

## Plan and Budget Required Documents Checklist

**MODIFIED FY 2017/2018**

County/City: Fresno Fiscal Year: 2017-18

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County/City: Fresno Fiscal Year: 2017-18

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## Agency Information Sheet

**County/City:** Fresno/Fresno

**Fiscal Year:** 2017-18

### Official Agency

Name:	David Pomaville, Director	Address:	1221 Fulton Mall P.O. Box 11867 Fresno, CA 93775
Health Officer	Ken Bird, MD		

### CMS Director (if applicable)

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

### CCS Administrator

Name:	David Luchini Interim Administrator	Address:	1221 Fulton Mall P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6595		
Fax:	559-455-4789	E-Mail:	<a href="mailto:dluchini@co.fresno.ca.us">dluchini@co.fresno.ca.us</a>

### CHDP Director

Name:	Rose Mary Rahn	Address:	1221 Fulton Mall P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6363		
Fax:	559-600-7726	E-Mail:	<a href="mailto:rrahn@co.fresno.ca.us">rrahn@co.fresno.ca.us</a>

### CHDP Deputy Director

Name:	Julie Slaughter	Address:	1221 Fulton Mall P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6592		
Fax:	559-600-7726	E-Mail:	<a href="mailto:slaugj@co.fresno.ca.us">slaugj@co.fresno.ca.us</a>

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

Name:	Bernice Seidel	Address:	2281 Tulare St, 3 <sup>rd</sup> Floor Fresno, CA 93721
Phone:	559-600-3529		
Fax:	559-600-1608	E-Mail:	<a href="mailto:bseidel@co.fresno.ca.us">bseidel@co.fresno.ca.us</a>

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**Director of Social Services Agency**

Name:	Delfino Neira	Address:	2135 Fresno St, STE 100 Fresno, CA 93721
Phone:	559-600-2301		
Fax:	559-600-2311	E-Mail:	dneira@co.fresno.ca.us

**Chief Probation Officer**

Name:	Rick Chavez		3333 E American Ave, STE B Fresno, CA 93725
Phone:	559-600-1298		
Fax:	559-455-2412	E-Mail:	rrchavez@co.fresno.ca.us

Children's Medical Services Plan and Fiscal Guidelines

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

County/City: Fresno

Fiscal Year: 2017-18

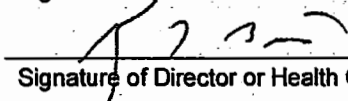
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and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



Signature of CHDP Director

9/27/17

Date Signed



Signature of Director or Health Officer

10/4/17

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

October 31 2017

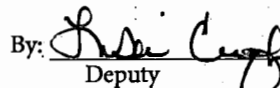
Date

**ATTEST:**

Bernice E. Seidel  
Clerk to the Board of Supervisors  
County of Fresno, State of California

**FOR ACCOUNTING USE ONLY:**

Fund/Subclass: 0001/10000  
Organization#: 56201600, 56201611, 56201618 3505,  
Revenue: 5033, 5036, 3530, 4380

By:   
Deputy

Children's Medical Services Plan and Fiscal Guidelines

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

County/City: Fresno

Fiscal Year: 2017-18

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

9/27/2017  
Date Signed

  
Signature of Director or Health Officer

10/4/17  
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

October 31, 2017  
Date Signed

**ATTEST:**

Bernice E. Seidel  
Clerk to the Board of Supervisors  
County of Fresno, State of California

**FOR ACCOUNTING USE ONLY:**

Fund/Subclass: 0001/10000  
Organization#: 56201600, 56201611, 56201618 3505,  
Revenue: 5033, 5036, 3530, 4380

By:   
Deputy

CMS PLAN  
Fiscal Year 2017-18  
Agency Description

Fresno County's Child Health and Disability Prevention (CHDP) Program and California Children's Services (CCS) are located in the Fresno County Department of Public Health.

The CHDP Program includes the Health Care Program for Children in Foster Care (HCPCFC) and the Child RideSafe Program and is supervised by the CHDP Deputy Director, a Supervising Public Health Nurse. The CHDP Deputy Director is supervised by the Public Health Nursing Division Manager. The CMS Division Manager functions as the CCS Administrator.

The CMS Division Manager reports directly to the Assistant Director of the Department of Public Health. As the CHDP Director, medical supervision for the CHDP Program is provided by Fresno County's Health Officer. CCS medical supervision is provided by a CCS Medical Consultant, a board certified pediatrician. In the event that a board certified pediatrician is not available the CCS program defers to the State for medical consultation needs.

A cooperative working relationship exists between CCS and CHDP. Since Fiscal Year 1990-91, an Intra-Agency Agreement between the CHDP and CCS has been in place. Medical and case management information is freely shared between the two programs to avoid duplication of case management activities and to provide for efficient client care. A written procedure developed and implemented in Fiscal Year 1994-95 assures all children who are in need of preventive health services are referred to the CHDP Program. The CHDP Gateway Program was implemented on July 1, 2003, making preventive health care available to children through their Primary Care Provider. The CHDP Deputy Director and CCS Administrator will continue to work closely to coordinate the activities of each program.

### Incumbent List – California Children's Services

For FY 2017-18, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

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

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: Fresno/Fresno Fiscal Year: 2017-18**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Interim Division Manager/Administrator	David Luchini	90%	No	No
Administrative Assistant	Jennifer Miller	100%	No	No
Staff Analyst	Brandon Heberer	80%	No	No
Rehabilitation Therapy Manager	Harsharn Dhillon	20%	No	No
Systems & Procedures Analyst	Peter Jew	10%	No	No
Accountant	Jose Rodriguez	10%	No	No



<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Public Health Physician	Dr. Joshua Warolin	20%	No	No
Public Health Physician	Dr. R. Verma	20%	No	No
Supervising Public Health Nurse	Vacant <b>(MCMC, IHO, RC)</b>	100%	No	No
Head Nurse	Sherilee Lawson	100%	No	No
Public Health Nurse	Megan Brown	100%	No	No
Public Health Nurse	Elizabeth Manfredi	100%	No	No
Public Health Nurse	Heather Woo	100%	No	No
Public Health Nurse	Noel Almaguer	100%	No	No
Public Health Nurse	Rene Martz	100%	No	No
Public Health Nurse (Extra Help)	Stella Jauregui	100%	No	No
Public Health Nurse	Hilary Davis	100%	No	No
Public Health Nurse	Marla Bomgardner	100%	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Public Health Nurse (Extra Help)	Amada Ozaeta	100%	No	No
Staff Nurse	Vacant	100%	No	No
Staff Nurse	Tim Yang	100%	No	No
Staff Nurse	Kelly Stevens	100%	No	No
Staff Nurse	Chameka Howell	100%	No	No
Staff Nurse	Belinda Mayugba	100%	No	No
Staff Nurse	Darawadee Martin	100%	No	No
Staff Nurse	Jing Yang	100%	No	No
Staff Nurse	Joanne Thorne	100%	No	No
Staff Nurse	Joseph Burgess	100%	No	No
Staff Nurse	Alexis Krise	100%	No	No
Staff Nurse	Maribeth Jensen	100%	No	No
Staff Nurse	Marjelyn Ramiro	100%	No	No
Staff Nurse	Vivien Tagoe	100%	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Physical Therapist	Joy Conde	100%	No	No
Medical Social Worker	Martha Orejel	100%	No	No
Medical Social Worker	Ariana Robles Solis	100%	No	No
Senior Admitting Interviewer	Sonya Mendoza	100%	No	No
Senior Admitting Interviewer	Bobbi Taylor	100%	No	No
Admitting Interviewer	Lee Garcia	100%	No	No
Admitting Interviewer	Luz Reyes	100%	No	No
Admitting Interviewer	Vanessa Bong	100%	No	No
Admitting Interviewer	Rudy Constantino	100%	No	No
Admitting Interviewer	Maria Escobedo	100%	No	No
Admitting Interviewer	Alicia Molina	100%	No	No
Admitting Interviewer	Andrew Baza	100%	No	No
Admitting Interviewer	Rosa Lopez	100%	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Admitting Interviewer	Laura Lee Johnson	100%	No	No
Admitting Interviewer	Laurie Roberts	100%	No	No
Admitting Interviewer	Tiffany Acosta	100%	No	No
Admitting Interviewer	Xavier Gonzalez	100%	No	No
Admitting Interviewer	Michael Vue	100%	No	No
Admitting Interviewer	Bernard Thao	100%	No	No
Admitting Interviewer	Khamsay Vanhelsdingen	100%	No	No
Admitting Interviewer	Chriselda Felix	100%	No	No
Supervising Office Assistant	Alibra Carter	100%	No	No
Office Assistant	Nuvia Carbajal	100%	No	No
Office Assistant	Erika Cortez	100%	No	No
Office Assistant	Malinda Kelley	100%	No	No
Office Assistant	Angela Klamm	100%	No	No
Office Assistant	Vanessa Santoyo	100%	No	No
Office Assistant	Jodie Miller	100%	No	No

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Office Assistant	Teresa Valladolid	100%	No	No
Office Assistant	Kristeena Bump	100%	No	No
Office Assistant	Tamara Brown	100%	No	No
Office Assistant	Mellissa Figueroa	100%	No	No
Supervising Account Clerk	Norma Zieska	50%	No	No
Account Clerk	Rodrigo De La Rosa	100%	No	No
Account Clerk	John Vargas	100%	No	No
Account Clerk	Kimberly Horton	100%	No	No

### Incumbent List - Child Health and Disability Prevention Program

For FY 2017-18 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: **Fresno/Fresno**

Fiscal Year: **2017-18**

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)
Supervising Public Health Nurse, Deputy Director	Julie Slaughter	60%	No	HCPCFC 40%	No	No
Public Health Nurse II	Jeri Guerrero	15%	No	PMM&O 85%	No	No
Public Health Nurse II	Ankara Lee	100%	No	No	No	No
Health Education Assistant	Brendon Matsumoto	100%	No	No	No	No
Supervising Office Assistant II	Lisa Renteria	100%	No	No	No	No
Office Assistant III	Gracie Velasquez	100%	No	No	No	No
Office Assistant III	Martha Garcia	100%	No	No	No	No
Office Assistant I	Yvonne Ramirez	100%	No	No	No	No

County/City: Fresno/Fresno

Fiscal Year: 2017-18

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)
Office Assistant III	Sonia Reyes	90%	No	Child Ride Safe 10%	No	No

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

For FY 2017/2018, complete the table below for all personnel listed in the HCPCFC, HCPCFC Psychotropic Medications Monitoring & Oversight (PMM&O) and CHDP Foster Care Administrative (County/City) budgets (applicable to HCPCFC only) . Use the same job titles for the budgets and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed in the last fiscal year. 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. **If a PMM&O budget was not previously accepted, submit job duty statements and civil service classification statements for all incumbent's listed and funded with PMM&O funds.**

[illegible]

\*Requires submission of a job duty statement and civil service classification statement



**County of Fresno  
Department of Public Health  
CCS**

**Performance Measure 1  
FY 2016-17**

CCS Program staff conducts routine reviews of all active cases to ensure CCS clients have documented and up-to-date medical homes/primary care providers. Staff contacts clients and their parents/guardians and works collaboratively with Medi-Cal Managed Care plans, local hospitals and other local providers to determine current primary care providers.

In addition, CCS Program staff conducts annual program eligibility reviews of all clients to identify primary care physicians and/or medical homes. Additionally, when families come to the CCS office they are asked to identify their primary care physician so their medical files can be updated.

Based on the entire active caseload as of August 2017, the following findings are:

- 90% of CCS clients in Fresno County have an identified primary care provider (PCP). This represents an increase of 23% from the previous fiscal year.
- Business Objects does not reliably reflect the number of clients with a PCP because many clients change PCPs and neglect to inform the CCS Administrative staff. Staff will continue with efforts to obtain PCP information for these clients.

## CCS Performance Measure 1 – Medical Home

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

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

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

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

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

### Reporting Form:

<b>Number of children with a primary care physician/ Medical Home</b>  (Numerator)	<b>Number of children in the local CCS program</b>  (Denominator)	<b>Percentage of compliance</b>
<b>6,395</b>	<b>7,073</b>	<b>90%</b>

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

**County of Fresno  
Department of Public Health  
CCS**

**Performance Measure 2  
FY 2016-17**

Client program eligibility was determined according to the guidelines established by the Children's Medical Services Branch, California Children's Medical Services Administrative Procedures Manual (July 2001 Revision). Fresno County CCS utilized the CCS Performance Measure 2 report within CMS Net to determine compliance. The findings are as follows:

- Total unduplicated new referrals were used for quarters 1, 2, and 3 (4<sup>th</sup> quarter was not available) to calculate the medical eligibility determination compliance. Out of 2,293 new referrals, 72% had their medical eligibility determined within the prescribed guidelines. This represents a 16% increase from the previous fiscal year.
- Total unduplicated new referrals were used for quarters 1, 2, and 3 (4<sup>th</sup> quarter was not available) to calculate the financial and residential eligibility determination compliance. Out of 2,293 new referrals, 80% had their financial and residential eligibility determined within the prescribed guidelines. This represents a 16.6% decrease from the previous fiscal year. 1,818 cases were Full Scope Medi-Cal or TLICP clients and 197 were CCS only clients.
- Manual procedures remain in place for the tickling of applications, Program Services Agreement (PSA), and program eligibility letters that are sent to the families.
- During the previous fiscal year, there were 19 CCS only client referrals as opposed to 197 this current fiscal year. This drastic increase, coupled with an influx of new staff due to turnover, is the reason for the compliance percentage decrease. New staff have been trained and released to actual caseloads. Management believes that these compliance rates will improve in FY 2017-18.

## **CCS Performance Measure 2 – Determination of CCS Program Eligibility**

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

### **Numerators:**

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

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

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

**Reporting Form:**

<b>MEDICAL ELIGIBILITY</b>	Number of referrals determined medically eligible within 5 days (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Medical eligibility determined within 5 days of receipt of all necessary documentation	1,643		2,293		72%
<b>PROGRAM ELIGIBILITY</b>	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Financial eligibility determined within 30 days	FSMC /TLICP 1,639	CCS only 197	FSMC /TLICP 1,818	CCS only 475	80%
Residential eligibility determined within 30 days	1,838		2,293		80%

**County of Fresno  
Department of Public Health  
CCS**

**Performance Measure 3  
FY 2016-17**

**Part A: Annual team Report**

Fresno County CCS generated a business object report which identified 100 random clients (greater than 10%) out of the total list of clients with a diagnosis or condition that requires referral to a Cardiac, Renal, Pulmonary, Neurological or Endocrine Special Care Center, per NL 01-0108.

Review of a random sample of the 100 children who received a SCC authorization yielded the following:

- 87% compliance for Annual Team Reports of SCC authorized clients. Out of 100 children with a SCC authorization, 87 had an Annual Team Report in their medical chart, 13 did not.

**Part B: Authorization of Child to SCC**

CCS generated a Business Object report which identified 100 children with a CCS diagnosis or condition that requires referral to Cardiac, Renal, Neuro-musculoskeletal, Endocrine, or Pulmonary Special Care Centers, per NL 01-0108.

- Of the 100 children who had a condition that required authorization to a SCC, 93 were in fact authorized for a SCC.
- Fresno County is 93% compliant with appropriately authorizing SCC for children with eligible medical conditions.

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

This Performance Measure is evaluated in two parts.

### **Part A: Annual Team Report**

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

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

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

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

### **Part B: Referral of a Child to SCC**

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

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

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

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

**Reporting Form - Part A:**

<b>Category selected (cardiac, pulmonary, etc.)</b>	<b>Number of children with annual team report in client's medical records</b>  (Numerator)	<b>Number of children with SCC authorization</b>  (Denominator)	<b>Percentage of compliance</b>
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	87	100	87%

**Reporting Form - Part B:**

<b>Category selected (cardiac, pulmonary etc.)</b>	<b>Number of children with authorization to SCC</b>  (Numerator)	<b>Number of children with eligible medical conditions that require an authorization to a SCC</b>  (Denominator)	<b>Diagnostic Code Chosen</b>	<b>Percentage of compliance</b>
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	93	100	E10, E11, E70, E71, Q05, N18	93%

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



**County of Fresno**  
**Department of Public Health**  
**CCS**

**Performance Measure 4**  
**FY 2016-17**

Fresno County updated its Transition Planning protocols for the CCS Program in January, 2013 for clients who turn 14, 16, 18 and 20 years of age in the calendar year. Because of staffing constraints, we developed a relatively automated Transition Planning Process that generates age-focused Transition Planning packets of information for all clients with a medical condition that warrants Transition Planning. Fresno County understands the importance of Transition Planning on the overall health needs of our clients. Transition Planning packets include the following:

- A Transition Planning letter addressed to the parents for 14 and 16 year olds and addressed to the clients who are 18 and 20 years old. The letter addresses the importance of client-based understanding of their medical needs, encourages discussion with the medical workers about transition planning, and underscores the importance of finding an adult care provider for when they become adults.
- A Health care skills worksheet to be discussed with the Primary Care Physician.
- Community resource contact list.
- HIPAA forms (as appropriate)
  - Acknowledgment of Receipt of Privacy Rights under HIPAA
  - Authorization for Use and Disclosure (for 18 year olds who want to continue including their parents/guardians in their health care decisions).

Together, these steps have helped Fresno County shore up Transition Planning outreach and engagement, helped reduce some of the paperwork of case managers, and most importantly contributes to the on-going medical needs of our CCS clients.

Fresno County's CCS Medical Therapy Program continuously provides transition planning for children at ages 14, 16, 18 and 20.

The FY 2016-17 Transition Planning Performance Measure includes the following findings:

- Based on the results of a Business Objects report, Fresno County randomly selected a sample of 100 clients with an age of 14, 16, 18, or 20

who's CCS eligible medical condition appropriately required Transition Planning.

- A random sample (100 Cases) of all non-MTP clients who turned 14, 16, 18 and 20 years old was created to see if they received Transition Planning after the implementation of the automated Transition Planning process. FY 2016-17 shows 93% of the selected sample received Transition Planning letters/information.
- A Business Objects report was created to review all clients in the Medical Therapy Program. There were a total of 166 clients enrolled in the MTP for the age groups 14, 16, 18, and 20 whose condition requires Transition Planning. Out of the 166 clients identified 153 (92%) had transition planning. MTU staff understands the importance of transition planning and will continue to take necessary steps to improve the transition planning protocols.

## CCS Performance Measure 4 – Transition Planning

<b>Definition:</b>	Children, 14 years and older who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long term transition planning to adulthood.
<b>Numerator:</b>	Number of CCS charts for clients 14, 16, 18, or 20 years containing the presence of a Transition Planning Checklist completed by CCS program staff within the past 12 months for children aged 14 years and over whom requires long term transition planning.
<b>Denominators:</b>	<ul style="list-style-type: none"><li>a. Number of CCS charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.</li><li>b. Number of MTP charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.</li></ul>
<b>Data Source:</b>	Chart Audit, Completion of Transition Planning Checklist.

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

## **Transition Planning Checklist**

<b>Transition Documentation</b>	<b>YES</b>	<b>NO</b>	<b>Comments</b>
1. Client has an identified need for long-term transition planning.	<b>X</b>		CCS transition planning is performed for all clients 14, 16, 18, and 20 years old.
2. Transition planning noted in child's medical record.	<b>X</b>		Transition planning for clients with appropriate DX is noted in client's Annual Medical Reviews and other Case Notes.
3. Transition planning noted in SCC reports.	<b>X</b>		Most SCC's document transition planning with client and are found in the Medical Social Workers' notes.
4. Vocational Rehab noted in child's reports.	<b>X</b>		Noted only in 14, 16, 18, and 20 year olds in the MTP.
5. Adult provider discussed or identified for children 17 years of age or older.	<b>X</b>		In all Transition Planning Case Notes, discussion of the need for an adult provider is included.
6. Transition planning noted in SELPA for those children that are in the MTP.	<b>X</b>		Schools begin noting transition needs at age 16.

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

**Reporting Form:**

Number of CCS charts reviewed  100	Number with transition planning  93	Percentage of compliance  93%
Number of MTP charts reviewed  166	Number with transition planning  153	Percentage of compliance  92%

**County of Fresno**  
**Department of Public Health**  
**CCS**

**Performance Measure 5**  
**FY 2016-17**

This performance measure indicates the level of family participation in the CCS program. Narrative for each criterion follows:

1. CCS uses an existing CCS parent survey developed in February 2011 and updated in 2014. This survey is distributed widely in order to gauge parent/client satisfaction with CCS services. The survey was written at an elementary reading level in both English and Spanish. Between July 1, 2014 and June 30, 2015, CCS mailed out over 2,700 surveys. The survey provides CCS with information on how we can improve upon services, asking yes or no questions and providing opportunity to comment. Surveys are reviewed and CCS Administration employs every effort to improve upon areas of family participation.
2. On-going challenges exist in the areas of family participation. Currently, there are no advisory committees or task forces for family participation, nor is there a County policy to facilitate reimbursement for child care or transportation to such meetings, due to multiple years of budgetary cutbacks and staffing cuts that have only recently begun to rebound, albeit slowly.
3. Family members regularly participate in CCS Special Care Center meetings for care planning and transition planning.
4. Fresno County CCS has no family advocates under contract or as consultants to the program.

Fresno County CCS Administration will explore opportunities for increasing family involvement, as dictated by Program considerations, including staffing and budgeting constraints.

## CCS Performance Measure 5 – Family Participation

The degree to which the CCS program demonstrates family participation.

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

Checklist documenting family participation in the CCS program.	Yes	No	Comments
1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.	X		Fresno County uses a parent survey and ensures maximum distribution to, and collection from, client's families.
2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.		X	
3. Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning.	X		
4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise.		X	

**Reporting Form:**

<b>Criteria</b>	<b>Performing (25% for each criteria)</b>	<b>Not Performing</b>
<b>1.</b> Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.	<b>25%</b>	
<b>2.</b> Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.		<b>25%</b>
<b>3.</b> Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning.	<b>25%</b>	
<b>4.</b> Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise.		<b>25%</b>
<b>Total</b>	<b>50%</b>	<b>50%</b>



## CHDP Performance Measure 1 - Care Coordination FY 2016-17

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

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

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

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

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

### **Reporting Form:**

Element	Number of conditions coded 4 or 5 where follow-up care was initiated (Numerator)	Total number of conditions coded 4 or 5, excluding children lost to contact (Denominator)	Percent (%) of conditions where follow-up care was initiated within 120 days
Conditions found on children eligible for fee-for-service Medi-Cal that required follow-up care	205	212	96.7%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	N/A	N/A	N/A

\*Of the 7 negatives, 4 were successfully linked to services after 120 days.

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

## CHDP Performance Measure 2 - New Provider Orientation FY 2016-17

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

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

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

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

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

### **Reporting Form:**

<b>Number of New Providers who Completed Orientation</b> (Numerator)	110
<b>Number of New Providers</b> (Denominator)	110
<b>Percent (%) of New Providers Oriented</b>	100%

### **Optional Local Program Data Tracking Form:**

<b>Provider</b>	<b>Provider Location</b>	<b>Date of Orientation</b>	<b>Number of Licensed Staff in Attendance</b>	<b>Number of Non-Licensed Staff in Attendance</b>
1.				
2.				
3.				
4.				

### CHDP Performance Measure 3 - Provider Site Recertification

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

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

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

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

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

#### **Reporting Form:**

<b>Number of Completed Site Recertifications</b> (Numerator)	34
<b>Number of Active CHDP Provider Sites Due for Recertification</b> (Denominator)	34*
<b>Percent (%) with Completed Recertifications</b>	100%

#### **Optional Workload Data Tracking Form:**

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

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

- \* The number of CHDP Provider sites due for recertification cannot be accurately calculated as site recertifications were in abeyance per State instructions for most of FY 2016/2017.

<sup>2</sup> **CHDP Provider Manual: Program, Eligibility, Billing and Policy.** California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program. See website for current updates.

**Local Program Guidance Manual Chapter 10: Problem Resolution and/or Provider Disenrollment.**

California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program, May 2005.

Both references available at: <http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#dgmp>.

## CHDP Performance Measure 4 - Desktop Review: Dental, Lead

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

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

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

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

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

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

### **Reporting Form:**

	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance	Number of PM160s w/ Lead Test or Referral at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance
<b>1.</b> Adventist Health Selma (Rose Clinic)	16	43	37.2%	11	43	25.6%
<b>2.</b> Dr. Grace Lim	0	88	0%	54	88	61.4%
<b>3.</b> Dr. Prem Singh	590	590	100%	551	590	93.4%

## CHDP Performance Measure 5 – Desktop Review: BMI

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

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

- Body Mass Index (BMI) Percentile for ages two (2) years and over.
- If BMI Percentile is abnormal, the description of weight status category<sup>3</sup> and/or a related diagnosis are listed in the Comments Section.

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

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

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

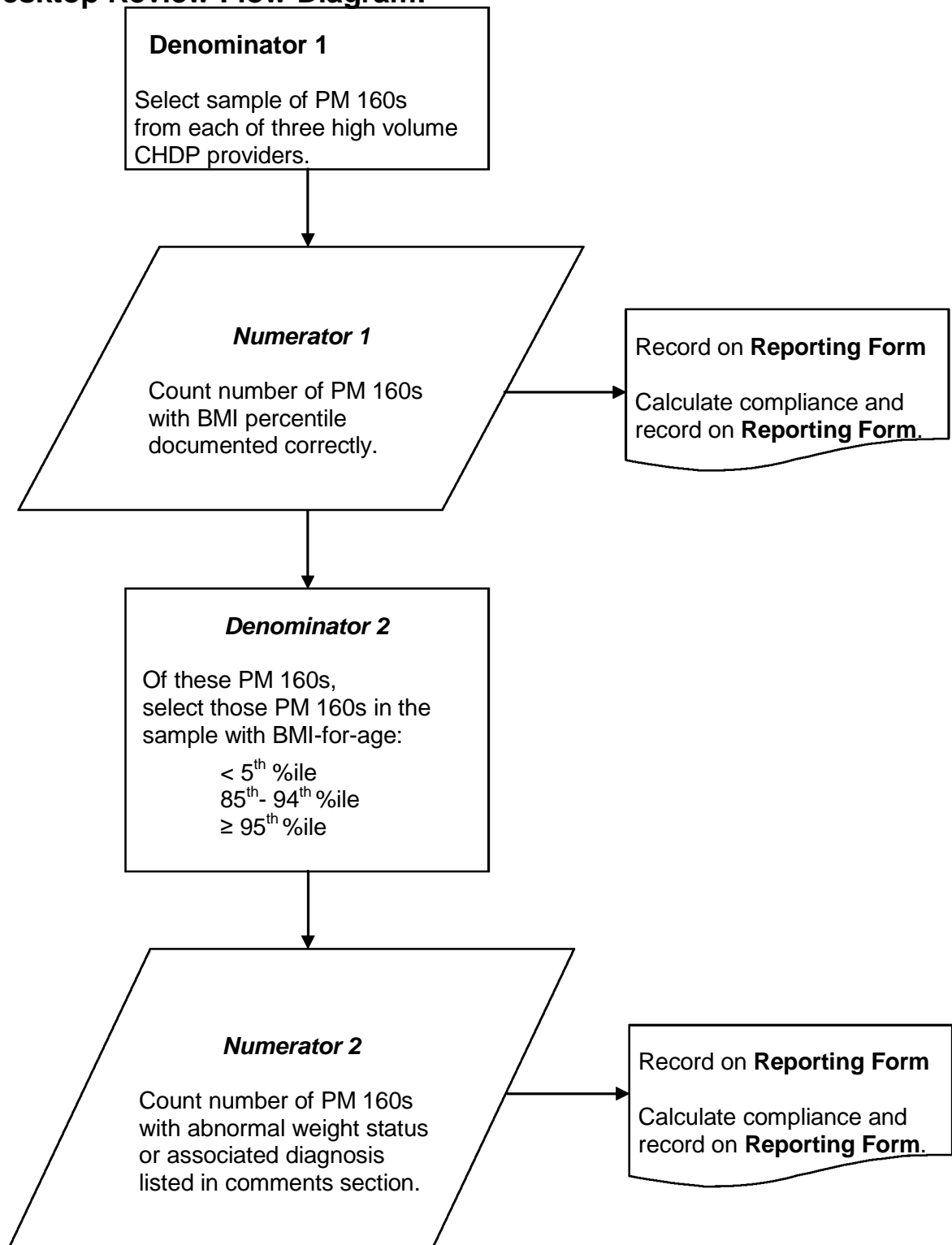
**Data Source:** Local program tracking system.

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<sup>3</sup> **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007.  
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

## Reporting Form for Performance Measure 5 – Desktop Review: BMI

### BMI Desktop Review Flow Diagram:



## Reporting Form for Performance Measure 5 – Desktop Review: BMI

Provider	BMI percentile recorded on PM 160s for children ages 2 (two) and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in Comments Section		
	Number of PM 160s with BMI %ile recorded (Numerator)	Number of PM 160s reviewed (Denominator)	Percent (%) Compliance	Number of PM 160s with abnormal weight status category/ diagnosis in Comments (Numerator)	Number of PM 160s with abnormal weight status reviewed for, diagnosis and follow-up (Denominator)	Percent (%) Compliance
Adventist <b>1.</b> Health Selma Rose	728	884	82.4%	23	256	9%
<b>2.</b> Dr. Grace Lim	1781	1782	99.9%	0	698	0%
<b>3.</b> Dr. Prem Singh	3983	4009	99.4%	0	1752	0%

## Optional CHDP Performance Measure 6 - Desktop Review: Head Circumference

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

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

- Documentation of head circumference on children under 2 years of age.

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

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

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

## Reporting Form for Performance Measure 6 - Desktop Review: Head Circumference

Fresno County CHDP FY 2016 - 2017  
Performance Measures - Head Circumference

Element	Number of PM 160s with head circumference recorded (Numerator)	Total number of PM 160s reviewed (Denominator)	Percent (%) compliance
1. Dr. Prem Singh	2454	2537	96.7%
2. Dr. Grace Lim	0	591	0.0%
3. AHCC - Selma (Rose Clinic)	159	300	53.0%



County of Fresno  
Department of Public Health  
CHDP

HCPCFC Performance Measure 1  
Care Coordination  
FY 2016-17

The Health Care Program for Children in Foster Care PHNs performed desktop reviews of all PM 160s received for children in out of home care. PM 160s are reviewed for quality assurance purposes. Follow-up is implemented for PM 160s coded with a 4 and/or 5 indicating abnormal findings requiring further diagnosis and/or treatment needed. The goal of this program is to assure follow-up care is accomplished within 120 days for all PM 160s that have a code 4 and/or 5.

There was a total of 65 PM 160s with 60 positive closures and 5 negative closures and a compliance rate of 92%. The negative closures included 1 positive closure that was just over 120 days and 4 negative closures. The negative closures were due to not being able to obtain the information due to changes in placement and/or minors on runaway status (AWOL).

County of Fresno  
Department of Public Health  
CHDP

HCPCFC Performance Measure 2 –  
Health and Dental Exams for Children in Out -of-Home Placement  
FY 2016-17

The data gathered for this Performance Measure was obtained from the Child Welfare System/Case Management System (CWS/CMS) Health and Education Passport (HEP) using the methodology explained here:

<http://cssr.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=CDSS5B>

The percentage of children with medical exams was 75%. The number of children with dental exams was 57%. The data is only as accurate as the data entered into CWS/CMS HEP. Processes have put in place and continued assistance and education to DSS Staff are ongoing to increase data entry compliance.

Some notes regarding completion rates according to data received include:

1. Information for a completed exam may not have been received from the medical or dental provider to be entered into the HEP.
2. Only the physical and dental exams that are **entered** into the HEP are included in this data.
3. The 4<sup>th</sup> quarter FY 2016-2017 data was not available at the time data was collected, so percentages noted above are averaged over the first 3 quarters.

There is an explanation for the apparent disparity between completion rates for medical and dental exams:

4. Dental exams often are not received and/or are not entered into the HEP due to:
  - a. Dental exams completed must be requested from the Dental Provider. The social worker/case manager is responsible for requesting and collecting needed data. The Case Manager must initiate the process and consults with PHN, or support staff, to request assistance with collecting the data (medical records) and entering it into the HEP.
5. Medical exams are more accurately reflected due to:

- a. PM 160s for CHDP exams completed for dependent children are received by DSS and SW through an agreement with HCPCFC and the CHDP Program. A process has been put in place for the PM 160s to be forwarded to DSS. Support staff, OAs, SWAs, who have been trained by the PHN enter the data in the HEP and forward the PM 160 to the SW/CM. (The PM 160s requiring Care Coordination or HEP entry of diagnoses and/or problems are forwarded to the HCPCFC PHNs).

## California Children's Services Caseload Summary Form

County: Fresno

Fiscal Year: 2017-18

		A	B				
CCS Caseload 0 to 21 Years		15-16 Actual Caseload	% of Grand Total	16-17 Actual Caseload	% of Grand Total	17-18 Estimated Caseload based on first three quarters	% of Grand Total
MEDI-CAL							
1	Average of Total Open (Active) Medi-Cal Children	8293	89.8%	7305	91.8%	7167	92%
2	Potential Case Medi-Cal	288	3.1%	256	3.2%	251	3.2%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	8581	92.9%	7561	95%	7418	95.2%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	0	0%	0	0%	0	0%
5	Potential Cases Healthy Families	0	0%	0	0%	0	0%
6	Total Healthy Families (Row 4 + Row 5)	0	0%	0	0%	0	0%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	632	6.8%	383	4.8%	357	4.6%
8	Potential Cases Straight CCS Children	22	.2%	13	.16%	12	.15%
9	Total Straight CCS (Row 7 + Row 8)	654	7%	396	4.9%	369	4.7%
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	654	7%	396	4.9%	369	4.7%
GRAND TOTAL							
11	(Row 3 + Row 10)	9235	100%	7957	100%	7787	100%

## CHDP Program Referral Data

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

County/City:	FY 14-15		FY 15-16		FY 16-17	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	207,706 Cumulative	59,145 New Applications	224,952 Cumulative	49,943 New Applications	232,338 Cumulative	32,301 New Applications
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	15,647	41,512	15,620	42,092	15,295	41,187
b. Number of Foster Care cases/recipients	4,663	4,663	4,945	4,945	3,459	3,459
c. Number of Medi-Cal only cases/recipients	25,202	77,749	6,623	17,966	2,542	4,468
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a. Medical and/or dental services	2,502		2,312		2,656	
b. Medical and/or dental services with scheduling and/or transportation	3,888		3,531		5,505	
c. Information only (optional)	5,939		9,914		13,112	

4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	2,566	2,987	3,405
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	56	26	37
6. Number of recipients in "5" who actually received medical and/or dental services	34	20	35

#### MOU/IAA List

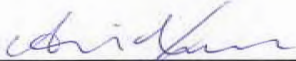
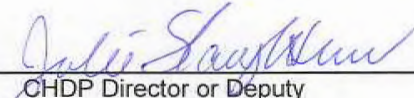
1. Intra-Departmental Agreement: CHDP and CCS
2. Inter-Departmental Agreement: Department of Public Health (DPH), Probation Department (PD), and Department of Social Services (DSS) for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

**CHDP Administrative Budget Summary for FY 2017-18**  
**No County/City Match**

County/City Name: Fresno

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	\$736,022	\$0	\$736,022	\$152,101	\$583,921
II. Total Operating Expenses	\$57,778	\$0	\$57,778	\$1,137	\$56,641
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$115,658	\$0	\$115,658		\$115,658
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$909,458	\$0	\$909,458	\$153,238	\$756,220

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	\$0	\$0			
Medi-Cal Funds:	\$909,457		\$909,457		
State	\$416,419		\$416,419	\$38,309	\$378,110
Federal (Title XIX)	\$493,037		\$493,037	\$114,927	\$378,110

	<u>09/26/17</u>	(559) 600-3330	<a href="mailto:axayavath@co.fresno.ca.us">axayavath@co.fresno.ca.us</a>
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	<u>9/26/17</u>	(559) 600-6592	<a href="mailto:jslaughter@co.fresno.ca.us">jslaughter@co.fresno.ca.us</a>
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address



**CHDP Administrative Budget Worksheet for FY 2017-18**  
**No County/City Match**  
**State and State/Federal**

County/City Name: FRESNO

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 I (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
1. Supervising PHN (J. Slaughter)	60%	\$101,485	\$60,891	0.00%	\$0	100.00%	\$60,891	50%	\$30,446	50%	\$30,445
2. Public Health Nurse II (J. Guerrero)	15%	\$78,355	\$11,753	0.00%	\$0	100.00%	\$11,753	15%	\$1,763	85%	\$9,990
3. Public Health Nurse II (A. Lee)	100%	\$91,072	\$91,072	0.00%	\$0	100.00%	\$91,072	16%	\$14,572	84%	\$76,500
4. Health Education Assistant (B. Matsumoto)	100%	\$35,656	\$35,656	0.00%	\$0	100.00%	\$35,656	26%	\$9,271	74%	\$26,385
5. Supervising OA (L. Renteria)	100%	\$51,012	\$51,012	0.00%	\$0	100.00%	\$51,012	50%	\$25,506	50%	\$25,506
6. Office Assistant III (S. Reyes)	90%	\$38,859	\$34,973	0.00%	\$0	100.00%	\$34,973	0%	\$0	100%	\$34,973
7. Office Assistant III (G. Vasquez)	100%	\$38,859	\$38,859	0.00%	\$0	100.00%	\$38,859	0%	\$0	100%	\$38,859
8. Office Assistant III (M. Garcia)	100%	\$38,859	\$38,859	0.00%	\$0	100.00%	\$38,859	0%	\$0	100%	\$38,859
9. Office Assistant I (Y. Ramirez)	100%	\$31,587	\$31,587	0.00%	\$0	100.00%	\$31,587	0%	\$0	100%	\$31,587
Total Salaries and Wages			\$394,662		\$0		\$394,662		\$81,558		\$313,104
Less Salary Savings											
Net Salaries and Wages			\$394,662	0.00%	\$0	100.00%	\$394,662	20.67%	\$81,558	79.33%	\$313,104
Staff Benefits (Specify %) 86.49%			\$341,360		\$0		\$341,360		\$70,543		\$270,817
<b>I. Total Personnel Expenses</b>			\$736,022		\$0		\$736,022		\$152,101		\$583,921
<b>II. Operating Expenses</b>											
1. Travel			\$4,500		\$0		\$4,500		\$930		\$3,570
2. Training			\$1,000		\$0		\$1,000		\$207		\$793
3. Communication			\$3,620		\$0		\$3,620				\$3,620
4. Facilities & Household Expenses			\$33,808		\$0		\$33,808				\$33,808
5. Equipment Maintenance			\$1,000		\$0		\$1,000				\$1,000
6. Office Expense			\$6,500		\$0		\$6,500				\$6,500
7. Postage			\$5,000		\$0		\$5,000				\$5,000
8. Professional and Specialized Services			\$1,050		\$0		\$1,050				\$1,050
9. Printing			\$500		\$0		\$500				\$500
10. Food			\$800		\$0		\$800				\$800
<b>II. Total Operating Expenses</b>			\$57,778		\$0		\$57,778		\$1,137		\$56,641

**CHDP Administrative Budget Worksheet for FY 2017-18**  
**No County/City Match**  
**State and State/Federal**

County/City Name: FRESNO

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
III. Capital Expenses											
III. Total Capital Expenses			\$0		\$0		\$0				\$0
IV. Indirect Expenses											
1. Internal (Specify %)	15.714%		\$115,658		\$0		\$115,658				\$115,658
2. External (Specify %)	0.000%		\$0		\$0		\$0				\$0
IV. Total Indirect Expenses			\$115,658		\$0		\$115,658				\$115,658
V. Other Expenses											
V. Total Other Expenses			\$0		\$0		\$0				\$0
Budget Grand Total			\$909,458		\$0		\$909,458		\$153,238		\$756,220

Prepared By (Signature)

Date Prepared

(559) 600-3330

Phone Number

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Email Address

CHDP Director or Deputy Director (Signature)

Date

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Phone Number

slaughter@co.fresno.ca.us

Email Address

**FRESNO COUNTY CHILD HEALTH AND DISABILITY  
PREVENTION (CHDP) PROGRAM BUDGET  
FY 2017-18 BUDGET JUSTIFICATION**

**I. PERSONNEL EXPENSES**

Total Salaries:	\$394,662	Salary and Benefits for 10 positions, total of 7.65 FTE. Benefits rate calculated with estimated average of total benefits for the 10 positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
Total Benefits:	<u>\$341,360</u>	
<b>TOTAL PERSONNEL EXPENSES:</b>	<b>\$736,022</b>	

**II. OPERATING EXPENSES**

1. Travel	\$4,500	Private mileage reimbursement at \$0.535/mile and costs for usage of County cars associated with provider visits and travel to State-sponsored meetings and conferences.
2. Training	\$1,000	Cost of tuition & registration fees for program staff to attend State-sponsored training and other trainings to enhance knowledge and skills.
3. Communication	\$3,620	Office telephones utilized by program staff. Costs provided by Internal Services.
4. Facilities & Household Expenses	\$33,808	Facilities, utilities and security costs. Includes janitorial services and cleaning supplies made available to program, e.g. paper towels, light bulbs. Costs provided by Internal Services, based on square footage of office space occupied by program staff.
5. Equipment Maintenance	\$1,000	Copy machine fees/maintenance costs and audiometer calibration.
6. Office Expense	\$6,500	General office supplies including paper supplies, computer supplies, pens, ink cartridges, publications, legal notices, pamphlets and brochures for providers, clients, schools and community agencies, etc. Health education materials for provider trainings and health fairs. Includes items such as eye charts, audiometric screening tools.
7. Postage	\$5,000	Postage costs for mailing information notices to providers and letters to clients.

**FRESNO COUNTY CHILD HEALTH AND DISABILITY  
PREVENTION (CHDP) PROGRAM BUDGET  
FY 2017-18 BUDGET JUSTIFICATION**

8. Professional and Specialized Services	\$1,050	Interpretation/translation costs for client visits and translating health education material to threshold languages. Also includes confidential document shredding, CPR training and hearing & vision testing class needed for SPMP staff.
9. Printing	\$500	Charges related to office printing, chart forms, & informational handouts.
10. Food	\$800	Food for provider trainings.

**TOTAL OPERATING EXPENSES: \$57,778**

**III. CAPITAL EXPENSES**

N/A	\$0
<b>TOTAL CAPITAL EXPENSES:</b>	<b>\$0</b>

**IV. INDIRECT EXPENSES**

a. Internal @ 15.714%	\$115,658
b. External @ 0.000%	\$0
<b>TOTAL INDIRECT EXPENSES:</b>	<b>\$115,658</b>

Fresno County Department of Public Health's indirect rate is 26.19% approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Lower rate applied to this budget to ensure sufficient funding for direct costs and remaining within funding allocation.

**V. OTHER EXPENSES**

N/A	\$0
<b>TOTAL OTHER EXPENSES:</b>	<b>\$0</b>

**BUDGET GRAND TOTAL: \$909,458**


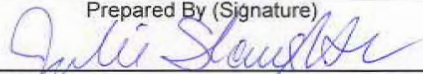
Children's Medical Services Plan Fiscal Guidelines for Fiscal Year 2017-18

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services Branch

**HCPFCF Administrative Budget Worksheet**  
**Fiscal Year 2017-18**  
**County/City Name: FRESNO**

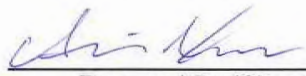
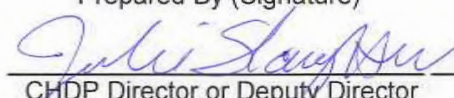
Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. Supervising PHN (J. Slaughter)	40%	\$101,485	\$40,594	70%	\$28,416	30%	\$12,178
2. PHN II (K. Schmidt)	100%	\$72,656	\$72,656	80%	\$58,125	20%	\$14,531
3. PHN II (M. Carrasco)	100%	\$89,572	\$89,572	80%	\$71,658	20%	\$17,914
4. PHN II (C. Lopez)	50%	\$93,472	\$46,736	80%	\$37,389	20%	\$9,347
5. PHN II (L. Wade)	50%	\$90,172	\$45,086	80%	\$36,069	20%	\$9,017
6. OAI (P. Xiong)	100%	\$26,808	\$26,808	60%	\$16,085	40%	\$10,723
Total Salaries and Wages			\$321,452		\$247,742		\$73,710
Less Salary Savings							
Net Salaries and Wages			\$321,452	77.07%	\$247,742	22.93%	\$73,710
Staff Benefits (Specify %) 83.78%			\$269,323		\$207,567		\$61,756
<b>I. Total Personnel Expenses</b>			\$590,775		\$455,309		\$135,466
<b>II. Operating Expenses</b>							
1. Travel			\$1,000	77.07%	\$771	22.93%	\$229
2. Training			\$9,000	77.07%	\$6,936	22.93%	\$2,064
3. Office Expenses			\$1,000	77.07%	\$771	22.93%	\$229
4. Professional Services			\$500	77.07%	\$385	22.93%	\$115
<b>II. Total Operating Expenses</b>			\$11,500		\$8,863		\$2,637
<b>III. Capital Expenses</b>							
1.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 26.190%			\$154,724				\$154,724
2. External (Specify %) 0.000%			\$0				\$0
<b>IV. Total Indirect Expenses</b>			\$154,724				\$154,724
<b>V. Other Expenses</b>							
1.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$756,999		\$464,172		\$292,827

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Prepared By (Signature)	Date prepared	Phone Number	Email Address
	9/26/17	(559) 600-6592	jslaughter@co.fresno.ca.us
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

**HCPFCF Administrative Budget Summary**  
**Fiscal Year 2017-18**  
**County/City Name: FRESNO**

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	\$590,775	\$455,309	\$135,466
II. Total Operating Expenses	\$11,500	\$8,863	\$2,637
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$154,724		\$154,724
V. Total Other Expenses			
Budget Grand Total	\$756,999	\$464,172	\$292,827

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$262,456	\$116,043	\$146,413
Federal Funds (Title XIX)	\$494,542	\$348,129	\$146,413
Budget Grand Total	\$756,998		

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CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

**FRESNO COUNTY CHILD HEALTH AND DISABILITY  
PREVENTION (CHDP) PROGRAM BUDGET  
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE  
FY 2017-18 BUDGET JUSTIFICATION**

**I. PERSONNEL EXPENSES**

Total Salaries:	\$321,452	Salary and Benefits for 6 positions, total of 4.4 FTE. Benefits calculated with estimated total benefits rate for the 6 positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
Total Benefits:	\$269,323	
<b>TOTAL PERSONNEL EXPENSES:</b>	<b>\$590,775</b>	

**II. OPERATING EXPENSES**

Travel:	\$1,000	Private auto mileage reimbursement at \$0.535/mile for program staff travel to complete program activities and attend State-sponsored meetings, including regional meetings, sub-committee meetings, and training specific to job duties.
Training:	\$9,000	Registration costs for Public Health Nurses to attend State recommended training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and State-convened meetings.
Office Expenses:	\$1,000	General office supplies including paper supplies, computer supplies, pens, ink cartridges and publications to perform program activities.
Professional Services:	\$500	Interpretation/translation services, CPR training.
<b>TOTAL OPERATING EXPENSES:</b>	<b>\$11,500</b>	

**III. CAPITAL EXPENSES**

N/A	<u>\$0</u>
-----	------------

**TOTAL CAPITAL EXPENSES:** **\$0**

**IV. INDIRECT EXPENSES**

a. Internal @ 26.19%:

**\$154,724**

Fresno County Department of  
Public Health's indirect rate is  
26.19% approved for use by

**TOTAL INDIRECT EXPENSES:**

**\$154,724**

Fresno County's Auditor  
Controller/Treasurer-Tax Collector.

**V. OTHER EXPENSES**

N/A

**\$0**

**TOTAL OTHER EXPENSES:**

**\$0**

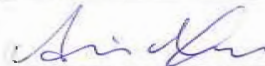
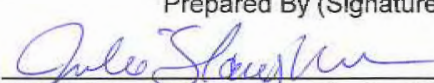
**BUDGET GRAND TOTAL:**

**\$756,999**


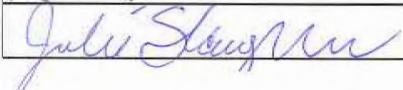


**HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget Worksheet**  
**Fiscal Year 2017-18**  
**County/City Name: FRESNO**

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. PHN II (J. Guerra)	85%	\$78,355	\$66,602	90%	\$59,942	10%	\$6,660
Total Salaries and Wages			\$66,602		\$59,942		\$6,660
Less Salary Savings							
Net Salaries and Wages			\$66,602	90.00%	\$59,942	10.00%	\$6,660
Staff Benefits (Specify %) 86.45%			\$57,577		\$51,820		\$5,758
<b>I. Total Personnel Expenses</b>			\$124,179		\$111,762		\$12,418
<b>II. Operating Expenses</b>							
1. Training			\$1,000	90.00%	\$900	10.00%	\$100
2. Travel			\$1,753	90.00%	\$1,578	10.00%	\$175
3. Office Expenses			\$600	90.00%	\$540	10.00%	\$60
<b>II. Total Operating Expenses</b>			\$3,353		\$3,018		\$335
<b>III. Capital Expenses</b>							
1.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 26.190%			\$32,523				\$32,523
2. External (Specify %) 0.000%			\$0				\$0
<b>IV. Total Indirect Expenses</b>			\$32,523				\$32,523
<b>V. Other Expenses</b>							
1.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$160,055		\$114,780		\$45,275

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Prepared By (Signature)	Date prepared	Phone Number	Email Address
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CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

## ATTACHMENT F

State of California – Health and Human Services Agency		Department of Health Care Services – Systems of Care Division	
County/City Name: Fresno/Fresno			
HCPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Summary Fiscal Year 2017-18			
Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	124,180	111,762	12,418
II. Total Operating Expenses	3,353	3,018	335
III. Total Capital Expenses			
IV. Total Indirect Expenses	32,523		32,523
V. Total Other Expenses			
Expenditures Grand Total	160,056	114,780	45,276
Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	51,333	28,695	22,638
Federal Funds (Title XIX)	108,723	86,085	22,638
Total Source of Funds	160,056	114,780	45,276
Prepared By (Signature):	Date Prepared:	Phone Number:	E-mail Address:
	09/26/17	(559) 600-3330	axavavath@co.fresno.ca.us
CHDP Director or Deputy Director (Signature):	Date Prepared:	Phone Number:	E-mail Address:
	9/26/17	(559) 600-6592	jslaughter@co.fresno.ca.us

Revised June 2017

**FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE  
Psychotropic Medications Monitoring & Oversight  
FY 2017-18 BUDGET JUSTIFICATION**

**I. PERSONNEL EXPENSES**

Total Salaries:	\$66,602	Salary and Benefits for .85 FTE
Total Benefits:	<u>\$57,577</u>	PHN II. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
<b>TOTAL PERSONNEL EXPENSES:</b>	<b>\$124,179</b>	

**II. OPERATING EXPENSES**

1. Training	\$1,000	Registration costs for PHN to complete online & in-person trainings/workshops regarding PMM&O.
2. Travel	\$1,753	Travel expenses (transportation, lodging, meals, etc.) related to in-person trainings.
3. Office Expenses	\$600	Reference books, guides & subscriptions for current information on PMM&O related topics.
<b>TOTAL OPERATING EXPENSES:</b>	<b><u>\$3,353</u></b>	

**III. CAPITAL EXPENSES**

N/A	\$0
<b>TOTAL CAPITAL EXPENSES:</b>	<b><u>\$0</u></b>

**IV. INDIRECT EXPENSES**

a. Internal @ 26.19%:	\$32,523	Fresno County Department of Public Health's indirect rate is 26.19% approved for use by Fresno County's Auditor
<b>TOTAL INDIRECT EXPENSES:</b>	<b><u>\$32,523</u></b>	Controller/Treasurer-Tax Collector.

V. OTHER EXPENSES

N/A \$0

TOTAL OTHER EXPENSES: \$0

BUDGET GRAND TOTAL: \$160,055



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	384	4.99%
<b>OTLIPC -</b> Total Cases of Open (Active) OTLIPC Children	655	8.52%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	6651	86.49%
<b>TOTAL CCS CASELOAD</b>	<b>7690</b>	<b>100%</b>

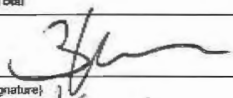
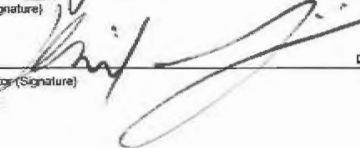
## CCS Administrative Budget Worksheet

Fiscal Year: 2017-18County: Fresno

				Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) State/County/Federal (6.0/6.0/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense</b>													
<b>Program Administration</b>													
1. D. Luchini, INTERIM ADMINISTRATOR/DIVISION MANAGER	90.00%	90,000	81,000	4.99%	4,045	8.52%	6,899	86.49%	70,056			100.00%	70,056
2. J. Miller, ADMINISTRATIVE ASSISTANT III	100.00%	46,878	46,878	4.99%	2,341	8.52%	3,993	86.49%	40,544			100.00%	40,544
3. B. Heberer, STAFF ANALYST III	80.00%	57,070	45,656	4.99%	2,280	8.52%	3,889	86.49%	39,487			100.00%	39,487
4. H. Dhillon, REHABILITATIVE THERAPY MANAGER	20.00%	108,316	21,663	4.99%	1,082	8.52%	1,845	86.49%	18,736			100.00%	18,736
5. P. Jew, SYS & PROC ANALYST III	10.00%	77,116	7,712	4.99%	385	8.52%	657	86.49%	6,670			100.00%	6,670
6. J. Rodriguez, ACCOUNTANT II	10.00%	47,606	4,761	4.99%	238	8.52%	406	86.49%	4,118			100.00%	4,118
Subtotal		426,986	207,670		10,371		17,689		179,611				179,611
<b>Medical Case Management</b>													
1. Dr. J. Warolin, MEDICAL CONSULTANT (EXTRA HELP)	20.00%	156,000	31,200	4.99%	1,558	8.52%	2,657	86.49%	26,985	100.00%	26,985	0.00%	0
2. Dr. R. Verma, MEDICAL CONSULTANT (EXTRA HELP)	20.00%	156,000	31,200	4.99%	1,558	8.52%	2,657	86.49%	26,985	52.00%	14,032	48.00%	12,953
4. Vacant, SUPERVISING PUBLIC HEALTH NURSE	100.00%	89,388	89,388	4.99%	4,464	8.52%	7,614	86.49%	77,311	70.00%	54,118	30.00%	23,193
5. S. Lawson, HEAD NURSE	100.00%	114,322	114,322	4.99%	5,709	8.52%	9,737	86.49%	98,876	70.00%	69,213	30.00%	29,663
6. M. Brown, PUBLIC HEALTH NURSE I	100.00%	69,472	69,472	4.99%	3,469	8.52%	5,917	86.49%	60,086	86.00%	51,674	14.00%	8,412
7. E. Manfredi, PUBLIC HEALTH NURSE II	100.00%	96,044	96,044	4.99%	4,796	8.52%	8,181	86.49%	83,067	73.00%	60,639	27.00%	22,428
8. H. Woo, PUBLIC HEALTH NURSE II	100.00%	79,846	79,846	4.99%	3,987	8.52%	6,801	86.49%	69,058	56.00%	38,672	44.00%	30,386
9. N. Almaguer, PUBLIC HEALTH NURSE II	100.00%	84,916	84,916	4.99%	4,240	8.52%	7,233	86.49%	73,443	84.00%	61,692	16.00%	11,751
10. R. Martz, PUBLIC HEALTH NURSE II	100.00%	96,044	96,044	4.99%	4,796	8.52%	8,181	86.49%	83,067	80.00%	66,454	20.00%	16,613
11. S. Jauregui, PUBLIC HEALTH NURSE (EXTRA HELP)	100.00%	23,643	23,643	4.99%	1,181	8.52%	2,014	86.49%	20,449	90.00%	18,404	10.00%	2,045
12. H. Davis, PUBLIC HEALTH NURSE I	100.00%	79,846	79,846	4.99%	3,987	8.52%	6,801	86.49%	69,058	83.00%	57,318	17.00%	11,740
13. M. Bomgardner, PUBLIC HEALTH NURSE II	100.00%	79,846	79,846	4.99%	3,987	8.52%	6,801	86.49%	69,058	95.00%	65,605	5.00%	3,453
14. A. Ozaeta, PUBLIC HEALTH NURSE (Extra Help)	100.00%	23,643	23,643	4.99%	1,181	8.52%	2,014	86.49%	20,449	90.00%	18,404	10.00%	2,045
15. Vacant, STAFF NURSE I	100.00%	58,236	58,236	4.99%	2,908	8.52%	4,960	86.49%	50,368	90.00%	45,331	10.00%	5,037
16. T. Yang, STAFF NURSE I	100.00%	62,088	62,088	4.99%	3,100	8.52%	5,288	86.49%	53,699	88.00%	47,255	12.00%	6,444
18. K. Stevens, STAFF NURSE I	100.00%	62,088	62,088	4.99%	3,100	8.52%	5,288	86.49%	53,699	85.00%	45,644	15.00%	8,055
19. C. Howell, STAFF NURSE II	100.00%	64,038	64,038	4.99%	3,198	8.52%	5,454	86.49%	55,386	75.00%	41,540	25.00%	13,846
20. B. Mayugba, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	94.00%	72,545	6.00%	4,631
21. D. Martin, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	77.00%	59,426	23.00%	17,750
22. J. Yang, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	81.00%	62,513	19.00%	14,663
23. J. Thorne, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	75.00%	57,882	25.00%	19,294
24. J. Burgess, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	69.00%	53,251	31.00%	23,925
25. A. Krise, STAFF NURSE II	100.00%	62,088	62,088	4.99%	3,100	8.52%	5,288	86.49%	53,699	88.00%	47,255	12.00%	6,444
26. M. Jensen, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	69.00%	53,251	31.00%	23,925

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
27. M. Ramiro, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	81.00%	62,513	19.00%	14,663
28. V. Tago, STAFF NURSE III	100.00%	89,232	89,232	4.99%	4,456	8.52%	7,600	86.49%	77,176	80.00%	61,741	20.00%	15,435
29. J. Conde, PHYSICAL THERAPIST III	100.00%	97,942	97,942	4.99%	4,891	8.52%	8,342	86.49%	84,709	80.00%	67,767	20.00%	16,942
Subtotal		2,269,346	2,019,746		100,858		172,028		1,746,860		1,381,124		365,736
Other Health Care Professionals													
1. M. Orejel, MEDICAL SOCIAL WORKER I	100.00%	45,780	45,780	4.99%	2,286	8.52%	3,899	86.49%	39,595	54.00%	21,381	46.00%	18,214
2. A. Robles Solis, MEDICAL SOCIAL WORKER I	100.00%	45,780	45,780	4.99%	2,286	8.52%	3,899	86.49%	39,595	54.00%	21,381	46.00%	18,214
Subtotal		91,560	91,560		4,572		7,798		79,190		42,762		36,428
Ancillary Support													
1. S. Mendoza, SENIOR ADMITTING INTERVIEWER	100.00%	46,592	46,592	4.99%	2,327	8.52%	3,968	86.49%	40,297			100.00%	40,297
2. B. Taylor, SENIOR ADMITTING INTERVIEWER	100.00%	37,544	37,544	4.99%	1,875	8.52%	3,198	86.49%	32,471			100.00%	32,471
3. L. Garcia, ADMITTING INTERVIEWER II	100.00%	40,482	40,482	4.99%	2,021	8.52%	3,448	86.49%	35,012			100.00%	35,012
4. L. Reyes, ADMITTING INTERVIEWER II	100.00%	40,482	40,482	4.99%	2,021	8.52%	3,448	86.49%	35,012			100.00%	35,012
5. V. Bong, ADMITTING INTERVIEWER I	100.00%	26,884	26,884	4.99%	1,342	8.52%	2,290	86.49%	23,252			100.00%	23,252
6. R. Constantino, ADMITTING INTERVIEWER I	100.00%	36,920	36,920	4.99%	1,844	8.52%	3,145	86.49%	31,932			100.00%	31,932
7. M. Escobedo, ADMITTING INTERVIEWER II	100.00%	33,670	33,670	4.99%	1,681	8.52%	2,868	86.49%	29,121			100.00%	29,121
8. A. Molina ADMITTING INTERVIEWER II	100.00%	40,482	40,482	4.99%	2,021	8.52%	3,448	86.49%	35,012			100.00%	35,012
9. A. Baza, ADMITTING INTERVIEWER I	100.00%	26,884	26,884	4.99%	1,342	8.52%	2,290	86.49%	23,252			100.00%	23,252
10. R. Lopez, ADMITTING INTERVIEWER I	100.00%	26,884	26,884	4.99%	1,342	8.52%	2,290	86.49%	23,252			100.00%	23,252
11. L. Johnson, ADMITTING INTERVIEWER I	100.00%	27,716	27,716	4.99%	1,384	8.52%	2,361	86.49%	23,971			100.00%	23,971
12. L. Roberts, ADMITTING INTERVIEWER I	100.00%	32,318	32,318	4.99%	1,614	8.52%	2,753	86.49%	27,951			100.00%	27,951
13. T. Acosta, ADMITTING INTERVIEWER II	100.00%	34,710	34,710	4.99%	1,733	8.52%	2,956	86.49%	30,020			100.00%	30,020
14. X. Gonzalez, ADMITTING INTERVIEWER I	100.00%	29,458	29,458	4.99%	1,471	8.52%	2,509	86.49%	25,478			100.00%	25,478
15. M. Vue, ADMITTING INTERVIEWER I	100.00%	27,716	27,716	4.99%	1,384	8.52%	2,361	86.49%	23,971			100.00%	23,971
16. B. Thao, ADMITTING INTERVIEWER I	100.00%	27,716	27,716	4.99%	1,384	8.52%	2,361	86.49%	23,971			100.00%	23,971
17. K. Vanhelsdingen, ADMITTING INTERVIEWER II	100.00%	40,482	40,482	4.99%	2,021	8.52%	3,448	86.49%	35,012			100.00%	35,012
18. C. Felix, ADMITTING INTERVIEWER I	100.00%	26,884	26,884	4.99%	1,342	8.52%	2,290	86.49%	23,252			100.00%	23,252
Subtotal		603,824	603,824		30,149		51,432		522,239				522,239
Clerical and Claims Support													
1. N. Zieska, SUPERVISING ACCOUNT CLERK II	50.00%	53,248	26,624	4.99%	1,329	8.52%	2,268	86.49%	23,027	0.00%	0	100.00%	23,027
2. J. Vargas, ACCOUNT CLERK II	75.00%	30,316	22,737	4.99%	1,135	8.52%	1,937	86.49%	19,665	0.00%	0	100.00%	19,665
3. R. De La Rosa, ACCOUNT CLERK III	50.00%	35,074	17,537	4.99%	876	8.52%	1,494	86.49%	15,168	0.00%	0	100.00%	15,168
4. K. Horton, ACCOUNT CLERK III	75.00%	34,008	25,506	4.99%	1,274	8.52%	2,172	86.49%	22,060	0.00%	0	100.00%	22,060
5. A. Carter, SUPERVISING OFFICE ASSISTANT II	100.00%	42,250	42,250	4.99%	2,110	8.52%	3,599	86.49%	36,542	0.00%	0	100.00%	36,542
6. N. Carbajal, OFFICE ASSISTANT I	100.00%	23,764	23,764	4.99%	1,187	8.52%	2,024	86.49%	20,553	0.00%	0	100.00%	20,553
7. E. Cortes, OFFICE ASSISTANT I	100.00%	23,764	23,764	4.99%	1,187	8.52%	2,024	86.49%	20,553	0.00%	0	100.00%	20,553
8. M. Kelley, OFFICE ASSISTANT I	100.00%	23,764	23,764	4.99%	1,187	8.52%	2,024	86.49%	20,553	0.00%	0	100.00%	20,553
9. A. Klam, OFFICE ASSISTANT I	100.00%	23,764	23,764	4.99%	1,187	8.52%	2,024	86.49%	20,553	0.00%	0	100.00%	20,553
10. V. Santoyo, OFFICE ASSISTANT I	100.00%	24,518	24,518	4.99%	1,224	8.52%	2,088	86.49%	21,205	0.00%	0	100.00%	21,205
11. J. Miller, OFFICE ASSISTANT I	100.00%	23,764	23,764	4.99%	1,187	8.52%	2,024	86.49%	20,553	0.00%	0	100.00%	20,553
12. T. Brown, OFFICE ASSISTANT III	100.00%	38,116	38,116	4.99%	1,903	8.52%	3,247	86.49%	32,966	0.00%	0	100.00%	32,966
13. M. Figueroa, OFFICE ASSISTANT III	100.00%	38,116	38,116	4.99%	1,903	8.52%	3,247	86.49%	32,966	0.00%	0	100.00%	32,966
14. T. Valladolid, OFFICE ASSISTANT III	100.00%	38,116	38,116	4.99%	1,903	8.52%	3,247	86.49%	32,966	0.00%	0	100.00%	32,966
15. K. Bump, OFFICE ASSISTANT III	100.00%	29,796	29,796	4.99%	1,488	8.52%	2,538	86.49%	25,770	0.00%	0	100.00%	25,770
Subtotal		482,378	422,136		21,080		35,957		365,100		0		365,100
Total Salaries and Wages			3,344,936	4.99%	167,029	8.52%	284,907	86.49%	2,893,000	49.22%	1,423,886	50.78%	1,469,114
Staff Benefits (Specify %)	79.90%		2,672,604	4.99%	133,456	8.52%	227,641	86.49%	2,311,507		1,137,685		1,173,822
I. Total Personnel Expense			6,017,540	4.99%	300,485	8.52%	512,548	86.49%	5,204,507		2,561,571		2,642,936

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (5.0/5.0/55)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
II. Operating Expense													
1. Travel			3,198	4.99%	160	8.52%	272	86.49%	2,766	49.22%	1,361	50.78%	1,405
2. Training			10,034	4.99%	501	8.52%	855	86.49%	8,678	49.22%	4,271	50.78%	4,407
3. Office Expenses			42,751	4.99%	2,135	8.52%	3,641	86.49%	36,975	49.22%	18,198	50.76%	18,777
4. Postage			30,000	4.99%	1,498	8.52%	2,555	86.49%	25,947	48.53%	12,692	51.47%	13,355
5. Small Tools			8,531	4.99%	426	8.52%	727	86.49%	7,378	49.20%	3,630	50.80%	3,748
6. Households Expenses			9,115	4.99%	455	8.52%	776	86.49%	7,883	49.22%	3,880	50.78%	4,003
7. Maintenance-Equipment, Bldg. & Security			30,715	4.99%	1,534	8.52%	2,516	86.49%	26,565	49.22%	13,075	50.78%	13,490
8. Facility Services (Rent, Utilities)			112,198	4.99%	5,603	8.52%	9,557	86.49%	97,039	48.53%	47,093	51.47%	49,946
9. Communication			26,286	4.99%	1,313	8.52%	2,239	86.49%	22,734	48.53%	11,033	51.47%	11,701
10. Special Department Expenses			6,700	4.99%	335	8.52%	571	86.49%	5,795	48.53%	2,812	51.47%	2,883
11. Data Processing			0	4.99%	0	8.52%	0	86.49%	0	49.22%	0	50.76%	0
12. Translation Services			25,000	4.99%	1,049	8.52%	1,789	86.49%	18,163	48.53%	8,814	51.47%	9,349
II. Total Operating Expense			300,528		15,009		25,598		259,923		126,759		133,164
III. Capital Expense													
1.			0	4.99%	0	8.52%	0	86.49%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Internal	14.156%		851,843	4.99%	42,537	8.52%	72,556	86.49%	736,750			100.00%	736,750
2. External	0.000%		0	4.99%	0	8.52%	0	86.49%	0			100.00%	0
IV. Total Indirect Expense			851,843		42,537		72,556		736,750				736,750
V. Other Expense													
1. Maintenance & Transportation			42,600	4.99%	2,127	8.52%	3,628	86.49%	36,844			100.00%	36,844
V. Total Other Expense			42,600		2,127		3,628		36,844				36,844
Budget Grand Total			7,212,511		360,158		614,330		6,238,024		2,688,330		3,549,694

Prepared By (Signature) 	Brandon Heberer, Staff Analyst	9/1/2017	bheberer@co.fresno.ca.us	559-600-6521
Prepared By (Printed Name)	Date Prepared	E-Mail address	Telephone Number with Area Code	
David Luchini, Interim Administrator 	9/26/17	dluchini@co.fresno.ca.us	559-600-8402	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	E-Mail address	Telephone Number with Area Code
Revised 8/25/2016				

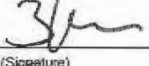
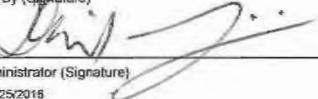
CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	384	4.99%
<b>OTLICP -</b> Total Cases of Open (Active) OTLICP Children	655	8.52%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	6651	86.49%
<b>TOTAL CCS CASELOAD</b>	<b>7690</b>	<b>100%</b>

## CCS Administrative Budget Summary

Fiscal Year: 2017-18County: Fresno

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	6,017,540	300,485	512,548	5,204,507	2,561,571	2,642,936
II. Total Operating Expense	300,528	15,009	25,598	259,923	126,759	133,164
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	851,843	42,537	72,556	736,750		736,750
V. Total Other Expense	42,600	2,127	3,628	36,844		36,844
Budget Grand Total	7,212,511	360,158	614,330	6,238,024	2,688,330	3,549,694

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>						
State	180,079	180,079				
County	180,079	180,079				
<b>OTLICP</b>						
State	36,860		36,860			
County	36,860		36,860			
Federal (Title XX)	540,610		540,610			
<b>Medi-Cal</b>						
State	2,446,930			2,446,930	672,083	1,774,847
Federal (Title XIX)	3,791,094			3,791,094	2,016,247	1,774,847

	Brandon Heberer, Staff Analyst	9/1/2017	bheberer@co.fresno.ca.us
Prepared By (Signature)	Prepared By (Printed Name)	Date	Email Address
	David Luchini, Interim Administrator	9/26/17	dluchini@co.fresno.ca.us
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date	Email Address

Revised 8/25/2016



<b>I. Personnel Expenses</b>		
Total Salaries:	\$ 3,344,936	
Total Benefits:	\$ 2,672,604	Staff benefits represent an estimated 79.9% of salaries; this is an increase of 2.9% from the previous fiscal year. This estimate was reached by using an average of the actual benefits paid for the previous fiscal year with an added 3% to adjust for projected pay raises and promotions.
<b>Total Personnel Expenses:</b>	<b>\$ 6,017,540</b>	

#### Staffing Changes

Public Health Physician	Represents a .4 FTE from (2) Extra Help positions. This is a .6 FTE decrease from the previous FY due the removal of an extra help postion.
Public Health Nurse	Represents a 9.0 FTE with (1) Vacancy. This is 0.8 increase from the previous FY.
Staff Nurse	Represents a 13.0 FTE. This is an increase of 1.0 FTE from previous FY to better match Staffing Standards.
Medical Social Worker	Filled vacancy; represents 2.0 FTE. Meets Staffing Standards.
Admitting Interviewer	Represents 16.0 FTE (an increase of 1.0 FTE from previous FY).

#### II. Operating Expenses

Travel	\$ 3,198.00	Based on expenditures: Milage, Meals, Lodging, Freight, Praking, Garge Fees, etc. (\$1,198 increase from previous FY)
Training	\$ 10,034.00	Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This is a 400% increase from the previous FY based on expenditures.
Office Expenses	\$ 42,751.00	9.6% increase from previous fiscal year based on expenditures.
Postage	\$ 30,000.00	Based on expenditures from previous FY this represents a 36% increase.
Small Tools	\$ 8,531.00	Represents a 70.6% increase from previous FY based on expenditures.
Household Expenses	\$ 9,115.00	Represents a 17.1% decrease from previous FY based on expenditures.
Maint-Equip, Bldg, & Security	\$ 30,715.00	Represents a 34.6% decrease from previous FY based on expenditures.
Facility Services(rent, utilities)	\$ 112,198.00	Represents a 167% increase from previous FY based on expenditures.
Communication	\$ 26,286.00	Represents a 38.3% increase from previous FY based on expenditures.
Special Dept. Expenses	\$ 6,700.00	Represents a 62.8% decrease from previous FY based on expenditures.
Data Processing	\$ -	Represents an 100% decrease from previous FY based on expenditures.
Translation Services	\$ 21,000.00	Represents a 600% increase from previous FY based on expenditures.
<b>Total Operating Expenses:</b>	<b>\$ 300,528.00</b>	

#### III. Capital Expenses

<b>Total Capital Expenses:</b>	<b>\$ -</b>	None
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#### IV. Indirect Expenses

Internal @ 14.155%	\$ 851,843.00	Represents a 1.4% increase from previous fiscal year.
External @ 0%	\$ -	Represents a 100% decrease from previous fiscal year.
<b>Total Indirect Expenses:</b>	<b>\$ 851,843.00</b>	

#### V. Other Expenses

Maintenance & Transportation	\$ 42,600.00	Represents a 37.4% decrease from previous FY based on expenditures. Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies.
<b>Total Other Expenses:</b>	<b>\$ 42,600.00</b>	

<b>Budget Grand Total:</b>	<b>\$ 7,212,511.00</b>
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