECTOR
Child Health and Disability Prevention Program (CHDP)

FUNCTIONAL JOB DESCRIPTION

Dorothy Vura-Weis, MD, MPH

Percent Time 35%

Enhanced = 90%, Non-enhanced = 10%

Job Function	Performance Standard	Percent Time
1. Participate in recruitment and retention of CHDP medical providers.	Contacts potential providers in areas with inadequate access to CHDP and recruits into network. Maintains contact to encourage retention.	10%
2. Identify educational needs of CHDP medical providers and staff and arrange appropriate training.	Evaluates input from care coordinators and supervising PHN and solicits requests from providers to identify educational needs. Offers training in form of written materials or other media. Arranges conferences on identified topics.	15%
3. Provide medical consultation to CHDP care coordinators	Answers questions from care coordinators and supervising PHN regarding information on PM 160's and patient management and referral needs.	15%
4. Provide consultation for development of protocols for key diagnoses (e.g., obesity).	Collaborates with CHDP professional staff in developing protocols for common important diagnoses. Identifies tools to facilitate use of protocols.	15%
5. Communicate with CHDP providers on policy issues and significant medical topics.	Reviews background materials on Provider Information Notice topic, includes pertinent points in cover letter. Ensures county-specific aspects of topic are covered. Establishes other routes of communication as needed.	15%
6. Participate in liaison activities with partners addressing access to medical care for children from low-income families.	Meets with Health Plan of San Mateo (HPSM), Children's Health Initiative (CHI), and other community groups to coordinate services.	10%
7. Evaluate and ensure effectiveness and quality of CHDP program.	Reviews reports prepared by staff. Identifies areas for improvement. Participates in development of annual plan for program.	10%

- | | | |
|--|---|----|
| 8. Attend state and regional CHDP meetings. | Reports back to San Mateo County CHDP staff.
Shares in committee responsibilities. | 5% |
| 9. Attends monthly Child Health Services and related staff meetings. | Participates in planning agenda. Prepares reports to present to staff. | 5% |

Class Title: BENEFITS ANALYST II

Class Code: G070

Salary: \$23.54 - \$29.43 hourly
 \$1,883.20 - \$2,354.40 biweekly
 \$4,080.27 - \$5,101.20 monthly
 \$48,963.20 - \$61,214.40 annually

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Description	Benefits
<p>Under general supervision, perform a variety of tasks for recipients of public assistance in order to provide vocational development and job placement through assessment of customer skills and aptitudes and support of customers through to an ongoing employment situation; determine initial and continuing eligibility for one or more aids in accordance with established procedures and refer customers who appear to be in need of social services to the appropriate resources.</p>	
<p>DISTINGUISHING CHARACTERISTICS</p>	
<p>Benefits Analyst I is the entry and trainee level. Under immediate supervision, incumbents receive training in the methods used in interviewing customers, assessing customer skills and aptitudes, supporting customers on to permanent employment, and in learning regulations and procedures to determine eligibility for public assistance. They are expected to promote to the journey level upon gaining experience and demonstrating the required competencies.</p>	
<p>Benefits Analyst II is the journey level in the Benefits Analyst series. Under general supervision, incumbents are responsible for administering assessment tools and acting as case manager for placement of recipients into employment and are responsible for a caseload and making eligibility and grant determinations. They are expected to have full knowledge of regulations and procedures, work with independence of action and use judgment in making decisions.</p>	
<p>Examples Of Duties:</p>	
<p>Duties may include, but are not limited to, the following: If assigned to the Eligibility function:</p> <ul style="list-style-type: none"> - Interview applicants for, and recipients of, public assistance to obtain pertinent information regarding eligibility factors and record the content of interviews. - Review, evaluate and verify information submitted by applicants or recipients; contact appropriate sources of information to determine total financial resources of customers. - Determine if customers are eligible or continue to be eligible for public assistance based on established federal, state and County guidelines. - Compute financial budgets to determine amount of cash payment and/or special benefits. - Explain, interpret and clarify public assistance laws and regulations, agency resources, procedures, rights and responsibilities to customers. - Refer customers to appropriate agencies for specialized services and counseling. - Assist in developing immediate solutions to emergency problems and expediting delivery of needed services. - Compare data received from the Income Eligibility Verification System (IEVS) with the income reported by recipients. 	

- Prepare and refer cases of suspected fraud to the Special Investigations Unit; complete claim determination reports and overpayment/underpayment schedules; and appear and testify in court when necessary.
- Utilize data processing systems which apply to eligibility and grant determination.
- Complete documents and forms; maintain records and files; and schedule appointments.
- May make home visits.
- May act as an interpreter in contacts involving non-English speaking clients when able to do so.
- Participate in staff meetings and in-service training sessions.
- Perform related duties as assigned.

If assigned to the Screening and Assessment function:

- Administer assessment materials to determine the skills and aptitudes of customers.
- Schedule all needed appointments for customers.
- Refer customers to appropriate agencies for specialized services and counseling.
- Interview applicants for, and recipients of, public assistance to obtain pertinent information regarding eligibility factors and record the content of interviews.
- Review, evaluate and verify information submitted by applicants or recipients; contact appropriate sources of information to determine total financial resources of customers.
- Determine if customers are eligible, or continue to be eligible, for public assistance based on established federal, state and County guidelines.
- Compute financial budgets to determine amount of cash payment and/or special benefits.
- Explain, interpret and clarify public assistance laws and regulations, agency resources, procedures, rights and responsibilities to customers.
- Assist in developing immediate solutions to emergency problems and expediting delivery of needed services.
- Compare data received from the Income Eligibility Verification System (IEVS) with the income reported by recipients.
- Prepare and refer cases of suspected fraud to the Special Investigations Unit; complete claim determination reports and overpayment/underpayment schedules; and appear and testify in court when necessary.
- Utilize data processing systems.
- Complete documents and forms; maintain records and files; and schedule appointments.
- Participate in staff meetings and in-service training sessions.
- Perform related duties as assigned.

If assigned to the Income Employment Services function:

- Review assessment tools to determine the skills and aptitudes of customers and follow mediation procedures if necessary.
- Develop action plan utilizing options for customers.
- Assist customers to identify conditions needing improvement and recommend measures to correct them.
- Perform outreach to provide education and information to customers who may be at risk and unaware of prevention methods and services.
- Develop and write individualized employment plans for customers.
- Consult with other staff and agencies, schools and employers.
- Provide and document individual/group vocational counseling and referral services.
- Act as Family Self Sufficiency Team case manager.
- Refer customers to appropriate agencies for specialized services and counseling.
- Interview applicants for, and recipients of, public assistance to obtain pertinent information regarding eligibility factors and record the content of interviews.
- Review, evaluate and verify information submitted by applicants or recipients; contact

- appropriate sources of information to determine total financial resources of customers.
- Determine if customers are eligible, or continue to be eligible, for public assistance based on established federal, state and County guidelines.
 - Compute financial budgets to determine amount of cash payment and/or special benefits.
 - Explain, interpret and clarify public assistance laws and regulations, agency resources, procedures, rights and responsibilities to customers.
 - Assist in developing immediate solutions to emergency problems and expediting delivery of needed services.
 - Compare data received from the Income Eligibility Verification System (IEVS) with the income reported by recipients.
 - Prepare and refer cases of suspected fraud to the Special Investigations Unit; complete claim determination reports and overpayment/underpayment schedules; and appear and testify in court when necessary.
 - Utilize data processing systems.
- Complete documents and forms; maintain records and files; and schedule appointments.
- Participate in staff meetings and in-service training sessions.
 - Perform related duties as assigned.

Qualifications:

Note: The level and scope of the knowledge, skills and abilities listed below are related to job duties as defined under Distinguishing Characteristics.

Knowledge of:

If assigned to the Eligibility function:

- Principles of eligibility determination.
- Functions of public social services and agencies.
- Interviewing techniques.
- Public assistance laws and regulations.
- Problems requiring referral for casework services.
- Office procedures and practices, including filing and the operation of standard office equipment.
- Basic record keeping principles and practices.
- Automated systems.

If assigned to the Screening and Assessment function:

- Standard theory and practices of assessment materials.
- Screening and assessment principles.
- Public and community resources and programs.
- Determine customer needs and make appropriate referrals.
- Crisis intervention and counseling principles.
- Principles of case management.
- General employment market.
- Specific employment referral agencies.
- The interrelationships of the various disciplines in the human services field.
- Workload planning and prioritizing techniques.

If assigned to the Income Employment Services function:

- Screening, assessment and counseling principles.
- Principles of case management.
- General employment market and specific employment referral agencies.
- Public and community resources and programs.
- Crisis intervention and counseling principles.
- Information and referral processes.

Skill/Ability to:

If assigned to the Eligibility function:

- Follow instructions.
- Organize and maintain a heavy workload on a current basis and within set deadlines.
- Interview effectively and secure the cooperation of customers in obtaining pertinent personal information.
- Make arithmetic computations quickly and accurately.
- Utilize data processing systems.
- Interpret and apply laws, rules and regulations.
- Communicate effectively, orally and in writing with people of diverse backgrounds and cultures.
- Establish and maintain effective working relationships with those contacted in the course of the work.
- Prepare, maintain and interpret reports and records.
- Work under pressure and with frequent interruptions.

If assigned to the Screening and Assessment function:

- Follow instructions.
 - Learn the standard functions of the job and learn over time the more involved aspects of the job.
 - Work in accordance with established guidelines and make decisions with minor impact affecting routine operations.
 - Assume responsibility for assigned tasks that are routine in nature.
- Conduct broad based evaluations on customers.
- Develop preliminary action plans for customers.

If assigned to the Income Employment Services function:

- Follow instructions.
- Learn the standard functions of the job and learn over time the more involved aspects of the job.
- Work in accordance with established guidelines and make decisions with minor impact affecting routine operations.
- Assume responsibility for assigned tasks that are routine in nature.
- Assess and counsel customers' needs and assist them in employment problem solving and decision making.
- Determine customers' needs and make appropriate referrals.
- Manage multiple diverse cases.
- Deal effectively with divergent needs of customers in situations of potential conflict.

Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

Benefits Analyst I: Two years of clerical or public contact work which involved responsibility for interviewing and recordkeeping, OR two years of college level coursework.

Benefits Analyst II: One year of experience performing assessment, placement and/or public assistance eligibility work in a social services department within the last five years.

BENEFITS ANALYSTS II
Child Health and Disability Prevention Program (CHDP)
40 hours (0% enhanced; 100 % non-enhanced)

FUNCTIONAL JOB DESCRIPTION

Under the supervision of the Health Services Manager, Child Health Services, the Benefits Analyst performs the following responsibilities for the CHDP Programs:

Job Function	Performance Standard	Percent Time
1. Intensively inform clients about the importance of preventive health check-ups and related services (e.g., immunizations) and assist clients in accessing these services, completing health insurance application.	Describe the benefits of regular health and dental exams. Offer to help with scheduling and transportation (i.e., by mailing bus tickets) for families new to system (based on codes on PM357s), contact families within five to seven days of receipt of referral. For other families, mail information about CHDP services, including BAs phone number.	35%
2. Follow-up on children with identified health problems to ensure that appropriate diagnostic and treatment services are provided.	Contact provider and/or caregiver to arrange for follow-up appointments and verify that appointments are kept. Consult with Public Health Nurse case manager to clarify aspects of medical management when necessary. Document results of follow-up. For a full time Benefits Analyst, complete 70 follow-up cases per month.	35%
3. Make referrals to other programs that may help address identified health problems (e.g., Public Health Nursing, WIC, Public Health Nutrition Services, etc.).	Maintain current information about other programs and methods for referral. Provide program brochures when appropriate. Document outcome of referrals.	5%
4. Maintain monthly informing and follow-up statistics.	Document attempted and successful contacts for both outreach (PM357s) and follow-up (PM160s) using standard forms. Document cases closed for PM160s and scheduling and transportation assistance provided for PM357s. Distinguish activity on telecommute days versus in-office days. Submit workload statistics to supervisor no later than the first Friday of each new month.	5%

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|-----|--|--|----|
| 5. | Attend monthly Child Health Services staff meetings, monthly PM357 meetings and quarterly PM160 meetings. | Report to meetings promptly, participate in taking minutes during meetings, contribute to discussion and to cooperative resolution of identified problems or concerns. | 4% |
| 6. | Complete time studies within specified time frames and according to established guidelines. | Time Studies are accurate, complete and are submitted to supervisor by the last day following the end of the time study month. | 2% |
| 7. | Answer Child Health Services main phone lines in circumstances when the lead and back-up phone receptionists are not available. | Answer phone within three rings. Appropriately route calls. Respond to questions efficiently and respectfully and take messages as needed. | 1% |
| 8. | Participates in program outreach, including special community events, health fairs and resource staff meetings. | Determine if progress on workload supports participation in special event. Consult with other staff to plan for events, including assembling needed educational materials and supplies. | 5% |
| 9. | Participate in training programs that (a) serve to expand knowledge of child health issues and resources for children and families or (b) will otherwise enhance job skills. | Attend all trainings identified by supervisor as important to work. Obtain prior approval from supervisor for participation in all the trainings. | 5% |
| 10. | Participates in community meetings to support fullest exchange of information about available services to benefit CHDP clients. | Determine if progress on workload supports participation in meetings. Obtain prior approval from supervisor before attending meeting. Share pertinent information or materials from meetings with other staff. | 3% |

Class Title: PUBLIC HEALTH NURSE

Class Code: F040

Salary: \$42.95 - \$50.78 hourly
 \$3,436.00 - \$4,062.40 biweekly
 \$7,444.67 - \$8,801.87 monthly
 \$89,336.00 - \$105,622.40 annually

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Description	Benefits
<p>Under general direction, provide and coordinate a variety of health services to the client; provide services to at-risk children and adults, including teaching of health practices which prevent illness and promote general well-being, and organizing and staffing well-baby, family planning, immunization, STD, TB, HIV, pre-natal and other related clinics; provide health education and screening examinations to people in community settings.</p>	
<p>Examples Of Duties:</p>	
<p>Duties may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Assess clients health status through history taking, observation and screening tests. - Develop care plan including goals and time frames. - Counsel, teach, and coordinate health and social services provided to client/family. - Inform high risk group of resources and make referrals as appropriate. - Document services and clients response to services. - Provide limited therapeutic nursing care; administer medication and treatments, teaches self care when appropriate. - Participate in defining and addressing community health needs through consultation, recruitment of providers and development of resources. - Participate in organizing clinics, staffs and manages clinics; perform physical assessments, screening tests. - Participate in developing instruction materials. - Keep statistical records, write reports. - Assist with orientation instruction and guidance of community workers, and related personnel. - Perform related duties as assigned. 	
<p>Qualifications:</p>	
<p>Knowledge of:</p> <ul style="list-style-type: none"> - Principles and practices of public health nursing, with emphasis on field and clinic activities. - Problem solving through nursing process. - Technical nursing procedures. - Health and social services resources. - Collaborative health planning with multi-disciplinary teams. <p>Skill/Ability to:</p> <ul style="list-style-type: none"> - Teach and counsel. - Perform technical nursing procedures. - Assess physical, psycho-social and nutritional needs. 	

- Assess community health needs.
- Teach and guide other health personnel and volunteers.
- Motivate people in positive health attitudes and behavior.
- Work effectively with multi-problem families.
- Problem solve.
- Make independent judgments and ability to work autonomously.
- Assume a leadership role in community health programs.
- Communicate effectively both verbally and orally.
- Be culturally sensitive.
- Be flexible to adapting to a changing environment.
- Organize communities regarding health matters.

Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying.

Licensure/Certification:

- California license as a Registered Nurse.
- California Certificate as a Public Health Nurse.

PUBLIC HEALTH NURSE: CASE MANAGER
Child Health and Disability Prevention Program (CHDP)

FUNCTIONAL JOB DESCRIPTION

Under the supervision of the Sr. PHN, Child Health Services, the Provider Relations Nurse/PHN performs the following duties.

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
1. Review incoming PM 160s and determine follow-up action required.	PM 160s are reviewed and assigned on a weekly basis.	1%
2. Assign PM160s to Benefits Analyst in the unit and oversee the follow-up provided.	Assignments are evenly distributed based on percent of one full time equivalent. Work With Benefits Analysts to develop and review caseload standards and policies for the provision and documentation of follow-up.	1%
3. Provide consultation and guidance to BA's in regards to care coordination.	Consult and guides BA's to improve and expand their outreach to CHDP clients.	2%
4. Provide follow-up on more complex cases (e.g., more medically severe or technically involved).	Adhere to above caseload and performance standards developed jointly with Benefits Analysts.	33%
5. As a member of the Provider Quality Assurance Team, participate in review of provider's adherence to CHDP medical guidelines, take part in office visits and new provider orientations, and help plan and conduct provider trainings.	Maintain documentation of the follow-up services provided to various providers; assist with development of provider orientations/trainings.	50%
6. Consult with Agency personnel (e.g., CCS, Public Health Nursing Field Services, Prenatal to Three Initiative, Disease Prevention and Control, etc.) school personnel, primary care providers and specialists, and parents to assure the provision of timely and high quality follow-up services.	Gather sufficient information from variety of sources to determine the appropriate course of follow-up. Communicate concerns to providers and/or parents with tact and respect. Maintain careful documentation of follow-up provided.	2%
7. Complete and submit time studies, time cards, performance indicators and similar documents following specified guidelines and within deadlines.	Completed accurate time cards are submitted with necessary attachments by noon, every other Tuesday. Time studies are submitted by the second Friday following the time study month.	2%
3. Attend Child Health Services staff meetings, General Staff meetings, and other agency and regional meetings as directed by Supervisor.	Report to meetings promptly, participate in preparation of minutes, contribute to agenda and to constructive discussion and resolution of problems and issues raised.	5%

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
9. Provide periodic training to Benefits Analyst regarding medical conditions.	Consider input of Benefits Analysts in selecting topics for training. Training focuses on enhancing Benefits Analysts ability to accurately communicate basic parenting skills and the relative urgency of follow-up.	2%
10. Participate in outreach activities and special collaborative initiative to support the most effective delivery of CHDP follow-up services countywide.	Maintain flexibility in considering collaborative opportunities with an overall goal of connecting to ongoing, comprehensive, coordinated care.	2%

PUBLIC HEALTH NURSE/HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

Under the supervision of the Senior Public Health Nurse for Foster Care and in collaboration with the Health Services Manager for Child Health Services and the CHDP Deputy Director, the Foster Care Public Health Nurse (PHN) performs a variety of public health nursing duties to enhance health care access and coordination of service for children in foster care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families, and service providers. Additionally, the PHN must have a thorough and detailed knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and children in foster care who do not have Medi-Cal. Examples of duties are summarized below.

	% of <u>Time</u>
1. Within 30 days of disposition, the PHN will assist resource parents in obtaining a CHDP and dental exam for children in shelter and foster care.	25%
2. The PHN will facilitate referrals to early intervention services, specialty providers, dentists, mental health services, CCS, and other community resources/programs for children placed in out-of-home care.	20%
3. The PHN, upon request, will assist social worker/probation officer in developing a health care plan for each child expected to remain in foster care.	5%
4. The PHN will assist in the county of jurisdiction to identify and access resources to address the health care needs of children placed out-of-county. The PHN will help troubleshoot payment for needed resources when this is a barrier to access.	5%
5. Upon request, the PHN will assist with case management of children placed in this county from other counties with the help of the child's social worker/probation officer.	5%
6. The PHN will work with social worker/probation officer, biological parent when possible and resource parent to obtain the necessary medical/health care information to input into the case file and Health and Education Passport in CWS/CMS.	25%
7. The PHN will review child's health plan with social worker/probation officer as needed, and at least every six months.	1%
8. The PHN will conduct training and orientation for new social workers/probation officers, shelter and group homes, and resource parents regarding health care services required by CHDP, health issues, and community health resources.	2%

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| 9. | The PHN will participate in multidisciplinary meetings for review of health-related issues. | 1% |
| 10. | The PHN will provide assistance/resource information to social worker/probation officer and child leaving foster care. | 1% |
| 11. | The PHN will conduct joint reviews of case records with the Human Services Agency and the Probation Department for documentation of health care services provided. | 2% |
| 12. | In conjunction with the Senior Public Health Nurse for Foster Care, the CHDP Deputy Director, the Health Services Manager of Child Health Services, and appropriate administrative staff of the Human Services Agency and the Probation Department, develop a plan for evaluating the process and impact of the Health Care Program for children in Foster Care (HCPCFC). | 1% |
| 13. | The PHN will initiate and participate in resource parent support group(s) to serve as a resource and support. | 1% |
| 14. | The PHN will attend monthly staff meetings of Child Health Services, bimonthly meetings of HCPCFC Care staff, and quarterly meetings with representatives of Human Services and Probation to enhance two-way communication and optimum service coordination. | 2% |
| 15. | The PHN will complete time cards, time studies, performance indicators, and similar documents within specified timeframes and according to established procedures. | 1% |
| 16. | The PHN will attend CHDP regional subcommittee meetings for foster care. | 2% |
| 17. | The PHN will attend trainings and workshops to enhance clinical knowledge and to stay current with regulations pertinent to CHDP and foster care. | 1% |

01/12/04

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San Mateo County
June 2008
FY 2008-09

Class Title: MEDICAL OFFICE SPECIALIST

Class Code: E420

Salary: \$21.69 - \$27.11 hourly
 \$1,735.20 - \$2,168.80 biweekly
 \$3,759.60 - \$4,699.07 monthly
 \$45,115.20 - \$56,388.80 annually

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Description	Benefits
<p>Under general supervision, provides difficult, technical, complex or specialized medical office support to County outpatient, ancillary, medical records and other direct patient care and treatment areas.</p>	
<p>DISTINGUISHING CHARACTERISTICS This is the technical specialist level in the medical office support series. Positions in this class require a definable body of knowledge and skills which exceed those required by lower level office support workers and that is not normally learned on the job in a brief period of time. Responsibilities include the performance of complex, technical or specialized medical office support work requiring the regular use of independent judgment and initiative. Incumbents may function as the only office support for an off-site outpatient facility. Lead direction of others is not a regular part of the job, although project or relief leadership may be required. This class is distinguished from Medical Office Services Supervisor in that the latter is the first full supervisory level over a large group of medical office support staff. This class is further distinguished from Lead Medical Office Assistant in that the latter assigns, directs and reviews the work of other medical office support staff.</p>	
<p>Examples Of Duties:</p>	
<p>Duties may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Perform difficult, complex, technical or specialized medical office support work, which may require the exercise of independent judgment, the application of technical skills, and a knowledge of detailed or specialized activities related to the medical area to which assigned. - Research and assemble information from a variety of sources for the completion of forms or the preparation of reports; make arithmetic or statistical calculations. - Provide information to the public or to County staff that requires the use of judgment and the application and interpretation of policies, rules or procedures. - Organize, maintain and purge various departmental files. - Type correspondence, reports, forms, and specialized documents from drafts, notes, dictated tapes, or brief instructions, using a typewriter, word processor or computer terminal. - Proofread and check typed and other materials for accuracy, completeness, and compliance with departmental policies and regulations. - Enter and retrieve data and prepare reports using an on-line or personal computer system; review such reports for accuracy and make corrections as required. - Oversee and personally perform a variety of medical office administrative details such as ordering supplies, arranging for the repair of equipment, transmitting information, and keeping reference materials up to date. 	

- May act as receptionist and receive and screen visitors and telephone calls; direct the visitor or caller to the proper person or personally handle the call; operate standard office equipment.
- May train others in work procedures or direct the work of others on a project or relief basis.
- Provide off hours support as required.
- Perform related duties as assigned.

Qualifications:

Knowledge of:

- Office administrative practices and procedures, including filing and the operation of standard office equipment.
- Basic business data processing principles and the use of word processing or personal computing equipment.
- Medical terminology as related to office support work.
- Policies and procedures related to the medical treatment or screening area to which assigned.
- Proper form for typed materials.
- Business arithmetic, including percentages and decimals.
- Correct English usage, including spelling, grammar and punctuation.
- Record keeping principles and procedures.

Skill/Ability to:

- Perform technical, specialized, complex or difficult medical office support work.
- Organize, prioritize and coordinate work activities.
- Read, interpret and apply rules, policies and procedures.
- Organize, research and maintain patient and general office files.
- Establish and maintain effective working relationships with those contacted in the course of the work.
- Compose routine correspondence from brief instructions.
- Make arithmetic calculations with speed and accuracy.
- Use initiative and sound independent judgment within established guidelines.
- Operate standard office equipment, including a word processor, personal or on-line computer, and centralized telephone equipment.

Note: Specific positions may require the ability to type at a rate of 40 net words per minute from printed copy.

Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

One year of journey-level office support experience in a medical office setting OR two years of general clerical or office assistant experience.

**MEDICAL OFFICE SPECIALIST DUTY STATEMENT
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
CHILD HEALTH SERVICES**

CHDP FTE .25

Under the supervision of the Clinical Services Manger, Child Health Services, and in close collaboration from the Children's Dental Health Coordinator, the Medical Office Specialist performs the following functions:

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
1. Monitor and order materials for the program.	1. Mail and distribute educational materials in English and Spanish.	20%
2. Prepare reports, lists, resource and program packets.	2. Provide education and resources regarding children's oral health.	15%
3. Assist with Spanish interpretation and translation of forms, letters, etc, into Spanish.	3. Distribute translated Spanish materials.	4%
4. Provide technical assistance.	4. Receive orientation from Coordinator on program-specific areas.	10%
5. Maintain and update information on LanFax.	5. Provide updated information to Coordinator.	4%
6. Maintain and update Dental Provider list quarterly.	6. Distribute list quarterly to community partners.	10%
7. Participate in program outreach, including special community events and health fairs.	7. Distribute oral health information at events.	5%
8. Assist families in identifying available health and dental care resources.	8. Inform families about available resources.	5%
9. Provide information to the public or to County staff that requires the use of judgment and the application and interpretation of policies, rules or procedures.	9. Provide presentations to children, parents, community group on dental health promotion.	25%
10. Perform related duties as assigned.	10. Receive instruction from Coordinator in other subject areas.	2%

Class Title: ADMINISTRATIVE ASSISTANT II-E

Class Code: E089

Salary: \$27.75 - \$34.69 hourly
 \$2,220.00 - \$2,775.20 biweekly
 \$4,810.00 - \$6,012.93 monthly
 \$57,720.00 - \$72,155.20 annually

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Description	Benefits
<p>DEFINITION</p> <p>Under direction, in the administrative office of a County department or comparable administrative unit, to assist management personnel in such activities as budgeting, purchasing, analysis of office methods and procedures, personnel transactions and supervision of clerical staff; and to do related work as required.</p>	
<p>DISTINGUISHING CHARACTERISTICS:</p> <p>This is the fully experienced and second working level in the Administrative Assistant series. Employees in this class assist higher-level management personnel in larger departments, or department heads/assistant department heads in smaller departments, or large divisions of the larger departments, or perform a broad range of duties in support of a small department.</p> <p>This class is distinguished from the Administrative Assistant I classification by the scope and complexity of the activities of the agency being supported and by the presence of significantly greater business management or fiscal management responsibilities. In contrast to some positions at the Administrative Assistant I level, a full and continuing responsibility for supervision of clerical staff OR full performance of a broad range of finance, purchasing and administrative functions in small department is always present in Administrative Assistant II positions.</p>	
<p>Examples Of Duties:</p>	
<p>EXAMPLES OF DUTIES</p> <p>Duties may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Supervise the office services and business management activities of a department or division including such functions as purchasing, budgeting, payroll, personnel transactions, and typing services. - Maintain operational budget and facilitate development of performance measures for a smaller section or department. - Maintain auditing, accounting and budget controls on a level not requiring a professional accountant. - Plan, assign and supervise the work of a clerical staff. - Assist higher-level administrative staff in analyzing budget needs and assisting in the preparation of budget requests. - Assist in the preparation and follow-up of applications for assistance from Federal and State agencies. - Confer and coordinate with other administrative staff within the department of assignment and with staff in County administrative agencies on a variety of administrative matters. 	

- Assume responsibility for the proper and efficient function of the office of assignment and the enforcement of office and agency rules and regulations.
- Study departmental management procedures and prepare reports with recommendations for improvement.
- Prepare procedures manuals and assist in preparation of other departmental publications.
- Manage department contracts and agreements.
- Perform related duties as assigned.

Qualifications:

Knowledge of:

- Principles of organization, administration and supervision.
- Budgeting principles and practices.
- Modern office methods and procedures associated with information technology.
- Principles and practices of sub?professional accounting, bookkeeping and fiscal procedures.

Skill/Ability to:

- Analyze organizational structures and recommend procedural changes and prepare and present reports in narrative and graphic form.
- Establish and maintain accounts and budgetary controls.
- Learn quickly the laws and rules governing the operations of the department to which assigned.
- Interpret and explain laws and rules to subordinates, other County departmental staff and to the general public.
- Plan, organize and supervise the work of clerical personnel effectively.

Education and Experience:

Any combination of education and experience that would likely provide the required knowledge, skills and abilities is qualifying. A typical way to qualify is:

Graduation from an accredited college or university with major work in Public or Business Administration or a closely related field and two years of experience in such fields as accounting, personnel management, office management or management analysis.

Administrative Assistant II
Child Health & Disability Prevention Program
CHDP FTE 5%

Under the general supervision of the Clinical Services Manager, Child Health Services, the Administrative Assistant II performs the following duties:

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
Assist the Clinical Services Manager in Analyzing and developing the annual CMS Plan Budget.	Ensure accurate data and on time submission.	95%
Attend CHS Staff meetings and other meetings as assigned.	Attend meetings regularly and report promptly. Contribute to discussion and to resolution of problems raised.	3%
Complete and submit time cards and time studies.	Time cards and time studies are completed and accurate and are submitted to the supervisor within specified timeframe.	1%

CHDP Program Referral Data

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

COUNTY/CITY: SAN MATEO COUNTY	FY 05-06*	FY 06-07 (07/06 -- 05/07)	FY 07-08 (07/07 -- 05/08)
Basic Informing and CHDP Referrals			
1. Total number of CaWORKS/Medi-Cal cases informed and determined eligible by Department of Social Services	N/A	N/A	N/A
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Recipients
a. Number of CaWORKS cases/recipients	N/A	N/A	435
b. Number of Foster Care cases/recipients	N/A	N/A	N/A
c. Number of Medi-Cal only cases/recipients	N/A	N/A	1275
d. Number Unknown	N/A	N/A	54
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:	620	1271	1768

COUNTY/CITY: SAN MATEO COUNTY	FY 05-06*	FY 06-07 (07/06 - 05/07)	FY 07-08 (07/07 - 05/08)
a. Medical and/or dental services	N/A	N/A	453
b. Medical and/or dental services with scheduling and/or transportation	N/A	N/A	216
c. Information only (optional)	N/A	N/A	47
d. Unknown	N/A	N/A	1052
4a. Number of cases (PM357s) distributed for intensive informing by phone or letter	N/A	N/A	1083
b. Number of persons who were contacted by telephone or outreach letter	62 (cases)	1271 (cases)	1768
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	46	66	28
6. Number of recipients in "5" who actually received medical and/or dental services	43	58	23

* Transition to CaWIN. PM 357s not generated for several months during transition and tickled in as CaWIN implemented. After training HSA Staff, PM 357s increased.

Memoranda of Understanding/Interagency Agreement List

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

County/City: San Mateo County CHDP/HCPFC

Fiscal Year: 2008-09

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From / To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
CHDP/Head Start	IAA	June 2008 to May 2009	June 2008	Joanne MacDonald	New
CHDP/HSA/PRO	IAA	FY 2007 - 2009	June 2008	Robyn Ziegler	Yes
CHDP/CCSWIC	IAA	January 2003	June 2008	Joanne MacDonald	No
HCPFC/HSA/PRO	MOU	FY 2008-2010	June 2008	Lenora Torres	Yes
HPSM/CHDP	MOU	July 1, 2008	June 2008	Joanne MacDonald	Yes

**MEMORANDUM OF UNDERSTANDING (MOU) FOR SAN MATEO COUNTY
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FY 2008-2010**

County/City: San Mateo County

Effective Dates: 7/1/08-6/30/10

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	<ul style="list-style-type: none"> FC PHN will be located at a specified Human Services Agency (HSA) site. 	<ul style="list-style-type: none"> FC PHN will be located at HSA with accessibility to all team members servicing children in foster care, including any PHNs currently working in Children and Family Services (CFS). HSA will also provide a computer. Community Worker (funded by San Mateo County Public Health) to provide support for the FC PHN and Health Passport function.
Supervision	<ul style="list-style-type: none"> Child Health Services Clinical Services Manager will directly supervise Sr. PHN in the local Child Health Disability and Prevention (CHDP) program. Sr. PHN will directly supervise FC PHN with input from HSA/Probation agency staff. 	<ul style="list-style-type: none"> Designated HSA Supervisor/Manager will provide input to FC PHN. Supervising Probation Officer in the placement unit will provide input to FC PHN as well.
Notification/Informing	<ul style="list-style-type: none"> All foster care PM 357s/SOC 158s to be sorted and placed in FC PHN in-box. All children placed into foster care will be intensively informed. 	<ul style="list-style-type: none"> To ensure that foster children are referred for health services, the Social Worker/Probation Officer will advise FC PHN of child's placement when detention order/general placement order is made via transmittal form with copy to FC PHN. Social Worker/Probation Officer will provide Resource Parent (Foster Parent) /Agency with basic informing of CHDP services.

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County/City: San Mateo County

Effective Dates: 7/1/08-6/30/10

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Accessing Resources	<ul style="list-style-type: none">• FC PHN will identify health care providers in the community.• FC PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.• FC PHN will serve as a resource for Resource Parent/Agency to facilitate (assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention services, specialty providers, dentists, mental health providers, California Children's Services (CCS) and other community programs.• FC PHN will collaborate with PHNs in other counties to identify and access resources in the county where child is placed.• FC PHN will serve as a liaison to Health Plan of San Mateo (HPSM) to ensure that children placed in or out-of-county will receive appropriate health care services.	<ul style="list-style-type: none">• Social Worker/Probation Officer will work with the FC PHN and Resource Parent /Agency to identify and access appropriate health care services for the children placed in foster care.• Social Worker/Probation Officer will advise FC PHN of foster children placed out-of-county. Social Worker /Probation Officer will request disenrollment from Health Plan of San Mateo (HPSM) for a child placed out-of-county if services are not available.

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p>Health Care Planning and Coordination</p>	<ul style="list-style-type: none"> FC PHN will continue to receive health history forms for the purpose of initiating the Health and Education Passports (HEPs) for children placed in foster care FC PHN will collaborate with Social Worker/Probation Officer, biological parents, when possible, and Resource Parent/Agency to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including providing the HEP to the Resource Parent/Agency. FC PHN to obtain/compile all pertinent health documents. FC PHN will collaborate with Social Worker/Probation Officer to ensure that children placed out of home receive a comprehensive CHDP exam or equivalent within 30 days of placement. FC PHN will develop a health care plan for children expected to remain in foster care. FC PHN will review child's health plan with Social Worker/Probation Officer as needed and at least every 6 months. FC PHN will expedite timely referrals for all problems identified through a CHDP exam or dental exam. FC PHN will interpret health care reports for Social Worker/Probation Officer, biological parent(s) and Substitute Care Providers/Agencies as needed. 	<ul style="list-style-type: none"> Social Worker/Probation Officer will assist FC PHN in gathering/obtaining and inputting all pertinent documents into the HEP. Social Worker/Probation Officer will collaborate with FC PHN as needed. Social Worker/Probation Officer will collaborate with the FC PHN, biological parents, when possible, and Resource Parent/Agency to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including a copy of the HEP to the Resource Parent/Agency. Social Worker/Probation Officer will collaborate with FC PHN to ensure that children placed out of home receive a comprehensive CHDP exam or equivalent within 30 days of placement. Social Worker/Probation Officer will collaborate with FC PHN to develop a health care plan which identifies the health care needs and service priorities for children expected to remain in foster care for 6 months or longer. Social Worker/Probation Officer will be responsible for referring child to mental health for assessment/services. Social worker/Probation Officer will review health care reports and will collaborate with FC PHN, biological parent(s) and Resource Parent/Agency when needed.

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p>Training/Orientation</p>	<ul style="list-style-type: none"> The Provider Relations PHN will educate health care providers regarding the special health care needs of children in foster care. FC PHN will educate Social Workers/Probation Officers, Resource Parents/Agencies and others about the health care needs of children in foster care. 	<ul style="list-style-type: none"> Social Worker/Probation Officer will collaborate with FC PHN in educating juvenile court staff, Resource Parents/Agencies, and others about the health care needs of children in foster care. HSA personnel will arrange for FC PHN to have access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.
<p>Policy/Procedure Development</p>	<ul style="list-style-type: none"> FC PHN will provide program consultation to HSA/ Probation Department in the development and implementation of the EPSDT/CHDP program policies related to the Health Care Program for Children in Foster Care (HCPCFC). FC PHN will orient all new Social workers/Probation Officers to the CHDP/HCPCFC programs. FC PHN will participate in multi-disciplinary meetings for review of health-related issues. 	<ul style="list-style-type: none"> Supervisors of HSA will include when necessary FC PHN in policy team meetings and the Probation Placement Supervisor will include the FC PHN in their unit meetings. Both HSA and Probation departments will provide orientation to Social Workers/Probation along with consultation on CWS/CMS to new FC PHN staff. Social Worker/Probation Officer will participate with FC PHN in multidisciplinary meetings for review of health-related issues.

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Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Transition from Foster Care	<ul style="list-style-type: none"> FC PHN will provide assistance to the Social Worker/Probation Officer and the youths leaving foster care on the availability of options for health care coverage as well as community resources to meet the health care needs upon emancipation. 	<ul style="list-style-type: none"> Social Worker /Probation Officer will collaborate with FC PHN to assure youths leaving foster care supervision are aware and connected to resources for independent living and expanded Medi-Cal services.
Quality Improvement	<ul style="list-style-type: none"> FC PHN will conduct joint reviews of case records for documentation of health care services with HSA and Probation Department. FC PHN will establish baseline data for evaluating health care services provided to children in foster care. 	<ul style="list-style-type: none"> Social Worker/Probation Officer will conduct joint reviews of case records for documentation of health care services with the FC PHN. HSA and Probation departments will collaborate and assist FC PHN in gathering data.

This Memorandum of Understanding in effect from July 1, 2008 through June 30, 2010 unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

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Mary Hansell
Family Health Services Director

9/23/08
Date

Deirdre Beverly Johnson
Children and Family Services Director

7/24/08
Date

Ann Robinson
Chief Probation Officer

7/14/08
Date



INSTITUTE FOR HUMAN AND SOCIAL DEVELOPMENT

Head Start/Early Head Start/State Pre-School/Pre-School for All
1265 Mission Road, South San Francisco, CA 94080
650-871-5613/fax: 650-589-5710

INSTITUTE FOR HUMAN AND SOCIAL DEVELOPMENT
AND
SAN MATEO COUNTY HEALTH DEPARTMENT
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

INTERAGENCY AGREEMENT

I. Introduction

This is a memorandum of understanding and agreement between the San Mateo County Child Health and Disability Prevention Program (CHDP) and the Institute for Human and Social Development (IHSD).

Purpose – The CHDP Program and IHSD share the common goals of prevention, identification and treatment of health problems in young children. Both programs seek to link children to an ongoing health care provider, in addition, to monitoring and advocating for the provision of comprehensive health service. Also, both programs share a philosophy that interagency cooperation is desirable and should be encouraged whenever possible. To that end, the following agreement is adopted.

II. CHDP Health Assessment Components

CHDP health assessments, according to legislation, must include the following services, if age appropriate:

- History and physical exam
- Nutritional assessment
- Developmental history
- Dental assessment
- Vision and Audiometric screening
- Hemoglobin or hematocrit
- Lead screening
- Urine dipstick or urinalysis
- Tuberculin skin test
- Height, weight, blood pressure, BMI
- Immunizations as needed
- Health education
- Other CHDP reimbursed tests when indicated

In addition, CHDP Gateway eligible children receive full scope, fee for service Medi-Cal coverage for the month of the CHDP health assessment and the month after.

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III. Providers of Services

- A. CHDP staff will make available through approved CHDP providers the full range of health assessment services to IHSD Head-Start children. An updated list of local CHDP medical and dental care resources will be provided to IHSD. Audiometric and vision screening training shall be made available by CHDP to IHSD staff. IHSD staff who have already attended a complete training will attend the practicum session a minimum of every two years. New IHSD staff will be initially instructed by the IHSD Health and Nutrition Services Manager and will attend the next scheduled training offered by the CHDP program.
- B. IHSD will refer children to approved CHDP providers, whenever possible, for health assessments.
- C. IHSD shall inform the CHDP program when they have difficulty obtaining required services from a CHDP provider.
- D. IHSD has the responsibility of monitoring and advocating for the provision of complete health assessment services. The IHSD Health and Nutrition Services Manager will make annual trainings and/or updates available to the Head Start staff in the areas of taking blood pressures, hearing and vision screening in order to ensure children receive these screenings by the Head Start mandated deadlines.

V. Case Management

- A. IHSD staff will be responsible for follow-up to medical or dental treatment services for all IHSD Head Start enrollees.
- B. The IHSD Health and Nutrition Services Manager will monitor IHSD staff to ensure follow-up outcomes for all Head Start children. IHSD staff will provide this information, with parent or guardian's consent to the CHDP care coordinators
- C. Children who fail IHSD vision screenings are referred to an optometrist. Failed IHSD hearing screenings result in a referral to child's primary care physician for evaluation.

VI. Program Coordination

- A. The CHDP Deputy Director or a designated representative will be invited to the Head Start Health Services Advisory Board meetings that occur three times annually.
- B. The CHDP and IHSD Health and Nutrition Services Manager will meet at least once during the program year and more often, as needed, to ensure good program coordination.

- C. Each program will notify the other of any changes in their respective programs that might have an impact on this agreement.
- D. CHDP will provide the IHSD Health and Nutrition Services Manager with the current CHDP Periodicity Schedule for Health Assessment Requirements by Age Groups. The IHSD Health and Nutrition Services Manager will ensure that enrolled children receive health assessment requirements as listed on the CHDP Periodicity Schedule.

VII. Reporting and Evaluation

IHSD and CHDP will conduct an annual review and update of this Interagency Agreement.

- A. IHSD Health and Nutrition Services Manager will review the effectiveness of collaboration and make recommendations for improvement to the CHDP staff as needed. IHSD will share the annual Program Information Report results with local CHDP staff yearly.
- B. Shared Responsibility: Local CHDP and Head Start programs will both complete other reports which become necessary for quantitative and qualitative evaluation of the collaboration between the two programs.

VIII. Administration of Agreement

- A. This agreement does not involve a financial relationship between the two programs. Successful participation in this Agreement is contingent upon the good faith and resolve of both programs to effectively cooperate for the maximum benefit of mutual clients.
- B. This agreement is in effect from June, 2008 through May 2009. IHSD and CHDP representatives shall monitor the administration of this agreement and will update and revise said MOU to reflect changes to either program, as needed.

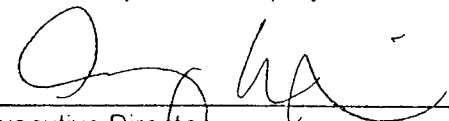
In signing this agreement, we hereby certify that IHSD and CHDP will meet the compliance requirements and standards pertaining to the respective programs of this agreement.



 San Mateo County CHDP Deputy Director



 DATE



 IHSD Executive Director



 DATE

MEMORANDUM OF UNDERSTANDING

between

Child Health and Disability Prevention (CHDP) Program and the Health Plan of San Mateo (HPSM)
July 1, 2008

The Child Health and Disability Prevention (CHDP) Program and the Health Plan of San Mateo are partners in the implementation of CHDP Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regulations. This Memorandum of Understanding delineates the responsibilities of both programs as they relate to CHDP/EPSDT requirements so that through collaboration, communication and the free exchange of program/provider/client information, full cooperation will be achieved to best serve clients and meet the needs of both programs.

CATEGORY	CHDP	HPSM
Administration	<p>CHDP will coordinate CHDP/EPSDT activities at the local level. Activities include intensive informing of CHDP eligibles about CHDP services; assisting Medi-Cal eligibles to gain and maintain access to preventive and curative health services; developing and implementing on-going strategies to outreach the eligible population; recruiting, training, certifying, assisting, and monitoring a network of community medical practitioners providing CHDP services; providing care coordination as appropriate; and assessing compliance with CHDP/EPSDT requirements.</p>	<p>HPSM will assure the delivery of health care services for HPSM members as described in DHCS contract requirements, including the provision of pediatric preventive services in accordance with the most recent recommendations of the American Academy of Pediatrics.</p>
Liaison	<p>The Clinical Services Manager, or designee, will be the CHDP point of contact for HPSM and will notify CHDP staff and providers of the roles and responsibilities of the CHDP liaison.</p> <p>The CHDP liaison will meet with HPSM on an as needed basis to ensure ongoing communication, to resolve operational and administrative problems, and identify policy issues needing resolution at the management level.</p> <p>CHDP liaison will be responsible for communicating suggestions for MOU changes to HPSM leadership, and will inform CHDP staff and providers about MOU changes.</p> <p>CHDP will designate a foster care liaison to meet on an as needed basis with HPSM.</p>	<p>The Manager, Quality Assessment and Improvement Department, or designee, will be the point of contact for CHDP and will notify HPSM staff and providers of the roles and responsibilities of the HPSM liaison.</p> <p>The HPSM liaison will coordinate a meeting with CHDP on an as needed basis to ensure ongoing communication, to resolve operational and administrative problems, and identify policy issues needing resolution at the management level. HPSM will submit the agenda and minutes from these meetings to the state.</p> <p>HPSM liaison will be responsible for communicating suggestions for MOU changes to CHDP leadership, and will inform HPSM staff and providers about MOU changes.</p> <p>HPSM will designate staff to meet with CHDP designate staff regarding pertinent foster care issues on an as needed basis.</p>

CATEGORY	CHDP	HPSM
Referrals	<p>CHDP will work with HPSM to identify unmet health and service needs and community resources.</p> <p>CHDP will accept self-referrals from HPSM members and will evaluate for CHDP eligibility.</p>	<p>HPSM will work with CHDP to identify unmet health an service needs and providers.</p> <p>HPSM will develop procedures to clarify that all CHDP services can be self-referred. These procedures will be shared with members.</p> <p>HPSM will educate providers in CHDP referral processes.</p>
Client Outreach Note: Clients are individuals who may be eligible to receive, or are receiving Medi-Cal benefits.	<p>CHDP will conduct outreach to potential CHDP eligible families through schools, community agencies, childcare centers, etc. and will direct Medi-Cal individuals to HSPM for non-CHDP services.</p> <p>Basic informing will be done by the Human Services Agency (HSA) per CHDP/ HSA Interagency Agreement.</p> <p>Intensive informing, referral and documentation will be provided by CHDP to persons referred by Human Services Agency (HSA) via PM357s, as well as client self-referrals.</p> <p>CHDP will screen PM 357 referrals from the Human Services Agency (HSA) and refer all pregnant clients to HPSM for inclusion in the Prenatal Care Incentive Program, Pre-to-Three Program, and appropriate prenatal programs.</p> <p>CHDP will collaborate with HPSM on outreach efforts/activities to members to encourage utilization of periodic preventive health services.</p>	<p>HPSM will inform members of all their entitlements, including availability of CHDP services, through New Member Packets containing information about how to schedule appointments for initial health assessments, a Provider List from which members may choose a PCP, and the age appropriate "Staying Healthy Assessment Tool", Member Newsletter, Member Handbook, etc.</p> <p>HPSM staff are available to coordinate and assist members in contacting CHDP providers, as needed.</p> <p>HPSM will encourage its network primary care providers to inform members to seek appropriate health care services, including CHDP services.</p> <p>HPSM will follow cultural and linguistic guidelines for developing written materials for members.</p> <p>HPSM will follow up on pregnancy referrals from CHDP staff, enroll pregnant members in the Pre-natal Care Incentive Program, provide information to members about Pre-to-Three and Smoke Free Start, and Women Infant, and Children Supplemental Nutrition Program and inform them of follow-up by program staff, and provide program staff of Pre-to-Three and Smoke Free Start programs with member contact information.</p> <p>HPSM will collaborate with CHDP on outreach efforts/activities to members to encourage utilization of periodic preventive health services.</p> <p>HPSM will continue to work to educate providers about the need to perform initial health assessments and complete the Staying Healthy Assessment Tool within</p>

CATEGORY	CHDP	HPSM
<p>Appointment Scheduling and Transportation</p>	<p>CHDP will respond to client requests for appointment scheduling and transportation assistance for both initial CHDP exams and routine dental exams, as well as, follow-up to problems identified on the PM160s.</p> <p>CHDP will contact families and providers to ensure that there is follow up on conditions identified during the CHDP assessment.</p>	<p>120 calendar days from the date HPSM is notified of members' enrollment, or -- in the case of children under one year of age -- as soon as possible upon notification of enrollment.</p>
<p>Tracking and Follow up (Case Coordination)</p>	<p>CHDP will assist HPSM in tracking hard to reach clients.</p> <p>CHDP will provide case coordination for problems identified on the PM160 and Foster Care Health and Dental contact forms including scheduling and transportation assistance.</p> <p>CHDP will provide CHDP/HPSM Primary Care Providers with information regarding case follow-up.</p> <p>CHDP will provide assistance to HPSM and HPSM providers in making referral to appropriate community resources and agencies.</p>	<p>HPSM will refer children who have lost Medi-Cal eligibility and HPSM benefits and still require services to CHI for Healthy Kids or Healthy Families programs.</p> <p>HPSM will refer potentially eligible members to community resources such as CHDP, CCS, WIC, Head Start, Golden Gate Regional Center, mental health services and dental care.</p> <p>HPSM will oversee the provision of primary care, case management, and coordination of medical referrals/continuity of care (consistent with primary care case management models).</p> <p>HPSM will work with CHDP to ensure that appropriate coordination of care is provided to CHDP eligible members.</p>

CATEGORY	CHDP	HPSM
<p>Health Education</p>	<p>CHDP will perform community-wide education about child health issues, including CHDP services.</p> <p>CHDP will make health education resources available to support the provision of anticipatory guidance during the CHDP exam (i.e. brochures, videos or training on a variety of topics such as nutrition, injury prevention, lead poisoning prevention, dental care and tobacco prevention information).</p> <p>CHDP will collaborate with HPSM in planning health education efforts for HPSM members, including conferring with HPSM's Health Educator regarding periodic preventive health topics that could be included in <i>Health Matters</i>, HPSM's member newsletter, and <i>Health Matters, MD</i>, HPSM's provider newsletter.</p> <p>When CHDP services are provided, CHDP will educate HPSM members about the availability of services offered through HPSM.</p>	<p>HPSM will perform chart review of providers to assess their provision of pediatric preventive services and anticipatory guidance in accordance with AAP/CHDP and ACIP guidelines during facility site reviews.</p> <p>HPSM will collaborate with CHDP to provide appropriate health education to CHDP eligible members.</p> <p>HPSM will distribute <i>Health Matters</i>, HPSM's member newsletter, to members, and CHDP liaison.</p> <p>HPSM will include topics in the <i>Health Matters, MD</i>, HPSM's provider newsletter, on periodic preventive health topics and distribute to providers, and CHDP liaison.</p>
<p>Provider Network</p>	<p>CHDP will collaborate with HPSM on CHDP provider recruitment and maintenance.</p> <p>CHDP will advise HPSM and HPSM Pediatric providers regarding CHDP policies and guidelines.</p> <p>CHDP will coordinate provider trainings on the implementation of CHDP Health Assessment Guidelines and completion of PM160s.</p> <p>CHDP will send a copy of CHDP provider mailings to HPSM Provider Relations Department.</p> <p>CHDP will provide HPSM with a list of CHDP and dental care providers at least annually or more frequently, when revised.</p>	<p>HPSM will maintain primary responsibility for HPSM provider recruitment and maintenance services.</p> <p>HPSM will collaborate with CHDP on provider trainings regarding CHDP Health Assessment Guidelines and PM160s.</p> <p>HPSM will distribute HPSM provider notices regarding pediatric preventive services to CHDP.</p> <p>HPSM's new PCP contract for physicians seeing pediatric members requires that they be CHDP provider or equivalent.</p> <p>HPSM will provide CHDP office with a list of HPSM Medi-Cal and Healthy Families providers on the HPSM website. CHDP will be notified of updates.</p>
<p>Data Collection and Information Sharing</p>	<p>CHDP will provide HPSM any data regarding any CHDP activities related to the commitments described in this Memorandum of Understanding.</p> <p>CHDP will provide HPSM any data related to tracking members' use of CHDP services and work with HPSM to identify reports that could assist both CHDP and HPSM.</p>	<p>HPSM will work with CHDP to evaluate CHDP eligible members' health service utilization patterns and identify reports that could assist both CHDP and HPSM.</p> <p>Weekly an HPSM staff member will pick up and sign-in/out the PM160 forms from the CHDP office</p>

San Mateo County
June 2008
FY 2008-09

CATEGORY	CHDP	HPSM
	<p>CHDP will provide copies of relevant communications.</p> <p>CHDP will maintain a sign-in/out binder for tracking documents being transported between HPSM and CHDP offices.</p> <p>The exchange of information about persons receiving Medi-Cal services, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations and is to be maintained in a confidential manner.</p>	<p>CHDP will provide the yellow copies of PM160 forms not requiring follow-up in a covered box identified as CONFIDENTIAL to the HPSM staff member. The covered box will be signed out and transported directly to HPSM for data entry. HPSM will return the yellow copies of these "No-Follow-up PM 160" forms when data entry is completed and will document the box returned into the sign-in binder at the CHDP office.</p> <p>CHDP will assist HPSM staff in making copies of PM 160 forms referred to as "follow-up PM 160's" in a manila folder to be transported by the HPSM staff member to HPSM for data entry. These copies will not be returned to the CHDP office but will be destroyed by the HPSM shredding process for confidential material after HPSM no longer needs them.</p> <p>All PM 160 forms received and handled by HPSM will be maintained in a confidential manner in compliance with HPSM's HIPAA protocols for PHI.</p> <p>The exchange of information about persons receiving Medi-Cal services, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations and is to be maintained in a confidential manner.</p>
<p>Reimbursement</p> <p>Quality Assurance</p> <p>- Administrative</p>	<p>Providers submit PM160s for reimbursement directly to EDS.</p> <p>CHDP Provider Relations Public Health Nurse will coordinate the scheduling of CHDP provider audits/reviews with the HPSM Quality Assurance Nurse.</p> <p>CHDP will provide consultation to HPSM regarding services including, but not limited to, EPSDT clinical mandates.</p> <p>CHDP will assist HPSM in the development of interventions designed to improve HEDIS or Internal Quality Improvement Project (IQIP) rates.</p>	<p>HPSM Quality Assurance Nurse will coordinate the scheduling of CHDP provider audits/reviews with the CHDP Provider Relations Public Health Nurse.</p> <p>HPSM and CHDP will link quality assurance and improvement activities.</p> <p>HSPM will collect and analyze CHDP data required to comply with HEDIS reporting requirements and/or annual Internal Quality Improvement Projects.</p>

CATEGORY	CHDP	HPSM
- Provider	Within requirements of confidentiality, CHDP will assist HPSM in identifying providers who do not comply with CHDP standards of care and in applying interventions to remedy problems.	

TERM: This Memorandum of Understanding shall remain in effect until both parties agree to make changes.

Mary Hartsell
 Mary Hartsell, Dr PH, BSN
 Family Health Services Director

9-15-08
 Date

Mary D. Giannicola
 Mary D. Giannicola, MD, Medical Director
 Health Plan of San Mateo

9-5-08
 Date

5a

SAN MATEO COUNTY
CHDP Program Model Interagency Agreement
Fiscal Year 2007-2009

I. Statement of Agreement

This statement of agreement is entered into between, Public Health Department, Human Services Agency and Probation Department, Juvenile Division to assure compliance with federal and state regulations and the appropriate expenditure of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds in the implementation of the Child Health and Disability Prevention (CHDP) Program.

II. Statement of Need

The following specific needs in San Mateo County have been identified as a focus for Fiscal Years 2007-2009.

The provisions within this Agreement are designed to:

- A. Strengthen established procedures between CHDP and Human Services Agency units and Probation Department staff for informing and follow-up responsibilities for children.
- B. Support training of new and existing staff of California Work Opportunity and Responsibility to Kids (CalWORKS), Medi-Cal, Foster Care, and Probation to assure that caregivers are thoroughly informed regarding the nature and scope of CHDP services and support for obtaining these services.
- C. Continue to support CalWORKS staff in educating parents about the importance of immunizations, assessing immunizations records, and referring appropriately for needed immunizations.
- D. Support coordinated, comprehensive services for foster care children, including CHDP health assessments and diagnosis and treatment.
- E. Ensure that relative, foster family homes and group homes are aware of annual CHDP health assessment eligibility for children in foster care and that these services are received.
- F. Coordinate with Health Department and Human Services Agency to ensure that children are enrolled in health care coverage.

County/City: San Mateo

Effective Dates: FY 2007-2009

- G. Continue to coordinate with Health Plan of San Mateo to ensure that Medi-Cal managed care children receive quality and comprehensive CHDP health assessments and appropriate follow-up care.
- H. Continue to work with Human Services Agency to ensure that the CHDP referrals (PM357s) generated via CalWIN automation are appropriate and that information is complete and accurate.

III. Organizational and Functional Relationships

- A. The exchange of information about persons applying for or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations, and is to be maintained in a confidential manner.
- B. Organizational charts (Appendix A) displaying important points of interface between CHDP and Human Services Agency and Juvenile Probation and personnel.
 - 1. Relationship between administrative staff of the CHDP program and the Human Services Agency.
 - 2. Health Department interrelationships.
 - 3. Human Services Agency system interrelationships.
 - 4. Human Services Agency relationship to Probation Department, licensed adoption agencies, and placement agencies.
 - 5. Relation of EPSDT unit to departments named in number "4."
 - 6. Reporting relationship of EPSDT unit to CHDP director.
 - 7. The liaison personnel for the three departments are:
 - a. Family Health Services/Child Health Services
Joanne MacDonald, CHDP Deputy Director
2000 Alameda de las Pulgas
San Mateo, CA 94403
 - b. Human Services Agency
 - 1) Medi-Cal
Rinna Del Rosario, Medi-Cal Program Specialist
310 Harbor Boulevard, Building E
Belmont, CA 94002

2) CalWORKs
Ravineeta Maharaj, CalWORK Program Specialist
400 Harbor Boulevard, Building B
Belmont, CA 94002

3) Foster Care
Eileen Bruins, B.A. Supervisor for Foster Care Unit
400 Harbor Boulevard
Belmont, CA 94002

c. Probation Department- Juvenile Division
Ruth Laya, Supervising Probation Officer
222 Paul Scannell Drive
San Mateo, CA 94402

8. Health Care Program for Children in Foster Care

C. Flow charts (Appendix B) depicting the CHDP process of informing from availability of health care, preventive care, through diagnosis and treatment for the following:

1. California Work Opportunity and Responsibility to Kids (CalWORKs) Families, In-person Application/Annual Re-determination.

2. Medi-Cal

a. In-person Application/Annual Re-determination (if requested)

b. Mail-in Application/Re-determination.

3. Children Placed in Foster Care.

IV. Social Services Department Responsibilities and Activities

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

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

1. In-person Application/Annual Re-determination.

a. In the requested face-to-face eligibility intake interview or at the time of the annual re-determination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including unborn, and persons under 21 years of age will be:

- 1) Given a state-approved brochure titled Medical and Dental Health Check-ups about the CHDP Program.
- 2) Given an oral explanation about CHDP including:
 - a) The value of preventive health services and the differences between episodic and wellness care; and
 - b) Availability of health assessments; and
 - c) Availability of dental services; and
 - d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
 - e) The nature, scope, and benefits of the CHDP program.
- 3) Asked questions to determine whether:
 - a) More information about CHDP program services is wanted; and
 - b) CHDP program services – medical and/or dental – are wanted; and
 - c) Appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services.
- b. The Eligibility Determination staff will use the CalWIN system to capture/record the following information:
 - 1) Explanation and brochure given;
 - 2) Date of the explanation and giving of the brochure; and,
 - 3) Person's responses to the CHDP service questions.

2. Mail-in Application/Annual Re-determination

- a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through a state-approved Medi-Cal Application/Annual Re-determination form. The Application/Annual Re-determination process includes the mailing of a state-approved brochure about the CHDP program to the applicant.

The state-approved brochure about the CHDP Program, entitled "Medical & Dental Health Check-Ups," informs the family of where to call or write if:

- 1) More information about CHDP program services is wanted; or
- 2) Help with getting an appointment and transportation to medical care is needed.

Eligibility Determination staff will document on the CalWIN system if any follow-up action is required.

NOTE: Any "Yes" response to the CHDP questions or offer of services through face-to-face encounters or mail-in applications requires a referral on the CHDP Referral Form (PM 357).

Following are the procedures for informing the responsible adult who is blind, deaf, illiterate or does not understand the English language.

1. Blind

- a. CHDP information is given verbally.
- b. Written materials are enlarged to accommodate those who can read larger print.

2. Deaf

- a. Information is supplied in writing.
- b. Staff utilize the California Relay Services for communication with the deaf or speech impaired. Procedures are in the program.
- c. Also available are:
Hired Hand Interpreter Services
Hands on Interpreter Services
Bay Area Communication Access (BACA)

3. Illiterate

- a. Staff instructions are to read and insure understanding of written materials for those who are illiterate.

4. Does not understand the English language
 - a. Staff is aware of the need to offer interpreter services to clients who do not speak English.
 - b. Spanish speaking staff serve Spanish speaking clients.
 - c. For other languages:
 - Internal staff resources, as available
 - CDSS translated versions of standard forms
 - Access to the AT&T language line for additional interpreter services.

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

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

1. Within 30 days of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given to the payee, hereafter referred to as the substitute care provider, about the needs of the eligible person and the availability of CHDP services through the CHDP program. In the case of an out-of-state placement, the social worker shall ensure information is given to the substitute care provider about the Federal EPSDT services. The substitute care provider and/or child will be:
 - a. Given a State-approved brochure about CHDP services and information about the child's need of preventive health care; and
 - b. Given a face-to-face oral explanation about CHDP, including:
 - 1) The value of preventive health services and the differences between episodic and wellness care;
 - 2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented or the child has entered a new foster care placement;
 - 3) The availability of annual dental exams for children one year of age and older;

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- 4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
 - 5) The nature, scope, and benefits of the CHDP program.
- c. Asked questions to determine whether:
- 1) More information about the CHDP Program is wanted;
 - 2) CHDP Program services – medical and/or dental – are wanted; and
 - 3) Appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services.
2. The Child Welfare Services staff responsible for placement will document the substitute care provider's response to the questions in the CHDP program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS) by entering:
- a. Date substitute care provider was informed of the CHDP program and brochure given; and
 - b. Substitute care provider's request for CHDP services.
3. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will document the substitute care provider's and/or child's response to the CHDP questions on the CHDP Referral Form (PM 357) and maintain a copy in the case record.

NOTE: Any "Yes" response to the CHDP questions or offer of services requires a referral on the CHDP Referral Form (PM 357). See CHDP Program Letter No. 81-5 and All County Letter No. 81-43. A copy of the Referral Form is to be maintained in the child's case record.

4. A "payee," referred to as the "out-of-home care provider" or "substitute care provider," is defined as the foster parent(s) in a foster home, the officially designated representative of the payee when the child in the foster care program, or a Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility.

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5. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the care provider/child. They will include information about CHDP preventive health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in B.1. a-c; and will document the results of informing in the case plan update.
 6. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will complete annual informing and the documentation of that informing according to the outline in B. 1 and B.3.
 7. Initial and annual informing on behalf of children in foster care when the placement responsibility is controlled by the Probation Department and/or licensed adoption agencies and/or placement agencies:
 - a. "Information only" referral (PM 357) will be generated by the Eligibility Determination staff (Benefits Analysts).
 - b. Pre- placement probation officer distributes CHDP brochure and informs placement of CHDP services.
 - c. Foster Care PHN provides intensive informing to substitute care providers of children placed out of county.
 8. At the time of out-of-home placement with a relative or on return of the child to the parent(s), the placement worker will inform the relative or parent(s) of CHDP services, solicit or provide information regarding the health status of the child and document appropriately. A request for CHDP services will generate a PM 357.
 9. In the case of foster care children placed out-of-county, the Foster Care Public Health Nurse will contact the substitute care provider and provide intensive informing, respond to requests for services and document outcome. In addition, a packet of information and a CHDP brochure is sent to the substitute care provider.
- C. Referral to the EPSDT Unit of the CHDP program
1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/ transportation assistance will be documented on a CHDP Referral Form (PM 357). The PM 357 will be sent to the CHDP program. This action is required to ensure these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through

CalWORKs or Medi-Cal, and within 120 days of the date of request for children in foster care placement.

2. CHDP Benefits Analysts provide intensive informing about CHDP medical/dental services and offer scheduling and transportation assistance to members of the HPSM. Since CHDP services are "carved out" of Medi-Cal managed care in San Mateo County, CHDP Benefits Analysts provide the linkage between parent and provider. Parents are referred to the child's primary care provider (PCP) for CHDP medical services. If assistance is needed to arrange an appointment or transportation, the CHDP Benefits Analysts will provide it. Parents are referred to Medi-Cal dentists for dental services.
 3. In the case of foster care children placed out-of-county, the Foster Care PHN will contact the substitute care provider and provide intensive informing, respond to requests for services and record the appropriate documentation on the PM 357.
 4. Referral requirements described in C.1. and C.2. above also apply to children in foster care placements controlled by the Probation Department, licensed adoption agency, and/or a placement agency. PM 357s generated by the Benefits Analysts for the Probation Department are forwarded to the CHDP Program for assignment to the CHDP Foster Care Public Health Nurse. Intensive informing and assistance in obtaining services is provided by the Foster Care Public Health Nurse. (See HCPCFC MOU for more details).
- D. Information Provided by Human Services Agency staff on the CHDP Referral Form (PM 357).

The following will be included on the PM 357 when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Case Number.
2. Type of services requested:
 - a. Additional information
 - b. Medical services
 - c. Dental services
 - d. Transportation assistance
 - e. Appointment scheduling assistance

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3. Source of referral:
 - a. New application
 - b. Re-determination
 - c. Self-referral
 4. Case type:
 - a. CalWORKs
 - b. Foster Care
 - c. Medi-Cal Only
 - d. Share of Cost
 5. Complete listing of members in case with birth dates, including identifying pregnant member.
 6. Listing of the payee/out-of-home care provider and child in foster care.
 7. Residence address and telephone number
 8. Eligibility Worker's number/name
 9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in Foster Care and self-referrals.
- E. Case Management for Children in Foster Care
1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP Program, or equivalent health services in accordance with the CHDP Program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement. For example, if there is no record documenting a health assessment during their previous placement, if they are not performing age expected developmental skills, or if they have been moved to an area with a new provider, another health assessment may be claimed through CHDP by entering "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160).

2. The staff responsible for placement of the child will ensure that arrangements are made for necessary diagnosis and treatment of health conditions suspected or identified.
3. Maintain records including, but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) or results of an equivalent preventive health screen for any child in foster care. Case records for children age one and older must also contain the result(s) of dental visit(s).
4. The case record will contain a plan which ensures that the child receives medical and dental care which places attention on preventive health services through CHDP or equivalent preventive health services in accordance with the CHDP program's schedule for periodic health and dental assessments.

NOTE: See HCPCFC SOW for more details.

V. EPSDT Unit of the CHDP program Responsibilities and Activities for Referrals

- A. The EPSDT unit is contained within the CHDP program, which is administratively and physically located in the Public Health Department and is part of the Family Health Services Division. A Foster Care Public Health Nurse is part of the EPSDT unit and under the same supervision. The PHN has a workstation at the Human Services Agency.
- B. See Attachment C for duty statements for the Care Coordinators: CHDP Public Health Nurse and CHDP Benefits Analysts.
- C. The Assistant Health Officer for the Family Health Services Division is the CHDP Program medical director. Administrative supervision is provided by the Clinical Services Manager, who serves as manager for Child Health Services, which includes CHDP, the Immunization Assistance Program; the Childhood Lead Poisoning Prevention Program; and the Dental Disease Prevention Program in schools.
- D. The Unit will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborn, and will:
 1. Intensively inform those requesting more information and offer scheduling and transportation assistance to those who request CHDP medical and/or dental services.

2. Provide all requested scheduling and/or transportation assistance so that medical services can be received from a HPSM primary care provider and /or dental services from a Medi-Cal dentist. These services will be provided and diagnosis and treatment initiated within 120 days of the child's date of eligibility determination or re-determination, and within 120 days of a request if by self referral or for children in Foster Care unless:
 - a. Eligibility is lost; or,
 - b. Child is lost to contact and a good faith effort was made to locate the child as defined in Section VII; or,
 - c. Failure to receive services was due to an action or decision of the family or child.

CHDP Benefits Analyst provide services as described in D.1. and D.2. to both new and established HPSM members. The Foster Care Public Health Nurse provides these services to foster care parents/children.

3. Assure that families asking for health assessment procedures not furnished by their provider are referred to another provider for those procedures so that all requested CHDP services are received within 120 days of the initial request

CHDP health assessments are "carved out" of HPSM covered benefits, therefore, members can receive CHDP services from any CHDP provider. If requested, the CHDP Benefits Analyst will refer parent/child to another CHDP Provider for procedure(s) not provided.

4. Follow up on families requesting appointment scheduling and transportation assistance to:
 - a. Re-offer scheduling and transportation assistance to those persons whose failure to keep appointments was not due to an action or decision of the family or child.
 - b. Offer and provide requested assistance to those for whom further diagnosis and treatment is indicated.

CHDP Benefits Analysts provide services described in 4.a. and 4.b. for both new and established members of the HPSM. The Foster Care Public Health Nurse provides these services to foster care parents/children.

- E. CHDP reminder cards will be generated and mailed by the State CHDP Program for children twenty-seven months of age and younger who are receiving Medi-Cal through fee for service.

F. The following will be documented on the CHDP Referral Form (PM 357) for each eligible person listed:

1. Type of transportation assistance and date given
2. Appointment scheduling assistance and date given
3. Date(s) of appointment(s) and name(s) of provider(s)
4. Confirmation of CHDP services:
 - a. Health assessment requires a PM 160 on file or provider certification of provision of service.
 - b. Dental services require family, provider, or child verification.
5. Follow up to needed diagnosis and treatment:
 - a. Response to offer of appointment scheduling and transportation assistance.
 - b. Type of transportation assistance and date given.
 - c. Date(s) of appointment(s) and name(s) of provider(s).
 - d. Confirmation of follow-up care (verbal confirmation by provider and/or by parent).
6. Date appointment scheduling and/or transportation assistance was declined and by whom.
7. Disposition of case: appointment kept or not kept, eligibility lost, family declined further services, or family/person lost to contact and Good Faith Effort was made to locate the person as defined in Section VII.

G. A bi weekly report will be compiled showing the number of CalWORK and Medi-Cal Only persons requesting CHDP services and type of services requested. This report will be used to verify information submitted annually on the Case Management Data Flow sheet as part of the Plan and Budget for the following fiscal year.

VI. CHDP Program Responsibilities and Activities

- A. An adequate number of medical providers will be available to meet county needs and Federal regulations in regard to allowable time frames.
- B. The county will make all possible attempts to assure an adequate number of dental providers are available to meet county needs and federal regulations.
- C. An adequate supply of the following materials will be available to meet Social Services Department and other county needs:
 - 1. State-approved informing brochure with the address and phone number of the local CHDP program.
 - 2. Current list of CHDP medical and dental providers.
 - 3. Other informational material, e.g., CHDP poster, immunization materials, WIC outreach materials.
- D. When eligible persons still needing CHDP services move to another county, the new county will be notified by letter and accompanying copy of the PM 357 or PM 160.
- E. Copies of the PM 160s for foster care children will be given to the Foster Care Public Health Nurse for distribution to the appropriate social worker or probation officer. If diagnosis and/or treatment are necessary, the Foster Care Public Health Nurse will contact the worker to discuss the most appropriate method(s) for follow-up. Follow-up will be documented and copies will be placed in both the case record and in the CHDP foster care file drawer with the corresponding PM 160. (See HCPCFC MOU for details.)
- F. All persons eligible for Title V services (California's women of reproductive age, infants, children, adolescents, and their families) will be informed of availability of these services and referred as requested.

VII. Joint Social Services/CHDP Responsibilities

A Good Faith Effort will be made to locate all persons lost to contact. The EPSDT Unit/CHDP program will query the Human Services Agency for current addresses, telephone numbers, and Medi-Cal status of these persons. On request, the Probation Department and Human Services Agency will share this information. The exchange of this confidential information is based on Federal and State regulations.

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VIII. Staff Education

- A. Within 90 days of employment by the Human Services Agency, all new staff with responsibility for placement or eligibility determination will have completed orientation regarding the CHDP Program and their role and responsibilities for informing persons about CHDP and referring for services. Inservice trainings for Medi-Cal and CalWORKs workers are conducted by the CHDP Health Educator with assistance from respective training staff from Human Services. Foster Care staff trainings are the responsibility of the HCPCFC Public Health Nurse.
- B. Within 90 days of employment by the Probation Department or licensed adoption agency, staff responsible for placement will have completed orientation regarding the CHDP Program and their roles and responsibilities for informing persons about CHDP and referring for services. The HCPCFC Public Health Nurse is responsible for these trainings.
- C. On licensure and at renewal, foster parent(s) and group care home, residential treatment center, and other out-of-home care facility staff will complete orientation regarding nature, scope, benefits, and availability of CHDP services. The HCPCFC Public Health Nurse is responsible for these trainings.
- D. All appropriate public health department staff will receive orientation and an annual update regarding the CHDP Program.
- E. All placement and eligibility determination staff will receive an annual update regarding the CHDP Program.
- F. Additional staff inservice education needs will be identified based on:
 - 1. *Changes in regulations and/or procedures.*
 - 2. *Review of documenting and reporting systems.*
 - 3. *Numbers and appropriateness of referrals.*
 - 4. *Identified areas of increased service coordination.*
 - 5. *Audits and reviews.*

IX. Management Information and Program Evaluation

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

1. *CHDP will compile monthly statistics from CHDP referrals (PM 357s).*
 - a. *Eligibles, broken out by eligibility and units (CalWORKs, Medi-Cal, children in foster care).*
 - b. *Requests for CHDP services.*
 - c. *Requests for more information.*
 - d. *Requests for scheduling and/or transportation assistance.*
 - e. *Medical assessment services requested and received.*
 - f. *Dental services requested and received.*
 - g. *Referrals to diagnosis and treatment.*
2. *CHDP will compile monthly statistics which include the numbers of:*
 - a. *Cases (families) and persons (children) intensively informed;*
 - b. *Persons requesting scheduling and/or transportation assistance and those who actually receive these services;*
 - c. *Persons (PM 160s) with suspected health problems; and*
 - d. *Persons receiving follow-up services (i.e., diagnosis and treatment).*
3. *Examples of children helped through CHDP will be noted by CHDP staff and shared with Human Services staff at inservices and orientations.*

B. Program Evaluation

1. Quality Control

CHDP will review PM 160s and other reports to identify medical provider needs for informing, updating, and training.

2. *Review of Program Procedures*

CHDP, Human Services and Probation Department staff will informally assess procedures to determine accuracy and efficiency.

3. *Review and Monitor Interdepartmental Activities*

4. *CHDP will provide ongoing review of reporting mechanisms; PM 160, PM 357, EDP reports. Evaluation of review will be conveyed to management and line personnel as needed at routinely scheduled meetings and inservices.*

X. Compliance Certification

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

A. Enabling legislation of the CHDP Program

Reference: Health and Safety Code Sections 124025 through 124110 and Section 104395.

B. CHDP Program regulations that implement, interpret, or make specific the enabling legislation.

Reference: California Code of Regulations, Title 17, Section 6800 through 6874.

C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP Program.

Reference: California Code of Regulations, Title 22, Sections 51304(c), 51340 and 51532.

D. Regulations defining Human Services Agency responsibilities for meeting CHDP/EPSDT Program requirements.

1. Social Services Regulations

Reference:

a. Staff Development and Training Standards – Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610.

b. Civil Rights – MPP Section 21-101, 21-107, 21.115.

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- c. Eligibility and Assistance Standards – MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5.
- d. Child Welfare Services Program Standards – MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.1(h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), 31-405.1(g)(1).
- e. Intra and interagency relations and agreements Chapter 29-405 and Chapter 29-410.

2. Medi-Cal Regulations

Reference:

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

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

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

This interagency agreement is in effect from July 1, 2007 through June 30, 2009 unless revised by mutual agreement.

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Effective Dates: FY 2007-2009

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June 2008
FY 2008-09

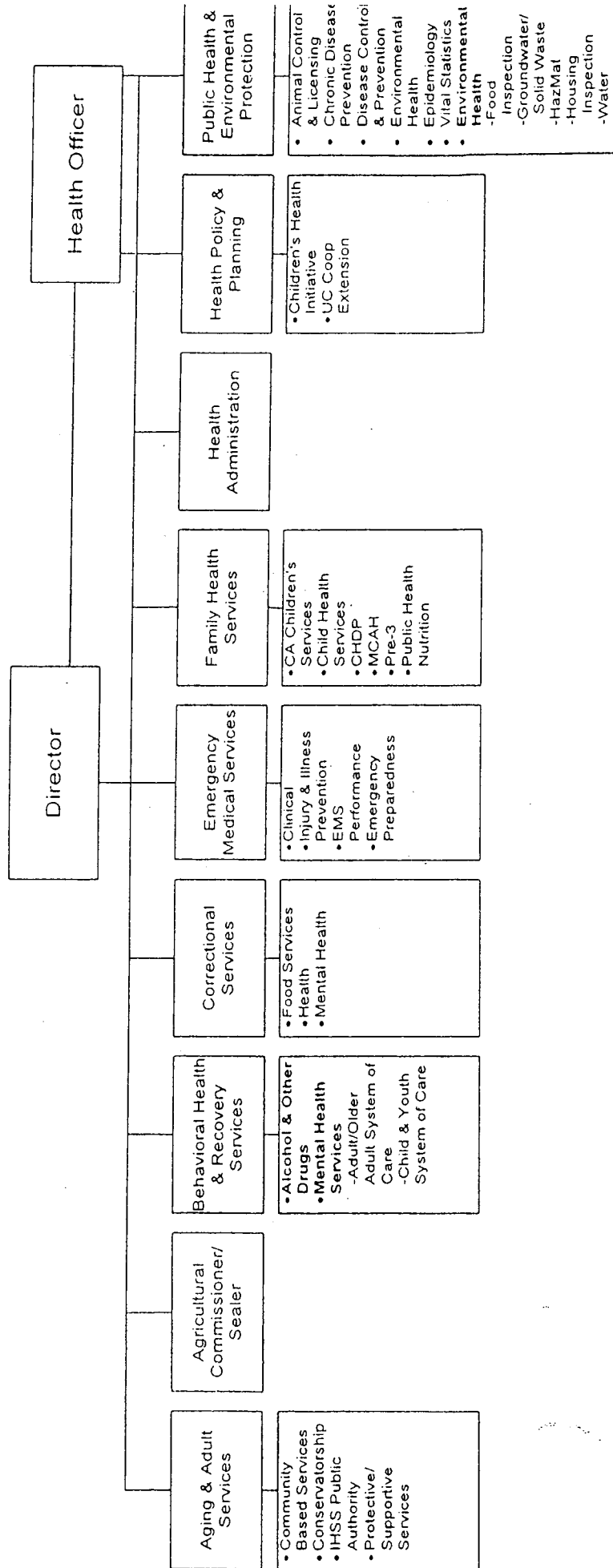
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NOTE: In the event that changes in Public Federal or State legislation impact the current Interagency Agreement, the Health Department, the Human Services Agency and the Probation Department, Juvenile Division agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

<u><i>Dorothy E. Vassallo, MD</i></u> Child Health and Disability Prevention Program Director	<u>5-20-2008</u> Date
<u><i>Beverly Beverly Johnson</i></u> Human Services Agency	<u>5/29-08</u> Date
<u><i>Jaren Budders</i></u> Probation Department, Juvenile Division	<u>6/09</u> Date

APPENDIX A

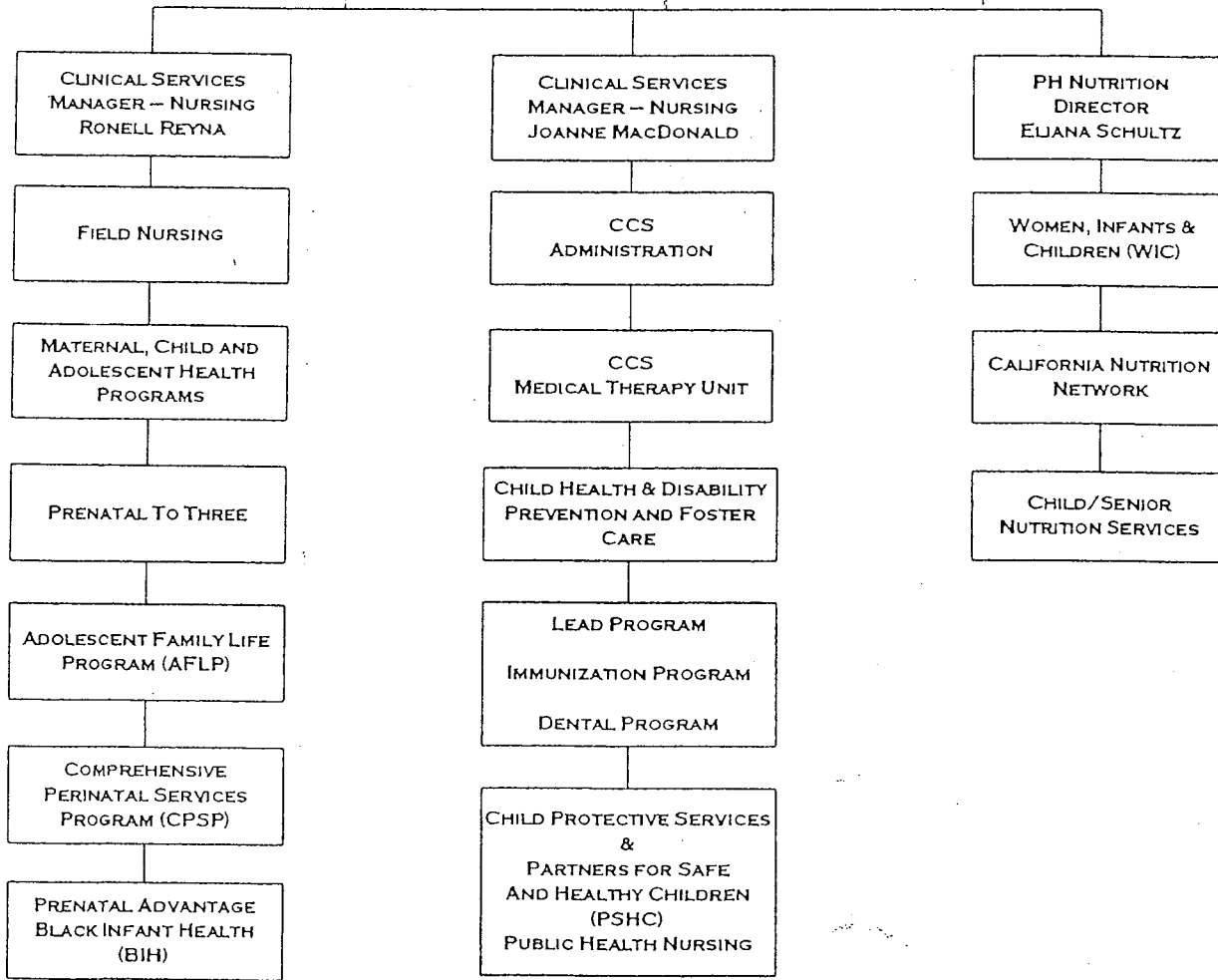
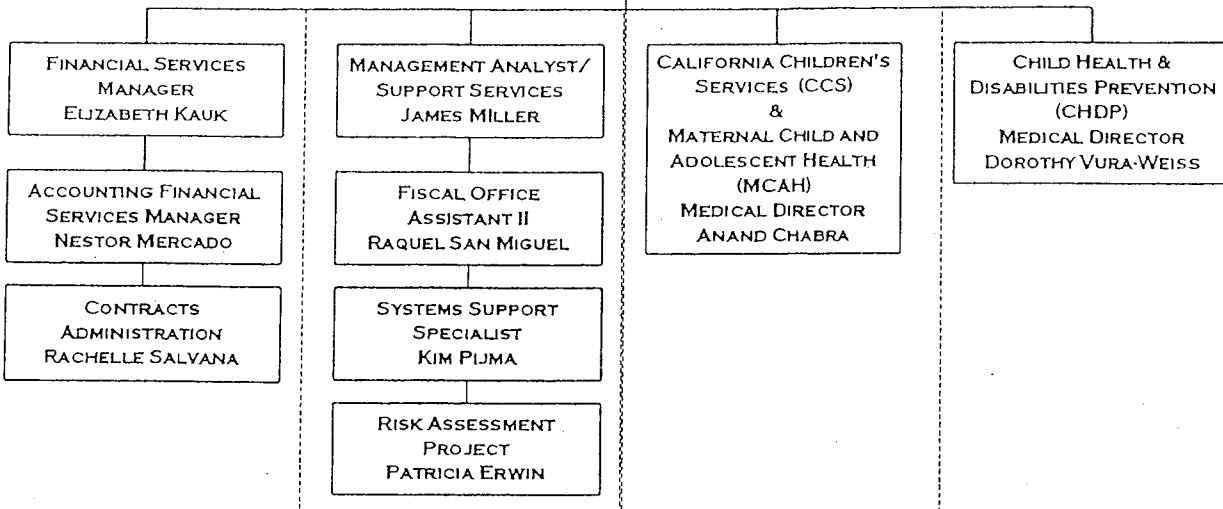
San Mateo County Health Department



Updated March 2008

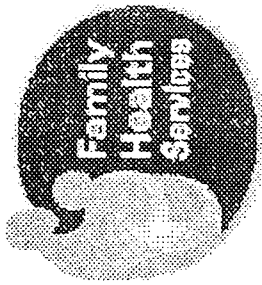


**FAMILY HEALTH SERVICES
DIRECTOR
MARY HANSELL**



HEALTHY FAMILIES, HEALTHY COMMUNITIES

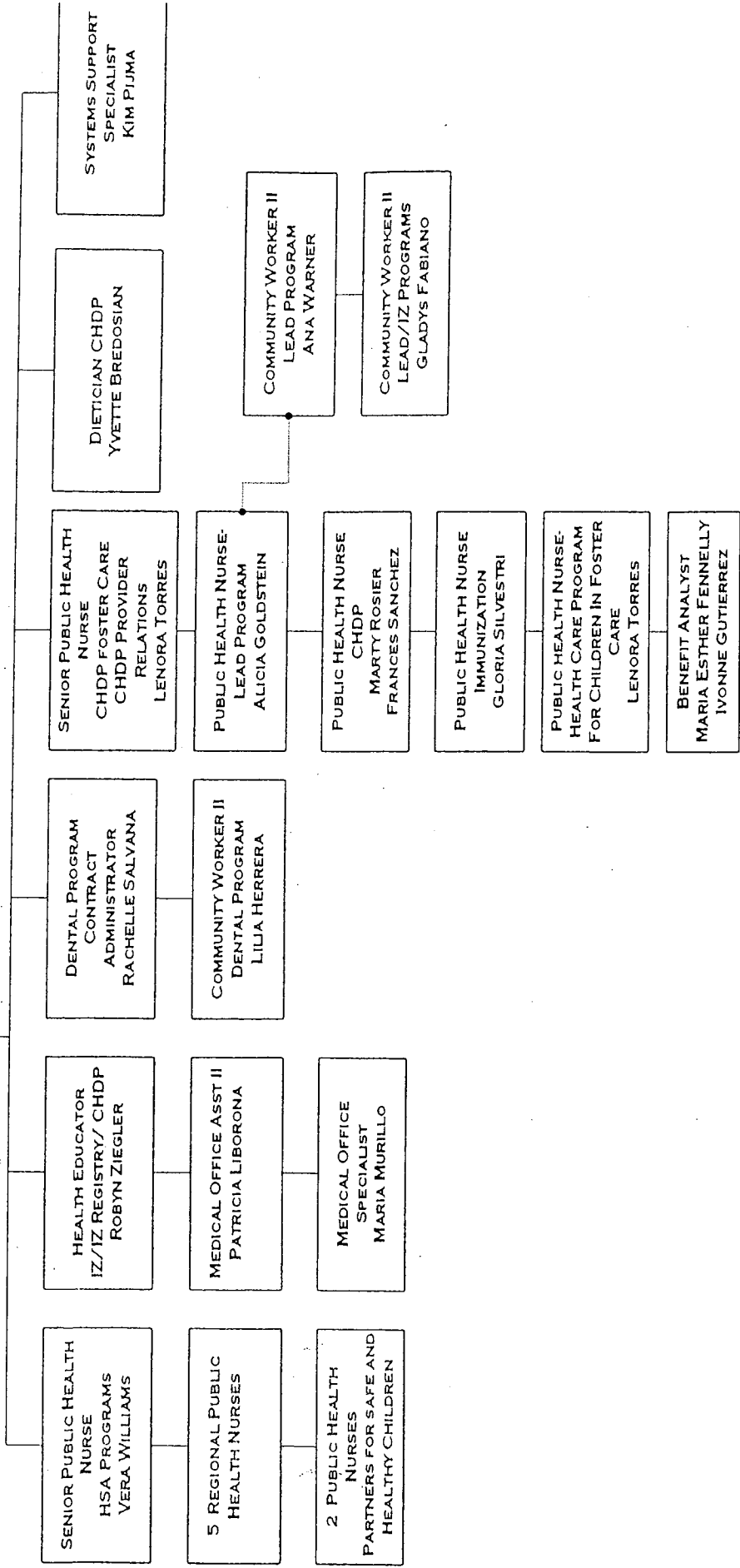
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COUNTY OF SAN MATEO, HEALTH DEPARTMENT
 CHILD HEALTH & DISABILITY PREVENTION PROGRAM
 HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

CHDP MEDICAL DIRECTOR
 DOROTHY VURA-WEIS, MD

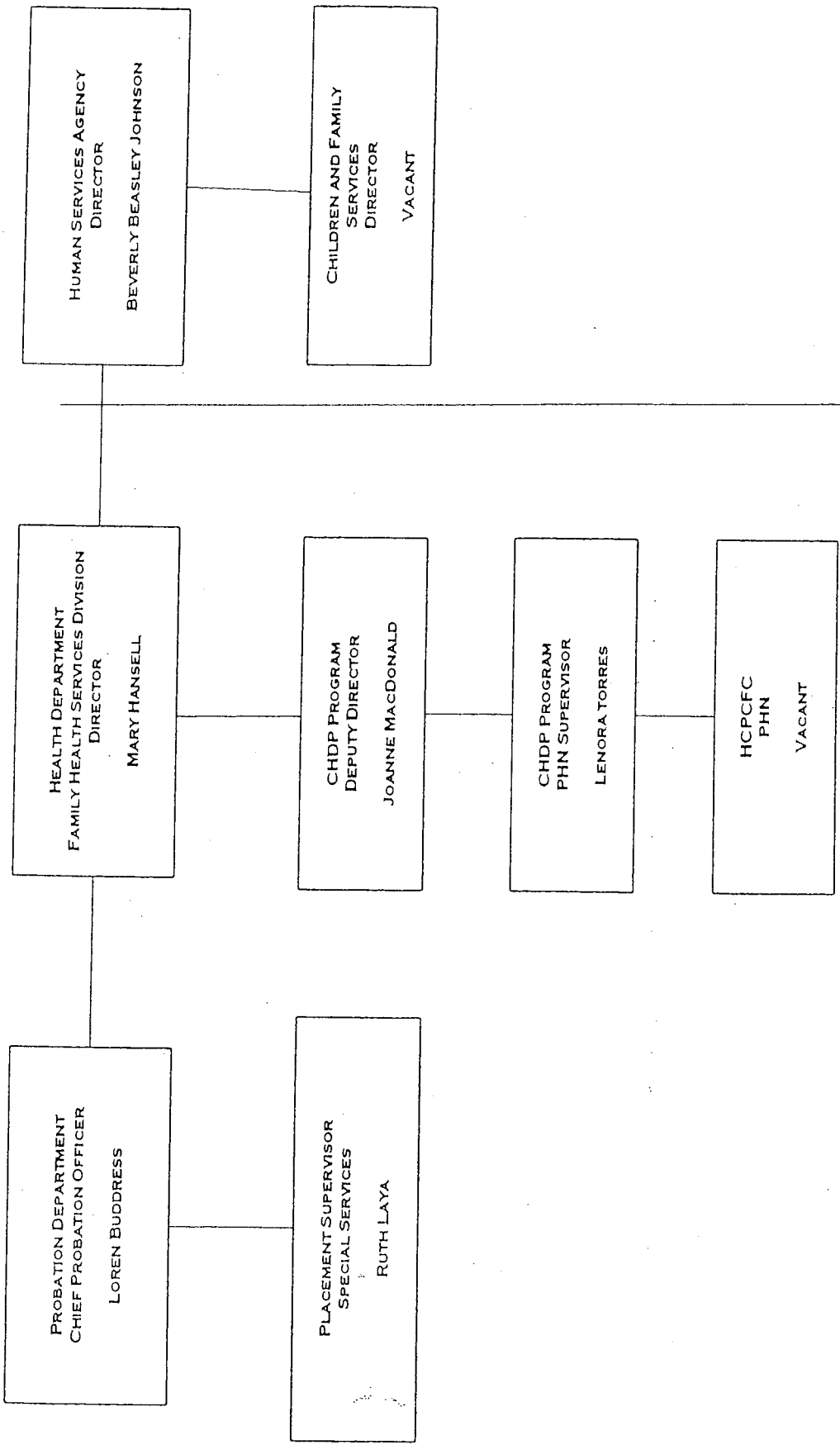
CHILD HEALTH SERVICES
 CLINICAL SERVICES MANAGER
 DEPUTY DIRECTOR CHDP
 JOANNE MACDONALD



HEALTHY FAMILIES, HEALTHY COMMUNITIES

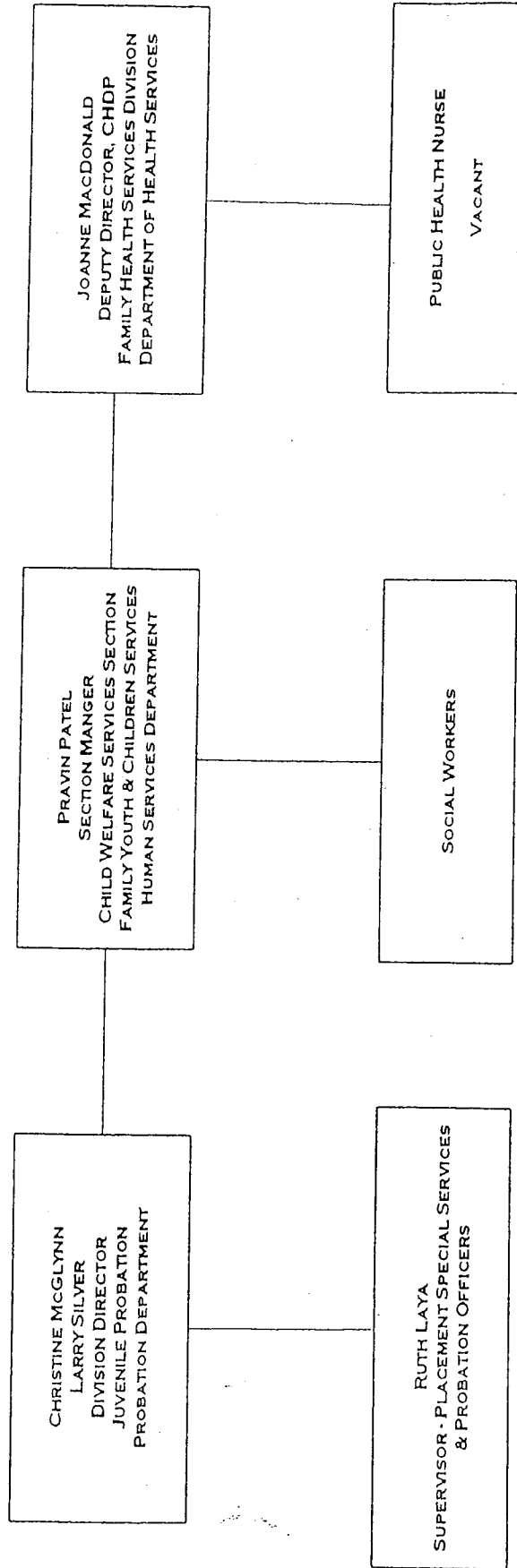
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**SAN MATEO COUNTY PROBATION/HUMAN SERVICES/HUMAN SERVICES/HEALTH DEPARTMENT
ORGANIZATIONAL CHART FOR HEALTH CARE PROGRAM FOR CHILDREN IN
FOSTER CARE (HCPFC)**



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**LIAISON PERSONNEL
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPFC)**

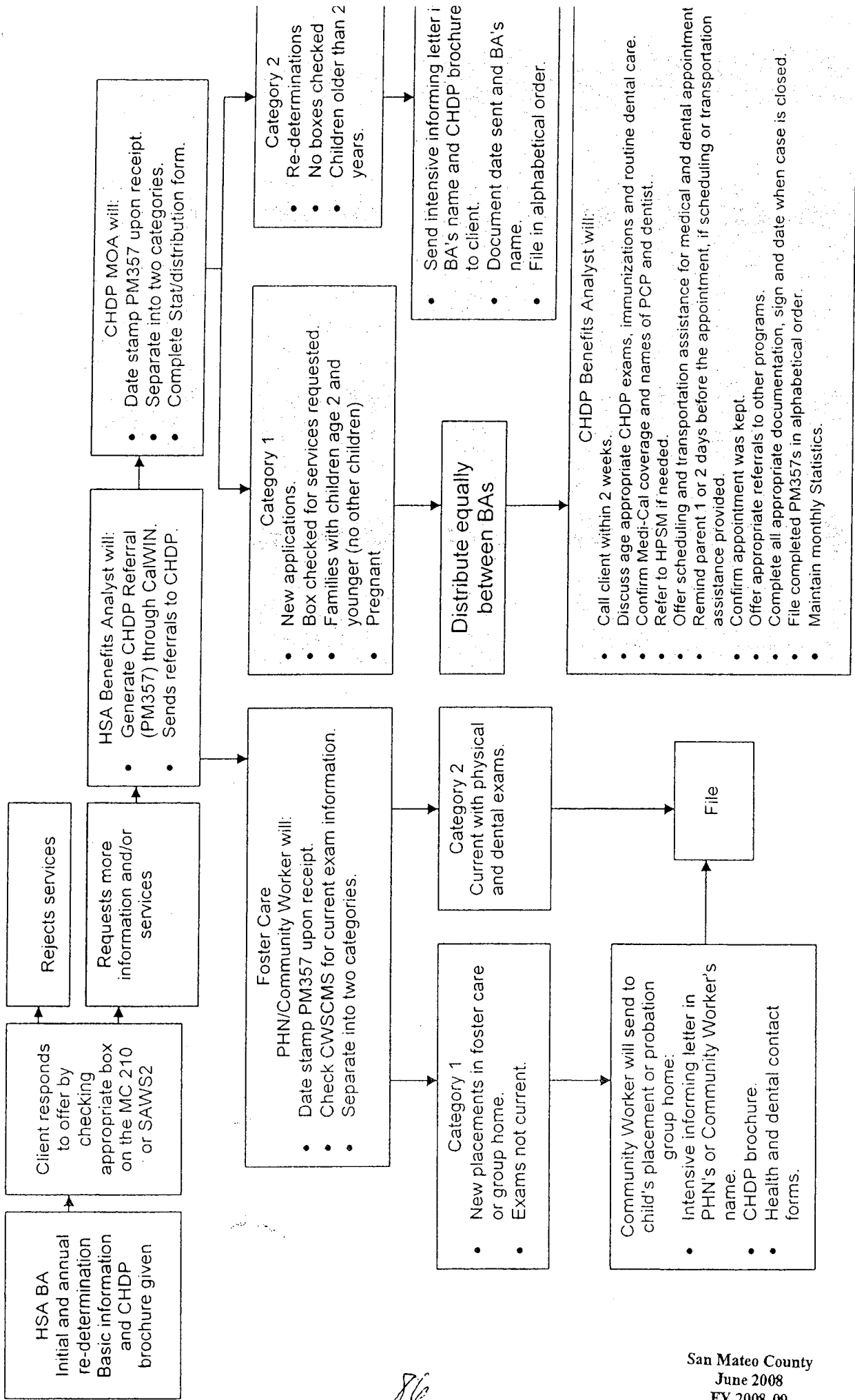


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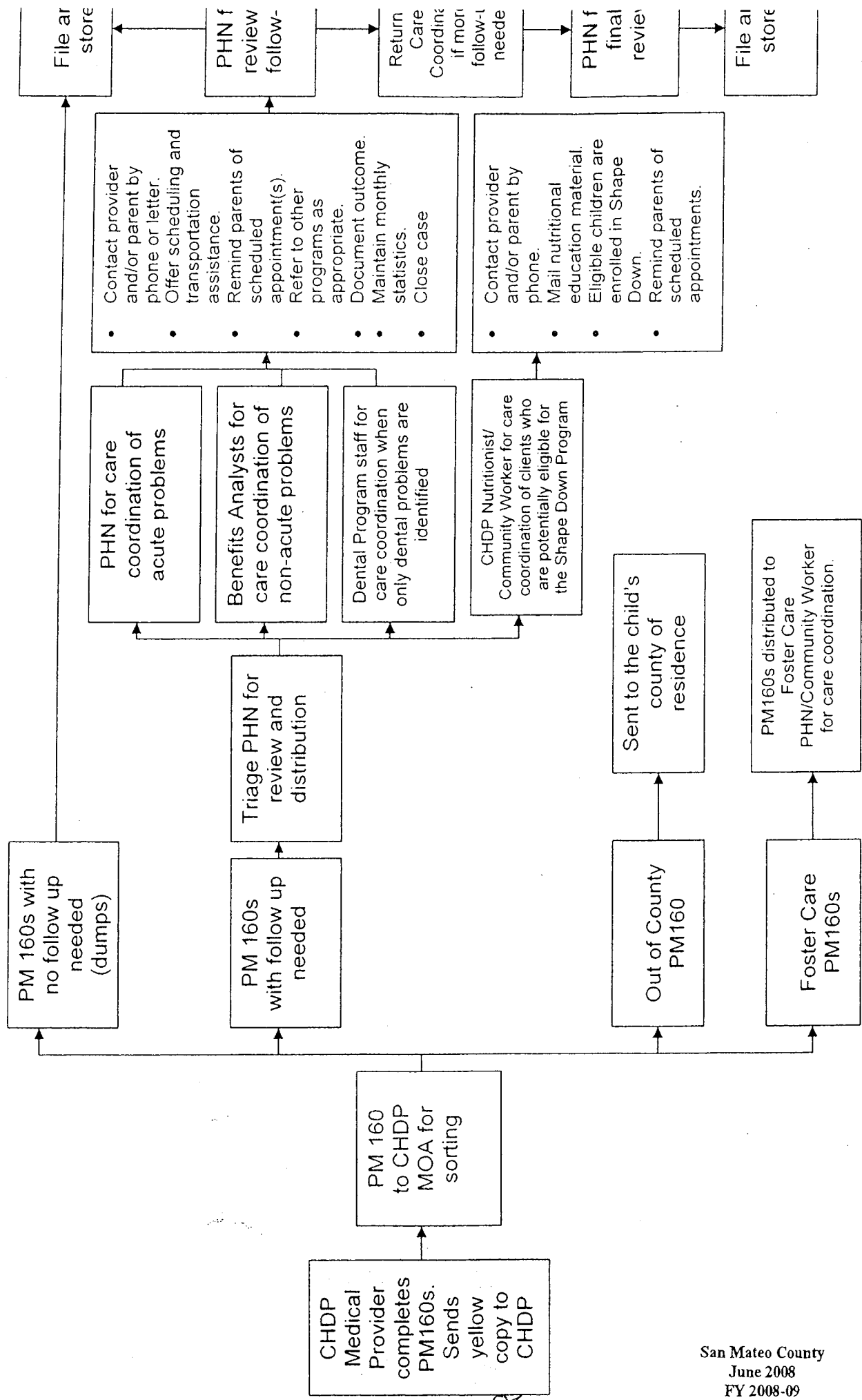
APPENDIX B

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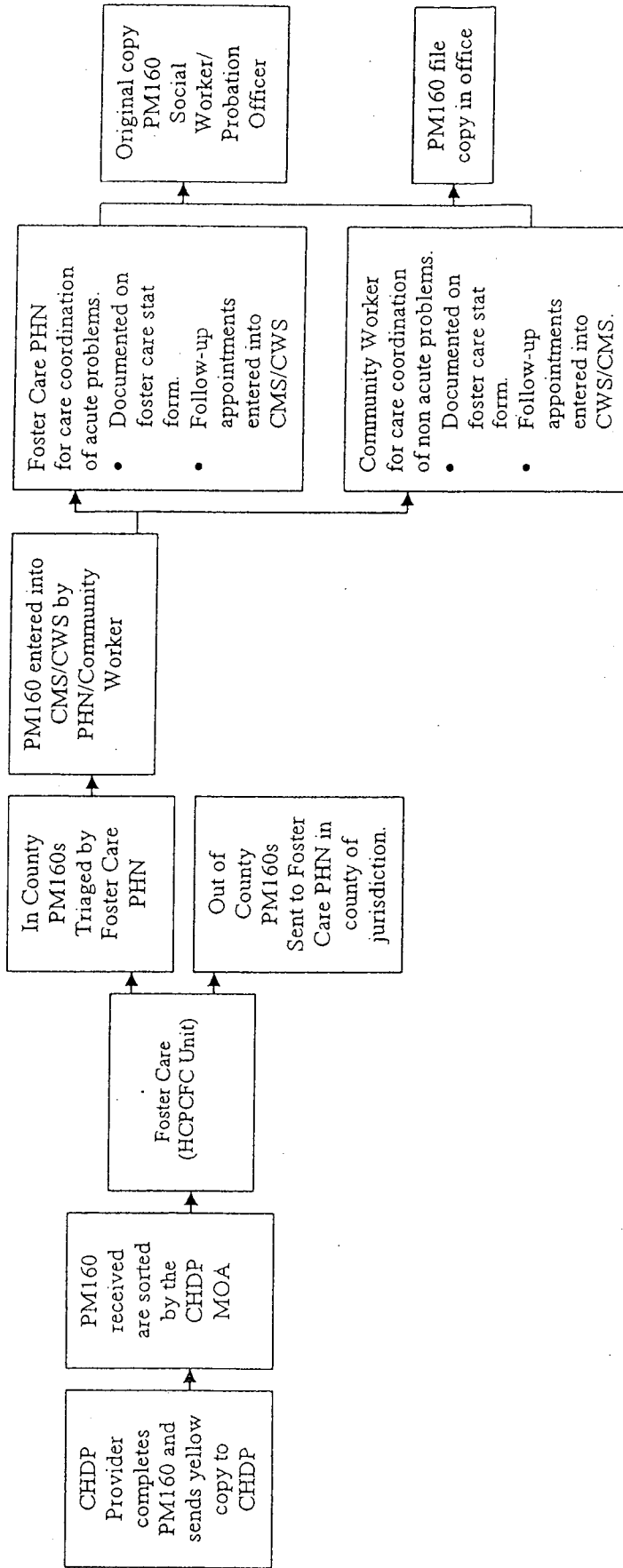
Process for CHDP Referrals (PM357s)



CHDP PM160 Care Coordination Flow Chart



Foster Care (HCPCFC) PM160 Care Coordination Flow Chart



February 2008

APPENDIX C

BENEFITS ANALYSTS II
Child Health and Disability Prevention Program (CHDP)
40 hours (0% enhanced; 100 % non-enhanced)

FUNCTIONAL JOB DESCRIPTION

Under the supervision of the Health Services Manager, Child Health Services, the Benefits Analyst performs the following responsibilities for the CHDP Programs:

Job Function	Performance Standard	Percent Time
1. Intensively inform clients about the importance of preventive health check-ups and related services (e.g., immunizations) and assist clients in accessing these services, completing health insurance application.	Describe the benefits of regular health and dental exams. Offer to help with scheduling and transportation (i.e., by mailing bus tickets) for families new to system (based on codes on PM357s), contact families within five to seven days of receipt of referral. For other families, mail information about CHDP services, including BAs phone number.	35%
2. Follow-up on children with identified health problems to ensure that appropriate diagnostic and treatment services are provided.	Contact provider and/or caregiver to arrange for follow-up appointments and verify that appointments are kept. Consult with Public Health Nurse case manager to clarify aspects of medical management when necessary. Document results of follow-up. For a full time Benefits Analyst, complete 70 follow-up cases per month.	35%
3. Make referrals to other programs that may help address identified health problems (e.g., Public Health Nursing, WIC, Public Health Nutrition Services, etc.).	Maintain current information about other programs and methods for referral. Provide program brochures when appropriate. Document outcome of referrals.	5%
4. Maintain monthly informing and follow-up statistics.	Document attempted and successful contacts for both outreach (PM357s) and follow-up (PM160s) using standard forms. Document cases closed for PM160s and scheduling and transportation assistance provided for PM357s. Distinguish activity on telecommute days versus in-office days. Submit workload statistics to supervisor no later than the first Friday of each new month.	5%

- | | | |
|---|--|----|
| 5. Attend monthly Child Health Services staff meetings, monthly PM357 meetings and quarterly PM160 meetings. | Report to meetings promptly, participate in taking minutes during meetings, contribute to discussion and to cooperative resolution of identified problems or concerns. | 4% |
| 6. Complete time studies within specified time frames and according to established guidelines. | Time Studies are accurate, complete and are submitted to supervisor by the last day following the end of the time study month. | 2% |
| 7. Answer Child Health Services main phone lines in circumstances when the lead and back-up phone receptionists are not available. | Answer phone within three rings. Appropriately route calls. Respond to questions efficiently and respectfully and take messages as needed. | 1% |
| 8. Participates in program outreach, including special community events, health fairs and resource staff meetings. | Determine if progress on workload supports participation in special event. Consult with other staff to plan for events, including assembling needed educational materials and supplies. | 5% |
| 9. Participate in training programs that (a) serve to expand knowledge of child health issues and resources for children and families or (b) will otherwise enhance job skills. | Attend all trainings identified by supervisor as important to work. Obtain prior approval from supervisor for participation in all the trainings. | 5% |
| 10. Participates in community meetings to support fullest exchange of information about available services to benefit CHDP clients. | Determine if progress on workload supports participation in meetings. Obtain prior approval from supervisor before attending meeting. Share pertinent information or materials from meetings with other staff. | 3% |

PUBLIC HEALTH NURSE: CASE MANAGER
Child Health and Disability Prevention Program (CHDP)

FUNCTIONAL JOB DESCRIPTION

Under the supervision of the Sr. PHN, Child Health Services, the Provider Relations Nurse/PHN performs the following duties.

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
1. Review incoming PM 160s and determine follow-up action required.	PM 160s are reviewed and assigned on a weekly basis.	1%
2. Assign PM160s to Benefits Analyst in the unit and oversee the follow-up provided.	Assignments are evenly distributed based on percent of one full time equivalent. Work With Benefits Analysts to develop and review caseload standards and policies for the provision and documentation of follow-up.	1%
3. Provide consultation and guidance to BA's in regards to care coordination.	Consult and guides BA's to improve and expand their outreach to CHDP clients.	2%
4. Provide follow-up on more complex cases (e.g., more medically severe or technically involved).	Adhere to above caseload and performance standards developed jointly with Benefits Analysts.	33%
5. As a member of the Provider Quality Assurance Team, participate in review of provider's adherence to CHDP medical guidelines, take part in office visits and new provider orientations, and help plan and conduct provider trainings.	Maintain documentation of the follow-up services provided to various providers; assist with development of provider orientations/trainings.	50%
6. Consult with Agency personnel (e.g., CCS, Public Health Nursing Field Services, Prenatal to Three Initiative, Disease Prevention and Control, etc.) school personnel, primary care providers and specialists, and parents to assure the provision of timely and high quality follow-up services.	Gather sufficient information from variety of sources to determine the appropriate course of follow-up. Communicate concerns to providers and/or parents with tact and respect. Maintain careful documentation of follow-up provided.	2%
7. Complete and submit time studies, time cards, performance indicators and similar documents following specified guidelines and within deadlines.	Completed accurate time cards are submitted with necessary attachments by noon, every other Tuesday. Time studies are submitted by the second Friday following the time study month.	2%
8. Attend Child Health Services staff meetings, General Staff meetings, and other agency and regional meetings as directed by Supervisor.	Report to meetings promptly, participate in preparation of minutes, contribute to agenda and to constructive discussion and resolution of problems and issues raised.	5%

<u>Job Function</u>	<u>Performance Standard</u>	<u>Percent Time</u>
9. Provide periodic training to Benefits Analyst regarding medical conditions.	Consider input of Benefits Analysts in selecting topics for training. Training focuses on enhancing Benefits Analysts ability to accurately communicate basic parenting skills and the relative urgency of follow-up.	2%
10. Participate in outreach activities and special collaborative initiative to support the most effective delivery of CHDP follow-up services countywide.	Maintain flexibility in considering collaborative opportunities with an overall goal of connecting to ongoing, comprehensive, coordinated care.	2%

**PUBLIC HEALTH NURSE/HEALTH CARE PROGRAM FOR CHILDREN IN
FOSTER CARE**

Under the supervision of the Senior Public Health Nurse for Foster Care and in collaboration with the Health Services Manager for Child Health Services and the CHDP Deputy Director, the Foster Care Public Health Nurse (PHN) performs a variety of public health nursing duties to enhance health care access and coordination of service for children in foster care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families, and service providers. Additionally, the PHN must have a thorough and detailed knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and children in foster care who do not have Medi-Cal. Examples of duties are summarized below.

	<u>% of Time</u>
1. Within 30 days of disposition, the PHN will assist resource parents in obtaining a CHDP and dental exam for children in shelter and foster care.	25%
2. The PHN will facilitate referrals to early intervention services, specialty providers, dentists, mental health services, CCS, and other community resources/programs for children placed in out-of-home care.	20%
3. The PHN, upon request, will assist social worker/probation officer in developing a health care plan for each child expected to remain in foster care.	5%
4. The PHN will assist in the county of jurisdiction to identify and access resources to address the health care needs of children placed out-of-county. The PHN will help troubleshoot payment for needed resources when this is a barrier to access.	5%
5. Upon request, the PHN will assist with case management of children placed in this county from other counties with the help of the child's social worker/probation officer.	5%
6. The PHN will work with social worker/probation officer, biological parent when possible and resource parent to obtain the necessary medical/health care information to input into the case file and Health and Education Passport in CWS/CMS.	25%
7. The PHN will review child's health plan with social worker/probation officer as needed, and at least every six months.	1%
8. The PHN will conduct training and orientation for new social workers/probation officers, shelter and group homes, and resource parents regarding health care services required by CHDP, health issues, and community health resources.	2%

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|-----|---|----|
| 9. | The PHN will participate in multidisciplinary meetings for review of health-related issues. | 1% |
| 10. | The PHN will provide assistance/resource information to social worker/probation officer and child leaving foster care. | 1% |
| 11. | The PHN will conduct joint reviews of case records with the Human Services Agency and the Probation Department for documentation of health care services provided. | 2% |
| 12. | In conjunction with the Senior Public Health Nurse for Foster Care, the CHDP Deputy Director, the Health Services Manager of Child Health Services, and appropriate administrative staff of the Human Services Agency and the Probation Department, develop a plan for evaluating the process and impact of the Health Care Program for children in Foster Care (HCPCFC). | 1% |
| 13. | The PHN will initiate and participate in resource parent support group(s) to serve as a resource and support. | 1% |
| 14. | The PHN will attend monthly staff meetings of Child Health Services, bimonthly meetings of HCPCFC Care staff, and quarterly meetings with representatives of Human Services and Probation to enhance two-way communication and optimum service coordination. | 2% |
| 15. | The PHN will complete time cards, time studies, performance indicators, and similar documents within specified timeframes and according to established procedures. | 1% |
| 16. | The PHN will attend CHDP regional subcommittee meetings for foster care. | 2% |
| 17. | The PHN will attend trainings and workshops to enhance clinical knowledge and to stay current with regulations pertinent to CHDP and foster care. | 1% |

CHDP Administrative Budget Summary for FY 2008-09
No County/City Match
County/City Name: San Mateo

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	\$470,069	\$875	\$469,194	\$263,610	\$205,583
II. Total Operating Expenses	\$6,059	\$2,059	\$4,000	\$2,000	\$2,000
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$75,211	\$140	\$75,071		\$75,071
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$551,339	\$3,074	\$548,265	\$265,610	\$282,655

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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	\$3,074	\$3,074			
Medi-Cal Funds:	\$548,265		\$548,265		
State	\$207,730		\$207,730	\$66,403	\$141,327
Federal (Title XIX)	\$340,535		\$340,535	\$199,208	\$141,327

Jeanne MacDonald
 Prepared By (Signature)

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 CHDP Director or Deputy
 Director (Signature)

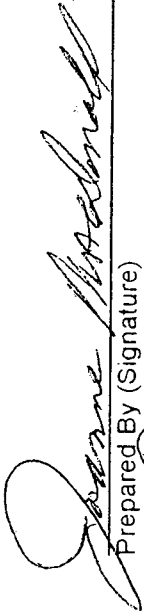

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CHDP Administrative Budget Worksheet for FY 2008-09
 No County/City Match
 State and State/Federal

County/City Name: San Mateo

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/5)
Personnel Expenses											
1. Clinical Serv Mgr MacDonald	50%	\$124,093	\$62,047	1%	\$620	99%	\$61,426	43%	\$26,413	57%	\$35,0
2. Public Health Nurse Rosier	80%	\$105,636	\$84,509	0%	\$0	100%	\$84,509	78%	\$65,917	22%	\$18,5
3. M.D. D. Vura-Weis	20%	\$158,808	\$31,762	0%	\$0	100%	\$31,762	76%	\$24,139	24%	\$7,6
4. Dietitian Bedrosian	60%	\$72,864	\$43,718	0%	\$0	100%	\$43,718	54%	\$23,608	46%	\$20,1
5. Health Educator R. Ziegler	25%	\$79,776	\$19,944	0%	\$0	100%	\$19,944	45%	\$8,975	55%	\$10,9
6. Medical Office Assist. II Liberona	95%	\$48,660	\$46,227	0%	\$0	100%	\$46,227	82%	\$37,906	18%	\$8,3
7. Benefit Analyst II Roblero	85%	\$53,148	\$45,176	0%	\$0	100%	\$45,176	0%	\$0	100%	\$45,1
Total Salaries and Wages			\$333,382		\$620		\$332,762		\$186,958		\$145,8
Less Salary Savings			\$0		\$0		\$0		\$0		
Net Salaries and Wages			\$333,382		\$620		\$332,762		\$186,958		\$145,8
Staff Benefits (Specify %)	41.00%		\$136,687		\$254		\$136,432		\$76,653		\$59,7
I. Total Personnel Expenses			\$470,069		\$875		\$469,194		\$263,610		\$205,5
II. Operating Expenses											
1. Travel			\$3,354		\$1,354		\$2,000		\$1,500		\$5
2. Training			\$2,705		\$705		\$2,000		\$500		\$1,5
II. Total Operating Expenses			\$6,059		\$2,059		\$4,000		\$2,000		\$2,0
III. Capital Expenses											
II. Total Capital Expenses			\$0		\$0		\$0				
IV. Indirect Expenses											
1. Internal (Specify %)	10.00%		\$47,007		\$87		\$46,919				\$46,9
2. External (Specify %)	6.00%		\$28,204		\$52		\$28,152				\$28,1
IV. Total Indirect Expenses			\$75,211		\$140		\$75,071				\$75,0
V. Other Expenses											
V. Total Other Expenses			\$0		\$0		\$0				
Budget Grand Total			\$551,339		\$3,074		\$548,265		\$265,610		\$282,6


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**San Mateo County
CHDP No Match Budget Narrative
FY 2008-2009**

I. Personnel Expense

Total Salaries: \$333,382
Total Benefits: \$136,687
Total Personnel Expense: \$470,069

Personnel Changes:

The Clinical Service Manager decreased to 50%. The other 50% is on the CCS budget as CCS Administrator. Also the manager's enhanced time has increased and the non-enhanced time has decreased. This matches the time study.

The vacant PHN position was moved to the match budget.

Medical Office Assist. has increased from 80% to 95%--she decreased her voluntary time off.

The Benefit Analyst II has moved from the matched budget to the no-match budget.

These changes enabled us to meet the money allotted to us.

II. Operating Expenses

Travel: \$ 3,354 Travel expenses are used for staff to attend a variety of programmatic meetings such as the Bay Area Deputy Directors' and subcommittee meetings (dental, nutrition, and health education), workshops and educational conferences. Expenses also include visits to provider offices, community agencies and schools to perform duties related to CHDP. Prior approval from the state will be obtained for travel as necessary. San Mateo County pays \$0.485 per mile.

Training: \$2,705 Staff training costs allocated to CHDP.

Total Operating Expense: \$6,059

III. Capital Expense

Total Capital Expense: \$0

IV. Indirect Expense

Internal @ 10% \$47,007 According to the San Mateo County Cost Allocation Plan, 10% internal indirect expenses are charged to each Health Department program to cover costs incurred by in house administrative and accounting services.

External @ 6% \$28,204 This covers County administrative costs.

Total Indirect Expense: \$ 75,211

V. Other Expense \$0

Total Other Expense: \$0

Budget Grand Total: \$551,339

CHDP Administrative Budget Summary for FY 2008-09

County/City Match

County/City Name: San Mateo

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
I. Total Personnel Expenses	\$524,965	\$253,529	\$271,436
II. Total Operating Expenses	\$214,237	\$6,000	\$208,237
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$83,994		\$83,994
V. Total Other Expenses	\$2,000		\$2,000
Budget Grand Total	\$825,196	\$259,529	\$565,667

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$347,716	\$64,882	\$282,833
Federal Funds (Title XIX)	\$477,480	\$194,647	\$282,833

[Signature]
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CHDP Administrative Budget Worksheet for FY 2008-09

County/City Match

County/City Name: San Mateo

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
I. Personnel Expenses							
1. SrPHN Lenora Torres	75%	\$111,768	\$83,826	75%	\$62,870	25%	\$20,957
2. SrPHN Vera Williams	25%	\$111,768	\$27,942	75%	\$20,957	25%	\$6,986
3. Comm Prog Spec III Salvana	33%	\$79,404	\$26,203	0%	\$0	100%	\$26,203
4. Systems Support Spec Pimja	20%	\$85,584	\$17,117	0%	\$0	100%	\$17,117
5. Community Worker II Herrera	70%	\$49,572	\$34,700	25%	\$8,675	75%	\$26,025
6. Medical Office Specialist Murillo	25%	\$56,388	\$14,097	25%	\$3,524	75%	\$10,573
7. Benefit Analyst Fennelly	90%	\$59,436	\$53,492	0%	\$0	100%	\$53,492
8. Administrative Assist. II-Vacant	5%	\$64,548	\$3,227	0%	\$0	100%	\$3,227
9. M.D. D. Vura -Weis	15%	\$158,808	\$23,821	75%	\$17,866	25%	\$5,955
10. PHN Frances Sanchez	80%	\$109,861	\$87,889	75%	\$65,917	25%	\$21,972
Total Salaries and Wages			\$372,315		\$179,808		\$192,507
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$372,315		\$179,808		\$192,507
Staff Benefits (Specify %)	41.00%		\$152,649		\$73,721		\$78,928
I. Total Personnel Expenses			\$524,965		\$253,529		\$271,436
II. Operating Expenses							
1. Travel			\$6,000		\$4,000		\$2,000
2. Training			\$3,000		\$2,000		\$1,000
3. Printing/Copying			\$4,500				\$4,500
4. Supplies			\$12,000				\$12,000
5. Equipment Lease			\$4,600				\$4,600
6. Meetings/ Conferences			\$5,500				\$5,500
7. Telephone Services			\$17,000				\$17,000
8. Rent			\$127,637				\$127,637
9. Informational Technical Services			\$34,000				\$34,000
II. Total Operating Expenses			\$214,237		\$6,000		\$208,237
III. Capital Expenses							

II. Total Capital Expenses		\$0	\$0	\$0
IV. Indirect Expenses				
1. Internal (Specify %)	10.00%	\$52,496		\$52,496
2. External (Specify %)	6.00%	\$31,498		\$31,498
IV. Total Indirect Expenses		\$83,994		\$83,994
V. Other Expenses				
1. Vision Consultant		\$1,000		\$1,000
2. Audiologist Consultant		\$1,000		\$1,000
V. Total Other Expenses		\$2,000		\$2,000
Budget Grand Total		\$825,196	\$259,529	\$565,667


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 (Signature)

San Mateo County
CHDP Match Budget Narrative
FY 2008-2009

I. Personnel Expense

Total Salaries: \$372,315

Total Benefits: \$152,649

An 1.02% increase in benefits due to costs of living expenses.

Total Personnel Expense: \$ 524,965

Personnel Changes:

1. A new SrPHN was hired and is 75% on the match budget and 25% on HCPCFC.
2. Another SrPHN that was on HCPCFC at .25 FTE, 2007-08, is now .25 on CHDP Match and .75 with the Human Service Agency.
3. CPS III is now 33% on the CHDP match, 17% on the Brighter Bites budget and 50% on Family Health Services administration budget doing contract administration.
4. The vacant PHN position is now filled at 80%.
5. One Benefit Analyst remains on the CHDP Match budget and the other is now on the No-Match CHDP budget at 85%.
6. Community Worker II was increased to 70% to spend more time in the dental program since the CPS III time has decreased.
7. A Medical Office Specialist has been added at 25% to assist in the dental program.
8. An Administrative Assistant II has been added at 5% to assist with budget work/preparation.

(All of these changes enabled us to meet the money allotted to us.)

II. Operating Expenses

Printing/Copying	\$4,500	Costs allocated to CHDP staff.
Supplies	\$12,000	This is the actual costs incurred for the purchase of office supplies, equipment (computers) and furniture.
Equipment lease	\$ 4,600	Cost of photocopier lease allocated to CHDP
Meetings/Conference	\$5,500	Includes costs allocated to CHDP staff for staff meetings, CHDP meetings and a staff retreat.
Telephone Service	\$17,000	Cost per line plus cost for calls allocated to CHDP. CHDP has extra lines for rollover use.
Rent	\$127,637	16 staff move to a new office site in April 2008. Cost is \$23.58/ sq.ft
Travel	\$6,000	Travel expenses are used for staff to attend a variety of programmatic meetings such as the Bay Area Deputy Directors and subcommittee meetings (dental, nutrition, and health education), workshops and educational conferences. Expenses also include visits to provider offices, community agencies and schools to perform duties related to CHDP. Prior approval from the state will be obtained for travel as necessary. Cost of fuel has made this increase. San Mateo County pays \$0.585 per mile.
Training	\$3,000	Staff training costs allocated to CHDP.
Informational Technical Services	\$34,000	Costs of information technology services and computer lease allocated to CHDP.
Total Operating Expense: \$ 214,237		

III. Capital Expense

Total Capital Expense: \$0

IV. Indirect Expense

Internal @ 10% \$ 52,496

According to the San Mateo County Cost Allocation Plan, 10% internal indirect expenses are charged to each Health Department program to cover costs incurred by in house administrative and accounting services.

External @ 6% \$31,498

This covers County administrative costs.

Total Indirect Expense: \$ 83,994

V. Other Expenses:

See attached Other Expenses Justification Form.

1. Audiologist Consultant: \$ 1,000

2. Vision Consultant: \$ 1,000

Total Other Expense: \$ 2,000

Budget Grand Total: \$825,196

Foster Care Administrative Budget Summary Fiscal Year 2008-09

County-City Match

County/Title XIX Federal Funds

County/City Name: San Mateo

Category/Line Item	1	2	3
Total Budget (2 + 3)	Enhanced County-City/Federal (25/75)		Nonenhanced County-City/Federal (50/50)
I. Total Personnel Expense	\$22,906	\$21,074	\$1,832
II. Total Operating Expense	\$1,160	\$928	\$232
III. Total Capital Expense			
IV. Total Indirect Expense	\$2,291		\$2,291
V. Total Other Expense			
Budget Grand Total	\$26,357	\$22,002	\$4,355

Source of Funds	1	2	3
Total Funds	Enhanced County-City/Federal (25/75)		Nonenhanced County-City/Federal (50/50)
County-City Funds	\$7,678	\$5,500	\$2,178
Federal Funds (Title XIX)	\$18,679	\$16,501	\$2,178
Budget Grand Total	\$26,357		


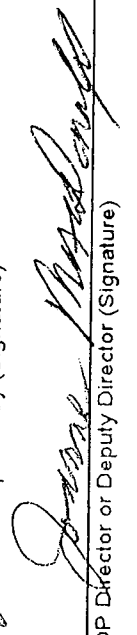
Source County-City Funds:

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Foster Care Administrative Budget Fiscal Year 2008-09
 County-City/Federal Match
 County/Title XIX Federal Funds
 County/City Name: San Mateo

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
I. Personnel Expenses							
1. PHN Vacant	15%	\$109,861	\$16,479	92%	\$15,161	8%	\$1,318
Total Salaries and Wages			\$16,479		\$15,161		\$1,318
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$16,479		\$15,161		\$1,318
Staff Benefits (Specify %) 39.00%			\$6,427		\$5,913		\$514
I. Total Personnel Expenses			\$22,906		\$21,074		\$1,832
II. Operating Expenses							
1. Travel			\$660		\$528		\$132
2. Training			\$500		\$400		\$100
II. Total Operating Expenses			\$1,160		\$928		\$232
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %) 10.00%			\$2,291				\$2,291
2. External							
IV. Total Indirect Expenses			\$2,291				\$2,291
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$26,357		\$22,002		\$4,355


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San Mateo County
Foster Care Administrative County Match Budget Narrative
FY 2008-2009

I. Personnel Expense

Total Salaries \$16,479

Total Benefits: \$6,427

Total Personnel Expense: \$22,906

The PHN position is 15% in the FC budget and 85% in the HCPCFC budget. The SrPHN is only in the HCPCFC budget. This was done in order to meet the amount of money allotted to us.

II. Operating Expense

Travel: \$660 Part of FC staff travel reimbursement

Training: \$500 FC staff training costs

Total Operating Expense: \$1,160

III. Capital Expense

Total Capital Expense: \$0

IV. Indirect Expense

Internal @ 10% \$ 2,291 Costs supporting in-house administrative and accounting services.

Total Indirect Expense: \$2,291

V. Other Expense


Total Other Expense: \$0

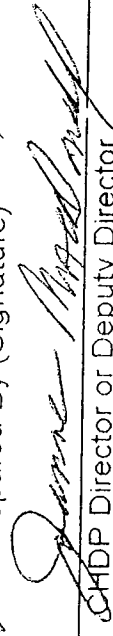
VI. Budget Grand Total: \$26,357

HCPCFC Administrative Budget Summary
 Fiscal Year 2008-09
 County/City Name: San Mateo

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	\$168,640	\$151,776	\$16,86
II. Total Operating Expenses	\$1,649	\$1,280	\$36
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$16,864		
V. Total Other Expenses			\$16,86
Budget Grand Total	\$187,153	\$153,056	\$34,09

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$55,313	\$38,264	\$17,049
Federal Funds (Title XIX)	\$131,841	\$114,792	\$17,049
Budget Grand Total	\$187,153		


 Prepared By (Signature) _____ Date Prepared 11/14/2008
 Phone Number (650) 573-2348 Email Address jmacdonald@co.sanmateo.ca.us



 CHDP Director or Deputy Director _____ Date 11/14/2008
 Phone Number (650) 573-2348 Email Address jmacdonald@co.sanmateo.ca.us

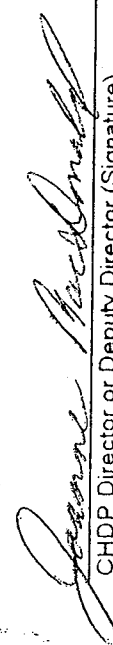
(Signature) _____

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HPCFC Administrative Budget Worksheet
 Fiscal Year 2008-09
 County/City Name: San Mateo

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1. PHN Vacant	85%	\$109,861	\$93,382	90%	\$84,044	10%	\$9,338
2. SrPHN Lenora Torres	25%	\$111,768	\$27,942	90%	\$25,148	10%	\$2,794
Total Salaries and Wages			\$121,324		\$109,191		\$12,132
Less Salary Savings							
Net Salaries and Wages			\$121,324		\$109,191		\$12,132
Staff Benefits (specify %)	39.00%		\$47,316		\$42,585		\$4,732
I. Total Personnel Expenses			\$168,640		\$151,776		\$16,864
II. Operating Expenses							
1. Travel			\$950		\$680		\$270
2. Training			\$699		\$600		\$99
II. Total Operating Expenses			\$1,649		\$1,280		\$369
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %)	10.00%		\$16,864				\$16,864
2. External							
IV. Total Indirect Expenses			\$16,864				\$16,864
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$187,153		\$153,056		\$34,097

Prepared By (Signature)  Date prepared 11-14-08 Phone Number 650-573-2348 Email Address imacdonald@co.sanmateo.ca

CHDP Director or Deputy Director (Signature)  Date 11-14-08 Phone Number 650-573-2348 Email Address imacdonald@co.sanmateo.ca

San Mateo County
 HCPCFC County No Match Budget Narrative
 FY 2008-2009

I. Personnel Expense		
Total Salaries:	\$121,324	
Total Benefits:	\$ 47,316	
Total Personnel Expense:	\$168,640	PHN position is 85% and the SrPHN is 25%. With these configurations we were able to meet the money allotted to us.
II. Operating		
Travel:	\$950	Part of HCFCPC staff travel reimbursement
Training:	\$699	HCFCPC staff training costs
Total Operating Expense:	\$1,649	
III. Capital Expense		
Total Capital Expense:	\$0	
IV. Indirect Expense		
Internal @ 10%	\$16,864	Costs supporting in-house administrative and accounting services.
Total Indirect Expense:	\$ 16,864	
V. Other Expense		
Total Other Expense:	\$0	
Budget Grand Total:	\$187,153	

County/City Other Expenses Justification Form

County/City:	<u>San Mateo County/ San Mateo</u>	Contact Person:	<u>Joanne MacDonald</u>
Date:	<u>June 24, 2008</u>	Telephone Number:	<u>650-573-2348</u>

List all the subcontractor/consultant agreement claimed under "Other Expenses" and the price. Describe the services to be performed and how the CMS program(s) will benefit. Be specific but concise.

Audiologist Consultant: \$1,000- We plan to contract with an Audiologist to train our provider's staff how to do audiometric screening. A workbook / kit will be provided by the state.

Vision Consultant: \$1,000- We plan to contract with Prevent Blindness Northern CA to provide vision screening/training to CHDP provider's staff and to Head Start staff. A syllabus is included with the training.

NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.

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HEALTH DEPARTMENT

December 12, 2008

Consuelo Bautista
Administrative Analyst
Children's Medical Services
San Francisco Regional Office
1515 Clay Street, Room 401
Oakland, CA 94612

Dear Ms. Bautista:

Enclosed please find one (1) original and one (3) copies of the San Mateo County CMS CCS Plan and Budget for FY 2008-2009.

Should you have any questions about the items contained within, please contact Joanne MacDonald, PHN, CSM, at (650) 573-2348.

The managers and staff of San Mateo County CCS Program look forward to another year supporting comprehensive health services for children in San Mateo County.

Sincerely,

Joanne MacDonald, PHN, CSM
Child Health Services Manager
CCS Administrator

Cc: Mary Hansell, Dr. PH, PHN
Anand Chabra, MD

FAMILY HEALTH SERVICES DIVISION

Plan and Budget Required Documents Checklist

County/City: San Mateo

Fiscal Year: 2008-09

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2. Agency Information Sheet	3-4
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B. Certification Statement (CCS) – Original and one photocopy	5
4. Agency Description	
A. Brief Narrative	6-8
B. Organizational Charts for CCS, CHDP, and HCPCFC	9
C. CCS Staffing Standards Profile	10
D. Incumbent Lists for CCS, CHDP, and HCPCFC	11-13
E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
F. Duty Statements – Include if newly established, proposed, or revised	14-15
5. Implementation of Performance Measures – Performance Measures for FY 2007-08 are due November 30, 2008.	N/A
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C. CHDP IAA with DSS biennially	
D. Interdepartmental MOU for HCPCFC biennially	
8. Budgets	
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1. Budget Summary	
2. Budget Worksheet	

Document	Page Number
3. Budget Justification Narrative	
B. CHDP Administrative Budget (County/City Match) - Optional	
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2. Budget Justification Narrative	
3. Budget Justification Narrative	
C. CHDP Foster Care Administrative Budget (County/City Match) - Optional	
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3. Budget Justification Narrative	
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4. Worksheet to Determine Healthy Families Funding Source	25
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1. County/City Capital Expenses Justification Form	N/A
2. County/City Other Expenses Justification Form	26

Agency Information Sheet

County/City: San Mateo

Fiscal Year: 2008-09

Official Agency

Name:	<u>Charlene Silva</u>	Address:	<u>San Mateo County Health Dept.</u>
Health Officer			<u>225 W. 37th Ave., San Mateo, CA</u>
			<u>94403</u>

CMS Administrator (if applicable)

Name:	<u>Joanne MacDonald</u>	Address:	<u>2000 Alameda De Las Pulgas, Suite</u>
			<u>200, San Mateo, CA 94403</u>
Phone:	<u>(650)573-2348</u>		
Fax:	<u>(650)573-2751</u>	E-Mail:	<u>jmacdonald@co.sanmateo.ca.us</u>

CCS Director

Name:	<u>Anand Chabra, MD</u>	Address:	<u>2000 Alameda De Las Pulgas, Suite</u>
			<u>200, San Mateo, CA 94403</u>
Phone:	<u>(650) 573-3469</u>		
Fax:	<u>(650) 573-2751</u>	E-Mail:	<u>achabra@co.sanmateo.ca.us</u>

CHDP Director

Name:	<u>Dorothy Vura-Weis, MD</u>	Address:	<u>2000 Alameda De Las Pulgas, Suite</u>
			<u>200, San Mateo, CA 94403</u>
Phone:	<u>(650) 573-2492</u>		
Fax:	<u>(650)573-2859</u>	E-Mail:	<u>DVura-Weis@co.sanmateo.ca.us</u>

CHDP Deputy Director

Name:	<u>Joanne MacDonald</u>	Address:	<u>2000 Alameda De Las Pulgas, Suite</u>
			<u>200, San Mateo, CA 94403</u>
Phone:	<u>(650) 573-2348</u>		
Fax:	<u>(650) 573-2859</u>	E-Mail:	<u>jmacdonald@co.sanmateo.ca.us</u>

Clerk of the Board of Supervisors or City Council

Name:	<u>John Maltbie</u>	Address:	<u>400 County Center</u>
Phone:	<u>(650) 363-4123</u>		<u>Redwood City, CA 94063</u>
Fax:	<u>(650) 363-1916</u>	E-Mail:	<u>jmaltbie@co.sanmateo.ca.us</u>

Director of Social Services Agency

Name:	<u>Beverly B. Johnson</u>	Address:	<u>400 Harbor Blvd.</u>
Phone:	<u>(650) 802-7559</u>		<u>Belmont, CA 94002</u>
Fax:	<u>(650) 802-7516</u>	E-Mail:	<u>BBJohnson@co.sanmateo.ca.us</u>

Chief Probation Officer

Name:	Lauren Budress	Address:	21 Tower Road
Phone:	(650) 312-8816		San Mateo, CA 94402
Fax:	(650) 312-5597	E-Mail:	lbudress@co.sanmateo.ca.us

SAN MATEO COUNTY
Children's Medical Services
AGENCY DESCRIPTION FY 08-09

Agency Structure:

All three of the California Medical Services Programs - the Child Health and Disability Prevention Program (CHDP), the Health Care Program for Children in Foster Care (HCPCFC) and California Children Services (CCS) are part of the Family Health Services Unit (FHS) in the Public Health Division of the San Mateo County Health Department. Health Services is a separate agency from Human Services in San Mateo County, though close cooperation and collaboration occurs for many services, including the CMS programs. The program managers for the CMS programs – Roksareh Charney, MD for CCS and Joanne MacDonald, PHN for CHDP and HCPCFC - report to Mary Hansell, Dr.PH, PHN, the Deputy Director of Public Health.

California Children Services:

The California Children Services program is a branch of Family Health Services Division (FHS) of San Mateo County Health Department.

California Children Services is organized as follows:

1. Case Management Section:

This section is responsible for medical and financial/residential determination and case management of CCS clients. There are 7.5 FTE public health nurses, 1 FTE MSW, 3 FTE benefit Analysts, 1 PT case manager, 1 nutrition case manager and 5 case management technicians. Public health nurses, PT and Nutrition case managers are supervised by a Senior Public Health Nurse. PT case manager provides case management for clients with physical injuries and rehab needs. She reviews and authorizes all DME requests and PT/OT requests for non-MTU clients. She has developed a resource list of DME and PT/OT providers and has been a very effective liaison with rehab centers and DME vendors. CCS clients have shown their satisfaction with CCS PT case manager in our County CARE Survey, which is done annually and measures client satisfaction. CCS nutritionist is CCS paneled. She provides nutrition assessment for MTU clients and authorizes supplies, formulas and special food for CCS clients. She is CCS liaison with special care centers' dieticians and formula vendors. She is a consultant to case managers, CCS therapists and health care providers. She is on San Mateo County Childhood Obesity Prevention collaborative. She provides nutrition education sessions for MTU clients and their families. She participates in community education and activities related to nutrition. She is working with CCS therapists in a program for prevention and management of childhood obesity for CCS Medical Therapy Program clients. She will be participating in transition conferences to provide preventive nutrition services for adolescent clients.

The nurses contact eligible clients by phone/mail to introduce themselves, to explain the CCS program and offer assistance with transportation, making medical appointments and referral to other County programs. They review their cases annually for medical eligibility and to update the case management plan. The nurses along with the social worker and benefits analysts interview the adolescent clients and assist the families in developing a transition plan.

Four nurses are assigned to MTU, two of them Spanish speaking. Nurses attend MTU clinics and provide on site case management for MTU clients. Two nurses are assigned to concurrent hospital review. 1 FTE public health nurse position was added to provide care coordination and liaison services to programs that serve children 0-3. This PHN will be attending County high risk infant collaborative monthly case conferences and will provide intensive case management for clients in HRIF, newborn hearing screening and newborn metabolic screening program. A senior Public Health Nurse supervises the case management staff, and assists the Medical Director with planning for case management activities and quality improvements.

CCS licensed social worker (MSW) supervises the benefit analysts (financial eligibility unit). He participates on the initial assessment team at the MTU, providing psycho-social assessment, counseling and referrals. He has developed a resource file for mental health and counseling services. He consults with PHN case managers and MTU therapists about families with psycho-social problems. He participates in transition interviews and transition planning for CCS adolescent client's age 14 years and older.

Two medical office specialists (MOS) and three patient services assistants (PSA) are functioning as case management technicians. They are supervised by CCS nurse case managers and CCS Office Supervisor.

CCS program is carved in and HPSM is our county organized managed care. CCS participates in bi-monthly case conferences with HPSM for complex CCS/HPSM cases.

A contract with Family Resource Center provides CCS with .50 FTE parent liaison position. Two mothers of current and former MTU clients are available to the program for parent liaison activities. They assist families with understanding the program and help them with care coordination, finding resources, and links with community agencies. They have also been working with CCS staff on development of transition materials and transition handbook.

A case manager is assigned to act as liaison for medical homes, special care centers and other health care providers. She will be assisting pediatricians to become CCS paneled, visiting special care centers and assists them to comply with providing multidisciplinary center reports for CCS clients.

A transition Protocol for children age 14, 16, 18, and 21 years has been developed and implemented by CCS case management staff.

A case management quality improvement procedure has been developed and will be implemented this year.

2. Medical Therapy Program:

The MTP provides physical therapy (PT) and occupational therapy (OT) services to approximately 450-500 children and consists of two Medical Therapy Units. These units are accredited outpatient rehabilitation centers, located in San Bruno and San Mateo. We also currently have one satellite therapy site in Redwood City where we are able to serve

some of the families who live in the south of the county. In addition to individual OT and PT treatment sessions, therapy groups are offered to enhance daily living skills and support independent exercise programs. Staff supervision is provided by a physical therapy supervisor and an occupational therapy supervisor. Chief Therapist functions as a manager for the MTP. Over fifty percent of children receive medical direction for their therapy program through one of the five Medical Therapy Conferences. In collaboration with Kaiser, a neurology/rehab clinic is held twice a month at one of the medical therapy units for clients with Kaiser Insurance. Nursing and Nutrition case management are available on site for children enrolled in the MTP. By contracting with Family Resource Center, 2 parent liaisons are available to MTU clients helping them to find community resources, navigate the medical and educational systems and provide assistance with adult transition.

The CCS State therapy consultant reviewed the San Bruno MTU in May of 2008. CCS is currently working on developing a plan of correction of deficiencies identified in charting. The San Mateo Unit passed review in 2007. Reviews are conducted every other year.

3. Administrative Support/ IT:

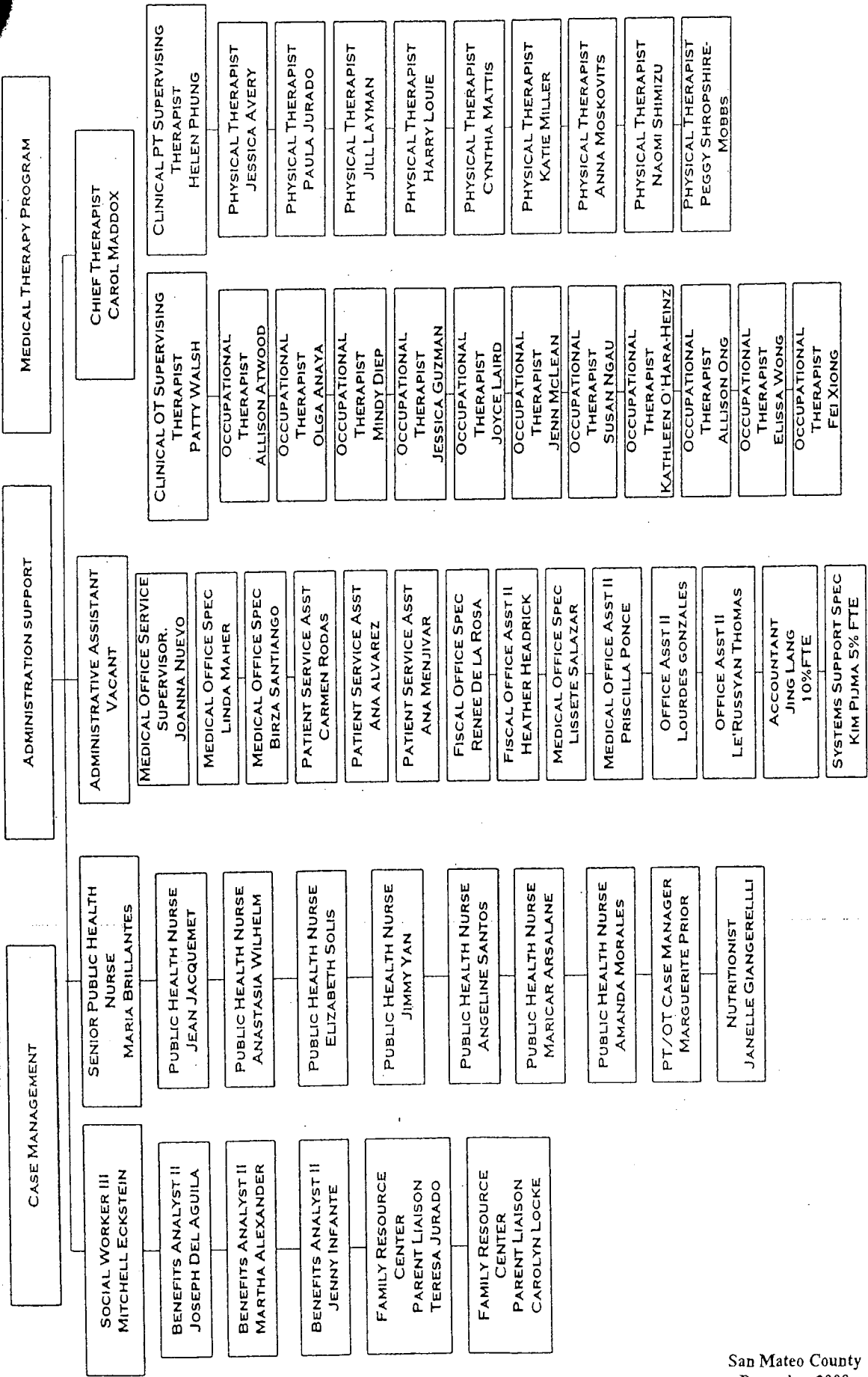
This section provides clerical support, claim processing and data management, under the supervision of the Administrative Assistant. The County has CMS-NET and web based authorization system. A fiscal clerk processes the HPSM claims and other claims that come to CCS office under direct supervision of the Medical office supervisor. They also process the claims for the MTU physicians and contract Therapists. They assist providers with answering billing questions, and educate their office staff in how to bill. One additional fiscal clerk processes the claims for MTU services.

The overall management of the program is with Joanne MacDonald who is the nurse manager for Child Health Services and Administrator for CCS. County has filled the position of Medical director, Anand Chabra MD.



CALIFORNIA CHILDREN'S SERVICES
PROGRAM ADMINISTRATOR
JOANNE MACDONALD

MEDICAL DIRECTOR
ANAND CHABRA



HEALTHY FAMILIES, HEALTHY COMMUNITIES

CCS County Staffing Standards Profile

Number of Staff by Personnel Class and Caseload

CCS Caseload	500-1000	1001-1500	1501-3000	3001-4500	4501-6000	6001-7500	7501-9000	9001-10500	10501-12000	12001-13500	13501-15000	15001-16500	16501-18000	18001-19500	19501-21000	21001-25500	80000-90000 (A)
Program Administration																	
Administrator	0.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Administrative Assistant Personnel	0	0	0	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.7	25-28
Information Technology Support	0.25	0.5	1.0	1.0	1.0	1.0	1.5	1.5	1.5	1.5	2.0	2.0	2.0	2.0	2.5	2.5	12-15
Parent Liaison (B)	0.5	0.5	0.75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Medical Case Management																	
Physician ^(C)	0.5	0.5	0.5	1.0	1.0	1.0	2.0	2.25	3.0	3.0	3-3.5	4.0	4.0	4.5	5.0	6.0	10-15
Chief Therapist	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Therapist (OT/PT)	0.125	0.25	0.5	0.75	1.0	1.25	1.75	2.0	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.5	8-10
Nurse ^(D, E)	1-2.5	2.5-3.7	3.7-7.5	7.5-11.25	11.25-15	15-18.75	18.75-22.5	22.5-26.25	26.25-30	30-33.75	33.75-37.5	37.5-41.25	41.25-45	45-48.75	48.75-52.5	52.5-62.5	200-225
Other Health Care Professionals																	
Other Health Care Professionals ^(F)	0	0.3	0.7	1.0	1.2	1.7	2.0	2.3	2.7	3.0	3.3	3.7	4.0	4.3	4.7	5.0	10-12
Ancillary Support																	
Case Management Technician	1-3	3-4	4-8	8-11	11-15	15-19	19-23	23-26	26-30	30-34	34-38	38-41	41-45	45-49	49-53	53-64	*
Program Eligibility Technician	1	1	2.0	4.0	6.0	7.5	9.0	11.0	13.0	15.0	17.0	19.0	21.0	23.0	24.0	30.0	*
Clerical and Claims Support																	
Clerical Personnel	1	1.5	2.0	3.0	5.0	6.0	7.0	9.0	10.0	11.0	13.0	14.0	15.0	17.0	18.0	23.0	168-189
Claims Personnel	.25	0.5	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	17.0	68-75
Total FTEs	8.775	13.95	26.2	38.7	52.2	65.0	78.9	92.2	105.7	116.3	133.4	145.6	158.2	172.8	185.5	224.9	586.2

A. Los Angeles County

B. The Parent Liaison position is highly recommended but not required.

C. Counties with more than one physician position shall designate a Medical Director.

D. Nurse staff positions are calculated by using 1 nurse to 400 caseload. The nursing allocation includes Medical Case Management, Concurrent/Utilization Review, and Early Childhood Coordinator. The nurse positions for Medi-Cal Managed Care and Healthy Families Liaison are calculated according to the number of plans in each county as outlined in Section 5.

E. Other Health Care Professional positions are added when the number of nurse FTEs exceeds 6. The positions for administrative MCM are highly recommended but not required. These include Audiologist, Speech Therapist, Nutritionist, Social Worker, and Dental Consultant.

F. Supervision positions for nursing are not included in the staff ratio. Minimum supervisor to nursing staff, clerical and technician staff is calculated at a 1 to 10 FTE ratio.

California Children's Services Incumbent List

Complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

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

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

County/City: **San Mateo**

Fiscal Year: **2008-09**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
CCS Administrator	Joanne MacDonald	50%	50% CHDP	No	No
Physician	Anand Chabra MD	70%	30% MCH	No	No
Senior PHN, HF, IHO	Maria Brillantes	100%		No	No
Public Health Nurse	Jean Jacquemet	100%		No	No
Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse	Anastasia Wilhelm	75%		No	No

Public Health Nurse, Early Childhood Nurse Liaison	Angie Santos	100%			No	No
Public Health Nurse	Amanda Morales	100%			No	No
Public Health Nurse	Elizabeth Solis	100%			No	No
Public Health Nurse	Maricar Arsalane	100%			No	No
Public Health Nurse, MCMC	Jimmy Yan	100%			No	No
Medical Social Worker	Mitchell Eckstein	100%			No	No
Benefits Analyst	Jenny Infante	100%			No	No
Benefits Analyst	Joseph Del Aguila	100%			No	No
Benefits Analyst	Martha Alexander	100%			No	No
Admin Assistant/IT	Vacant	95%		5% on CHDP Budget	No	No
Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Medical Office Services Supervisor	Joanna Nuevo	98%		New	New	
Med Office Specialist (CMT)	Birzayit Santiago	100%		No	No	
Medical Office Specialist	Linda Maher	100%		No	No	
PSA II	Ana Alvarez	100%		No	No	

PSA II	Carmen Rodas	100%			No	No
PSA II	Ana Menjivar	100%			No	No
Chief Therapist	Carol Maddox	20%	80% MTP		No	No
PT/OT Case Manager/RC	Marguerite Prior	100%			No	No
Nutritionist	Janelle Giangerelli	80%	20% MTP		No	No
Accountant	Jing Lang	10%	90% FH Accting.		No	No
Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Fiscal Office Specialist - Claims	Renee De la Rosa	100%		No	No	
OA Clerk (Extra Help PT)	Lourdes Gonzalez	50%		No	No	
System Support Specialist	Kim Pijma	5%	20% CHDP 75% FH Admin	No	No	

Medical office Services Supervisor
Job duty statement

Program position summary: Under direction of CCS administrator, supervises CCS office administrative support staff and activities in area of case management support, medical records and claim processing. Performs problem resolution with providers/families, regarding service authorizations and claim processing. Collaborates with EDS and HPSM to resolve claim issues.

Program component: Program planning and administration

1. Supervises and direct support staff with case management and claim processing activities.
2. Maintains and provides program fiscal data. Assists the program administrator in cost accounting for CCS expenditure.
3. Evaluates employee performance, counseling employee, and recommends corrective action and other personnel decisions.
4. Develops and recommends and implements improved operating procedures, forms and work process.
5. Attends to variety of office administrative details such as ordering supplies, arranging for the repair of equipment, maintenance of facility, transmitting information, and keeping reference materials up to date.
6. Performs related duties as assigned by CCS administrator.

Program Component: Resource development, provider relation

1. Processes claims
2. Performs problem resolution regarding provider's concern with SAR authorization and claims.
3. Trains and assists support staff with assigned activities

Program Component: Case coordination

1. Supervises case coordination activities assigned to support staff
2. Verifies authorization for services and currency of clients' financial coverage
3. Work with benefit analysts to have families re-apply for financial coverage when it has been discontinued.
4. Maintain data as requested by CCS administrator

Program Component: Outreach and Education

1. Participates in provider trainings.
2. Participates in State, Regional and County trainings to maintain skills.

Minimum requirements: High school graduation
Accounting/billing/claims experience. Knowledge of ICD-9 and CPT coding
Computer skills

Recommended Qualifications: Previous medical billing experience, previous supervisory
experience.

County: San Mateo

Fiscal Year: 2008-2009

CCS Caseload	0 to 21 years	A	B
		Actual Caseload	% of Grand Total
MEDI-CAL			
1	Average of Total Open (Active) Medi-Cal Children	1500	59%
2	Potential Case Medi-cal	525	21%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	2025	80%
NON MEDI-CAL			
Healthy Families			
4	Average of Total Open (Active) Healthy Families	328	13%
5	Potential Case Healthy Families	115	5%
6	Total Healthy Families (Row 4 + Row 5)	443	18%
Straight CCS			
7	Average of Total Open (Active) Straight CCS Children	39	2%
8	Potential Cases Straight CCS Children	14	1%
9	Total Straight CCS (Row 7 + Row 8)	53	2%
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	496	20%
GRAND TOTAL			
11	(Row 3 + Row 10)	2521	100%

Memoranda of Understanding/Interagency Agreement List

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

County/City: **San Mateo County CCS**

Fiscal Year: **2008-09**

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From / To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Special Education	IAA	7/1/06	6/19/06	C. Maddox	No
Golden Gate Regional Center	IAA	5/1/2007-4/30/2010	6/25/07	J. Mac Donald	No
Kaiser HF	MOU		3/1/01	J. Mac Donald	NO
WIC Program	IAA	1/21/03		J. Mac Donald	NO
Delta Dental HF	MOU		6/12/1998	J. Mac Donald	NO
Blue Cross HF	MOU		6/12/1998	J. Mac Donald	NO
Blue Shield HF	MOU		5/15/1998	J. Mac Donald	NO
Health Plan of San Mateo	MOU	5/17/05	5/17/05	J. Mac Donald	NO

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From / To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Access Dental	MOU		6/21/2000	J. Mac Donald	NO
Vision Service Plan	MOU		10/9/1998	J. Mac Donald	NO
Healthnet	MOU		10/7/1998	J. Mac Donald	NO
Western Dental	MOU	5/23/05	5/1/05	J. Mac Donald	NO
Safeguard Vision	MOU	5/23/05	5/1/05	J. Mac Donald	NO
Cole Managed Vision Eye-Med	6/1/05	6/1/05	6/1/05	J. Mac Donald	NO

CCS Administrative Budget Summary FY 2008-09

County Name: San Mateo

Category/Line Item	1	2	3	4	5
verage of Total Op... (Active) Medi-Cal Children	1500				
ontential Cases Medi-Cal	525				
TOTAL MEDI-CAL	2025	80%			
NON MEDI-CAL					
Healthy Families					
verage of Total Open (Active) HF Children	328				
ontential Cases HF	115				
Total Healthy Families	443	18%			
Straight CCS					
children	39				
ontential Cases Straight CCS	14				
Total Straight CCS	53	2%			
TOTAL NON MEDI-CAL	496	20%			
GRAND TOTAL	2521	100%			

Category/Line Item	1	2	3	4	5
Total Budget	\$2,845,261	\$560,139	\$2,285,123	\$1,586,669	\$698,452
Total Personnel Expense	\$330,541	\$65,073	\$265,468	\$6,976	\$258,492
Total Operating Expense	\$0	\$0	\$0		\$0
Total Capital Expense	\$620,582	\$122,172	\$424,199		\$424,199
Total Indirect Expense	\$58,500	\$11,517	\$46,983		\$46,983
Total Other Expense	\$3,854,884	\$758,900	\$3,021,773	\$1,593,645	\$1,428,126
Budget Grand Total					

Source of Funds	1	2	3	4	5
Total Budget	\$40,546	\$40,546	\$1,112,475	\$398,411	\$714,063
State	\$40,546	\$40,546	\$1,909,297	\$1,195,234	\$714,063
County					
CS Healthy Families					
State	\$118,616	\$118,616			
County	\$118,616	\$118,616			
Federal (Title XXI)	\$440,575	\$440,575			
Medi-Cal Funds:					
State	\$1,112,475		\$1,112,475	\$398,411	\$714,063
Federal (Title XIX)	\$1,909,297		\$1,909,297	\$1,195,234	\$714,063

Prepared By (Signature): *James Macdonald* Date Prepared: *12/10/08*
 Administrator (Signature): *James Macdonald* Date: *12/10/08*
 Phone Number: (650) 573-2348
 Email Address: JMacdonald@co.sanmateo.ca.us

CCS Administrative Budget Worksheet for FY 2008-09

County Name: San Mateo

CCS C	YAD	Actual Caseload	Percent of Grand Total
MEL		1,500	
range of Total Open (Active) Medi-Cal Children		525	
ential Cases Medi-Cal		2,025	80%
TOTAL MEDI-CAL			
NON MEDI-CAL			
Healthy Families			
range of Total Open (Active) HF Children		328	
ential Cases HF		115	
Total Healthy Families		443	18%
Straight CCS			
range of Total Open (Active) Straight CCS Children		39	
ential Cases Straight CCS		14	
Total Straight CCS		53	2%
TOTAL NON MEDI-CAL		496	20%
GRAND TOTAL		2,521	100%

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
Personnel Expense											
Program Administration											
Administrator - Joanne MacDonald	50%	\$124,093	\$62,047	20%	\$12,215	80%	\$49,832	100%		100%	\$49,832
Administrative Assistant II - Vacant	95%	\$72,156	\$68,548	20%	\$13,495	80%	\$55,053	100%		100%	\$55,053
Medical Office Services Supervisor - Joanna Nuevo	98%	\$67,068	\$65,727	20%	\$12,939	80%	\$52,787	100%		100%	\$52,787
Subtotal		\$263,317	\$196,321		\$38,649		\$157,672				\$157,672
Medical Case Management											
Psychic - Anand Chabra MD	70%	\$163,175	\$114,223	20%	\$22,487	80%	\$91,736	86%	\$78,893	14%	\$12,843
PHN - Maria Brillantes	100%	\$111,756	\$111,756	20%	\$22,001	80%	\$89,755	86%	\$77,189	14%	\$12,566
Ref Therapist - Carol Maddox	20%	\$99,729	\$3,927	20%	\$3,927	80%	\$16,019	86%	\$13,776	14%	\$2,243
Medical Social Worker - Mitchell Eckstein	100%	\$78,012	\$78,012	20%	\$15,358	80%	\$62,654	86%	\$53,882	14%	\$8,772
N - Jimmy Yan	100%	\$105,636	\$105,636	20%	\$20,796	80%	\$84,840	86%	\$72,962	14%	\$11,878
N - Elizabeth Solis	100%	\$113,628	\$113,628	20%	\$22,370	80%	\$91,258	86%	\$78,482	14%	\$12,776
N - Maircar Arsalane	100%	\$107,749	\$107,749	20%	\$21,212	80%	\$86,537	86%	\$74,421	14%	\$12,115
N - Amanda Morales	100%	\$107,196	\$107,196	20%	\$21,103	80%	\$86,093	86%	\$74,040	14%	\$12,053
N - Angie Santos	100%	\$105,636	\$105,636	20%	\$20,796	80%	\$84,840	86%	\$72,962	14%	\$11,878
N - Jean Jacquemet	100%	\$107,749	\$107,749	20%	\$21,212	80%	\$86,537	86%	\$74,421	14%	\$12,115
N - Anastasia Wilhelm	75%	\$79,227	\$59,420	20%	\$11,698	80%	\$47,722	86%	\$41,041	14%	\$6,681
N - Vacant	100%	\$94,476	\$107,749	20%	\$21,212	80%	\$86,537	86%	\$74,421	14%	\$12,115
Subtotal		\$1,273,968	\$1,138,699		\$224,172		\$914,526		\$786,492		\$128,034
Other Health Care Professionals											
OT Case Manager - Marguerite Prior	100%	\$87,576	\$87,576	20%	\$17,241	80%	\$70,335	86%	\$60,488	14%	\$9,847
Infectionist - Janelle Giangerelli	80%	\$72,864	\$58,291	20%	\$11,476	80%	\$46,816	86%	\$40,261	14%	\$6,554
Subtotal		\$160,440	\$145,867		\$28,716		\$117,151		\$100,750		\$16,401
Ancillary Support											
Refits Analyst - Joseph Del Aguilera	100%	\$65,048	\$65,048	20%	\$12,806	80%	\$52,242	100%		100%	\$52,242
Refits Analyst - Martha Alexander	100%	\$65,048	\$65,048	20%	\$12,806	80%	\$52,242	100%		100%	\$52,242
Refits Analyst - Jenny Infante	100%	\$65,048	\$65,048	20%	\$12,806	80%	\$52,242	100%		100%	\$52,242
Subtotal		\$195,143	\$195,143		\$38,417		\$156,726				\$156,726
Clerical and Claims Support											
JS - Birzayit Santiago	100%	\$57,948	\$57,948	20%	\$11,408	80%	\$46,540	86%	\$40,024	14%	\$6,516

**CCS Budget Narrative
San Mateo County
FY 2008-2009**

I. Personnel Expense

Total Salaries: \$2,032,329

Total Benefits: \$812,932

Total Personnel Expense: **\$2,845,261**

Enhanced/Non-Enhanced – 86/14 based on time study reported by participating personnel

Caseload Summary – determined pursuant to budget instructions 6-79

Personnel Changes

Added Medical Office Services Supervisor
Consulting position has been deleted
Extra help FOA was eliminated
Medical office Assistant transferred to MTP
Medical office Specialist transferred to MTP

II. Operating Expense

Travel \$5,000 Employee mileage reimbursement based on previous year's run rate.

Training \$5,100 Meetings & Conferences- \$3,000:
Trainer, Workshop, Speaker & Other
Meetings, \$3,000
PHI CPR- \$2,100

Continuing Education \$8,050
Continuing Education for Case Managers--
\$6,050 @ \$550 each; Per their bargaining
agreement for tuition/professional training
reimbursement.

\$2,000 for Continuing Education,
& Physician Memberships.

Space Rental	\$155,340	5,138 sf@ \$12,945 x 12 months.
Office Supplies	\$37,645	Outside Printing & Copy Service – 3000 based on run rate General Office Supplies – 14,245 based on run rate; Books & Manuals & Literature – 500 run rate Subscriptions & Periodicals – 300 run rate Photo Copy Lease and Usage – 4,000 Postage & Mailing Expense – 13,000 Misc – 600 County Copy Center – 2000 run rate
Furniture	\$5,000	Planned purchase of furniture for new employees.
Other	\$11,797	Advertising & Publicity Exp. – 1,500 Misc. Maint. Expense – 1,000 run rate Finger printing & Criminology – 144 run rate Auto Liability Insurance – 60 run rate Hospital Liability Insurance – 4,787 run rate Office Bond Insurance – 1,257 run rate County Property Insurance – 466 run rate County Counsel Services – 1,342 run rate County Wide Security – 1,241 run rate
IT/Telephone	\$102,609	Telephone Services Charges – 43,891 run rate IT Automation Charges – 51,718 Computer Equipment 5,000 PC/LAN Software – 2,000

Total Operating Expense \$330,541

III. Capital Expense

None

IV. Indirect Expense

Internal @ 17.51%

\$498,176 Costs supporting in-house administrative and accounting services.

External 4.30% \$122,406 Costs for in-house data processing services.

Total Indirect Expense \$620,582

V. Other Expense

Maint. & Trans. \$29,500 Client Transportation Charges – 29,500

Contractor \$26,000 Based on contract amount for Family Resource Center – parental liaison.

Family Centered Care \$3,000 Expenses for multicultural parent task force meetings.

Total Other Expense \$8,500

Budget Grand Total \$3,854,884

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2008-09**

County San Mateo

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

Caseload Percentages

(a)

(b)

Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	496	
Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	443	89.31%
Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	53	10.69%

SOURCE OF FUNDS

Straight CCS

Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$758,900	
Total Straight CCS Dollars (multiply CCS percentage, line 3(b), x line 4(a))	\$81,092	
State (Line 5(a) x 50%)		→ \$40,546
County (subtract Line 6(b) from Line 5(a))		→ \$40,546

CCS Healthy Families

Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$677,808	
State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$237,233	
State (multiply line 9, column (a) by 50%)		→ \$118,616
County (subtract line 10(b) from line 9(a))		→ \$118,616
Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)		→ \$440,575
Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)	<u>\$758,900</u>	

County/City Other Expenses Justification Form

County/City: San Mateo

Contact Person: Joanne MacDonald

Date: 6/12/08

Telephone Number: (650) 573-2348

List all the subcontractor/consultant agreement claimed under "Other Expenses" and the price. Describe the services to be performed and how the CMS program(s) will benefit. Be specific but concise.

Family Resource Center - \$26,000 (a two year contract for \$52,000)

The contract provides CCS with parent liaison services to promote family centered care.

NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.