

## Plan and Budget Required Documents Checklist

MODIFIED FY 2018/2019

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County/City: **NEVADA COUNTY** Fiscal Year: **2018-19**

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**Agency Information Sheet****County/City: NEVADA COUNTY****Fiscal Year: 2018-19****Official Agency**

Name:	Nevada County Public Health	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Health Officer	Ken Cutler, MD, MPH		500 Crown Point Circle, Ste 110 Grass Valley, CA 95945

**CMS Director (if applicable)**

Name:	Ken Cutler	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-1450		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	<a href="mailto:Ken.Cutler@co.nevada.ca.us">Ken.Cutler@co.nevada.ca.us</a>

**CCS Administrator**

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**CHDP Director**

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**CHDP Deputy Director**

Name:	Cynthia Wilson	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-7269		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	<a href="mailto:Cynthia.Wilson@co.nevada.ca.us">Cynthia.Wilson@co.nevada.ca.us</a>

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

Name:	Julie Patterson Hunter	Address:	950 Maidu Avenue, Suite 200
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**Director of Social Services Agency**

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**Chief Probation Officer**

Name:	Michael Ertola	Address:	109 ½ North Pine Street
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## Children's Medical Services Plan and Fiscal Guidelines


State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services


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

County/City: NEVADA COUNTY Fiscal Year: **2018-19**


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  
Ken Cutler, MD, MPH

10/17/18  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Signature of Director or Health Officer  
Jill Blake, Public Health Director

10/16/18  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Signature of CHDP Deputy Director  
Cynthia Wilson, Director of Public Health Nursing

10-16-18  
\_\_\_\_\_  
Date Signed

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

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

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

Ed Scofield,  
Chair of the Board of Supervisors

**SIGN**

## Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

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

County/City: NEVADA COUNTY Fiscal Year: **2018-19**

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.

Cynthia D. Wilson  
Signature of CCS Administrator  
Cynthia Wilson, Director of Public Health Nursing

10-16-18  
Date Signed

Jill Blake  
Signature of Director or Health Officer  
Jill Blake, Public Health Director

10/16/18  
Date Signed

Suzanne Doyle  
Signature of Administrative Services Officer  
Suzanne Doyle, HHSA Administrative Services Officer

10/18/18  
Date Signed

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

\_\_\_\_\_  
Signature of Local Governing Body Chairperson  
  
Ed Scofield,  
Chair of the Board of Supervisors

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

**SIGN**

Nevada County Public Health  
Children's Medical Service

Agency Description  
FY 2018-19

Brief Narrative

Nevada County is located in the rural Sierra Nevada Foothills and has a population of just less than 100,000. The three primary aggregated areas of population, Grass Valley, Nevada City, and the town of Truckee, comprise roughly 30% of the county population with the remaining 70% of the residents living in small towns and unincorporated areas.

The county has five geographical districts. Each district elects one representative to serve as a member of the Board of Supervisors, which is the legislative and executive body of county government.

Nevada County Health and Human Services Agency (HHSA) is supervised by Michael Heggarty, MFT. The HHSA is comprised of Public Health, Child Support Services, Social Services, and Behavioral Health Departments. Since December 2012, Ken Cutler, M.D., MPH, has held the position of Public Health Officer, and Jill Blake, MPA has been the Director of Public Health since November 2014. During this FY, Jennifer Hughes, DNP served as the Supervising PHN for the CMS programs from July 2017 to May 2018.

Within the Public Health Department, the CMS program consists of: California Children's Services (CCS) which includes the Medical Therapy Unit (MTU); Child Health and Disability Prevention (CHDP); and the Health Care Program for Children in Foster Care (HCPCFC).

Nursing and support staff for this FY year include the following: Jennifer Hughes, PHN, as the Supervising PHN (until May 2018), Maryellen Beauchamp, PHN, as the CCS Nurse Case Manager; with Irene Jimenez, PHN, assisting on a temporary basis; Jan Jorgensen, PHN focusing on CHDP management follow-up, Sherry Armstrong PHN in HCPCFC Case Management services; Kathryn Kestler, PHN, also in HCPCFC/CPS; Debra Pierson, HT, and Dawn Graves, HT, providing clerical and administrative support.

Staffing at the Medical Therapy Unit is as follows: Carme Barsotti, PT, Senior Therapist. Rebecca Giammona, PTA; and the part-time OT position remains vacant. Nevada County contracts with Permanente Medical Group for Lawrence Manhart, MD, to provide physiatrist services for quarterly clinics.

**Accomplishments for FY 2017-2018:**

- Transitioned from follow-up on all CHDP exams to a focus on dental and children in foster care; communicated with local FQHCs for transitions
- Case managed an average of approximately 360 active CCS clients per month
- Increased OTLICP qualified cases from 41 to 61
- Case managed 116 children placed in Foster Care, including 23 developmental assessments with referrals as appropriate
- Continued a contract with Permanente Medical Group for continuity of physiatrist services for MTU children
- Maintained a contract/MOU with Medi-Cal Managed Care through California Health and Wellness
- Maintained a contract/MOU with Medi-Cal Managed Care through Anthem Blue Cross
- Provided PT services, with support for OT activities, to approximately 50 children through the MTU
- Held equipment and orthotic clinics on a quarterly basis at the MTU, with multi-disciplinary providers participating and case-conferencing with 40 families
- Hired temp PHN with CHDP responsibilities
- Recruited and paneled an OT through Sierra Nevada Memorial Hospital's Therapy Department
- Recruited and paneled an Adult Endocrinologist

**Anticipated Changes for FY 2018-2019:**

- Hire and conduct extensive orientation for new part time OT
- Hire and conduct extensive orientation and training for new temp PHN for CHDP
- Hire and conduct extensive orientation and training for new Supervising PHN
- Programmatic changes in CCS, CHDP, and HCPCFC as directed by California DHCS
- Continue to meet quarterly with representatives from California Health and Wellness and Anthem Blue Cross to improve services and avoid duplication
- Evaluate clinical practice and fiscal activity processes to enhance efficiencies and effectiveness throughout the CMS program
- Partner with Orthotist/Prosthetist for the quarterly clinics at the MTU
- Recruit and panel a Speech Therapist

# Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

## 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.

County/City:

NEVADA COUNTY

Fiscal Year: 2018-19

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN Supervisor	Vacant	30%	N	N
PHN II, Case Manager	Maryellen Beauchamp	100%	N	N
PHN II, Temporary	Irene Jimenez	5.10%	N	N
Health Technician II	Debra Pierson	100%	N	N
Health Technician II	Dawn Graves	25%	N	N



# Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

## 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:

NEVADA COUNTY

Fiscal Year: 2018-19

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 Supervisor	Vacant	25%	0%	75% Various	N	N
PHN II, Temp	Remy Lindsey	48%	0%	52% Various	N	N
Health Technician II	Dawn Graves	50%	0%	50% Various	N	N
Admin Assistant	Carol Smith	10%	0%	90% Various	N	N

**CHDP Program Referral Data**  
**Fiscal Year 2018-19**

County/City: NEVADA COUNTY	FY 15-16		FY 16-17		FY 17-18	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	CalWORKs 522	Medi-Cal 3014	CalWORKs 504	Medi-Cal 2512	CalWORKs 423	Medi-Cal 2115
2. Total number of cases and recipients in “1” requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	1	1	5	5	9	19
b. Number of Foster Care cases/recipients	0	0	0	0	0	0
c. Number of Medi-Cal only cases/recipients	1	1	5	41	9	18

3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:	3	68	38
a. Medical and/or dental services	2	30	22
b. Medical and/or dental services with scheduling and/or transportation	0	17	8
c. Information only (optional)	0	21	30
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	3	46	30
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

# Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

## Memoranda of Understanding/Interagency Agreement List

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

County/City: **NEVADA COUNTY**

Fiscal Year: **2018-19**

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)
Nevada County IAA	IAA	7/1/17-6/30/19	6/17	Cynthia Wilson	No
CHDP/Behavioral Health	MOU	10/1/17-9/30/19	8/17	Cynthia Wilson	No
CHDP/WIC MOU	MOU	10/1/17-9/30/19	8/17	Cynthia Wilson	No
HPCFC MOU	MOU	7/1/17-6/30/19	6/17	Cynthia Wilson	No
HPCFC/CWS MOU	MOU	7/1/17-6/30/19	6/17	Cynthia Wilson	No
CHDP/Head Start	IAA	7/1/18-6/30/20	6/18	Cynthia Wilson	Yes
SELPA MOU	IAA	7/1/18-present	6/18	Cynthia Wilson	Yes

Children's Medical Services Plan and Fiscal Guidelines

County/City: **NEVADA COUNTY**

Fiscal Year: 2018-19

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)
Blue Cross CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Blue Shield CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Access Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Delta Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
EyeMed Vision Care CCS/HF	MOU	7/1/05-present	10/05	Cynthia Wilson	No
SafeGuard Vision CCS/HF	MOU	7/1/05-present	10/05	Cynthia Wilson	No
VSP Vision Svc CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
California Health & Wellness	MOU	11/1/13-present	11/13	Cynthia Wilson	No

# **INTERAGENCY AGREEMENT**

**BETWEEN**

**NEVADA COUNTY**

**SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)**

**AND**

**NEVADA COUNTY PUBLIC HEALTH DEPARMENT**

**CALIFORNIA CHILDREN SERVICES (CCS)**

**July 1, 2018**

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**INTERAGENCY AGREEMENT  
BETWEEN  
NEVADA COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)  
AND  
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT – CALIFORNIA  
CHILDREN SERVICES (CCS)**

**July 1, 2018**

**PURPOSE OF INTERAGENCY AGREEMENT**

This Memorandum of Understanding between the Nevada County Special Education Local Plan Area (SELPA) and the Nevada County Public Health Departments -California Children Services (CCS) shall provide a cooperative working procedure for eligible individuals who are served by both agencies. This agreement outlines the responsibilities of each agency.

This agreement shall assure that the provision of both educational and medical services are consistent with federal and state mandates for individuals who have or are suspected of having a neuromuscular, musculoskeletal or other physical impairment and who are eligible for special education services. The intent of this agreement is to provide for an uninterrupted flow of education and therapy services as indicated in each Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

**1. ADMINISTRATION**

**Nevada County SELPA/Local Education Agency (LEA)**

The SELPA shall identify a liaison to the CCS program to facilitate services between agencies.

The SELPA will identify a special education administrator as the LEA liaison for each school district/county office.

The SELPA liaison and LEA representatives will meet triennial with the Medical Therapy Program (MTP) liaison to review and modify the interagency agreement.

**Nevada County Public Health Department (CCS)**

CCS will identify a Medical Therapy Program (MTP) therapist as a liaison who will coordinate with the SELPA/LEA regarding services for children.

The CCS MTP liaison and CCS Administrator will meet triennial with the SELPA and LEA representatives to review and modify the interagency agreement.

## **2. REFERRALS**

### **Nevada County SELPA/Local Education Agency (LEA)**

The LEA liaisons shall assure that all referrals to CCS for MTP services include the LEA referral forms (SELPA IEP forms and Permission for Exchange of Information), CCS referral forms (“Program Referral Form” and “Application to Determine CCS Program Eligibility”) and any supporting medical documentation that describes the child’s physical findings.

The LEA liaison shall keep the IEP team informed of the status of the LEA referral for MTP services for maintenance of the IEP timeline.

See the Appendix-I for Master Referral Packet which contains:

1. Information About CCS
2. Application to Determine CCS Elig.
3. Instructions for Completing Appl.
4. CCS Program Referral Form
5. SELPA IEP forms

See the Appendix-II for other CCS and SELPA forms included.

### **Nevada County Public Health Department (CCS)**

CCS shall accept a complete LEA referral from the LEA liaison of a pupil who may have or is suspected of having a neuromuscular, musculoskeletal or other physical impairment who may require medically necessary occupational or physical therapy.

CCS will review the referral package. If incomplete, CCS will notify the LEA liaison within 5 days of making the determination. (CCS Form RR1)

If the LEA referral is complete, CCS will, within 5 days, notify the LEA and parent and provide the parent with a Medical Eligibility Assessment Plan (CCS form RR2), and forward the complete referral to Sacramento Regional Office (Nevada County).

If the medical documentation does not describe a medically eligible condition, CCS will send an Undetermined Status Notification (CCS Form RR3) within 10 days to the parent and a copy to the LEA, and will request additional information or authorize a diagnostic evaluation to document physical findings for a medically eligible condition.

If determined to be ineligible for the MTP, a Notice of Action (CCS Form RR11) will be sent to the parent and copied to the LEA within 5 days of determination.

If the child is determined to be medically eligible, CCS shall within 5 days send the parent/guardian and LEA notification, using the Medical Eligibility Notification Form (CCS Form RR4).

### 3. ASSESSMENT

#### Nevada County SELPA/Local Education Agency (LEA)

The LEA liaison shall keep the IEP team informed of the status of the MTP services and assist the parent when necessary.

The LEA liaison shall forward the therapy evaluation report and proposed CCS Medical Therapy Plan DHCS Form 4505 [09/07]) to the IEP team.

The LEA liaison shall forward the Medical Therapy Conference (MTC) Appointment Notice (CCS Form RR7) to the IEP team. This will serve as notification of a possible modification to the current IEP.

The LEA liaison or member of the IEP team must notify CCS and the parent of intent to participate in the Medical Therapy Conference.

The LEA shall forward the CCS approved Medical Therapy Plan DHCS Form 4505 [09/07]) to the IEP team.

#### Nevada County Public Health Department (CCS)

CCS will send the parent a copy of the Therapy Assessment Plan (DHCS Form 4098 [09/07]) and Consent for Medical Therapy Program Services (DHCS Form 4027 [06/07]) is to be signed by the parent and returned to CCS within 15 days so therapy assessments can be scheduled.

CCS will then send LEA a copy of the signed Therapy Assessment Plan (DHCS Form 4098 [09/07]), so an Assessment Review IEP can be scheduled and held within 60 days.

Therapy assessments must be completed within 30 days. The therapists will complete an assessment report and a proposed Medical Therapy Plan for treatment (DHCS Form 4505 [09/07]). The therapy evaluation report and proposed Medical Therapy Plan will be reviewed with the parent and a copy sent to the LEA.

The report and proposed Medical Therapy Plan will be reviewed by the CCS paneled physician or MTC physician for medically necessary therapy services.

CCS will notify the LEA liaison and parent within at least 10 days in advance of the Medical Therapy Conference (MTC) appointment (CCS Form RR7).

CCS will notify the parent/caregiver of their requirement to attend the MTC with the child.

Children enrolled in HMO's must receive their medical direction through their HMO's CCS paneled physician(s) who will direct their medical therapy services.

The MTC physician shall determine the need for medically necessary occupational and/or physical therapy by signing the proposed Medical Therapy Plan, thus becoming the CCS approved Medical Therapy Plan. A copy of the plan will be given to the parent and sent to the LEA liaison within 5 days.

If there is a delay which may prevent adherence to the 15 day or 60 day timeline in determining medically necessary therapy and holding of the assessment review, the LEA will be notified by sending the Notification of Possible Delay form (CCS Form RR10) with a copy to the parent

#### 4. PROVISION OF SERVICE

##### **Nevada County SELPA/Local Education Agency (LEA)**

The SELPA shall assure the provision of services are consistent with the Guidelines for Occupational and Physical Therapy in California Public Schools, 1996.

The LEA will not provide therapy services that duplicate or conflict with the CCS approved Medical Therapy Plan.

The LEA will provide transportation to and from the MTU and school during the regular hours of the school day as deemed necessary and appropriate to ensure required services as identified in the student's Individualized Educational Program. Or, the LEA will provide transportation from the MTU to school in the morning, or from the school to the MTU at the end of the school day with agreement and participation of parent to 1) deliver the child to the MTU before school or 2) pick up the child from the MTU after treatment.

Designated instruction and services, including educationally based occupational and physical therapy are the responsibility of the LEA.

When CCS has notified the LEA that CCS is unable to provide the services, the LEA will provide the medically necessary services identified in the CCS approved Medical Therapy Plan and contained in the IEP and will notify CCS when this occurs. (see letter)

##### **Nevada County Public Health Department (CCS)**

Medical therapy services must be provided by or under the supervision of a registered occupational therapist or licensed physical therapist in accordance with CCS regulations and requirements.

CCS will provide therapy services as stated in the approved Medical Therapy Plan. Therapy plans for direct service are written for six months. Consultation plans are written for one year.

When the MTU is unable to provide occupational or physical therapy services identified in the approved Medical Therapy Plan, CCS will notify the parent and the LEA.

Communicate with the LEA liaison regarding transportation concerns or needed changes.

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## **5. INDIVIDUALIZED EDUCATION PROGRAM**

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### **Nevada County SELPA/Local Education Agency (LEA)**

*The LEA shall coordinate the time and place of the IEP with CCS when requesting MTP liaison's attendance at the meeting.*

*The LEA shall provide CCS 10 days notice of an IEP meeting of all MTP children.*

*The IEP shall be convened by the LEA to review all assessments, request additional assessments if needed, determine needs of student and consider services necessary to allow student to benefit from special education program.*

### **Nevada County Public Health Department (CCS)**

*CCS shall give the LEA and the parent 10 days notice of an impending change in the CCS Medical Therapy Program services that may necessitate a change in the IEP.*

*CCS shall participate in the IEP when requested to attend.*

*CCS shall present to the IEP team a copy of the therapy evaluation report and proposed Medical Therapy Plan DHCS Form 4505 [09/07]) that includes recommended goals and frequency and duration of service, to be attached to the IEP.*

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## **6. COMMUNICATION**

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### **Nevada County SELPA/Local Education Agency (LEA)**

Establish and maintain open channels of communication between the Nevada County SELPA/LEA liaison(s) and Nevada County Public Health Department (CCS) liaison(s).

An LEA representative will attend MTU conferences as appropriate.

LEA and CCS will collaborate regarding scheduling of service, taking into consideration transportation, school schedules, etc.

Annually, by October, the SELPA will provide CCS with a copy of a current school directory.

### **Nevada County Community Health Department (CCS)**

Establish and maintain open channels of communication between the Nevada County SELPA/LEA liaison(s), and Nevada County Public Health Departments (CCS) liaison(s).

MTU therapist or CCS liaison will attend appropriate IEP/IFSP meetings.

CCS and LEA will collaborate regarding scheduling of service, taking into consideration transportation, school schedules, etc.

Annually, by October, CCS will provide the SELPA/LEAs with an organization chart and contact/phone list.

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## **7. COLLABORATION/SHARED RESOURCES**

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### **Nevada County SELPA/Local Education Agency (LEA)**

Commit to ongoing collaboration/communication regarding any services, assistive technology needs, assessments, etc., for children referred to CCS by the LEA.

Cooperate in efforts to seek additional outside resources to support assessments, where appropriate.

### **Nevada County Public Health Department (CCS)**

Commit to ongoing collaboration/communication regarding any services, assistive technology needs, assessments, etc., for children referred to CCS by the LEA.

Cooperate in efforts to seek additional outside resources to support assessments, where appropriate.

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## **8. PROBLEM RESOLUTION**

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### **Nevada County SELPA/Local Education Agency (LEA)**

In the event that a dispute(s) arises between agencies, the LEA liaison and the MTP liaison shall participate in a local dispute resolution process involving the provision of medically necessary therapy services.

Problems that cannot be resolved at the local level shall be referred to the SELPA Director.

If disputes cannot be resolved by the SELPA Director and the SRO Medical Consultant, the LEA shall submit a written notification of the failure to provide service to the Superintendent of Public Instruction or the Secretary of Health and Welfare pursuant to Government Code Section 7585.

### **Nevada County Public Health Department (CCS)**

In the event that a dispute(s) arises between agencies, the MTP liaison shall participate with the LEA liaison in local dispute resolution process involving the provision of medically necessary therapy services.

Problems that cannot be resolved at the local level shall be referred to the Sacramento Regional Office Medical Consultant.

If disputes cannot be resolved by the SELPA Director and the SRO Medical Consultant, the LEA shall submit a written notification of the failure to provide service to the Superintendent of Public Instruction or the Secretary of Health and Welfare pursuant to Government Code Section 7585.

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## **9. STAFF DEVELOPMENT**

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### **Nevada County SELPA/Local Education Agency (LEA)**

The SELPA/LEA liaison shall work together with the CCS liaison to plan inservice opportunities in the areas of referral, IEP process, eligibility and provision of medically necessary services, as well as any other training appropriate to their staff.

### **Nevada County Public Health Department (CCS)**

The CCS liaison shall work together with the SELPA/LEA liaison to plan inservice opportunities in the areas of referral, IEP process, eligibility and provision of medically necessary services, as well as any other appropriate training.



## **10. FISCAL RESPONSIBILITIES**

### **Nevada County SELPA/Local Education Agency (LEA)**

With prior notice, the LEA will submit a bill to CCS for medically necessary therapy services identified in the Approved Medical Therapy Plan and contained in the IEP that are provided by the LEA.

When requesting reimbursement from CCS, the LEA will submit documentation including treatment activities and progress on agreed upon goals.

### **Nevada County Public Health Department (CCS)**

With prior approval, CCS will reimburse the LEA at current Medi-Cal rates for the provision of medically necessary therapy services identified in the CCS Approved Therapy Plan and contained in the IEP that cannot be provided at the MTU or by an authorized CCS provider, and are provided by the LEA.

CCS will follow the Implementation Guidelines of NL18-0901 dated 10/17/01.

## **11. SPACE, EQUIPMENT, AND SUPPLIES**

### **Nevada County SELPA/Local Education Agency (LEA)**

The Nevada County Superintendent of Schools (NCSOS) will work with the Nevada County CCS liaisons to implement the guidelines and standards regarding equipment and supplies for CCS MTP Service Provision (from the Interagency Agreement between California Department of Education-Special Education Division and Department of Health Services Children's Medical Services branch. See Attachment #1).

The NCSOS shall establish and maintain an annual budget for the MTU in the provision of equipment and supplies to operate the MTU.

Special education staff may share the space and equipment of the MTU when CCS staff is not using the MTU facilities.

The LEA responsible for the day-to-day maintenance of the MTU physical plant shall be the NCSOS. By March 15 of each school year, the CCS liaison will provide the County Office (NCSOS) with a prioritized list of new or replacement equipment for the MTU. Jointly the County Office and CCS liaisons will discuss the needs, and will determine what can be provided annually.

### **Nevada County Community Health Department (CCS)**

The Nevada County CCS liaisons will work with the Nevada County Superintendent of Schools representatives to implement the guidelines and standards regarding equipment and supplies for CCS MTP Service Provision (from the Interagency Agreement between California Department of Education-Special Education Division and Department of Health Services Children's Medical Services branch. See Attachment #1).

By March 15 of each school year, the CCS liaison will provide the County Office (NCSOS) with a prioritized list of new or replacement equipment for the MTU.

## 12. MUTUAL INDEMNITY

Nothing herein shall be construed as a limitation of either party's liability, and each party shall defend, indemnify and hold harmless the other and its officers, officials, employees, agents and volunteers from any and all liabilities, claims, demands, damages, losses and expense (including without limitation defense costs and attorney fees of litigation) which may arise or which such party may incur as a consequence of any occurrence arising out of this Agreement which is occasioned in whole or in part by reason of the willful misconduct, or negligent actions or omissions of the indemnifying party's directors, officers, agents, employees, or volunteers, reduced in proportion to and to the extent such claims are caused in whole or in part by any negligent or willful act or omission of the party being indemnified, or its directors, officers, agents employees or volunteers.

## 13. WAIVER OF SUBROGATION – WORKERS' COMPENSATION

Nevada County Superintendent of Schools (NCSOS) and Nevada County Special Education Local Plan Area (SELPA) hereby waive any right of recovery from COUNTY, its officers and employees, for any claims arising from any Workers' Compensation claim filed by its employees, and COUNTY hereby waives any right of recovery from NCSOS and NC SELPA, it's officers or employees, for any claims arising from any Workers' Compensation claim filed by its employees. No other implicit or explicit subrogation waivers shall arise from any activity arising from this agreement.

## 14. TERM OF AGREEMENT AND SIGNATURES

The term of this Interagency Agreement shall remain in effect from July 1, 2018 and shall continue until either party gives thirty-day written notice to the other of their intent to terminate this agreement.

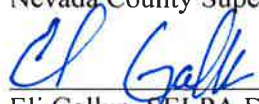
Any additions, deletions, or modifications require a thirty-day written notice and joint written approval. This document will be reviewed triennial to remain current with federal special education law and regulations, California Education Code, and Government Codes regulating each agency.

Effective July 1, 2018 this agreement will be between the Nevada County SELPA and the Nevada County Public Health Department/California Children Service (CCS).

In witness whereof, we have signed this document as of the day and year herein set forth.



Scott W. Lay, Superintendent  
Nevada County Superintendent of Schools



Eli Gallup, SELPA Director  
Nevada County SELPA



Jill Blake, MPA  
Nevada County Public Health Director

10/30/18  
Date

10/30/18  
Date

10/02/18  
Date



# **APPENDIX**

## **I. Master Referral Packet**

## INFORMATION ABOUT CALIFORNIA CHILDREN'S SERVICES (CCS)

### What is California Children's Services?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Care Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

### What does CCS offer children?

If you or your child's doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

### Who qualifies for CCS?

The program is open to anyone who:

- is under 21 years old;
- has or may have a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported on the adjusted gross income on the state tax form **or** whose out-of-pocket medical expenses for a child who qualifies are **expected** to be more than 20 percent of family income; or the child has Healthy Families coverage.

Family income is not a factor for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Healthy Families coverage.

### What medical conditions does CCS cover?

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child's medical condition is eligible. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care

- Disorders of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)

Ask your county CCS office if you have questions

### **What must the applicant or family do to qualify?**

Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

### **How is my privacy protected?**

California law requires that families applying for services be given information on how CCS protects their privacy.<sup>1</sup>

To protect your privacy:

- CCS must keep this information confidential.<sup>2</sup>
- CCS may share information on the form with authorized staff from other health and welfare programs **only** when you have signed a consent form.

You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS office. By law, the information you give CCS is kept by the program.<sup>3</sup>

### **Do I have a right to appeal a decision?**

You have the right to disagree with decisions made by CCS.<sup>4</sup> This is called an appeal. The appeal process gives the parent/legal guardian or applicant a way to work with the CCS program to find solutions to disagreements. For information on the appeal process, contact your county CCS office.

### **Where can I get more information about CCS?**

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children's Services or county Health Department.

### **Notes**

1 Civil Code, Section 1798.17

2 In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code, Sections 6250–6255)

3 Section 123800 et. seq. of the California Health and Safety Code

4 California Code of Regulations, Title 2, Chapter 13, Sections 42702–42703

## INFORMACIÓN SOBRE LOS SERVICIOS PARA LOS NIÑOS DE CALIFORNIA (CCS)

### ¿Qué son los Servicios para los Niños de California?

CCS es un programa estatal que trata a niños con ciertas limitaciones físicas y con problemas y enfermedades de salud crónicos. CCS puede autorizar y pagar el costo de servicios y equipos médicos específicos provistos por especialistas aprobados por CCS. El Departamento de Servicios de Salud de California administra el programa CCS. Los condados de mayor tamaño operan sus propios programas CCS, mientras que los condados de menor tamaño comparten la operación de su programa con las oficinas regionales estatales de CCS en Sacramento, San Francisco y Los Angeles. El programa está financiado con fondos provenientes de impuestos estatales, del condado y federales, y con algunos honorarios que pagan los padres.

### ¿Qué ofrece CCS a los niños?

Si usted o el médico de su hijo piensa que su hijo puede tener un problema médico que cumple con los requisitos de CCS, es posible que CCS pague o provea una evaluación médica para determinar si el problema de su hijo está cubierto.

Si su hijo cumple con los requisitos, CCS podrá pagar o brindar:

- Tratamiento, como servicios médicos, cuidados en el hospital y de cirugía, fisioterapia y terapia ocupacional, pruebas de laboratorio, radiografías, aparatos ortopédicos y equipo médico.
- Manejo de casos médicos para ayudar a obtener médicos especialistas y cuidados para su hijo si son médicamente necesarios, así como remisión a otros organismos, incluyendo enfermería de salud pública y centros regionales.
- Programa de Terapia Médica (MTP, por sus siglas in inglés), que puede prestar servicios de fisioterapia y/o de terapia ocupacional en escuelas públicas para niños que cumplen con ciertos requisitos médicos.

### ¿Quiénes cumplen con los requisitos para CCS?

El programa está a disposición de todos los que:

- son menores de 21 años de edad;
- tienen o pueden tener un problema médico cubierto por CCS;
- son residentes de California y
- tienen un ingreso familiar de menos de \$40,000, según se informe en el ingreso bruto ajustado del formulario impositivo del estado **o se espera** que tendrán gastos médicos de bolsillo, para un niño que cumple con los requisitos, de más del 20 por ciento del ingreso familiar; o bien, el niño tiene cobertura de Healthy Families.

El ingreso familiar no es un factor determinante en el caso de los niños que:

- necesitan servicios diagnósticos para confirmar un problema médico que cumple con los requisitos de CCS; o
- fueron adoptados con conocimiento de que tenían un problema médico que cumple con los requisitos de CCS; o
- sólo están solicitando servicios mediante el Programa de Terapia Médica; o
- tienen Medi-Cal completo, sin compartir el costo; o
- tienen cobertura de Healthy Families.

### ¿Qué problemas médicos cubre CCS?

Sólo ciertos problemas están cubiertos por CCS. En general, CCS sólo cubre problemas médicos que causan impedimentos físicos o requieren servicios médicos, quirúrgicos o de rehabilitación. También puede haber ciertos criterios que determinan si el problema médico de su hijo cumple con los requisitos. La lista a continuación contiene las categorías de problemas médicos que pueden estar cubiertos y **algunos ejemplos** de cada uno de ellos:

- Problemas del corazón (enfermedad cardíaca congénita)
- Neoplasmas (cánceres, tumores)
- Enfermedades de la sangre (hemofilia, anemia de células falciformes)
- Enfermedades endocrinas, de nutrición y metabólicas (problemas de tiroides, PKU [fenilcetonuria], diabetes)
- Enfermedades del sistema genito-urinario (problemas crónicos serios de los riñones)
- Problemas del sistema gastrointestinal (enfermedad inflamatoria crónica, enfermedades del hígado)
- Defectos de nacimiento serios (paladar hendido, labio leporino, espina bífida)
- Enfermedades de los órganos sensoriales (pérdida del oído, glaucoma, cataratas)
- Enfermedades del sistema nervioso (parálisis cerebral, ataques no controlados)
- Enfermedades del sistema musculoesquelético y de los tejidos conectivos (artritis reumatoide, distrofia muscular)
- Enfermedades graves del sistema inmune (infección por el VIH)

- Problemas que causan impedimentos o intoxicaciones que requieren cuidados intensivos o rehabilitación (lesiones graves de la cabeza, el cerebro o la médula espinal, quemaduras graves)
- Complicaciones del nacimiento prematuro que requieren cuidados intensivos
- Enfermedades de la piel y del tejido subcutáneo (hemangioma grave)
- Mala oclusión que causa impedimentos médicos (dientes muy torcidos)

Si tiene preguntas, la oficina CCS de su condado se las puede responder.

### ¿Qué tiene que hacer el solicitante o la familia para cumplir con los requisitos?

Las familias (o el solicitante, si cumplió los 18 años o es un menor de edad emancipado) deben:

- completar el formulario de solicitud en la página 3 y enviarlo a la oficina CCS de su condado;
- dar a CCS toda la información solicitada, para que CCS pueda determinar si la familia cumple con los requisitos;
- solicitar Medi-Cal si CCS cree que el ingreso de la familia la habilita para registrarse en el programa Medi-Cal. (Si una familia califica para Medi-Cal, el niño también está cubierto por CCS. CCS aprueba los servicios y los pagos se efectúan mediante Medi-Cal).

### ¿Cómo se protege mi privacidad?

La ley de California requiere que se dé a las familias que soliciten servicios información sobre cómo CCS protege su privacidad.<sup>1</sup>

Para proteger su privacidad:

- CCS tiene que mantener esta información confidencial.<sup>2</sup>
- CCS puede compartir la información que figura en el formulario con personal autorizado de otros programas de salud y bienestar **únicamente** si usted firmó un formulario de consentimiento.

Usted tiene derecho a ver su solicitud y los datos de CCS relativos a usted o a su hijo. Si desea ver estos datos, póngase en contacto con la oficina CCS de su condado. Por ley, la información que usted da a CCS es archivada por el programa.<sup>3</sup>

### ¿Tengo derecho a apelar una decisión?

Tiene derecho a estar en desacuerdo con las decisiones que tome CCS.<sup>4</sup> Esto se llama hacer una apelación. El proceso de apelación permite que el padre, el tutor o el solicitante trabaje con el programa CCS para encontrar soluciones a los desacuerdos. Para información sobre el proceso de apelación, póngase en contacto con la oficina CCS de su condado.

### ¿Dónde puedo obtener más información sobre CCS?

Para más información o ayuda para llenar esta solicitud, póngase en contacto con la oficina CCS de su condado. Por lo general, el número de teléfono de dicha oficina figura en la sección de gobierno del directorio telefónico local. Busque bajo *California Children's Services* (Servicios para los Niños de California) o *County Health Department* (Departamento de Salud del condado).

#### Notas

1 Código Civil, Sección 1798.17

2 De conformidad con la Sección 41670, Título 22, Código de Reglamentaciones de California y la ley de Datos Públicos de California (Código de Gobierno, Secciones 6250–6255)

3 Sección 123800 et seq. del Código de Salud y Seguridad de California

4 Código de Reglamentaciones de California, Título 2, Secciones 42702–42703

**APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY**

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term **"applicant"** means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

**A. Applicant Information**

1. Name of applicant (last) (first) (middle)			Name on birth certificate (if different)		Any other name the applicant is known by	
2. Date of birth (month, day, year)			3. Place of birth—county and state		Country, if born outside the U.S.	
4. Applicant's residence address (number, street) (do not use a P.O. box)			City		County	ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			6. Race/ Ethnicity		7. Social security number (optional)	
8. What is the applicant's suspected eligible CCS condition or disability?						
9. Name of applicant's physician					10. Physician's phone number ( )	

**B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. Name(s) of parent or legal guardian			12. Mother's first name (if not identified in 11)		Maiden name
13. Residence address (number, street) (do not use a P.O. box)			City		County
					ZIP code
14. Mailing address (if different from 13)			City		ZIP code
15. Day phone number ( )		16. Evening phone number ( )		17. Message phone number ( )	
				18. What language do you speak at home?	

**C. Health Insurance Information**

19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the applicant's Medi-Cal number?		Is there a share-of-cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what amount do you pay per month? \$	
20. Is the applicant enrolled in the Healthy Families program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the plan?					
21. Does the applicant have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the insurance plan or company?					
Type of insurance plan or company <input type="checkbox"/> Preferred Provider (PPO) <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other: _____							
22. Does the applicant have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				23. Does the applicant have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**D. Certification (Initial and sign below. Your signature authorizes the CCS program to proceed with this application.)**

\_\_\_\_ I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program.

\_\_\_\_ I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

\_\_\_\_ I certify that I have read and understand the information or have had it read to me.

\_\_\_\_ I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

Mail this form to your county CCS office.

**SOLICITUD PARA DETERMINAR SI EL SOLICITANTE PUEDE PARTICIPAR EN EL PROGRAMA CCS**

Esta solicitud debe ser completada por el padre, el tutor o el solicitante (si cumplió los 18 años de edad o es un menor de edad emancipado) para determinar si el solicitante cumple con los requisitos para recibir servicios y beneficios de CCS. El término "solicitante" significa el niño, la persona de 18 años de edad o más o el menor de edad emancipado para el que se solicitan los servicios. Para obtener instrucciones sobre cómo completar este formulario, consulte la página 4. Escriba a máquina o claramente en letras de molde.

**A. Información sobre el solicitante**

1. Nombre del solicitante [apellido] [nombre] [segundo nombre]		Nombre en el certificado de nacimiento (si es diferente)		Algún otro nombre por el que se conoce al solicitante	
2. Fecha de nacimiento (mes, día, año) ____/____/____		3. Lugar de nacimiento, condado y estado		País, si nació fuera de EE.UU.	
4. Dirección del solicitante (número y calle) (no usar casilla postal)		Ciudad		Condado	Código postal
5. Género <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		6. Raza/etnia		7. Número del seguro social (optativo) ____-____-____	
8. ¿Cuál es el problema o la discapacidad del solicitante que se sospecha que cumple con los requisitos de CCS?					
9. Nombre completo del médico del solicitante				10. Número de teléfono del médico ( )	

**B. Información sobre el padre o tutor (los solicitantes de 18 años de edad o mayores o los menores emancipados saltan los números 11 y 13).**

11. Nombre(s) completo(s) del/de los padre(s) o tutor(es)		12. Nombre de la madre (si no se identificó en 11)		Apellido de soltera	
13. Dirección (número y calle) (no usar casilla postal)		Ciudad		Condado	Código postal
14. Dirección postal (si no es la misma que la del 13)		Ciudad		Código postal	
15. N° de teléfono diurno ( )	16. N° de teléfono nocturno ( )	17. N° para mensajes telefónicos ( )	18. ¿Qué idioma se habla en su casa?		

**C. Información sobre el seguro de salud**

19. ¿Tiene Medi-Cal el solicitante? <input type="checkbox"/> Si <input type="checkbox"/> No		Si tiene, ¿cuál es el número de Medi-Cal del solicitante?		¿Comparte el costo? <input type="checkbox"/> Si <input type="checkbox"/> No		Si lo comparte, ¿cuánto paga por mes? \$	
20. ¿Está inscrito el solicitante en el programa Healthy Families? <input type="checkbox"/> Si <input type="checkbox"/> No		Si lo está, ¿cómo se llama el plan?					
21. ¿Tiene el solicitante otro seguro de salud? <input type="checkbox"/> Si <input type="checkbox"/> No		Si lo tiene, ¿cómo se llama el plan o la compañía de seguros?					
Tipo de plan o compañía de seguros <input type="checkbox"/> Proveedor Preferente (PPO) <input type="checkbox"/> Organización para el Mantenimiento de la Salud (HMO) <input type="checkbox"/> Otro: _____							
22. ¿Tiene seguro dental el participante? <input type="checkbox"/> Si <input type="checkbox"/> No				23. ¿Tiene seguro de la vista el solicitante? <input type="checkbox"/> Si <input type="checkbox"/> No			

**D. Certificación (Coloque sus iniciales y firme a continuación. Su firma autoriza al programa CCS a proceder con esta solicitud).**

- \_\_\_\_ Solicito el programa CCS para determinar el cumplimiento de requisitos para obtener servicios y beneficios. Entiendo que completar esta solicitud no garantiza la aceptación del solicitante en el programa CCS.
- \_\_\_\_ Doy permiso para que se verifique mi dirección, información sobre la salud u otras circunstancias que se requieran para determinar el cumplimiento de requisitos para recibir servicios y beneficios CCS.
- \_\_\_\_ Certifico que he leído y comprendo la información o que me la han leído.
- \_\_\_\_ También certifico que la información que escribí en este formulario es verdadera y correcta.

Firma de la persona que llenó la solicitud	Relación con el solicitante	Fecha
Firma del testigo (sólo si la persona firmó con una marca)		Fecha

*Envíe este formulario por correo a la oficina CCS de su condado. Consulte la página 6 para obtener una lista de direcciones.*



## INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHCS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

**Section A: Applicant Information** ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:
  - Alaskan Native
  - Amerasian
  - American Indian
  - Asian
  - Asian Indian
  - Black/African American
  - Cambodian
  - Chinese
  - Filipino
  - Guamanian
  - Hawaiian
  - Hispanic/Latino
  - Japanese
  - Korean
  - Laotian
  - Samoan
  - Vietnamese
  - White
  - Other
7. **Applicant's social security number (optional):** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

### Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak at home.



**Section C: Health Insurance Information**

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

**Section D: Certification**

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

**Submitting Your Application**

Mail or deliver your application to your county CCS office. To find your county CCS office, go to [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs) or look in the government section of your local telephone directory under California Children's Services or county health department.

## INSTRUCCIONES PARA COMPLETAR EL FORMULARIO PARA SOLICITAR SERVICIOS PARA NIÑOS DE CALIFORNIA (DHCS 4480)

Escriba claramente en letras de molde para que su solicitud se pueda tramitar lo más rápidamente posible.

Llene cada sección completamente. Si no da toda la información, CCS no podrá proceder con su solicitud. Si necesita ayuda para llenar este formulario, póngase en contacto con la oficina CCS de su condado.

Después de completar la solicitud, envíela por correo a la oficina CCS de su condado (consulte la página 6). No olvide firmar el formulario y colocarle la fecha.

**Sección A: Información sobre el solicitante** ("Solicitante" significa el niño, la persona de 18 años de edad o mayor, o el menor de edad emancipado para el que se solicitan los servicios).

1. **Nombre del solicitante:** Escriba el apellido, el nombre y el segundo nombre del solicitante. En la casilla que sigue, escriba el nombre completo del solicitante como aparece en su certificado de nacimiento si no es igual a su nombre. Si el solicitante se conoce por cualquier otro nombre, escriba ese nombre en la última casilla.
2. **Fecha de nacimiento del solicitante:** Escriba el mes, el día y el año del nacimiento del solicitante.
3. **Lugar de nacimiento:** Escriba el condado y el estado en los que nació el solicitante. Si el solicitante nació fuera de EE.UU., escriba el país.
4. **Dirección:** En este espacio, escriba el número de la calle, el nombre de la calle, el número del departamento, la ciudad, el condado y el código postal del lugar donde vive ahora el solicitante. No use ninguna casilla de correo.
5. **Género del solicitante:** Ponga una marca ☒ o una **X** en la casilla que corresponda al género (masculino o femenino).
6. **Raza o etnia:** Ponga la categoría de la lista que aparece más abajo que mejor describa la raza o etnia principal del solicitante:
 

<ul style="list-style-type: none"> <li>• Nativo de Alaska</li> <li>• Amerasiático</li> <li>• Indígena norteamericano</li> <li>• Asiático</li> <li>• Indio asiático</li> <li>• Negro/afroamericano</li> <li>• Camboyano</li> </ul>	<ul style="list-style-type: none"> <li>• Chino</li> <li>• Filipino</li> <li>• Guaymeño</li> <li>• Hawaiano</li> <li>• Hispano/latino</li> <li>• Japonés</li> <li>• Coreano</li> </ul>	<ul style="list-style-type: none"> <li>• Laosiano</li> <li>• Samoano</li> <li>• Vietnamita</li> <li>• Blanco</li> <li>• Otro</li> </ul>
---	---	---
7. **Número del seguro social del solicitante (optativo):** Escriba el número de nueve cifras del seguro social del solicitante.
8. **Problema o discapacidad que se sospecha que cumple con los requisitos de CCS:** Escriba la discapacidad o la necesidad especial de atención de la salud del solicitante que trataría el CCS. La descripción adjunta de los problemas que cumplen con los requisitos de CCS lo puede ayudar (consulte "¿Qué problemas médicos cubre CCS?" en la página 1). Si no sabe, pregunte al médico del solicitante o deje el espacio en blanco. Si hace falta más información, CCS se pondrá en contacto con el médico del solicitante.
9. **Nombre completo del médico del solicitante:** Escriba el nombre completo del médico del solicitante.
10. **Número de teléfono del médico:** Escriba el número de teléfono del médico que puso en el número 9.

**Sección B: Información sobre el padre o tutor (Los solicitantes de 18 años de edad o mayores o los menores de edad emancipados saltean los números 11 y 13).**

11. **Nombres completo(s) del/de los padre(s) o tutor(es):** Escriba el/los nombre(s) del/de los padre(s) del solicitante o del/de los tutor(es) del solicitante.
12. **Nombre y apellido de soltera de la madre:** Escriba el nombre y el apellido de soltera de la madre del solicitante.
13. **Dirección:** Escriba el número de la calle, el nombre de la calle, el número del departamento, la ciudad, el condado y el código postal del lugar en que usted vive ahora. No use ninguna casilla de correo.
14. **Dirección postal:** Si la dirección es diferente de la del número 13, escriba el número de la calle, el nombre de la calle, la ciudad y el código postal.
15. **Número de teléfono diurno:** Escriba el número de teléfono al que se lo puede llamar durante el día.
16. **Número de teléfono nocturno:** Escriba el número de teléfono al que se lo puede llamar durante la noche.
17. **Número para mensajes telefónicos:** Si corresponde, escriba el número de teléfono para dejarle mensajes telefónicos.

18. **Idioma(s) que habla:** Escriba el idioma que usted habla **en su casa**.

### **Sección C: Información sobre el seguro de salud**

Si CCS cree que usted puede cumplir con los requisitos de participación, le pedirán que solicite Medi-Cal si en la actualidad no está recibiendo beneficios Medi-Cal para la atención de la salud.

19. Si el solicitante no recibe Medi-Cal, marque "No" y pase al número 20. Si el solicitante recibe Medi-Cal, marque "Sí" y escriba el número de Medi-Cal del solicitante. Si usted paga una parte del costo de su seguro Medi-Cal, marque "Sí" y escriba la cantidad del costo que comparte. De lo contrario, marque "No" y pase al número 20.
20. Si el solicitante recibe seguro de salud del programa Healthy Families, marque "Sí" y escriba el nombre del plan. Si el solicitante no recibe ese seguro, marque "No". Healthy Families es un programa de seguro especial para las familias de ingresos moderados a bajos. Si le parece que puede cumplir con los requisitos, pregúntele al programa CCS de su condado cómo puede solicitar participar en el programa Healthy Families.
21. Si el solicitante no tiene otro seguro de salud, marque "No" y pase al número 22. Si el solicitante tiene seguro de salud, marque "Sí" y escriba el nombre del plan o de la compañía de seguros. Después marque la casilla que corresponda, dependiendo de la clase de seguro que sea. Sus formularios de seguros le indican la clase de seguro de salud que tiene. Si no está seguro puede llamar a su compañía de seguros y preguntarles.
22. Si el solicitante tiene seguro dental, marque "Sí". Si el solicitante no tiene seguro dental, marque "No".
23. Si el solicitante tiene seguro de la vista, marque "Sí". Si el solicitante no tiene seguro de la vista, marque "No".

### **Sección D: Certificación**

Asegúrese de firmar y poner la fecha con tinta. Si firma con una marca, pida a un testigo firme y ponga la fecha.

En la sección "Relación con el solicitante", coloque padre, madre, tutor o sí mismo (en el caso de las personas de 18 años de edad o mayores, de los menores de edad emancipados).

### **Presentación de su solicitud**

**Envíe por correo o entregue su solicitud a la oficina CCS de su condado. Para encontrar la oficina CCS de su condado visite [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs) o busque en la sección de gobierno del directorio telefónico local bajo *California Children's Services* (Servicios para los Niños de California) o *County Health Department* (Departamento de Salud del condado).**

**HIPAA PROVISIONS for the CCS AGREEMENT between  
the COUNTY OF NEVADA  
regarding CALIFORNIA CHILDRENS' SERVICES**

The subject contract is in conformity, agreement and compliance with DHS letter NL: 11-0703.

The County of Nevada distributes the required CCS Notice of Privacy Practices to current and new applicants as they are seen for services. A notation is made in the client's case record that the Notice of Privacy Practices was provided.

Both parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, and the subsequent provisions of the Privacy Rule, the Transaction and Code Sets Rule, and the Security Rule (to be in force April 21, 2005), which can be found at 45 CFR parts 160, 162. 164.

Both parties agree to use and disclose protected health information only in accordance with applicable law.

Both parties agree to report any use or disclosure not provided for by this Agreement or the rules mentioned above.

Both parties agree to provide mitigation for any unwarranted disclosure brought to their attention.

Both parties agree to ensure that any sub-contractors or agents to whom protected health information is entrusted, in the exercise of this agreement, also agree to the same restrictions and conditions that apply to the principal parties.

# CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM REFERRAL FORM

This form is to be completed by a person who is referring a child to the CCS program. A referral to the CCS program is defined as a request directed to the CCS program to seek health care services for the potential CCS applicant. \* Asterisked items on the form denote required data fields, which must be completed if further action is to be taken.

<b>PATIENT INFORMATION</b>		<b>DATE:</b>	
CCS Number (if known): _____ BIC or CIN No.: _____			
*PATIENT'S NAME & ADDRESS	<b>*DATE OF BIRTH</b> /   /  <b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	*PARENT(S)/LEGAL GUARDIAN NAME & ADDRESS	
PATIENT'S BIRTH CERTIFICATE NAME (if different than name given)	*SOCIAL SECURITY NUMBER		
PATIENT'S PLACE OF BIRTH (City, County and State)	COUNTY OF RESIDENCE:	*HOME PHONE NUMBER: (   )   -  WORK PHONE NUMBER: (   )   -	
*NAME OF REFERRING PARTY:		RELATIONSHIP TO PATIENT:	
*ADDRESS: (if other than parent/legal guardian completing referral form):		<b>REFERRED BY:</b>  <input type="checkbox"/> CHDP EXAM <input type="checkbox"/> REGIONAL CENTER <input type="checkbox"/> SCHOOL <input type="checkbox"/> CCS CASE FINDING <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER: _____	
MEDI-CAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Medi-Cal Number: _____  If YES, is child in Managed Care Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name of Plan: _____		MEDICAL INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Carrier or Plan Name and Policy Number: _____  Is Insurance an HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HEALTHY FAMILIES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Name of Plan: _____ MOTHER'S FIRST NAME AND MAIDEN NAME: _____		<b>ETHNIC GROUP:</b> <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Amer Asian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> No Response <input type="checkbox"/> Unknown	
<b>SUSPECTED CCS MEDICAL CONDITION:</b>			
If diagnosis is known, please identify:		<b>SECONDARY:</b>	
<b>PRIMARY:</b>			
<b>SERVICE REQUESTED:</b>			
<b>REQUESTED PROVIDER:</b>			
<b>ADDRESS:</b>			
<b>LOCAL PHYSICIAN:</b>			
<b>ADDRESS:</b>			
<b>COMPLETED BY:</b>		<b>TITLE:</b>	<b>PHONE NUMBER: (   )   -</b>

**PLEASE SEND THIS COMPLETED FORM TO:**  
**NEVADA COUNTY CCS, 500 Crown Point Circle, Ste 110, Grass Valley, CA 95945**

CALIFORNIA CHILDRENS' SERVICES  
MEDICAL ELIGIBILITY FOR THE MEDICAL THERAPY PROGRAM

There are two separate groups of children served in the Medical Therapy Program.

- A. Children with diagnosed neuromuscular, musculoskeletal, or muscular diseases are eligible, as follows:
1. Cerebral palsy, a gross nonprogressive neuromuscular disability of early onset, resulting from a pathological lesion in the brain, manifested by the presence of one or more of the following findings:
    - a. rigidity or spasticity
    - b. hypotonia with normal or increased DTRs and exaggeration of or persistence of primitive reflexes beyond the normal age
    - c. involuntary movements (athetoid, choreoids, or dystonic)
    - d. ataxia (incoordination of voluntary movement, dysdiadochokinesis, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait)
  2. Other neuromuscular diseases that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, muscular dystrophies.
  3. Chronic musculoskeletal diseases, deformities or injuries, such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputation, and contractures resulting from burns.
- B. Children below two years of age who demonstrate neurological findings that suggest a high probability of a physical disability but who have no obvious or visible diagnosed neuromuscular, musculoskeletal, or muscular disease. These children are eligible when two or more of the following neurological findings are present:
1. Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity).
  2. Increased DTRs (3+ or greater)
  3. Abnormal posturing
  4. Hypotonicity with normal or increased DTRs in infants below one year of age. (Infants above one year must meet criteria described in A.1.)
  5. Asymmetry of neurologic motor findings of trunk and/or extremities.

**NEVADA COUNTY SELPA  
PERMISSION FOR EXCHANGE  
OF INFORMATION**

**Date of This Request** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Student's Name** \_\_\_\_\_  
 Name and Title of person making request: \_\_\_\_\_

THIS EXCHANGE OF INFORMATION ALLOWS INFORMATION TO GO TO, FROM,  
and BETWEEN REPRESENTATIVES OF AGENCIES INDICATED:

Name of Agency: _____	Name of Agency: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact Person: _____	Contact Person: _____

Name of Agency: _____	Name of Agency: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact Person: _____	Contact Person: _____

The following information may be exchanged between the agency representatives in verbal and/or written form:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational Evaluations & Data from Previous Year(s)<br><input type="checkbox"/> Educational Records<br><input type="checkbox"/> Classroom-Based Assessments<br><input type="checkbox"/> Report cards<br><input type="checkbox"/> Observations of Student in School/Educational Settings | <input type="checkbox"/> IEP<br><input type="checkbox"/> IEP Progress Reports<br><input type="checkbox"/> Speech and Language Report<br><input type="checkbox"/> Psychological Report<br><input type="checkbox"/> Vision Report<br><input type="checkbox"/> Hearing/Audiological Report<br><input type="checkbox"/> School Health and Development Records | <input type="checkbox"/> Parent Information<br><input type="checkbox"/> In-Home Observations<br><input type="checkbox"/> Assessments from Other Agencies:<br>_____<br><input type="checkbox"/> Medical: _____<br><input type="checkbox"/> Other: _____ |
|---|---|--|

**Student Information**

<b>Student Name:</b>				
Last: _____	First: _____	AKA( _____ )		
<b>Student Address:</b>				
Street: _____	Apt. _____	City _____	Zip _____	
<b>Social Security Number (optional):</b> _____	<b>Date of Birth:</b> ____/____/____	<b>Age:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Grade:</b> _____
<b>Student's CSIS Information Code:</b> _____	<b>State/Province of Birth</b> _____	<b>Country of Birth:</b> _____		
<b>District of Residence:</b> _____		<b>Home School:</b> _____		
<b>District of Service:</b> _____		<b>School of Attendance:</b> _____		

I hereby authorize the above named (school(s) person(s), agency(ies), doctor(s), hospital(s), and/or others to exchange the pertinent requested information to aid in the planning of the education and/or service delivery program of my child.

**DURATION:** This authorization shall become effective immediately and shall remain in effect until \_\_\_\_/\_\_\_\_/\_\_\_\_ or one year from the date of signature.

**REVOCATION:** This Authorization is also subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. Written revocation will be effective upon receipt of such notice, but will not be effective to the extent that the Requester or others have acted in reliance upon this Authorization.

**REDISCLOSURE:** I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Circle relationship to student, sign, and date below.

**Signature of Parent/Guardian/Surrogate:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Phone Number (\_\_\_\_) \_\_\_\_\_

**STATE EDUCATION CODE SECTION 49075 PROVIDES:**

A school district may permit access to pupil records to any person for whom a parent of the pupil has given written consent specifying the records to be released and identifying the party or class of parties to whom the records may be released. The recipient must be notified that the transmission of information to others without the written consent of the parent is prohibited. The consent notice shall be permanently kept with the record file.

**Please Send Records to Attention Of:**

School/District: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

August 1, 2005

# **APPENDIX**

## **II. Related Forms**



**Nevada County SELPA Assessment Plan**

<b>STUDENT INFORMATION:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Triennial <input type="checkbox"/> Other _____		Today's Date: _____
Name: _____	School Name: _____	Birthdate: _____
Primary Language: _____	Language Proficiency Status: <input type="checkbox"/> EO <input type="checkbox"/> ELL: Level _____	
Reason for Assessment: (area of concern) _____		Referred by: <input type="checkbox"/> SST <input type="checkbox"/> Parent <input type="checkbox"/> IEP

The purpose of this assessment plan is to determine individual education needs for your child. Assessment will be done by District staff in the areas indicated below. To proceed with the assessment of your child, it is necessary that we obtain your written consent of this plan. The results of the assessment will be shared with you at an Individual Education Program (IEP) meeting. The IEP meeting will be held to determine your child's eligibility to receive special education services. We encourage you to attend this meeting where parent(s) and school staff can share ideas to improve your child's educational program. No change in education placement will result from this assessment without your written consent. Assessment materials selected by the assessor(s) shall be appropriate to the level of your child. Additional assessment information is available upon request and will be reviewed at the IEP.

**TYPE AND PURPOSE OF ASSESSMENT**

The following professional(s) will be involved in the individual assessment as indicated below: 1. Adapted Physical Education Teacher, 2. Audiologist, 3. School Nurse, 4. Program Specialist, 5. School Psychologist, 6. Language/Speech Specialist, 7. Special Education Teacher, 8. General Education Teacher, 9. Interpreter/Translator, 10. Occupational Therapist, 11. Parent, 12. Other \_\_\_\_\_

- \_\_\_\_\_ **ACADEMIC/PREACADEMIC ACHIEVEMENT**  
Assesses prereadiness skills, basic reading, reading comprehension, mathematics calculation, mathematics reasoning, and written expression.
- \_\_\_\_\_ **SOCIAL AND EMOTIONAL DEVELOPMENT**  
Assesses level of social maturity, social/emotional adjustment, ability to function independently, self help and interpersonal skills.
- \_\_\_\_\_ **MOTOR ABILITY**  
Assesses level of coordination in large and small muscle activities and/or perceptual skills.
- \_\_\_\_\_ **LANGUAGE/SPEECH/COMMUNICATION**  
Measures the individual's ability to understand, relate to and use language and speech clearly and appropriately.
- \_\_\_\_\_ **GENERAL ABILITY**  
Measures how well an individual remembers what is seen and heard, how well the information is used, and how effective he/she is at problem solving. These measures help determine learning rate and assist in predicting how well students will do in school. This may include intelligence test and/or alternative measures, if appropriate.
- \_\_\_\_\_ **AUDIOLOGICAL ASSESSMENT**  
Measures the nature and degree of possible hearing loss. These tests may include measures of how well an individual hears, understands, and listens to speech. On-going assessment of adequacy of hearing aids and monitoring of hearing levels is indicated for some individuals.
- \_\_\_\_\_ **HEALTH AND DEVELOPMENTAL**  
Assesses educationally relevant health, developmental and medical findings.
- \_\_\_\_\_ **CAREER/VOCATIONAL ABILITY**  
Assesses career awareness and/or prevocational skills.
- \_\_\_\_\_ **OTHER** \_\_\_\_\_

Any recent assessment conducted, including any available independent assessments and any assessment information the parent requests, will be considered. Tests and other evaluation materials will be provided and administered in the pupil's primary language or other mode of communication, and if not, the reasons why it is clearly not feasible will be documented in the assessment report.

↓ **PARENTAL CONSENT FOR PUPIL ASSESSMENT** ↓

Yes, I give permission to conduct the assessment described. My parent rights were included with this notification.		
Signature of Parent/Legal Guardian/Authorized Adult/Pupil (specify) _____	Phone Number _____	Date _____
NO, permission is denied. My parent rights were included with this notification.		
Signature of Parent/Legal Guardian/Authorized Adult/Pupil (specify) _____	Phone Number _____	Date _____
<b>PLEASE SIGN AND RETURN</b>		
Return to _____	Phone: _____	Date Received _____
		Timeline to IEP _____

**Form RR1**

**NOTICE OF INCOMPLETE REFERRAL FROM AN LEA/SELPA**

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

To: \_\_\_\_\_

Re: Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This is to notify you that a referral was made to the California Children Services (CCS) Medical Therapy Program (MTP). An incomplete referral was received by CCS on \_\_\_\_\_.

The following information is missing and without its completion, the CCS program is unable to process the referral at this time.

- |  |  |
|--|--|
| <input type="checkbox"/> First name of child being referred                    | <input type="checkbox"/> Last name of child being referred                                   |
| <input type="checkbox"/> Date of Birth   | <input type="checkbox"/> Telephone (or message) number                                       |
| <input type="checkbox"/> Address   | <input type="checkbox"/> Services requested not specified                                    |
| <input type="checkbox"/> Name of Parent or Legal Guardian<br>(first/last name) | <input type="checkbox"/> Application to CCS  |
| <input type="checkbox"/> Name and address of individual                        | <input type="checkbox"/> Current medical records   |
| <input type="checkbox"/> Child's medical diagnosis                             | <input type="checkbox"/> Parental permission for exchange of<br>information between agencies |

If the requested information is not received, nor further action will be taken on your referral. If you need assistance, please call \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
CCS Liaison

**Form RR2**

**MEDICAL ELIGIBILITY ASSESSMENT PLAN**

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

To: \_\_\_\_\_

Re: Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The California Children Services (CCS) program is required to inform the child's PARENT/LEGAL GUARDIAN and the Local Education Agency (LEA)/Special Education Local Plan Area (SELPA) of the procedure to determine medical eligibility for the Medical Therapy Program (MTP).

1. The CCS program Medical Consultant will determine medical eligibility for the MTP.
2. After careful review of the available medical reports, the Medical Consultant will determine medical eligibility based on California Code of Regulations, Title 2, Section 60300(j) and CCS program policy and will make one of the following decisions:
  - a. Approve medical eligibility for MTP services.
  - b. Deny medical eligibility for MTP services.
  - c. Defer medical eligibility determination until receipt of additional medical information.

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
CCS Liaison

**Form RR3**

**UNDETERMINED STATUS NOTIFICATION**

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

To: \_\_\_\_\_

Re:    Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Dear Parent/Legal Guardian:

At this time, there is insufficient medical documentation to determine if the above child is medically eligible for the California Children Services (CCS) Medical Therapy Program (MTP). The CCS program will:

- ( ) Request additional information from \_\_\_\_\_
- ( ) Authorize a diagnostic evaluation for the purpose of documenting physical findings including neuromuscular and musculoskeletal findings from which medical eligibility for the MTP can be determined by CCS.

Authorization is attached. Please call to make an appointment.

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Name /Title

**Form RR4**

**MEDICAL ELIGIBILITY NOTIFICATION**

Date:

To:

Re:    Child: \_\_\_\_\_                      Birthdate: \_\_\_\_\_

Dear Parent/Legal Guardian/Caregiver:

The above child has been determined to be medically eligible for the California Children Services (CCS) Medical Therapy Program (MTP). In order to schedule an appointment, you will be contacted within 15 days by the therapy staff at the:

Medical Therapy Unit (MTU)  
Terence K. McAteer Family Resource Center  
400 Hoover Lane  
Nevada City, CA 95959  
Phone: 530/265-0618

If you have not heard from the MTU staff within this time period, please contact the Unit at the phone number above.

\_\_\_\_\_  
Name/Title

### CALIFORNIA CHILDREN'S SERVICES MEDICAL THERAPY PROGRAM (MTP) THERAPY ASSESSMENT PLAN

Name	Birth date	CCS number
------	------------	------------

The above child has been referred to the California Children's Services (CCS) Medical Therapy Program (MTP) for a physical therapy (PT) and/or an occupational therapy (OT) assessment for medically necessary therapy services. The following tests that have been checked will be administered to your child to allow the therapist(s) to develop a proposed therapy plan.

**Please sign below and mail or deliver this form to:**

Champion Mine MTU, Nevada County CCS Program  
400 Hoover Lane  
  
Nevada City, CA 95959

- ☐ **Clinical Observations:** The therapist's observations of the child during the evaluation.
- ☐ **Activities of Daily Living:** Functional skills such as mobility, transfers, ambulation, gait, eating, dressing, bathing, grooming, toileting, home skills, and use of adaptive equipment.
- ☐ **Mobility:** Manner in which the child moves about his/her environment, including gait analysis.
- ☐ **Range of Motion:** Standardized testing of passive and active joint range.
- ☐ **Sensory:** Response to position in space, object identification, two-point and tactile discrimination.
- ☐ **Fine/Gross Motor Skills:** Motor maturity through age appropriate responses.
- ☐ **Reflexes:** Postural responses, balance and equilibrium reactions.
- ☐ **Postural Alignment:** Posture as it relates to the skeletal system and functional abilities.
- ☐ **Oral Motor Skills:** Examination of the oral cavity, oral/facial reflexes, and assessment of ability to chew and manage solids and liquids.
- ☐ **Perception:** Standardized testing of child's ability to receive, interpret, and use sensory impressions.
- ☐ **Respiratory:** Assessment of child's breathing.
- ☐ **Manual Muscle Test:** Standardized measurement of muscle strength as it relates to gravity and resistance.
- ☐ Other specialized assessment based on child's medical needs, such as:
  - Home evaluation
  - Classroom evaluation
  - Use of photos or videotapes as a pictorial record
  - Other (specify) \_\_\_\_\_

My signature below indicates my permission for my child to be evaluated in the above marked areas.

Parent/caregiver	Date
------------------	------

*Original*—File in MTU Case Record

*Photocopy 1*—Send to Parent/Caregiver

*Photocopy 2*—Send to Local Educational Agency (LEA)  
Special Education Local Plan Area (SELPA)

## CALIFORNIA CHILDREN'S SERVICES (CCS) CONSENT FOR MEDICAL THERAPY PROGRAM SERVICES

CHAMPION MINE MEDICAL THERAPY UNIT

Medical Therapy Unit

NEVADA COUNTY

County

I hereby authorize California Children's Services to provide the medically necessary physical therapy and/or occupational therapy services through the Medical Therapy Program for \_\_\_\_\_

Child's Name

These services may include therapy evaluation, treatment, monitoring, instruction, consultation, and periodic review by the Medical Therapy Conference team to assess the need for implementing, modifying, and/or continuing services.

I understand that I have the right to appeal if I disagree with the CCS-approved therapy plan and that a copy of the appeal process is attached to this form.

\_\_\_\_\_  
Signature of Parent, Caregiver, or Patient (if over 18 years of age)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CCS Representative

\_\_\_\_\_  
Print name of CCS Representative

\_\_\_\_\_  
Date

*Original—File in CCS Case Record*

*Photocopy 1—File in Medical Therapy Unit Case Record*

*Photocopy 2—Parent copy*

**Form RR7**

**MEDICAL THERAPY CONFERENCE APPOINTMENT NOTICE**

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

To: \_\_\_\_\_

Re: Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Dear Parent/Caregiver:

The above child is scheduled to be seen at the Medical Therapy Conference (MTC) to be seen by

Dr.(s) \_\_\_\_\_

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

Location: CCS Medical Therapy Unit  
Terence K. McAteer Family Resource Center  
400 Hoover Lane, Nevada City, CA

Please call the CCS Medical Therapy Unit at 265-0618 as soon as possible to inform us if you **will** or **will not** be able to keep this appointment. As clinics are only scheduled quarterly, please make every attempt to keep this appointment. Rescheduling may result in a delay of services.

In preparation for your child's MTC appointment, please bring the following:

- Shorts and a shirt for the child to wear during the examination
- Any bracing, splints or transportable durable medical equipment (i.e. walker, AFO's, wheelchair)
- List of current medications
- Questions to ask the doctor
- Additional items: \_\_\_\_\_

The MTC is a free CCS program benefit that does not require financial eligibility. The Occupational Therapy (OT) and Physical Therapy (PT) services ordered through the MTC are also free of charge as mandated by Federal and State laws. X-rays, bracing, durable medical equipment or other medical services or surgeries will require CCS financial eligibility prior to authorization by the CCS program.

As a result of the MTC, your child's OT and PT services could be modified.

\_\_\_\_\_  
Name/Title



**CCS MEDICAL THERAPY PLAN**☐ PT☐ OT☐ Change from previous Rx

**NOTE:** Physician's signature and therapist's signature are required in order for CCS MTP services to be provided and to signify an approved therapy plan.

Child's name		CCS number	Date
Date of birth	Treating diagnosis		

Functional status (see page 2 for codes):

Mobility: _____	Ambulation: _____	Community skills: _____	Toileting: _____
Dressing: _____	Transfers: _____	Home skills: _____	Bathing: _____
Feeding: _____	Other: _____		

Treatment plan:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gait training        | <input type="checkbox"/> Functional ADLs   | <input type="checkbox"/> MTU conference     |
| <input type="checkbox"/> Transfer training    | <input type="checkbox"/> Community skills  | <input type="checkbox"/> Monitor            |
| <input type="checkbox"/> Functional mobility  | <input type="checkbox"/> Modalities        | <input type="checkbox"/> Consultation       |
| <input type="checkbox"/> Therapeutic exercise | <input type="checkbox"/> Splinting (UE/LE) | <input type="checkbox"/> Evaluation         |
| <input type="checkbox"/> School program       | <input type="checkbox"/> Home program      | <input type="checkbox"/> Discharge from MTP |

Functional goals and objectives to meet the goals:

Benefits of previous therapy		
Rehab potential: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Limited		
Frequency	Duration	Proposed date of initiation
Therapist's signature		Printed name
Medical therapy unit		County
<b>Physicians: Please review the above and indicate any changes or additions to the information provided and sign below.</b>		
Precautions		
Physician's signature	Date	Proposed date of medical (re)evaluation

Original—File in MTU Case Record

Photocopy 1—Send to Parent/Caregiver

Photocopy 2—Send to Local Educational Agency (LEA)  
Special Education Local Plan Area (SELPA)

## INSTRUCTIONS

**Functional Status:** Functional status is objective and measurable in order to demonstrate progress attained by the patient as a result of therapy intervention in relation to ADLs and current level of function. General levels include:

- **Independent (Ind):** The child performs the entire activity in an appropriate amount of time without a helper, assistive device, structured environment, or set-up.
- **Modified Independent (ModI):** The child performs the entire activity in an appropriate amount of time without a helper, but requires one or more of the following:
  - assistive device (including orthotic/prosthetic devices)
  - structured environment
  - set-up by therapist or helper
- **Supervision (SUP):** The child performs the entire activity in an appropriate amount of time but requires a therapist or helper in the same room or general area to help stay on task or provide verbal cueing (including sequencing reminders).
- **Stand-by Assist (SBA):** The child performs the entire activity in an appropriate amount of time but requires therapist or helper standing by, but not touching (usually for safety).
- **Contact Guard Assist (CGA):** The child performs **approximately 100 percent** of the physical effort but requires tactile cueing or light hands by the therapist or helper.
- **Minimal Assist (MIN):** The child can perform most of the activity (**approximately 75 percent**), and the therapist or helper is required to carry out only a small portion of the activity.
- **Moderate Assist (MOD):** The child and the therapist or helper each perform **approximately 50 percent** of the physical effort.
- **Maximum Assist (MAX):** The child can assist in some part of the activity (**approximately 25 percent**), and the therapist or helper is required to carry out most of the activity.
- **Dependent (DEP):** The child does not participate significantly in the activity and requires total assistance.

**Treatment Plan:** Must agree with the current written orders and be approved by the physician. Measurable functional goals, which are expected to be achieved within the time frame of the prescription, must be included. Treatment methods/interventions must be included as part of the plan. The goals must be based on the results of the therapy evaluation.

**Functional Goals:** Functional short-term goals should be established that will reflect anticipated progress to be made by the child during the duration of the prescription. A functional goal should address an area of ADL or mobility including, but not limited to: ambulation, transfers, specific self-care skills, and home and community accessibility. Functional goals promote a maximum level of independence.

**Objectives: Measurable Steps Towards the Goal.**

**Benefits of Previous Therapy:** Documentation of objective, responses made by the child as a result of therapeutic intervention.

**Rehab Potential:** Should be indicated as good, fair, or limited. Rehab potential is a statement of how well the patient will respond to therapeutic input.

- **Good:** The child should respond well to the therapeutic intervention and will make significant progress toward the goal over a set period of time.
- **Fair:** The child should respond satisfactorily to therapeutic intervention and may make steady progress toward the goals.
- **Limited:** The child is not expected to benefit from active therapy intervention, but may require periodic checks, monitoring, or consultation to assess current function or needs.

**Frequency:** The number of treatments that a physical therapist or occupational therapist (per week/month/year) is required to meet the stated goals.

**Duration:** The period of time that will accurately reflect the therapy needs of the child without modification. Children receiving therapy at a rate of one time per week or greater must have the therapy plan and prescription reviewed every six months. Children receiving therapy services less than once a week must have the therapy plan and prescription reviewed at least annually.

**Proposed Date of Initiation:** The proposed date the prescribed therapy plan can commence.

**Proposed Date of Medical (Re)Evaluation:** The anticipated date the child must be seen again by the physician in order to review/renew the therapy plan.

**Change from Previous Prescription:** If this is a new or a significant change in the child's therapy plan, this area should be checked.

**Form RR9**

**LEA NOTIFICATION OF MEDICAL THERAPY PROGRAM STATUS**

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

Re: Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

CCS has received a referral from this child's LEA/SELPA for CCS Medical Therapy Program (MTP) services. This notice is to inform the LEA that this child is medically eligible for the MTP and the following has been completed thus far:

- ( ) Therapy Assessment Plan signed by parent/legal guardian and LEA/SELPA notified
- ( ) CCS Program Services Agreement signed by parent/legal guardian/caregiver
- ( ) MTP Consent to Treat signed by parent/legal guardian/caregiver
- ( ) Assessment report for therapy and proposed therapy plan have been reviewed with parent/legal guardian/caregiver
- ( ) Notice of Medical Therapy Conference (MTC) has been sent to parent/legal guardian/caregiver
- ( ) Child has been examined by the physician
- ( ) Therapy plan has been signed by the physician and approved by the MTC team and a copy has been given to the parent/legal guardian/caregiver and LEA/SELPA

\_\_\_\_\_  
Name/Title

**Form RR10**

**LEA NOTIFICATION OF POSSIBLE DELAY IN DETERMINING  
MEDICALLY NECESSARY SERVICES**

Date:

To:

Re: Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

There may be a delay in responding to your referral for CCS MTP services because of one or more of the following:

- ☐ Parent/caregiver has not made or kept appointment for diagnostic evaluation
- ☐ No medical reports have been received from authorized physician in order to review and determine medical eligibility
- ☐ Parent/caregiver has not signed CCS Program Services Agreement
- ☐ Parent/caregiver has not signed Therapy Assessment Plan
- ☐ Parent/caregiver has not signed Consent for Treatment
- ☐ Parent/caregiver has not made or kept appointment for Therapy Assessment
- ☐ Parent/caregiver has not kept appointment for Medical Therapy Conference
- ☐ Other

\_\_\_\_\_  
Name/title

**Form RR11**

County or Regional Office Letterhead

NOTICE OF ACTION

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

RE:

DOB:

CCS#:

CO:

DEAR

The California Children Services (CCS) program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information following determination was made:

There is no documentation of medical eligibility for the CCS Medical Therapy Program (MTP) at this time. Eligibility for the MTP is therefore denied.

Citations: Health and Safety Code 250.5; Title 22, California Code of Regulations (CCR); Title 22, California Code of Regulations, Section 41800; CCR, Title 2, Section 60300(j); CCS Numbered Letter 39-1290.

The effective date of this Notice of Action is \_\_\_\_/\_\_\_\_/\_\_\_\_.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions, or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children Services

cc: LEA/SELPA

# **APPENDIX**

## **III. Attachment #1**

## **Facility Space (Physical Plant), Equipment and Supplies Necessary for California Children's Services (CCS) Medical Therapy Program (MTP) Service Provision**

### Introduction

The Children's Medical Services (CMS) California Children Services (CCS) Medical Therapy Program (MTP) began providing physical therapy and occupational therapy services to disabled children in the public schools in 1945. These out-patient therapy clinics established on public school sites were called Medical Therapy Units (MTUs). Establishing MTUs on public school sites allowed children to receive therapy services where they would normally spend their day instead of being removed from the child's school environment to be transported to a hospital setting. This was a concept that CCS and the California Department of Education (CDE) agreed would be in the best interests of disabled children. The state legislature passed legislation that same year to endorse the concept. It was agreed that CDE would provide the facility space, equipment and supplies for the MTU, and the Department of Health Services would provide the therapy services (staff). The daily oversight of the MTU and provision of therapy services is the responsibility of the local county CCS program. In 1984, Chapter 26.5 Section 7570-7588 of the Government Code was codified into state law as a result of Assembly Bill 3632. This chapter governs interagency activities and responsibilities of agencies providing services to disabled children in public schools.

### Funding to Support the Medical Therapy Unit (MTU) Facility, Equipment & Supplies

The SELPA is responsible for assuring that the MTU is provided with the facility space, equipment and supplies necessary to provide therapy services as described in the SELPA's local plan. The LEA will include in its annual service delivery plan the process by which it will fund the physical plant, equipment, supplies and maintenance for the MTU and how it participates with the local CCS program to jointly plan for funding of equipment and supplies for the MTP. These processes and funding amounts will be identified and included in the annual budget plan. The CCS MTU therapy staff will be responsible for the efficient use of the funds to support present and future MTU operations. The MTU

therapy staff may request any item on the approved equipment and supply list without additional approval from CMS and CDE. Items not on the list will require prior approval of the CMS and CDE liaisons. The CCS MTU therapy staff and LEA staff should collaborate on an annual basis to maintain a current inventory of equipment that has been purchased by the LEA.

The CCS MTU staff will submit a request list of needed equipment for the upcoming fiscal year in a timely manner agreed to by the LEA and CCS that will allow the LEA to plan for MTP needs. If the list is in excess of the amount identified in the annual services plan and annual budget plan, the MTU staff should prioritize the requested items or defer the purchase of the items to another fiscal year. The LEA representative and CCS therapy staff will develop a method to purchase the needed items.

The SELPA director or County Superintendent of Schools is responsible for insuring that a local interagency agreement between the LEA and the local county CCS program includes language that designates which LEA(s) is responsible for providing facility space, equipment and supplies for the MTU.

#### Establishing a Medical Therapy Unit (MTU) or Medical Therapy Unit Satellite (MTU-S)

MTUs/MTU-S should be established in a location central to the maximum number of identified MTP children needing therapy services.

CCS has two levels of facilities in the public schools. The first level is the MTU. The second is an extension of the MTU called an MTU-Satellite (MTU-S). Title 2 Section 60330(c) of the California Code of Regulations states "All new construction, relocation, remodeling or modification of medical therapy units or MTU-Satellite (MTU-S) shall be mutually planned and approved by the California Department of Education and the State Department of Health Services." Local county CCS programs must contact their State regional office therapy consultant prior to any planning or implementation of plans for new or existing MTUs. LEAs must receive approval from CDE prior to implementation of plans for new or existing MTUs.



The space necessary for an MTU must provide for the following functions: administration, medical therapy conference, comprehensive evaluation/assessment of a child's therapy needs, treatment in open and private treatment areas, activities of daily living training, storage area(s) for equipment and supplies and workshop area to fabricate and maintain various adaptive aids (See Table 1).

The MTU-S is an approved extension of an established MTU where limited medical therapy program services are provided and in a location closer to the child's school placement or home. Not all MTP services available at the MTU are available at the MTU-S. Those services not provided at the satellite include comprehensive evaluations and medical therapy conferences, and treatments that require specialized equipment or facilities not available at the MTU-S.

An MTU-S may be established when there is a minimum of 4 hours of continuous therapy treatment by an individual therapist scheduled per day for MTP children on a public school site. Consistent with the facility space provided at the MTU, the LEA must provide and maintain the facility space, equipment and supplies necessary for the prescribed therapy of the children to be served at the MTU-S site.

The need for a new MTU/MTU-S is determined according to "demonstrated need". CCS will recommend to the SELPA/LEA the need for an MTU/MTU-S based on the following 4 items:

- 1) the number of prescribed hours of occupational therapy and/or physical therapy services
- 2) age and number of children
- 3) the residences of the CCS MTP population and the LEA(s) responsible for providing services for children in the area
- 4) Projected growth of area

When the need for an MTU/MTU-S is mutually determined by the LEA and the local CCS program, the state agencies will be contacted for approval. State agencies will work in collaboration with the local agencies in the planning of the facility. Projected demographics need to be included in the planning process. An MTU (including all of its

satellites) should not have a caseload of over 350 children. When an MTU caseload begins to reach this point, the local agencies should meet and discuss whether a new MTU is appropriate to meet the needs of the children being served.

#### Relocating a Medical Therapy Unit (MTU) or Medical Therapy Unit-Satellite (MTU-S)

The relocation of an MTU or MTU-S shall not occur unless mutually agreed upon by the local county CCS program and LEA with approval from the CMS Branch and CDE. Prior to relocation, the MTU therapy staff must be given at least 60 days from the date of the agreement to be moved. This gives time for parent notification and staff preparation. The CCS staff is responsible for preparing the MTU or MTU-S equipment for moving. The LEA is responsible for moving the equipment to the new location. The relocated equipment must be in place and operational prior to therapy services being resumed.

#### Medical Therapy Unit (MTU) Facility Use and Maintenance

Title 2 Section 60330(b) of the California Code of Regulations states:

" The space and equipment of the medical therapy unit and medical therapy unit satellites shall be for the exclusive use of the CCS staff when they are on site. The special education administration of the LEA in which the MTU is located shall coordinate with the CCS staff for other use of the space and equipment when the CCS staff is not present"

The local county CCS program and the LEA should include in the local interagency agreement guidelines for sharing space when CCS staff is not using the MTU or MTU-S facilities. Local interagency agreements shall also indicate which LEA is responsible for the day to day maintenance of the MTU physical plant. Maintenance includes, but is not limited to, structural repairs, custodial/housekeeping services, replacement of broken (non-functional) and consumed items.

#### Space Guidelines for Medical Therapy Units (MTUs)

Education Code Section 17047(a) requires 3,000 square feet for an MTU in a newly constructed school site, with additions, if identified student populations are higher at the school site. The California Code of Regulations Title 2 Section 60330(a) provides

guidance for functions that require space in an MTU. Square footage for the MTU is based on 3 defined space needs:

- 1) Standard space - space that is basic for an MTU and is not affected by the size of the therapy staff or number of children served.
- 2) Staff Dependent space - space that is "dependent" on the approved full-time equivalent (FTE) therapy staff needed to meet prescribed treatment hours.
- 3) Shared Space - space that can be shared regardless if the CCS staff is present or not (waiting room, etc.).

Areas for the Medical Therapy Conference (MTC), Activities of Daily Living (ADLs- training kitchen, training bathroom etc.), and the workshop are standard and not affected by the size of the therapy staff. Areas for Administration (therapist and clerical office space), evaluations, treatment, and storage will vary in size needs according to the size of the therapy staff. Shared space such as the waiting room will vary according to the needs of the MTU and of the school. The training kitchen and bathroom may be considered shared space dependent on accessibility.

The minimum space to establish an MTU is 1,900 square feet. This will house 1-2 FTE staff therapists and a clerk. This includes a waiting room that can be shared with the school if logistically possible. As therapy staff FTEs increase, the following are minimum increments above 1900 square feet necessary to accommodate the therapy staff functions of the MTU. Office/clerical space increases 25 square feet for each FTE therapy staff increase above 2 FTEs. Evaluation/treatment area will increase 240 square feet per added FTE over 2. Storage space will increase 7.5 square feet per added FTE above 2 FTEs.

The breakdown for the minimum MTU space requirement is as follows:

- 1) 1,900 square feet total (including waiting room)
- 2) FTE therapists and 1 clerk
- 3) MTC - 250 square feet
- 4) Administration - 250 square feet
- 5) Evaluations/treatment area - 800 square feet
- 6) ADLs - 250 square feet

- 7) Storage - 75 square feet
- 8) Workshop - 75 square feet
- 9) Waiting Room - 200 square feet

**Table 1 MTU Space Allocations per FTE Staff Therapist**

	250 Sq Ft.	300 Sq Ft	350 Sq Ft	400 Sq Ft	450 Sq Ft	500 Sq Ft
Administration	250 Sq Ft.	300 Sq Ft	350 Sq Ft	400 Sq Ft	450 Sq Ft	500 Sq Ft
Medical Therapy Conference (MTC)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Evaluation & Treatment	800 Sq Ft.	1,280 Sq Ft	1,760 Sq Ft	2,240 Sq Ft	2,720 Sq Ft	3,200 Sq Ft
Activities of Daily Living (ADLs)	250 Sq Ft.	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft	250 Sq Ft
Storage Area	75 Sq Ft.	90 Sq Ft	105 Sq Ft	120 Sq Ft	135 Sq Ft	150 Sq Ft
Workshop	75 Sq Ft.	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft	75 Sq Ft
Waiting Area	200 Sq Ft.	200 Sq Ft	200 Sq Ft	200+ Sq Ft	200+ Sq Ft	200+ Sq Ft
<b>Total Minimum Sq Ft</b>	<b>1,900 Sq Ft</b>	<b>2,245 Sq Ft</b>	<b>2,590 Sq Ft</b>	<b>2,935 Sq Ft</b>	<b>3,280 Sq Ft</b>	<b>3,625 Sq Ft</b>

FTEs are rounded up to the next whole number (ie 2.5 staff therapists = 3). These requirements are set as a minimum. The LEA and the county CCS program should negotiate for additional facility space based on the needs of the children to be served (do not rely on just the established minimum). It is a starting point (a floor), not a limitation (ceiling). Storage area can be decreased incrementally if there is either a storage area or cargo space outside of the MTU but within the school grounds that can be utilized or the LEA provides funding and two-way delivery for an off-site storage area. Supervisors and clerks are not a part of the staff dependent formula but are included in the standard space formula.

#### Standards for Upgrading Existing MTUs

Existing MTUs must meet all of the functional requirements as stated in the interagency regulations. The minimum space to operate an MTU will be 1,900 square feet subject to review and approval by CMS and CDE.

Office for Therapists (Administration)

1. Purpose is to provide:
  - a. Area for therapist's desks, office equipment, & filing cabinets for medical records and x-rays;
  - b. Location for reviewing, charting and filing of confidential medical records;
  - c. Storage for forms, clerical and clinic supplies;
  - d. Central library for professional journals, medical reference books, etc.;
  - e. Telephone areas for confidential calls;
  - f. Area for writing records, letters, and reports; and
  - g. Space for bulletin board.
  - h. Private area for supervisors office
2. Special features:
  - a. Adjacent to therapy rooms with doors leading into therapy room. The office should be accessible to other personnel without passing through the therapy area. The office should be able to lock for security.
  - b. Window from the office into therapy area to provide a visual check of the general treatment areas and a window into the reception area if the waiting room is attached;
  - c. Desk area for each therapist, aide, and/or secretary;
  - d. Bookshelf area;
  - e. Tackboard area;
  - f. Space for cabinet with lock, for use in storing clerical materials and record forms, and an area for hanging coats;
  - g. Space for 4 drawer steel filing cabinets. The space requirement is determined by the case load;
  - h. Telephone fixture(s) with lines (an appropriate number based on the size of the staff) for public calls, FAX and modem;
  - i. Intercom system connected to school office or other rooms (for safety purposes);
  - j. Electric outlets on at least 2 walls;

- k. Floor area large enough to accommodate table for computer and printer with access to electrical outlets and phone line; and
- l. Locked storage space for x-rays and videos.
- m. Computer access

#### Waiting Area

1. Purpose is to:
  - a. Provide an area for parents, patients and siblings to use while waiting for interviews, treatments and clinic appointments;
  - b. Make parent educational material easily available; and
  - c. Provide a place for toys and activities to keep waiting children and siblings occupied.
2. Special features:
  - a. Near outside entrance and convenient to therapy rooms, but not necessarily adjacent to them;
  - b. Electrical outlet; and
  - c. Accessible to adult toilet facilities with access to a changing table.

#### Training Bathroom (ADLs)

1. Purpose is to:
  - a. Provide privacy for evaluating and training in activities of daily living usually performed in the bathroom. This includes use of bathroom fixtures; wheelchair and crutch management; and personal grooming skills such as bathing, toileting, brushing teeth, and combing hair.
2. Special Features:
  - a. Adjacent and readily accessible to both physical and occupational therapy areas;
  - b. Size and configuration similar to home bathroom, including separate tub (a separate shower is optional), commode, and basic pullman with enough room for a head-on adult wheelchair approach to all fixtures;
  - c. Grab bars at tub, shower, and commode;
  - d. Hot and cold running water; wall medicine cabinet with mirror; toothbrush rack; glass holder, towel bars, home type toilet paper dispenser; and

Enclosed Storage

1. Purpose is to provide:
  - a. Secured storage for braces, crutches, walkers, wheelchairs, standers, and other special equipment that may be needed periodically.
2. Special features:
  - a. Wall area provided with wall mounted racks for storage of braces and crutches with clearance allowing for wheelchair and other large equipment storage;
  - b. Shelving for small equipment and supplies;
  - c. Locked.

Workshop (Modification of Equipment)

1. Purpose is to provide secure:
  - a. Space for fabrication, adjustment, and maintenance of equipment and self help aids, and for making splints and casts; and
  - b. Storage of special equipment, hand tools and supplies.
2. Special features:
  - a. Electrical outlet above workbench and sink counter;
  - b. Minimum of 6 feet of counter workbench, with a counter top overhang so work may be clamped to it;
  - c. Light over workbench;
  - d. Cabinets provided above and below counter with some drawer space, some locking;
  - e. Adjustable shelves to ceiling, 12 to 15 inches deep;
  - f. Built-in or space for movable metal cabinet, with lock, for storage of flammable solvents and/or paints;
  - g. Exhaust fan activated by light switch;
  - h. Large size sink with hot and cold running water and a plaster trap, counter area with Formica drain board with front and back lip;
  - i. Roll out bins for storage of wood scraps, sandbags; and
  - j. Space for sewing machine.



Physical Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate area for:
  - a. Evaluation of respiratory function and basic gross motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, retained primitive reflexes or delayed postural responses;
  - b. Treatment services requiring therapeutic equipment for respiratory function and the development of mobility (bed mobility-gait training), therapeutic exercises, and use of adaptive aids;
  - c. Monitoring of neuromuscular or musculoskeletal condition, gross motor skills, mobility, and evaluation of durable medical equipment, function of orthotics and prosthetics and fabrication of splints/casts
  - d. Instruction to care provider/ parent or classroom teacher in gross motor activities, use of durable medical equipment and orthotics/prosthetics, facilitation of movement, positioning in the home/classroom, therapeutic exercises, and range of motion activities; and
  - e. Consultation with parent/care provider, classroom teacher, physician or other health related professional for coordination of care, suggestions to facilitate mobility/positioning in the home, classroom or community, and identification of problem areas that may require medical referral; and
  - f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report; in lieu of separate conference room.
2. Special features:
  - a. Sink with hot and cold running water;
  - b. Non skid hard surface flooring with a designated carpet;
  - c. Electrical outlets;
  - d. Lower part of windows treated to eliminate distraction from outside and protect window from wheeled vehicle collisions;
  - e. Wall cabinet storage;
  - f. Treatment cubicles for privacy
    - A. Curtains/screens (no posts) and some full walls;



- B. Adequate light, heat, and ventilation; and
- C. Electrical outlets.
- g. General activity area for a large, safe, open area
  - A. Reinforced wall and ceiling for hanging wall and ceiling equipment;
  - B. High ceiling and lights to accommodate ball activities; and
  - C. Counter height windows.

#### Occupational Therapy (Evaluation/Treatment)

1. Purpose is to provide adequate areas for:
  - a. Evaluation of oral motor function, ADLs and basic fine motor skills limited by muscle tone, range of motion, muscle strength, sensory dysfunction, incoordination, retained primitive reflexes or delayed postural responses;
  - b. Treatment services requiring therapeutic equipment for oral motor and perceptual motor development relating to the development of activities of daily living (eating, dressing, bathing, grooming, toileting and use of hand manipulatives), training in household activities, therapeutic exercises and use of adaptive aids;
  - c. Monitoring of neuromuscular or musculoskeletal condition, fine motor/perceptual skills, oral motor development, self-care activities, household activities, use of adaptive aids and fabrication of splints and adaptive equipment;
  - d. Instructions to care providers/ parents and classroom teacher in fine motor, oral motor and perceptual activities, positioning, use of adaptive aids/splints, facilitation of self-care activities, household activities, and therapeutic exercises;
  - e. Consultation with parent/caregiver, classroom teacher, physician, and other health related professionals for coordination of care, suggestions to facilitate self-care activities in the home and classroom, age appropriate home and community activities, and identification of problem areas that may require medical referral;

- f. Private area that can be used for treatment sessions and can also be used for medical therapy conference examination and confidentiality for family conference and dictation of report; in lieu of a separate conference room or space available in physical therapy.
2. Special features:
- a. Built in wall bulletin boards in at least 2 places in room, 1 to be near the hall door;
  - b. Ample electrical outlets (floor level plugs);
  - c. Sink with hot and cold running water;
  - d. Cabinet area around sink and additional wall cabinet storage in room
  - e. Treatment cubicles to provide an enclosed area separated from the general OT area to minimize distractibility and afford privacy
    - i Cubicles separated by two-way cabinets 24" deep with sliding doors and drawers accessible to either cabinet;
    - ii Cubicles curtained off with ceiling hanger;
    - iii Chalkboard and tackboard to baseboard in several areas;
    - iv Long mirror;
    - v Electrical outlets;
    - vi Storage areas with doors for toys, large balls, swings, feeding seats, books, special equipment;
    - vii Locked storage for electronic equipment, communicators and computers.
  - f. General activity area to provide an open safe area for therapeutic games and activities which require gross motion, small group participation, and use of large equipment.
  - g. Carpeted/matted area for floor activities.

Training Kitchen (ADLs)

1. Purpose is to provide:
  - a. Training in activities of daily living necessary to function as safely and independently as possible, including preparation and storage of food and use of appliances.
2. Special features;
  - a. An area larger than a normal kitchen to accommodate wheelchairs, several children and therapists simultaneously;
  - b. Adequate access between homemaking area and OT treatment area;
  - c. Hallway access to accommodate groups without interruption of treatments occurring nearby in other areas of OT;
  - d. Kitchen equipment similar to that found at home;
  - e. Sink with standard height drainboard;
  - f. Broom closet;
  - g. Cabinet space for linens, dishes, including drawers, adjustable shelves and pull out boards;
  - h. Stove (with oven);
  - i. Dishwasher;
  - j. Access to clothes washer and dryer;
  - k. Adequate electric plug outlets for use of small appliances;
  - l. Refrigerator.

Parking

1. Purpose is to provide:
  - a. Adequate parking space for disabled children and family to have access to the MTU
2. Special features:
  - a. Front row of parking lot closest to the MTU main entrance
  - b. Ramp from parking lot onto sidewalk/entrance to the MTU
  - c. Clearly marked spaces painted using universal symbol for the disabled, or sign posted that displays this symbol.

Medical Therapy Conference Area

If there is not an area specifically dedicated for MTC, the MTU must meet the requirements of the Sections on PT (page 10) and OT (page 11).

1. Purpose is to:
  - a. Provide a private area for the physician to examine children, and for the multi-disciplinary team to meet and discuss the needs of the child.
2. Special Features:
  - a. Examination table
  - b. X-ray illuminator
  - c. Space for family participation
  - d. Space for patient assessment and observation

Supplemental Space (marked with an \*)

These areas are desirable but not always necessary. Should the areas be determined necessary, square footage will vary depending on unit caseload.

\*Outdoor Therapeutic Area

1. Purpose is to:
  - a. Provide an area for functional training in the outdoor environment.
- 2) Recommended special features:
  - a. Adjacent and accessible to occupational and physical therapy areas;
  - b. Paved area for wheelchair and walkers;
  - c. Covered walking area with standard curb and simulated street crossing with stop/go signal;
  - d. Various surfaces and elevations for gait training (i.e. sand, gravel, grass, bricks, rocks and hills);
  - e. Large grass mound area with a 4 foot rise;
  - f. Screened from playground area to reduce distractibility of pupil from assigned task; and
  - g. Wind breaks if area warrants.

\*Training Bedroom

Minimal requirements are for a private space, storage closet, and bed.

1. Purpose is to provide:
  - a. Privacy for evaluation and training activities of daily living skills usually performed in the bedroom area, such as transfer from bed to crutches or wheelchair; practice in bed making; general household and cleaning activities; self dressing and undressing; personal grooming; and care of own clothing.
2. Special Features:
  - a. Adjacent to occupational therapy and accessible to physical therapy;
  - b. Screened from the general treatment area; and
  - c. Space for items listed in the equipment list.

\*Conference Room

1. Purpose is to provide area for:
  - a. Conferences;
  - b. Interviews;
  - c. Lectures; and
  - d. Progress studies.
2. Special features:
  - a. Near therapy office and waiting room;
  - b. Two doors, one to outside hall and one into therapy unit;
  - c. Tackboard and dry erase board area;
  - d. Electrical outlets, minimum of two;
  - e. Intercom unit, depending on size of unit.

\*Therapy Staff Parking (Dedicated)

1. Purpose is to provide:
  - a. Accessible parking for therapy staff that travel between the MTU and MTU satellite sites.
2. Special features:
  - a. Close to the front entrance of the MTU.

### **MTP Equipment List**

The MTP equipment list established by CCS and CDE identifies appropriate equipment and supplies necessary to provide MTP services in the MTU. The items listed are basic to the provision of therapy care management, assessments, treatment or consultation to disabled children and their families with the goal of providing equal access and uniformity of equipment for children receiving MTP services.

A new MTU will require most items on this list as they are essential to the provision of services in any MTU and receive high usage regardless of the number of children served or the conditions treated. However, some items are for use with conditions that are eligible for the MTP, but are not commonly used. These items may not be immediately necessary to establish a MTU. A newly established MTU may be opened, with mutual agreement between CMS and CDE, without all of the equipment on the list if there is a commitment by the LEA to provide the specific and necessary equipment within a specified and reasonable period of time. Existing MTUs may submit requests for equipment on the list that need to be replaced or is necessary to treat children currently receiving services in the MTU.

The list does not include every item of equipment and supply which may be required to assess, treat or provide consultation for every child in the MTP. Items not on the list will require specific justification and CMS approval prior to presentation to the LEA responsible for providing equipment and supplies for the MTU.

### **Definitions**

- 1) Equipment - means those reusable items that are necessary to provide MTP services. These items are accessed by multiple children while receiving MTP services at the MTU or MTU-S. The equipment should have a life expectancy of a year or more.
  
- 2) Supplies - means those items of an expendable or consumable nature that are necessary to provide MTP services. These items augment the provision of MTP services at the MTU or MTU-S. Supplies should have a life expectancy of less than one year.

Equipment & Supply List

Purpose	Item	CCS Responsibility	LEA Responsibility
<u>Administration:</u> this includes equipment and supplies to support medical therapy services.	<u>Equipment</u>		
	1) Answering Machine	1	
	2) Bookcase/Bookshelves		2
	3) Chair and Desk/Work Surface (If separate, 1 per therapist).		3
	4) Computer, IBM Compatible (includes CPU, monitor, keyboard, mouse and printer)	4	
	5) Computer Table/Hutch	5	
	6) Copier (or access to one)		6
	7) File Cabinets (four drawer with lock and x-ray storage)		7
	8) Telephone		8
	9) FAX Machine	9	
	10) Storage Cabinet		10
	11) Bulletin Boards		11
	12) Paper Cutter (or access)		12
	<u>Supplies</u>		
	1) Computer Software	1	
	2) Office Supplies, General		2
	3) Office Supplies, Medical	3	
	4) Reference Books, Medical	4	
	5) Phone Line, Public		5
	6) Phone Line, FAX & modem	6	
<u>MTU Conference:</u> this includes equipment and supplies to support physician assessments during conference	<u>Equipment</u>		
	1) Chairs, Folding (access)		1
	2) X-Ray Illuminator	2	
	3) Tape Recorder (mini) or Dictaphone	3	
	4) Neurologic Hammer	4	
	5) Otoscope	5	
	6) Examining Table (stand alone) or built-in (optional)		6
	7) Sphygmomanometer	7	
	8) Stethoscope	8	
	9) Scale (standing/sitting)	9	
	10) Flashlight (mini)	10	
	11) Tape Measure (cloth)		11
	<u>Supplies</u>		
	1) Tongue Blades	1	
	2) Ear Swabs (long)	2	
	3) Handi-Wipes	3	
	4) Rubbing Alcohol	4	
	5) Examining Table Cover	5	
	6) Gowns	6	

Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff	<u>Equipment</u>		
	1) Mobile arm supports		1
	2) Chairs, adjustable (small & medium) with trays		2
	3) Dynamometer		3
	4) Equilibrium board		4
	5) Tape Measures (metric)		5
	6) Goniometers (large, small & finger sizes)		6
	7) Elevated treatment tables & mats		7
	8) Floor mats		8
	9) Pinch gauge		9
	10) Polaroid Camera	10	
	11) Privacy Screens/curtains		11
	12) Ramp & Curb Set		12
	13) Spirometer, hand-held		13
	14) Training stairs		14
	15) Computer for Student Use includes software & adaptive accessories		15
	16) Ambulation belts		16
	17) Crutches, canes etc.		17
	18) Balance beam		18
	19) Therapy balls, assorted sizes & ball rack		19
	20) Stationary bike, adjustable		20
	21) Crutch rack		21
	22) Wall pulley system with weights & weight rack		22
	23) Swivel hook, ceiling mounted with: a) Net swing b) Bolster c) platform		23
	24) Hydraulic lift & sling		24
	25) Foot placement ladder		25
	26) Mirror, mobile (full length)		26
	27) Mirror, 3-panelled		27
	28) Parallel bars (adjustable)		28
	29) Weights (ankle, wrist adjustable) & weight rack.		29
	30) Caster cart		30
	31) Storage Cabinets. standard		31
	32) Prone Stander		32
	33) Tilt table		33



Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff (Cont.)	34) Pull-up bar, portable		34
	35) Push-up blocks		35
	36) Stall bars		36
	37) Stools, rolling		37
	38) Tables: child size, cut-out and adjustable, standard table		38
	39) Walkers		39
	40) Tricycles, with therapeutic attachments		40
	41) Standardized Testing Kits (assorted)		41
	42) Head pointer, adjustable		42
	43) Air Splints		43
	44) Bolsters/wedges, assorted		44
	45) Push Cart		45
	46) Hand Placement mitt		46
	47) Helmets, assorted sizes		47
	48) Sand bags		48
	49) Scooter boards		49
	50) Toys: balls, blocks, dolls, Legos, push/pull toys, puzzles, scissors, bean bags, etc.		50
	51) High chair		51
	52) Feeder Seat (assorted sizes)		52
	53) Microwave		53
	54) Stove/oven, standard		54
	55) Washer/Dryer		55
	56) Refrigerator		56
	57) Toilet seat, raised (portable)		57
	58) Toilet bars, portable		58
	59) Tub bars, portable		59
	60) Transfer bench		60
	61) Hydrocollator, hot packs & tongs		61
	62) Paraffin bath		62
	63) Shower hose, hand-held		63
	64) Pegboards		64
	65) Reachers		65
	66) Dressing/grooming aids, assorted		66
	67) Adaptive switches & mountings (for toys)		67
	68) Video monitor	68	
	69) Video equipment (camera & player)	69	
	70) Bed (or access to)		70
	71) Air pump & attachments (or access to)		71
	72) Bedding/towels		72
	73) Feeding Equipment		73

Purpose	Item	CCS Responsibility	LEA Responsibility
PT and OT Services: this includes equipment and supplies for assessment, treatment and consultation services to be provided by MTP staff (Cont.)	74) Safety mats for bathroom/tub		74
	75) Kitchen cookware		75
	76) Dishes & utensils		76
	77) Kitchen appliances, small		77
	78) Corner chair		78
	79) Bath chair		79
	80) Cast Cutter		80
	81) Bandage scissors		81
	82) Whiteboard		82
	83) Easel		83
	<u>Supplies</u>		
	1) Theraband/exercise tubing	1	
	2) Gloves, disposable	2	
	3) Cleaning: spray bottles, disinfectant, sponges, laundry/dish soap		3
	4) Mouth pieces for hand-held spirometer, disposable	4	
	5) Paraffin	5	
	6) Toilet Paper		6
	7) Paper towels		7
	8) Kleenex		8
	9) Arts & crafts, assorted		9
	10) Film/videotape	10	
	11) Food (for training)		11
Therapy Workshop: this includes equipment and supplies to fabricate and maintain adaptive equipment utilized by children during MTP activities.	<u>Equipment</u>		
	1) Storage cabinet, fireproof		1
	2) Heat gun		2
	3) Storage cabinet, standard		3
	4) Electric skillet		4
	5) Iron/ironing board		5
	6) Sewing Machine, Heavy Duty (or access to)		6
	7) Router (hand-held)		7
	8) Jigsaw (hand-held)		8
	9) Work Table with clamps		9
	10) Hand Tools, assorted		10
	11) Scissors, assorted		11
	12) Electric hand drill & accessories		12
	13) Extension cord		13
	14) Staple gun		14
	15) Electric screwdriver (cordless)		15

## Attachment #1

Purpose	Item	CCS Responsibility	LEA Responsibility
	<u>Supplies</u>		
	1) Plaster	1	
	2) Plastics (thermo)	2	
	3) Orthotic glue	3	
	4) Splinting materials & accessories	4	
	5) Wood	5	
	6) Sewing accessories	6	
	7) Hardware (assorted)		7
	8) Foam	8	

**Interagency Agreement  
Nevada County CHDP and  
KidZKount, Placer Community Action Council, Inc  
Serving Nevada County Head Start and Early Head Start**

Fiscal Years 7/1/18 – 6/30/19 and 7/1/19 – 6/30/20

This Interagency Agreement ("Agreement") is entered on July 1, 2018, between the Nevada county Department of Public Health through its CHDP Program (herein referred to as "Nevada County CHDP Program") and KidZKount, Placer Community Action Council, Inc. (Herein referred to as "KidZKount").

The purpose of this Interagency Agreement is to define arrangements for cross-referral and to specify services the respective participating agencies will provide in order to facilitate access to health care services for eligible individuals.

**Nevada County CHDP Program agrees to offer the following services to KidZKount, Placer Community Action Council, serving the Nevada County Head Start and Early Head Start program:**

1. In-services for Head Start community workers (Family Advocates and Home Visitors) and Health Service Staff. The frequency of In-service training will be at the discretion of Nevada County CHDP Program, based on resource and staff availability.
  - a. Annual CHDP Program overview to include state and federal regulations, CHDP periodicity, use of CHDP provider and dental lists and responsibilities and coordination of CHDP and Head Start programs.
2. Strive to assure adequate availability of health care resources for the screening and follow-up of eligible individuals within the Head Start population:
  - a. Recruit and train CHDP providers in accordance with CHDP regulations..
  - b. Provide updated CHDP provider and dental lists.
  - c. Assist with scheduling and problem-solving transportation barriers with the Medi-Cal population in accordance with federal regulations.
  - d. Provide health education materials per supply availability.
  - e. Coordinate case-management services with Head Start Health Services staff to maximize service delivery to eligible recipients.
3. Attend the Health Services Advisory Board meetings at least 4 times per year for consultation and technical assistance on children's health issues.

**KidZKount staff agrees to provide the following services to the CHDP Program staff:**

1. Conduct Head Start in-services as needed.
2. Ensure care coordination services between CHDP staff and the Head Start Health Services staff.

3. Coordinate care services to include treatment follow-up, assistance with scheduling and transportation, and plan future follow-up.

#### **Joint Responsibilities:**

1. Both parties shall comply with all State and Federal laws and regulations concerning safeguarding information deemed confidential and/or protected under federal, state, or local law.
2. Both parties shall comply with all federal, state, and local laws, rules, regulations and ordinances, and shall not engage in discriminatory practices in the performance of this Agreement because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition, age or marital status.
3. It is agreed that staff from both parties shall meet as needed to discuss the progress of the partnership and strategies for any necessary improvements.
4. Review this Agreement annually. Address changes to Agreement as needed, which shall only be amended or modified by mutual written, fully executed agreement of the Parties.

#### **Duration of Agreement:**

This Agreement will remain in effect from July 1, 2018 to June 30, 2020, unless otherwise terminated by either party by providing a minimum of thirty (30) days written notice to the other.

#### **Insurance**

Each party shall maintain at all times during the term of this Agreement insurance coverage or self-insurance in the amounts of not less than One Million Dollars (\$1,000,000) to cover all of its operations, including general liability, automobile liability, and workers' compensation.

#### **Indemnity:**

KidZKount agrees to indemnify, defend, and hold harmless Nevada County CHDP Program and the County of Nevada, including its officers, officials, employees, agents and volunteers thereof, from any and all liabilities, claims, demands, damages, losses, and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of KidZKount, except such loss or damage which was caused by the sole negligence or willful misconduct of Nevada County CHDP Program or its officers, officials, employees, agents and volunteers thereof.

## Parties as Independent

In providing services herein, the Parties, and their agents and employees thereof, shall each act in an independent capacity as independent contractors and not as agents or employees of the other. Each Party agrees that neither its agents nor employees have any right, entitlement, or claim against the other Party for any type of employment benefits or workers' compensation or other programs afforded to the other Party, and each Party shall hold harmless and indemnify the other against any such claim by its agents or employees.

## Notices

All notice by and between the Parties shall be given by first-class mail or personal service to the other at the addresses set forth below, and shall be deemed received the fifth (5<sup>th</sup>) day following the date of mailing or the earlier date of personal services, as the case may be:

### Nevada County CHDP Program

Attn. Jill Blake, Director of Public Health  
500 Crown Point Circle, Suite 110  
Grass Valley, CA 95945


### Placer Community Action Council, KidZKount

Attn. Denyse Cardoza, Executive Director  
1166 High Street  
Auburn, CA 95603

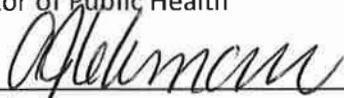
## Authority

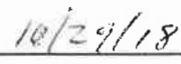
All individuals executing this Agreement represent and warrant that they are authorized to execute and deliver this Agreement on behalf of their respective Party.

We the undersigned on behalf of Nevada County Child Health and Disability Prevention Program and KidZKount, Placer Community Action Council, Inc. approve this document.


  
\_\_\_\_\_  
Jill Blake, MPA  
Director of Public Health

  
\_\_\_\_\_  
Date


  
\_\_\_\_\_  
Alison Lehman  
County Executive Officer

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Denyse Cardoza  
Executive Director, Placer Community Action Council, Inc.

  
\_\_\_\_\_  
Date

Approved as to Form

  
\_\_\_\_\_  
County Counsel



**CHDP Administrative Budget Summary for FY 2018/2019****No County/City Match****County/City Name: NEVADA**

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	\$135,917	\$135,917	\$135,917	\$69,730	\$66,187
II. Total Operating Expenses	\$3,980	\$3,980	\$3,980	\$0	\$3,980
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$33,979	\$33,979	\$33,979		\$33,979
V. Total Other Expenses	\$0	\$0	\$0		\$0
<b>Budget Grand Total</b>	<b>\$173,876</b>	<b>\$173,876</b>	<b>\$173,876</b>	<b>\$69,730</b>	<b>\$104,146</b>

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					
Medi-Cal Funds:					
State	\$69,506		\$69,506	\$17,433	\$52,073
Federal (Title XIX)	\$104,371		\$104,371	\$52,298	\$52,073

*James Kraywinkel*

Prepared By (Signature)

8/31/2018

Date Prepared

(530) 470-2415

Phone Number

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Email Address

*Cynthia Wilson*CHDP Director or Deputy  
Director (Signature)

10-16-18

Date

(530) 265-7269

Phone Number

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Email Address



**CHDP Administrative Budget Worksheet for FY 2018/2019****No County/City Match****State and State/Federal****County/City Name: NEVADA**

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. Supervising PHN - Vacant	100%	\$99,486	\$99,486.00	25.0%	\$24,872	100%	\$24,872	55.0%	\$13,679.33	45.0%	\$11,192.18
2. PHN Temp - Lindsey	100%	\$88,358	\$88,358.00	48.0%	\$42,412	100%	\$42,412	85.0%	\$36,050.06	15.0%	\$6,361.78
4. Health Tech - Graves	100%	\$46,650	\$46,650.00	52.0%	\$24,258	100%	\$24,258	0.0%	\$0.00	100.0%	\$24,258.00
5. Admin Ass't - Smith	100%	\$53,910	\$53,910	10.0%	\$5,391	100%	\$5,391	0.0%	\$0	100.0%	\$5,391
6.											
7.											
8.											
9.											
10.											
Total Salaries and Wages			\$288,404		\$96,932		\$96,932		\$49,729		\$47,203
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$288,404		\$96,932		\$96,932		\$49,729		\$47,203
Staff Benefits (Specify %) 40.22%			\$143,520		\$38,985		\$38,985		\$20,001		\$18,984
<b>I. Total Personnel Expenses</b>			\$431,924		\$135,917		\$135,917		\$69,730		\$66,187
<b>II. Operating Expenses</b>											
1. Travel					\$880		\$880		\$0		\$880
2. Training					\$400		\$400		\$0		\$400
3. General Office Expense					\$1,400		\$1,400				\$1,400
4. Copier/Duplication					\$500		\$500				\$500
5. Postage					\$300		\$300				\$300
6. Recruitment					\$500		\$500				\$500
7.											
8.											
9.											
10.											
<b>II. Total Operating Expenses</b>					\$3,980		\$3,980		\$0		\$3,980

## CHDP Administrative Budget Worksheet for FY 2018/2019

No County/City Match

State and State/Federal

County/City Name: NEVADA

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>III. Capital Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>II. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 25.00%					\$33,979		\$33,979				\$33,979
2. External (Specify %) 0.00%							\$0				\$0
<b>IV. Total Indirect Expenses</b>					\$33,979		\$33,979				\$33,979
<b>V. Other Expenses</b>											
1.											
2.											
3.											
4.											
5.											
<b>V. Total Other Expenses</b>					\$0		\$0				\$0
<b>Budget Grand Total</b>			\$431,924		\$173,877		\$173,877		\$69,730		\$104,147

James Kraywinkel

Prepared By (Signature)

8/31/18

Date Prepared

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Cynthia Wilson

CHDP Director or Deputy  
Director (Signature)

10-16-18

Date

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**NEVADA COUNTY**  
**Children's Medical Services**  
**FY 2018-2019 No Match CHDP Budget Justification Narrative**

<b>(1) Personnel Expense</b>		<b>Justification Narrative</b>
Total Salaries	\$96,932	Salaries are based actual individual CHDP staff salaries from the FY 18/19 County CHDP budget.
Total Benefits	\$38,985	Benefits are based actual individual CHDP staff benefits from the FY 18/19 County CHDP budget. Annual Worker's Comp charge is included in benefits
<b>Total Personnel Expense</b>	<b>\$ 135,917</b>	
<b>Personnel Positions</b>	<b>FTE</b>	
1. CMS Coordinator/ PHN Supervisor (Vacant)	0.25	This position is budgeted for 25% which is an increase of 15% from FY 17/18
2. PHN II Temp (Lindsey)	0.48	This position is budgeted for 48%, which is the same as FY 17/18
3. Health Tech II (Graves)	0.52	This position is budgeted for 52%, an increase of 2% from FY 17/18
8. Administrative Assistant (Smith)	0.10	This position is budgeted at 10%, which is the same as FY 17/18.
<b>(2) Operating Expenses</b>		<b>Justification Narrative</b>
Travel	\$880	Includes travel to statewide conferences, regional meetings, travel for approved training, daily program activities, personal vehicle use mileage and actual cost for lodging and meals for overnight travel. This, with the \$400 in training, is an increase of \$980 from FY 17/18
Training	\$400	This, with \$880 travel, is an increase of \$980 from FY 17/18
Office Supplies	\$1,400	Includes general office supplies and minor equipment under \$1,000. This is an increase of \$1,100 from FY 17/18
Copier/Duplication	\$500	This is an increase of \$250 from FY 17/18
Postage	\$300	This is an increase of \$300 from FY 17/18
Recruitment	\$500	This is for recruitment costs for the vacant PHN Supervisor. This is an increase of \$167 from FY 17/18.
<b>Total Operating Expenses</b>	<b>\$3,980</b>	
<b>(3) Capital Expense</b>	<b>\$ -</b>	
<b>(4) Indirect Expense</b>		<b>Justification Narrative</b>
Internal - 25.00%	\$33,979	CHDP Program's share of costs based on 25.00% of Personnel costs (135,917 X 25.00%) and reflects anticipated program costs as shown in the 18/19 County budget. Indirect cost rate equals the CDPH approved ICRP for FY 18/19.
<b>Total Indirect Expense</b>	<b>\$ 33,979</b>	
<b>(5) Other Expenses</b>	<b>\$ -</b>	
<b>Budget Grand Total</b>	<b>\$ 173,876</b>	



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	30.1	9.57%
<b>HEALTHY FAMILIES -</b> Total Cases of Open (Active) Healthy Families Children	0	0.00%
<b>MEDI-CAL/OTLIP (TITLE XXI) -</b> Total Cases of Open (Active) MC/TLIP Children	60.6	19.26%
<b>MEDI-CAL (TITLE XIX) -</b> Total Cases of Open (Active) Medi-Cal Children	223.9	71.17%
<b>TOTAL CCS CASELOAD</b>	<b>314.6</b>	<b>100%</b>

### CCS Administrative Budget Summary

Fiscal Year: 2018-2019

County: NEVADA

	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/OTLIP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)		
Column	1	2	3	4	5	6	7
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Healthy Families County/State/Fed (17.5/17.5/65)	Medi-Cal/Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (17.5/17.5/65)	Title XIX Medi-Cal State/Federal	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	310,869	29,750	0	59,873	221,246	114,489	106,757
II. Total Operating Expense	10,727	1,027	0	2,066	7,634	1,020	6,614
III. Total Capital Expense	0	0	0	0	0		0
IV. Total Indirect Expense	77,717	7,438	0	14,968	55,311		55,311
V. Total Other Expense	6,040	578	0	1,163	4,299		4,299
Budget Grand Total	405,353	38,793	0	76,070	288,490	115,509	172,981

	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/OTLIP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)		
Column	1	2	3	4	5	6	7
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Healthy Families County/State/Fed (17.5/17.5/65)	Medi-Cal/Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (17.5/17.5/65)	Title XIX Medi-Cal State/Federal	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>							
State	19,396	19,396					
County	19,397	19,397					
<b>Healthy Families</b>							
State	0		0				
County	0		0				
Federal (Title XXI)	0		0				
<b>Title XXI - Medi-Cal/OTLIP</b>							
State	10,461			10,461			
County	10,461			10,461			
Federal (Title XXI)	57,148			57,148			
<b>Title XIX - Medi-Cal</b>							
State	115,368				115,368	28,877	86,491
Federal (Title XIX)	173,122				173,122	86,632	86,490
	405,353						

*James Kraywinkel*

Prepared By (Signature)

James Kraywinkel

Prepared By (Printed Name)

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*Cynthia Wilson*

CCS Administrator (Signature)

Cynthia Wilson

CCS Administrator (Printed Name)

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Email Address

CCS CASELOAD	Actual Caseload	Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	30.1	9.57%
<b>HEALTHY FAMILIES -</b>		
Total Cases of Open (Active) Healthy Families Children		0.00%
<b>MEDI-CAL/OTLCP (TITLE XXI) -</b>		
Total Cases of Open (Active) MC/TLCP Children	60.6	19.26%
<b>MEDI-CAL (TITLE XIX) -</b>		
Total Cases of Open (Active) Medi-Cal Children	223.9	71.17%
<b>TOTAL CCS CASELOAD</b>	<b>314.6</b>	<b>100.00%</b>

## CCS Administrative Budget Worksheet

Fiscal Year: 2018-2019County: NEVADA

				Straight CCS		Title XXI - Healthy Families		Title XXI - Medi-Cal/Optional Targeted Low Income Children Program (OTLCP)		Title XIX - Medi-Cal					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8	9A	9
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Healthy Families County/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal/Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17.5/17.5/65)	Caseload %	Title XIX Medi-Cal State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
Total Salaries and Wages			188,317	9.57%	18,022	0.00%	0	19.26%	36,270	71.17%	134,026	51.75%	69,355	48.25%	64,671
Staff Benefits (Specify %)	65.08%		122,551	9.57%	11,728	0.00%	0	19.26%	23,603	71.17%	87,220		45,134		42,086
<b>I. Total Personnel Expense</b>			310,868	9.57%	29,750	0.00%	0	19.26%	59,873	71.17%	221,246		114,489		106,757
<b>II. Operating Expense</b>															
1. Travel - mileage and per diem for CCS meetings and trainings			2,020	9.57%	193	0.00%	0	19.26%	389	71.17%	1,438	50.00%	719	50.00%	719
2. Training - registration expense			845	9.57%	81	0.00%	0	19.26%	163	71.17%	601	50.00%	301	50.00%	300
3. General Expense - Office \$3,400, Copies \$600, Postage \$660			4,660	9.57%	446	0.00%	0	19.26%	898	71.17%	3,317			100.00%	3,317
4. Communication - fax line \$1,032, cell phone \$916, Fax \$252			2,200	9.57%	211	0.00%	0	19.26%	424	71.17%	1,566			100.00%	1,566
5. Other Direct - Recruitment \$500			500	9.57%	48	0.00%	0	19.26%	96	71.17%	356			100.00%	356
6. CRISS Annual Dues			500	9.57%	48	0.00%	0	19.26%	96	71.17%	356			100.00%	356
7			0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
<b>II. Total Operating Expense</b>			10,725		1,027		0		2,068		7,634		1,020		6,614
<b>III. Capital Expense</b>															
1				9.57%	0	0.00%	0	19.26%	0	71.17%	0				0
2				9.57%	0	0.00%	0	19.26%	0	71.17%	0				0
3				9.57%	0	0.00%	0	19.26%	0	71.17%	0				0
<b>III. Total Capital Expense</b>			0		0		0		0		0				0
<b>IV. Indirect Expense</b>															
1. Internal	25.00%		77,717	9.57%	7,438	0.00%	0	19.26%	14,968	71.17%	55,311			100.00%	55,311
2. External	0.00%		0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
<b>IV. Total Indirect Expense</b>			77,717		7,438		0		14,968		55,311				55,311
<b>V. Other Expense</b>															
1. Maintenance & Transportation			6,040	9.57%	578	0.00%	0	19.26%	1,163	71.17%	4,299			100.00%	4,299
2				9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
3				9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
4				9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
5				9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
<b>V. Total Other Expense</b>			6,040		578		0		1,163		4,299				4,299
<b>Budget Grand Total</b>			405,350		38,793		0		78,070		288,490		115,509		172,981

  
 Prepared By (Signature) James Kraywinkel Date Prepared 8/31/2016 Phone Number (530) 265-1401  
  
 CCS Administrator (Signature) Cynthia Wilson Date Signed 10-16-18 Phone Number (530) 265-7269

CCS CASELOAD	Actual Caseload	Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	30.1	9.57%
<b>HEALTHY FAMILIES -</b> Total Cases of Open (Active) Healthy Families Children		0.00%
<b>MEDI-CAL/OTLCP (TITLE XXI)-</b> Total Cases of Open (Active) MC/TLCP Children	60.6	19.26%
<b>MEDI-CAL (TITLE XIX)-</b> Total Cases of Open (Active) Medi-Cal Children	223.9	71.17%
<b>TOTAL CCS CASELOAD</b>	<b>314.6</b>	<b>100.00%</b>

## CCS Administrative Budget Worksheet

Fiscal Year: 2018-2019

County: NEVADA

Column	1	2	3	Straight CCS		Title XXI - Healthy Families		Title XXI - Medi-Cal/Optional Targeted Low Income Children Program (OTLCP)		Title XIX - Medi-Cal					
				4A	4	5A	5	6A	6	7A	7	8A	8	9A	9
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Healthy Families County/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal/Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17.5/17.5/65)	Caseload %	Title XIX Medi-Cal State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense</b>															
<b>Program Administration</b>															
1 CMS Coordinator - Vacant	30.00%	99,486	29,846	9.57%	2,856	0.00%	0	19.26%	5,748	71.17%	21,241	67.83%	14,408	32.17%	6,833
2 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
Subtotal		99,486	29,846		2,856		0		5,748		21,241		14,408		6,833
<b>Medical Case Management</b>															
1 PHN - Beauchamp	100.00%	86,585	86,585	9.57%	8,285	0.00%	0	19.26%	16,676	71.17%	61,623	85.00%	52,380	15.00%	9,243
2 PHN - Jimenez	5.10%	83,200	4,243	9.57%	406	0.00%	0	19.26%	817	71.17%	3,020	85.00%	2,567	15.00%	453
3 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
6 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
7 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
8 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
Subtotal		169,785	90,828		8,692		0		17,493		64,643		54,947		9,696
<b>Other Health Care Professionals</b>															
1 Senior Therapist - Barsotti	0.00%	106,685	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	50.00%	0	50.00%	0
2 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
Subtotal		106,685	0		0		0		0		0		0		0
<b>Ancillary Support</b>															
1 HT II - Pierson	100.00%	46,650	46,650	9.57%	4,464	0.00%	0	19.26%	8,985	71.17%	33,201			100.00%	33,201
2 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0			100.00%	0
Subtotal		46,650	46,650		4,464		0		8,985		33,201				33,201
<b>Clerical and Claims Support</b>															
1 HT II - Graves	45.00%	46,650	20,993	9.57%	2,009	0.00%	0	19.26%	4,043	71.17%	14,941	0.00%	0	100.00%	14,941
2 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	9.57%	0	0.00%	0	19.26%	0	71.17%	0	0.00%	0	100.00%	0
Subtotal		46,650	20,993		2,009		0		4,043		14,941		0		14,941

**Children's Medical Services  
Nevada County  
CCS Budget Justification Narrative  
Fiscal Year 2018-2019**

I. PERSONNEL EXPENSES		
Total Salaries:	\$188,317	Salaries are based actual individual CCS staff salaries from the FY 18-19 County CCS budget. Benefits are based actual individual CCS staff benefits from the FY 18-19 County CCS budget.
Total Benefits:	\$122,551	
Total Personnel Expenses:	\$310,868	
CMS Coordinator/PHN Supervisor (Vacant)	This position is budgeted for 30% which is a 40% decrease as budgeted in FY 17/18.	
PHN II/ Case Manager (Beauchamp)	This position is budgeted for 100% which is the same as the FY 17/18 budget.	
PHN II/ Case Manager (Jimenez)	This position is budgeted for 5.10% which is a decrease of .67% from FY 17/18.	
Supervising OT/PT	This position was removed from the budget with the hire of a CMS Coordinator in FY 17/18. The position will be paid in kind with county realignment funds.	
Health Tech (Pierson)	This position is budgeted at 100%, which is the same as FY 17/18.	
Health Tech (Graves)	This position is budgeted at 45% which is an increase of 20% from FY 17/18.	

<b>II. OPERATING EXPENSES</b>		
Travel	\$2,020	When combined with training, this is an increase of \$705 from FY 17/18.
Training	\$845	When combined with travel, this is an increase of \$705 from FY 17/18.
General expense	\$4,660	This is an increase of \$2,560 from FY 17/18.
Communication	\$2,200	This is an increase of \$930 from FY 17/18
Other Direct/Recruitment	\$500	This is an increase of \$67 from FY 17/18
CRISS Annual Dues	\$500	This is an increase of \$500 from FY 17/18
<b>Total Operating Expenses:</b>	<b>\$10,725</b>	



<b>III. CAPITAL EXPENSES</b>		
<b>Total Capital Expenses:</b>	<b>0</b>	None

<b>IV. INDIRECT EXPENSES</b>		
1. Internal (25.00%)	\$77,717	This amount is 25% of Personnel charges(\$310,868 X 25%=\$77,717. the 25% is from the approved CDPH ICRP for FY 18/19
<b>Total Indirect Expenses:</b>	<b>\$77,717</b>	

<b>V. OTHER EXPENSES</b>		
Maintenance & Transportation	\$6,040	Transportation, meals and lodging for CCS clients. This is an increase of \$1,040 from FY 17/18.
<b>Total Other Expenses:</b>	<b>\$6,040</b>	

<b>Budget Grand Total</b>	<b>\$405,350</b>
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## ATTACHMENT 2

State of California - Health and Human Services Agency

Department of Health Services - Integrated Systems of Care Division

### HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE PLAN AND BUDGETS REQUIRED DOCUMENTS CHECKLIST FISCAL YEAR 2018-19

<b>County/City: NEVADA COUNTY</b>			
<b>Required Documents Checklist</b>			
90	A.	HPCFC Incumbent List Please submit only one list.	
91	B.	HPCFC Organizational Chart	
92-104	C.	HPCFC Budgets:	
92-94	1.	Base: State/Federal Match	
	92	Budget Summary	
	93	Budget Worksheet	
	94	Budget Justification Narrative	
95-97	2.	Base: County-City/Federal Match	
	95	Budget Summary	
	96	Budget Worksheet	
	97	Budget Justification Narrative	
98-101	3.	Psychotropic Medication Monitoring & Oversight (PMM&O) State/Federal Match	
	98	Budget Summary	
	99	Budget Worksheet	
	100-101	Budget Justification Narrative	
102-104	4.	Caseload Relief Augmentation (Caseload Relief) State/Federal Match	
	102	Budget Summary	
	103	Budget Worksheet	
	104	Budget Justification Narrative	
105-116	D.	Civil Service Classification Statements for HPCFC Staff	
		Base	
		County-City	
		PMM&O	
		Caseload Relief	
117-122	E.	Duty Statements for HPCFC staff	
		Base	
		County-City	
		PMM&O	
		Caseload Relief	

## HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE INCUMBENT LIST FISCAL YEAR 2018-19

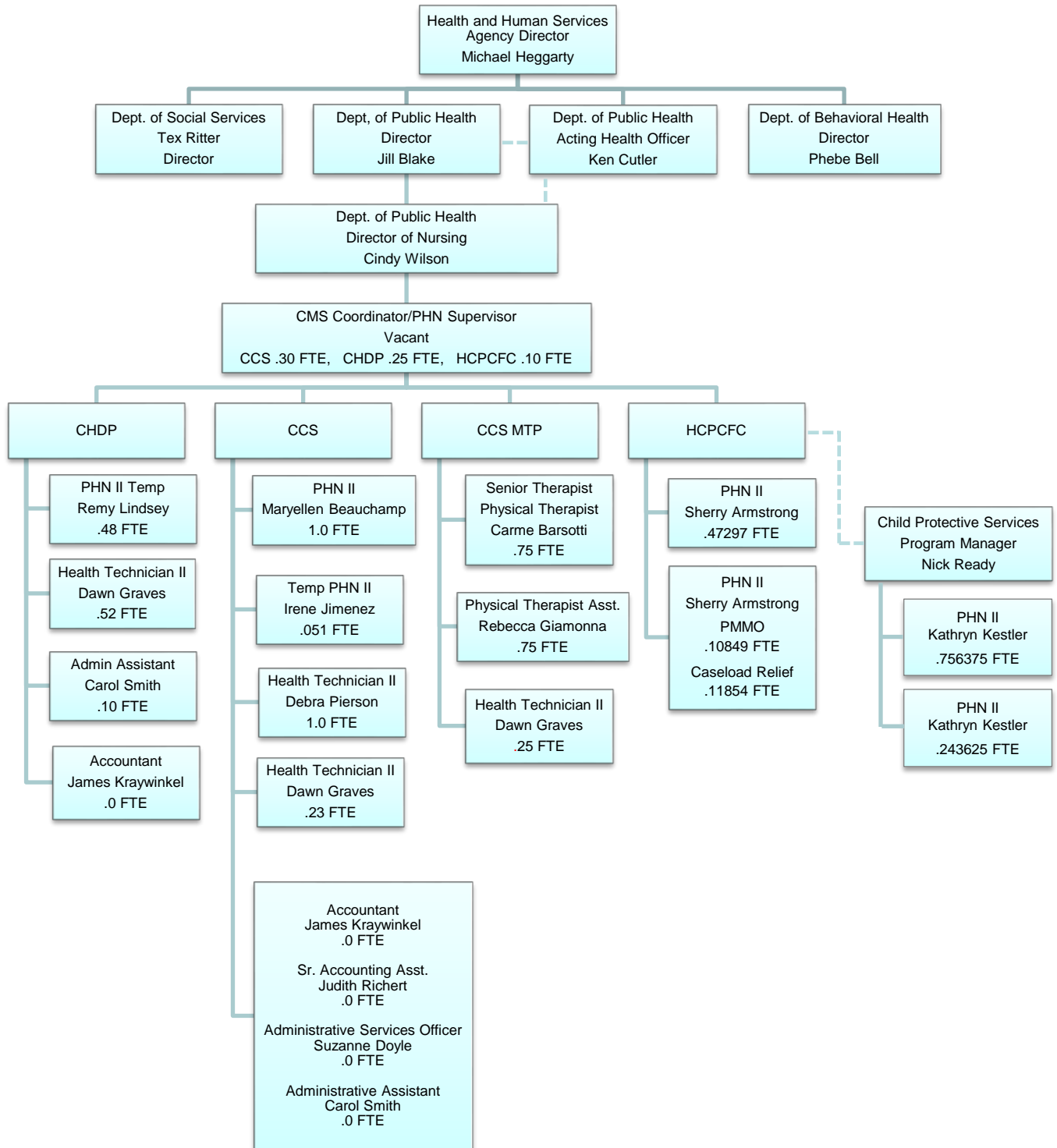
For FY 2018-19, complete the table below for all personnel listed in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief Augmentation (Caseload Relief), and applicable Base County-City budgets. Use the same names and job titles for the incumbent list, administrative budgets, and organizational chart. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Some counties may experience difficulty recruiting and hiring a PHN into the role. A Registered Nurse (RN) without a PHN certificate may only be used in the program with documented justification, (to the extent feasible) a commitment for the RN to obtain the PHN certificate, and a waiver approved by the ISCD and CDSS. Local programs that will need to hire an RN into the role must contact this office immediately to request a waiver form and instruction. Please note, contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

**Civil Service Classification Statements and Duty Statements are required for all incumbents listed**

[illegible]

# 2018-19 Nevada County Children's Medical Services





**Health Care Program for Children in Foster Care**  
**Base**  
**State/Federal Match**  
**Budget Summary**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
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<b>Category/Line Item</b>	<b>Total Budget</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
A	(B = C + D)	C	D
<b>I. Total Personnel Expenses</b>	\$33,943	\$33,943	\$0
<b>II. Total Operating Expenses</b>	\$0	\$0	\$0
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>	\$0		\$0
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$33,943	\$33,943	\$0

<b>Source of Funds</b>	<b>Total Funds</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
E	(F = G + H)	G	H
<b>State Funds</b>	\$8,485	\$8,485	\$0
<b>Federal Funds (Title XIX)</b>	\$25,458	\$25,458	\$0
<b>Budget Grand Total</b>	\$33,943	\$33,943	\$0

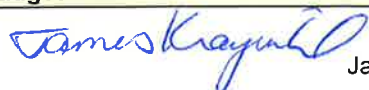
 James Kraywinkel	9/28/2018	(530) 470-2415	nes.Kraywinkel@co.nevada.ca
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address
 Cynthia Wilson	10-16-18	(530) 265-7269	ynthia.Wilson@co.nevada.ca
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address



**Health Care Program for Children in Foster Care**  
**Base**  
**State/Federal Match**  
**Budget Worksheet**

County/City Name:	NEVADA	Fiscal Year:	2018-2019
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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 (Name &amp; Title)</b>							
1. Kathryn Kestler - Public Health Nurse	24%	\$88,349	\$21,524	100%	\$21,524	0%	\$0
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	24%		\$21,524	100%	\$21,524	0%	\$0
Less Salary Savings							
Net Salaries and Wages			\$21,524		\$21,524		\$0
Staff Benefits (Specify %)	58%		\$12,419		\$12,419		\$0
<b>I. Total Personnel Expenses</b>			<b>\$33,943</b>		<b>\$33,943</b>		<b>\$0</b>
<b>II. Operating Expenses</b>							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
<b>II. Total Operating Expenses</b>			<b>\$0</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Capital Expenses</b>							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	0%		\$0				\$0
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$0</b>				<b>\$0</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$33,943</b>		<b>\$33,943</b>		<b>\$0</b>



James Kraywinkel

9/28/2018

(530) 470-2415

James.Kraywinkel@co.nevada.ca.us

Prepared By (Sign &amp; Print Name)

Date Prepared

Phone Number

Email Address



Cynthia Wilson

10-16-18

(530) 265-7269

Cynthia.Wilson@co.nevada.ca.us

CHDP Director or Deputy Director  
(Sign & Print Name)

Date

Phone Number

Email Address

**Nevada County  
Children's Medical Services  
FY 18/19 HCPCFC Administrative Budget Justification Narrative**

<b>(1) Personnel Expenses</b>		<b>Justification Narrative</b>
Total Salaries	\$21,524	Salaries are based on actual individual HCPCFC staff salaries from the FY 17/18 County HCPCFC budget.
Total Benefits	\$12,419	Benefits are based on actual individual HCPCFC staff benefits from the FY 17/18 County HCPCFC budget.
<b>Total Personnel Expenses</b>	<b>\$33,943</b>	
<b><u>Personnel Positions</u></b>		
PHN II (Kestler)		This position is budgeted for 24.3625% under No County Match budget and 75.6375% under the County Match budget for a total of 100%, which is the same as FY 17/18.
<b>(2) Operating Expenses</b>		<b>Justification Narrative</b>
Travel	\$0	Travel expense is \$0, which added to \$2,500 in the county Match budget is a decrease of \$1,000 from FY 17/18.
Training	\$0	
<b>Total Operating Expenses</b>	<b>\$0</b>	
<b>(3) Capital Expense</b>	<b>\$0</b>	
<b>(4) Indirect Expense</b>		<b>Justification Narrative</b>
Internal	\$0	No Indirect will be claimed in the No County Match budget
External	N/A	Not allowable by State HCPCFC
<b>Total Indirect Expense</b>	<b>\$0</b>	
<b>(5) Other Expenses</b>	<b>\$0</b>	
<b>Budget Grand Total</b>	<b>\$33,943</b>	

\\Fs11\hhsa\PH\CarolS\CMS\2018-19 CMS Plan\Section 7 HCPCFC-PMMO Forms\2018-19 HCPCFC-PMMO Completed\C1c HCPCFC Budget Justification\_Base\_State-Federal Match.xls justification

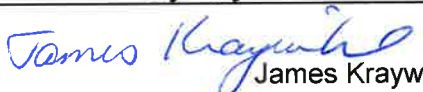

**Health Care Program for Children in Foster Care**  
**Base**  
**County-City/Federal Match**  
**Budget Summary**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
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Category/Line Item	Total Budget	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	\$188,034	\$141,352	\$46,682
II. Total Operating Expenses	\$1,108	\$761	\$347
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$63,142		\$63,142
V. Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$252,284</b>	<b>\$142,113</b>	<b>\$110,171</b>

Source of Funds	Total Funds	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
E	(F = G + H)	G	H
County-City Funds	\$90,614	\$35,528	\$55,086
Federal Funds (Title XIX)	\$161,670	\$106,585	\$55,085
<b>Budget Grand Total</b>	<b>\$252,284</b>	<b>\$142,113</b>	<b>\$110,171</b>

<b>Source County-City Funds:</b>	
----------------------------------	--

 James Kraywinkel	9/28/2018	(530) 470-2415	James.Kraywinkel@co.nevada.ca
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address
 Cynthia Wilson	10.16.18	(530) 265-7269	cynthia.Wilson@co.nevada.ca
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address



**Health Care Program for Children in Foster Care**  
**Base**  
**County-City/Federal Match**  
**Budget Worksheet**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
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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)
<b>I. Personnel Expenses (Name &amp; Title)</b>							
1. Armstrong, Sherry - Public Health Nurse	47%	\$88,349	\$41,786	78%	\$32,593	22%	\$9,193
2. Kestler, Kathryn - Public Health Nurse	76%	\$88,349	\$66,825	78%	\$52,123	22%	\$14,701
3. Vacant - Supervising Public Health Nurse	10%	\$121,946	\$12,195	50%	\$6,097	50%	\$6,097
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	44%		\$120,806	69%	\$90,814	31%	\$29,992
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$120,806		\$90,814		\$29,992
Staff Benefits (Specify %)	56%		\$67,229		\$50,538		\$16,690
<b>I. Total Personnel Expenses</b>			<b>\$188,035</b>		<b>\$141,352</b>		<b>\$46,682</b>
<b>II. Operating Expenses</b>							
1. Travel	\$2,500		\$1,108		\$761		\$347
2. Training	\$0		\$0		\$0		\$0
<b>II. Total Operating Expenses</b>			<b>\$1,108</b>		<b>\$761</b>		<b>\$347</b>
<b>III. Capital Expenses</b>							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	34%		\$63,149				\$63,149
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$63,149</b>				<b>\$63,149</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$252,292</b>		<b>\$142,113</b>		<b>\$110,178</b>

James Kraywinkel James Kraywinkel 9/28/2018 (530) 470-2415 James.Kraywinkel@co.nevada.ca.us

Prepared By (Sign & Print Name) Date prepared Phone Number Email Address

Cynthia Wilson 10-16-18 (530) 265-7269 Cynthia.Wilson@co.nevada.ca.us

CHDP Director or Deputy Director (Sign & Print Name) Date Phone Number Email Address



**Nevada County**  
**Children's Medical Services**  
**FY 18/19 HCPCFC Administrative Budget Justification Narrative**

**(1) Personnel Expenses**

Total Salaries	\$120,806
Total Benefits	\$67,229
<b>Total Personnel Expenses</b>	<b>\$188,035</b>

**Justification Narrative**

Salaries are based on actual individual HCPCFC staff salaries from the FY 18/19 County HCPCFC budget.

Benefits are based on actual individual HCPCFC staff benefits from the FY 18/19 County HCPCFC budget.

**Personnel Positions**

PHN II (Kestler)

This position is budgeted for 24.3625% under No County Match budget and 75.6375% under the County Match budget for a total of 100%, which is the same as FY 17/18.

PHN II (Armstrong)

This position is budgeted for 10.849% under the PMM&O budget, 11.854% under the Caseload relief budget, and 47.297% under the County Match budget for a total of 70%, which is the same as FY 17/18.

PHN Supervisor(Hughes)

The Supervisory position is budgeted for 10% which is the same as FY 17/18.

**(2) Operating Expenses**

Travel	\$2,500
Training	\$0
<b>Total Operating Expenses</b>	<b>\$2,500</b>

**Justification Narrative**

Travel expense is \$2,500, which is a decrease of \$1,000 from FY 17/18.

**(3) Capital Expense**

\$0

**(4) Indirect Expense**

Internal	\$63,149
External	N/A
<b>Total Indirect Expense</b>	<b>\$63,149</b>

**Justification Narrative**

Indirect Cost is a total of 25% of personnel costs from PMM&O, Caseload Relief, State Federal Base and County Federal Base.

$(14,634 + 15,985 + 33,943 + 188,035) = (252,597 * 25\%) = \$63,149$

N/A Not allowable by State HCPCFC

**(5) Other Expenses**

\$0

**Budget Grand Total** **\$253,684**

**Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring & Oversight  
State/Federal Match  
Budget Summary**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
--------------------------	---------------	---------------------	------------------

<b>Category/Line Item</b>	<b>Total Budget</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
A	(B = C + D)	C	D
<b>I. Total Personnel Expenses</b>	\$14,634	\$14,634	\$0
<b>II. Total Operating Expenses</b>	\$0	\$0	\$0
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>	\$0		\$0
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$14,634	\$14,634	\$0

<b>Source of Funds</b>	<b>Total Funds</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
E	(F = G + H)	G	H
<b>State Funds</b>	\$3,658	\$3,658	\$0
<b>Federal Funds (Title XIX)</b>	\$10,976	\$10,976	\$0
<b>Budget Grand Total</b>	\$14,634	\$14,634	\$0

*James Kraywinkel*  
James Kraywinkel

9/28/2018

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Prepared By (Sign &amp; Print Name)

Date Prepared

Phone Number

Email Address

Cynthia Wilson

(530) 265-7269

ynthia.Wilson@co.nevada.ca

*Cynthia Wilson*  
CHDP Director or Deputy Director  
(Sign & Print Name)

Date

Phone Number

Email Address

**Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring & Oversight  
State/Federal Match  
Budget Worksheet**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
--------------------------	---------------	---------------------	------------------

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 (Name &amp; Title)</b>							
1. Armstrong, Sherry - PHN	11%	\$88,349	\$9,585	100%	\$9,585	0%	\$0
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	11%		\$9,585	100%	\$9,585	0%	\$0
Less Salary Savings							
Net Salaries and Wages			\$9,585		\$9,585		\$0
Staff Benefits (Specify %)	53%		\$5,049		\$5,049		\$0
<b>I. Total Personnel Expenses</b>			<b>\$14,634</b>		<b>\$14,634</b>		<b>\$0</b>
<b>II. Operating Expenses</b>							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
<b>II. Total Operating Expenses</b>			<b>\$0</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Capital Expenses</b>							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	0%		\$0				\$0
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$0</b>				<b>\$0</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$14,634</b>		<b>\$14,634</b>		<b>\$0</b>



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9/28/2018

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Prepared By (Sign &amp; Print Name)

Date prepared

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10-16-18

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CHDP Director or Deputy Director  
(Sign & Print Name)

Date

Phone Number

Email Address

## Budget Justification Narrative

### Children's Medical Services Nevada County HCPCFC PMM&O Budget Justification Narrative Fiscal Year 2018-2019

I. PERSONNEL EXPENSES		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$9,585	Salary based upon actual estimates from county provided budget salary planner for FY 18/19.
Total Benefits:	\$5,049	Staff benefits based upon actual estimates from county provided budget salary planner for FY 18/19.
<b>Total Personnel Expenses:</b>	<b>\$14,634</b>	
Supervising PHN (2)		
Public Health Nurse		
PHN II - Armstrong	FY 1819 FTE will be 10.849, an increase of 2.1675 from FY 17/18	
PHN I		
Office Assistant III (2)		
Office Assistant II (1)		
Office Assistant I		

II. OPERATING EXPENSES		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$0	N/A
Training	\$0	N/A
Office Supplies and Services	\$0	N/A
Postage & Shipping	\$0	N/A
Space Rental	\$0	N/A
Telephone	\$0	N/A
Computer upgrade/ maintenance	\$0	N/A
Office Equipment	\$0	N/A
Hook-up computers to Hub	\$0	N/A
Computer and Monitor (6)	\$0	N/A
<b>Total Operating Expenses:</b>	<b>\$0</b>	



<b>III. CAPITAL EXPENSES</b>		List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.
<b>Total Capital Expenses:</b>	0	None

<b>IV. INDIRECT EXPENSES</b>		
A. Internal	\$0	N/A
B. External	\$0	N/A
<b>Total Indirect Expenses:</b>	<b>\$0</b>	

<b>V. OTHER EXPENSES</b>		List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.
Maintenance and Transportation	\$0	N/A
Student Internship	\$0	N/A
<b>Total Other Expenses:</b>	<b>\$0</b>	

<b>Budget Grand Total</b>	<b>\$14,634</b>
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**Health Care Program for Children in Foster Care  
Caseload Relief  
State/Federal Match  
Budget Summary**

<b>County/City Name:</b>	<b>Nevada County</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
<b>I. Total Personnel Expenses</b>	\$15,985	\$15,985	\$0
<b>II. Total Operating Expenses</b>	\$0	\$0	\$0
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>	\$0		\$0
<b>V. Total Other Expenses</b>			
<b>Budget Grand Total</b>	\$15,985	\$15,985	\$0

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
<b>State Funds</b>	\$3,996	\$3,996	\$0
<b>Federal Funds (Title XIX)</b>	\$11,989	\$11,989	\$0
<b>Budget Grand Total</b>	\$15,985	\$15,985	\$0

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**Health Care Program for Children in Foster Care  
Caseload Relief  
State/Federal Match  
Budget Worksheet**

<b>County/City Name:</b>	<b>NEVADA</b>	<b>Fiscal Year:</b>	<b>2018-2019</b>
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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 (Name &amp; Title)</b>							
1. Sherry Armstrong, Public Health Nurse	12%	\$88,349	\$10,473	100%	\$10,473	0%	\$0
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	12%		\$10,473	100%	\$10,473	0%	\$0
Less Salary Savings							
Net Salaries and Wages			\$10,473		\$10,473		\$0
Staff Benefits (Specify %)	53%		\$5,512		\$5,512		\$0
<b>I. Total Personnel Expenses</b>			<b>\$15,985</b>		<b>\$15,985</b>		<b>\$0</b>
<b>II. Operating Expenses</b>							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
<b>II. Total Operating Expenses</b>			<b>\$0</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Capital Expenses</b>							
<b>II. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	0%		\$0				\$0
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$0</b>				<b>\$0</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$15,985</b>		<b>\$15,985</b>		<b>\$0</b>



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**Nevada County  
Children's Medical Services  
FY 18/19 HCPCFC Caseload Relief Allocation Justification Narrative**

<b>(1) Personnel Expenses</b>		<b>Justification Narrative</b>
Total Salaries	\$10,473	Salaries are based on actual individual HCPCFC staff salaries from the FY 18/19 County HCPCFC budget.
Total Benefits	\$5,512	Benefits are based on actual individual HCPCFC staff benefits from the FY 18/19 County HCPCFC budget.
<b>Total Personnel Expenses</b>	<b>\$15,985</b>	
<b><u>Personnel Positions</u></b>		
PHN II (Armstrong)		This position is budgeted for 11.854%, which is an increase of 1.5165 over FY 17/18.
<b>(2) Operating Expenses</b>		<b>Justification Narrative</b>
Travel	\$0	No travel or training is included in this budget.
Training	\$0	
<b>Total Operating Expenses</b>	<b>\$0</b>	
<b>(3) Capital Expense</b>	<b>\$0</b>	
<b>(4) Indirect Expense</b>		<b>Justification Narrative</b>
Internal	\$0	No Indirect will be claimed in this budget
External	N/A	Not allowable by State HCPCFC
<b>Total Indirect Expense</b>	<b>\$0</b>	
<b>(5) Other Expenses</b>	<b>\$0</b>	
<b>Budget Grand Total</b>	<b>\$15,985</b>	

\\Fs11\hhsa\PH\CarolS\CMS\2018-19 CMS Plan\Section 7 HCPCFC-PMMO Forms\2018-19 HCPCFC-PMMO Completed\C4c HCPCFC Budget Justification\_Caseload Relief\_State-Federal Match.xls]justification





### **Public Health Nurse Supervisor**

Bargaining Unit: Management  
Employees' Association

Class Code:  
C293

PHN Supervisor, CMS Program 0.65 FTE

COUNTY OF NEVADA  
Revision Date: Apr 29, 2016

### **SALARY RANGE**

\$3,308.00 - \$4,038.40 Biweekly  
\$7,167.33 - \$8,749.87 Monthly  
\$86,008.00 - \$104,998.40 Annually

### **DEFINITION AND CLASS CHARACTERISTICS:**

Under direction, plans, supervises, reviews and evaluates the work of assigned professional and other support staff; performs complex public health nursing duties and/or has responsibility for a specialized health care program.

This is a managerial level position in public health, responsible for major specialized public health program areas, supervising and training of public health nursing staff, and advising on complex client cases. This class is distinguished from the Director of Public Health Nursing in that the latter has overall responsibility for public health nursing services in the entire department.

### **EXAMPLES OF DUTIES:**

#### **Essential:**

- Plans, organizes, supervises and reviews the work of assigned professional and support staff.
- Provides leadership and quality review for specialized health programs, such as California Children's Services, Children's Health and Disability Program, and Health Care Program for Children in Foster Care; monitors health assessment completeness and validates medical programs found; monitors frequency and nature of services provided.
- Conducts fiscal planning and budget or grant preparation including strategic planning for budget or grant implementation.
- Provides technical consultation and guidance to staff members on difficult client cases; and/or evaluates the health needs of individuals and special population groups from a wide variety of cultural and economic backgrounds and recent immigrant populations and those choosing alternate lifestyles; and/or identifies the symptoms of physical, mental or emotional problems and refers individuals and

families to appropriate financial, medical or other support services; performs follow-up on such referrals.

- Coordinates services provided by private, public and community voluntary health and social service agencies; serves as liaison to community groups, assisting them in identifying health needs, and providing public health education.
- May serve as primary staff in communicable disease clinics or assists in other clinics; may give immunizations and conduct immunization clinics.
- Monitors and evaluates programs, projects and special services; prepares a variety of periodic and special reports for appropriate management review.
- Represents the County and the department in meetings with community councils and groups, other agencies and the public.

**KNOWLEDGE AND SKILLS REQUIRED:**

Knowledge of:

- Leadership and coaching for optimal performance
- Program planning, development and implementation, grant writing, and program documentation
- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- Advanced public health nursing principles, practices and techniques, including assessment, client care planning and delivery, patient education, and evaluation of outcomes
- Laws, rules and regulations governing the practice of public health nursing in California
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Community medical and social agencies and resources
- Environmental, sociological and psychological problems affecting public health nursing

Skill in:

- Planning, developing, implementing, and coordinating public health nursing programs in the assigned area of specialty
- Assigning, directing and reviewing the work of others in a supervisory capacity
- Managing a complex caseload and establishing priorities for case management, treatment and referrals.
- Applying the principles of epidemiology to a wide range of social and health problems.
- Representing the program to individuals, groups, and governing bodies, and making effective verbal and written presentations

- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations
- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical records
- Collaborating with other members of the health care team on an ongoing basis
- Establishing and maintaining effective working relationships and demonstrating sensitivity with individuals from various cultural, ethnic, physical, behavioral, socioeconomic and environmental settings

- 

**EDUCATION AND EXPERIENCE REQUIRED:**

Bachelor's degree from an accredited college or university in nursing or related degree. Three years of senior public health nursing experience, preferably in a community setting, one year of which included supervision.

**LICENSES AND CERTIFICATES:**

Possession of a valid license as a Registered Nurse and valid Public Health Nurse certificate issued by the California Board of Registered Nursing.

Possession of a valid California driver's license within 30 days of hire.

**PHYSICAL DEMANDS AND WORKING CONDITIONS:**

Mobility and manual dexterity to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to converse in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

**OTHER REQUIREMENTS:**

This class description lists the major duties and requirements of the job and is not all-inclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.



COUNTY OF NEVADA  
Revision Date: Jul 15, 2015

## **Public Health Nurse II**

Bargaining Unit: Professional--Exempt

Class Code:  
G290

### *Child Welfare Services*

*HCPCFC - Match 75.6375 FTE*

*HCPCFC - No Match 24.3625 FTE*

### **SALARY RANGE**

\$2,783.20 - \$3,398.40 Biweekly

\$6030.27 - \$7363.20 Monthly

\$72,363.20 - \$88,358.40 Annually

### **DEFINITION AND CLASS CHARACTERISTICS:**

Under clinical and administrative direction, provides health education, community outreach, case management, medication support, and health counseling services for designated clients within an assigned program; applies and implements professional nursing and public health expertise and skill sets for the purpose of the prevention, treatment, and control of diseases, health risks, and /or other adverse health conditions within an assigned program; to network with local and regional health and welfare communities to ensure clients' well being; to perform a variety of administrative and operational tasks in support of assigned program; and to perform related duties as assigned.

#### **Public Health Nurse I:**

This is the entry level class in the series. Initially under close supervision, incumbents learn and perform duties of increasing complexity. This class is flexibly staffed with Public Health Nurse II, and incumbents normally advance to the higher level after gaining sufficient experience and demonstrating proficiency to meet the requirements of the Public Health Nurse II.

#### **Public Health Nurse II:**

This is the journey-level class in the series, fully qualified to independently perform the full range of duties. Under clinical and administrative direction, incumbents exercise considerable independent judgment to provide and coordinate public health services for an assigned client caseload, including client assessment, teaching, counseling, direct care, referral and case management. Incumbents often function as members of multi-disciplinary teams and may provide training, direction and guidance to other team members and less experienced employees. Depending upon assignment, work may include participation in the implementation and/or service delivery coordination of a specialized program, under the direction of a lead nurse or program manager.

### **EXAMPLES OF DUTIES:**

Essential:

- Provides public health nursing and case management services to individuals and families in homes, schools, community facilities, and specialized clinics by assessing health care requirements, counseling, teaching, and providing or coordinating follow-up health and social services
- Participates in the operation of public health clinics by interviewing and counseling clients, performing screening tests, administering medications and treatments, recording data, making referrals, and related client care duties; may instruct and guide other health care personnel and volunteers; may organize, coordinate and direct specialized clinic operations
- Provides case management services; develops and monitors care plans and ensures that follow-up services are provided and documented; acts as client advocate
- Prepares and administers oral and/or injectable medications/immunizations in accordance with a physician's order; monitors and records client response to medication and documents any adverse reactions; instructs clients/family /caregiver on safe and effective use of medications
- Participates in epidemiological investigations and communicable disease control activities, including contact tracing and surveillance
- Participates in community outreach and health promotion and health education events such as health fairs, blood pressure and flu clinics, radio shows, etc.; provides preventive health care services and promotes public awareness of program; drafts and/or distributes newspaper articles, educational pamphlets and related information
- Assists in coordinating nursing activities for individual clients and families with other community social and health agencies and programs
- Audits medical records, department records and contract providers to assure compliance with Federal, State, Medi-Cal and Medicare standards
- Assists department in training office staff and clinicians in MediCal/Medicare documentation standards; reviews and monitors non-compliant medical records
- Compiles and maintains records, reports, charts and statistics, and participates in quality assurance activities
- Attends a variety of internal and external staff meetings, in-service training, team meetings, and case conferences

Important:

- Assists in preparation of procedure manuals, forms, instructional and informational materials, reports, charts, and other documentation; may participate in surveys, needs assessments and data-gathering activities
- Participates in providing or coordinating service delivery to target population as part of a specialized program; may collaborate with community-based organizations, other service providers, other County or State departments, and community and business organizations regarding program services

**KNOWLEDGE AND SKILLS REQUIRED:**

NOTE: The required level and scope of the following knowledge and skills relate to the level of the position as defined in the class characteristics.

Knowledge of:

- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- General nursing principles, practices and techniques, including assessment, client care planning and delivery, client education, and evaluation of outcomes
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Techniques and methods used in crisis intervention with ill clients and/or families
- Laws, rules and regulations governing the practice of public health nursing
- Community medical and social agencies and resources
- Environmental, sociological and psychological problems affecting public health nursing

Skill in:

- Independently planning, organizing and implementing nursing activities
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications/immunizations, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations
- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical records
- Collaborating with other members of the health care team on an ongoing basis
- Demonstrating sensitivity to the effects of culture and ethnic background on health issues
- Establishing and maintaining effective working relationships with those contacted in the course of work
- Working in, and with individuals from, various cultural, physical, behavioral and environmental settings

**EDUCATION AND EXPERIENCE REQUIRED:**

Level I:

Bachelor's degree in Nursing from an accredited college or university.

Level II (in addition to the above):

Two years of nursing experience comparable to a Public Health Nurse I.

**LICENSES AND CERTIFICATES:**

Possession of a valid driver's license within 30 days of hire.

Possession of a valid license as a Registered Nurse issued by the California Board of Registered Nursing and a valid certificate as a Public Health Nurse issued by the California State Department of Public Health.

**PHYSICAL DEMANDS AND WORKING CONDITIONS:**

Mobility to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to communicate in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

**OTHER REQUIREMENTS:**

This class description lists the major duties and requirements of the job and is not all-inclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.





### **Public Health Nurse II**

Bargaining Unit: Professional--Exempt

Class Code:  
G290

<i>HCPCFC - Match</i>	<i>47.297 FTE</i>
<i>PMM&amp;O</i>	<i>10.849 FTE</i>
<i>Caseload Relief</i>	<i>11.854 FTE</i>

COUNTY OF NEVADA  
Revision Date: Jul 15, 2015

### **SALARY RANGE**

\$2,783.20 - \$3,398.40 Biweekly  
\$6030.27 - \$7363.20 Monthly  
\$72,363.20 - \$88,358.40 Annually

### **DEFINITION AND CLASS CHARACTERISTICS:**

Under clinical and administrative direction, provides health education, community outreach, case management, medication support, and health counseling services for designated clients within an assigned program; applies and implements professional nursing and public health expertise and skill sets for the purpose of the prevention, treatment, and control of diseases, health risks, and /or other adverse health conditions within an assigned program; to network with local and regional health and welfare communities to ensure clients' well being; to perform a variety of administrative and operational tasks in support of assigned program; and to perform related duties as assigned.

#### **Public Health Nurse I:**

This is the entry level class in the series. Initially under close supervision, incumbents learn and perform duties of increasing complexity. This class is flexibly staffed with Public Health Nurse II, and incumbents normally advance to the higher level after gaining sufficient experience and demonstrating proficiency to meet the requirements of the Public Health Nurse II.

#### **Public Health Nurse II:**

This is the journey-level class in the series, fully qualified to independently perform the full range of duties. Under clinical and administrative direction, incumbents exercise considerable independent judgment to provide and coordinate public health services for an assigned client caseload, including client assessment, teaching, counseling, direct care, referral and case management. Incumbents often function as members of multi-disciplinary teams and may provide training, direction and guidance to other team members and less experienced employees. Depending upon assignment, work may include participation in the implementation and/or service delivery coordination of a specialized program, under the direction of a lead nurse or program manager.

### **EXAMPLES OF DUTIES:**

Essential:

- Provides public health nursing and case management services to individuals and families in homes, schools, community facilities, and specialized clinics by assessing health care requirements, counseling, teaching, and providing or coordinating follow-up health and social services
- Participates in the operation of public health clinics by interviewing and counseling clients, performing screening tests, administering medications and treatments, recording data, making referrals, and related client care duties; may instruct and guide other health care personnel and volunteers; may organize, coordinate and direct specialized clinic operations
- Provides case management services; develops and monitors care plans and ensures that follow-up services are provided and documented; acts as client advocate
- Prepares and administers oral and/or injectable medications/immunizations in accordance with a physician's order; monitors and records client response to medication and documents any adverse reactions; instructs clients/family /caregiver on safe and effective use of medications
- Participates in epidemiological investigations and communicable disease control activities, including contact tracing and surveillance
- Participates in community outreach and health promotion and health education events such as health fairs, blood pressure and flu clinics, radio shows, etc.; provides preventive health care services and promotes public awareness of program; drafts and/or distributes newspaper articles, educational pamphlets and related information
- Assists in coordinating nursing activities for individual clients and families with other community social and health agencies and programs
- Audits medical records, department records and contract providers to assure compliance with Federal, State, Medi-Cal and Medicare standards
- Assists department in training office staff and clinicians in MediCal/Medicare documentation standards; reviews and monitors non-compliant medical records
- Compiles and maintains records, reports, charts and statistics, and participates in quality assurance activities
- Attends a variety of internal and external staff meetings, in-service training, team meetings, and case conferences

Important:

- Assists in preparation of procedure manuals, forms, instructional and informational materials, reports, charts, and other documentation; may participate in surveys, needs assessments and data-gathering activities
- Participates in providing or coordinating service delivery to target population as part of a specialized program; may collaborate with community-based organizations, other service providers, other County or State departments, and community and business organizations regarding program services

**KNOWLEDGE AND SKILLS REQUIRED:**

NOTE: The required level and scope of the following knowledge and skills relate to the level of the position as defined in the class characteristics.

Knowledge of:

- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- General nursing principles, practices and techniques, including assessment, client care planning and delivery, client education, and evaluation of outcomes
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Techniques and methods used in crisis intervention with ill clients and/or families
- Laws, rules and regulations governing the practice of public health nursing
- Community medical and social agencies and resources
- Environmental, sociological and psychological problems affecting public health nursing

Skill in:

- Independently planning, organizing and implementing nursing activities
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications/immunizations, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations
- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical records
- Collaborating with other members of the health care team on an ongoing basis
- Demonstrating sensitivity to the effects of culture and ethnic background on health issues
- Establishing and maintaining effective working relationships with those contacted in the course of work
- Working in, and with individuals from, various cultural, physical, behavioral and environmental settings

**EDUCATION AND EXPERIENCE REQUIRED:**

Level I:

Bachelor's degree in Nursing from an accredited college or university.

Level II (in addition to the above):

Two years of nursing experience comparable to a Public Health Nurse I.

**LICENSES AND CERTIFICATES:**

Possession of a valid driver's license within 30 days of hire.

Possession of a valid license as a Registered Nurse issued by the California Board of Registered Nursing and a valid certificate as a Public Health Nurse issued by the California State Department of Public Health.

**PHYSICAL DEMANDS AND WORKING CONDITIONS:**

Mobility to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to communicate in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

**OTHER REQUIREMENTS:**

This class description lists the major duties and requirements of the job and is not all-inclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.

**Nevada County Health & Human Services Agency  
CMS Program  
Duty Statement**

**Public Health Nurse Supervisor**  
*Vacant .65 FTE*

Program Position Title: Public Health Nurse Supervisor  
County Classification: Public Health Nurse Supervisor  
Assignment: Children's Medical Services (CMS)

**Distinguishing Characteristics**

This is a managerial level position in public health, responsible for major specialized public health program areas, supervising and training of public health nursing staff, and advising on complex cases. This class is distinguished from the Director of Public Health Nursing in that the latter has overall responsibility for public health nursing services in the entire department.

**General Responsibilities**

Under direction, the Public Health Nurse Supervisor plans, supervises reviews and evaluates the work of assigned professional and other support staff, performs complex public health nursing duties and/or has the responsibility for a specialized health care program. The Public Health Nurse Supervisor will utilize their skilled professional medical personnel (SPMP) expertise in providing comprehensive health care coordination activities according to the Federal Financial Participation and the Health Insurance Portability and Accountability Act (HIPPA) guidelines for privacy and confidentiality.

**Duties and Responsibilities**

- The Public Health Nurse Supervisor duties and responsibilities include:
  - Plans, organizes, supervises and reviews the work of assigned professional and support staff.
  - Provides leadership and quality review for specialized health programs such as California Children's Services, Children's Health and Disabilities Program, Health Care Program for Children in Foster Care and the Lead Program. Monitors health assessment completeness and frequency and nature of services provided.
  - Conducts fiscal planning and budget or grant preparation including strategic planning for budget or grant implementation.
  - Provides technical consultation and guidance to staff members on difficult client cases, and/or evaluates the health needs of individuals and special population groups from a wide variety of cultural, economic, and social backgrounds.
  - Coordinates services provided by private, public and community voluntary health and social service agencies, serves as a liaison to community groups, assisting them in identifying health needs, and providing public health instruction.

**Nevada County Health & Human Services Agency**  
**CMS Program**  
**Duty Statement**

**Public Health Nurse Supervisor**  
*Vacant .65 FTE*

- May serve as primary staff in communicable disease clinics or assists in other clinics. May administer immunizations and conduct immunization clinics.
- Monitors and evaluates programs, projects and special services. Prepares a variety of periodic and special reports for appropriate management review.
- Represents the County and the department in meetings with community councils and groups, other agencies and the public.
- In addition to the above duties, the Public Health Nurse Supervisor will function as a Disaster Service Worker as the need arises and will support the Public Health Department in other programs as needed.

**Nevada County Health & Human Services Agency  
CMS Program  
Duty Statement**

**Child Welfare Services Public Health Nurse I/II**  
*Kathryn Kestler 1.0 FTE*

Program Position Title: Public Health Nurse  
County Classification: Public Health Nurse I/ II  
Assignment: Child Welfare Services (CWS)

**Distinguishing Characteristics**

Under administrative direction of the Public Health Nurse Supervisor, the PHN I/II performs a variety of public health nursing duties focused on coordination and case management health services for children in the Child Welfare Services (CWS) program.

**General Responsibilities**

The CWS PHN will utilize the nursing process in working with CWS clients and their families. Utilizing their skilled professional medical personnel (SPMP) expertise, the CWS PHN will provide comprehensive health care coordination activities according to the Federal Financial Participation, and the Health Insurance Portability and Accountability Act (HIPPA) guidelines for privacy and confidentiality. The CWS PHN will use public health nursing skills and knowledge of case management, community organization and resources to work collaboratively to deliver health care coordination. The essential functions include the following:

**Duties and Responsibilities**

- Using skilled medical professional expertise, provide health care coordination, monitoring and oversight to children eligible for CWS services. The CWS PHN's duties and responsibilities include:
  - Coordinate quarterly meetings to enhance completion of Health & Education Passports (HEP) and participate in updating the Health Passport as required by State and Federal regulations. Ensure that HEP is completed and provided to the family or legal guardians.
  - Expedite timely referrals for health related services and community resources.
  - Enter necessary health related data into the CWS electronic system and maintain updated health information.
  - Provide health education to social workers and other CWS staff as needed.
  - Case management of the following caseloads to ensure all health-related benchmarks are documented in a timely manner.
    - Nevada County foster care children placed out of County of Nevada
    - Courtesy case manage Interstate Compact for the Protection of Children (ICPC) for medically fragile.



**Nevada County Health & Human Services Agency**  
**CMS Program**  
**Duty Statement**

**Child Welfare Services Public Health Nurse I/II**  
*Kathryn Kestler 1.0 FTE*

- Foster care and out-of-home placements in Nevada County, including Truckee.
- SMART case clients
- AB 12 clients
- Probation placement clients
- Attend Child Welfare Service meetings and related trainings as appropriate.
- Attend required Public Health Department meetings and trainings.
- Provide support nursing services and screenings for RFA clients. Refer RFA client's for additional evaluation as needed.
- Review all psychiatric and Group Home quarterly reports pertaining to health related issues.
- Following the Drug Endangered Child (DEC) protocol, consult on an as-needed basis detentions related to child health and welfare. Attend court detention hearings and provide health education information as needed.
- Coordinate and facilitate communications with health care providers regarding Child Protective Services (CPS) and Probation clients.
- Assist CPS Social Workers and Probation Officers with in-home and/or Group Home visits as needed.
- Provide nursing assessment services during forensic exams as needed on a case by case basis.
- Attend Multi disciplinary Interviews (MDI) as needed.
- Maintain currency with new health information guidelines and skills through attending trainings, workshops and related continuing education activities.
- In addition to the above duties, the PHN will function as a Disaster Service Worker as the need arises and will support the Public Health Department in other programs as needed.

**CHDP Program Duty Statement**  
**Child Protective Services (CPS)**  
**Health Care Program for Children in Foster Care (HCPCFC)**  
**Psychotropic Medication Monitoring and Oversight (PMM&O)**

Program Position Title: Public Health Nurse  
County Classification: Public Health Nurse II  
Assignment: CHDP Program

**This position must meet the criteria for Skilled Professional Medical Personnel (SPMP), as described in Federal Financial Participation (FFP) guidelines found in the Children's Medical Services Plan and Fiscal Guidelines, Chapter 8.**

Distinguishing Characteristics

Under supervision of the CHDP Deputy Director, in support of the Health Care Program for Children in Foster Care (HCPCFC), the PHN II performs a variety of public health nursing duties focused on health care coordination for children in foster care. The PHN carries out the administrative and operational components of the Child Health and Disability Prevention (CHDP) and HCPCFC goals and objectives required by State and Federal mandates. The HCPCFC Unit has oversight and implementation responsibility for program guidelines with health providers, community agencies, Child Protective Services (CPS) and Juvenile Justice and Probation staff/clients. Additionally, the PHN must have a thorough understanding of laws, regulations and procedures governing medical case management of children in foster care with Medi-Cal and other health resources to children in foster placement.

General Responsibilities

The HCPCFC Unit PHN will utilize nursing assessment skills in working with children in the child welfare system and youth in probation, their families and Resource Family (RFs). Using their SPMP expertise to provide administrative case consultation according to Federal Financial Participation (FFP) guidelines found in the Children's Medical Services Plan and Fiscal Guidelines, Chapter 8, the nurse will use public health nursing skills and knowledge of case management, health teaching, screening, counseling, community organization and resources to work collaboratively with the Health and Human Services Agency (HHS) CPS division, Juvenile Justice and Probation Department, along with community agencies to deliver comprehensive health care coordination to this population. The essential functions include the following:

Duties and Responsibilities

- Using skilled medical professional expertise, provide health care coordination, monitoring and oversight of foster children and youth treated with psychotropic medications. This includes acting as a resource expert and consultant for the RFs, the Child Protective Service Social Workers (CPS-SW), Probation Officers (PO) and other CPS staff regarding the children's health care needs. In addition to regular HCPCFC administrative health care coordination activities, the PMM&O nurse will:
  - o Review the medical components of each request for psychotropic medication filed to verify all required medical information is provided in the application and supporting documents submitted to the court.
  - o Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the child is taking based on sufficient medical/psychiatric information.
  - o Review and document in the child's Health and Education Passport (HEP), the psychotropic medications authorized for and being taken by the child, the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice.

- o Provide guidance and consultation to social workers and probation officers in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.
  - o Contact the child's caregiver and child to inquire about the response of the child to the administration of psychotropic medication, including any adverse effects of the medication and if any, to assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects are promptly addressed and brought to the attention of the social worker or probation officer.
  - o Review, interpret, and document as necessary, the results of laboratory tests, screenings, and evaluations for the purpose of case planning and coordination.
  - o Review clinical documentation to assess the child or youth's progress in meeting treatment plan goals.
- Collaborate with the RFs and community health care providers to ensure necessary health care information is available to those persons responsible for providing health care for the youth, including maintaining an updated and current HEP.
  - To provide the most effective oversight and monitoring of foster children and youth treated with psychotropic medications, acts in a liaison role to collaborate with the CPS staff, Juvenile Justice and Probation staff, Foster Care Mental Health team, prescribing psychiatrists, primary care providers, Courts and other stakeholders working with foster children and youth treated with psychotropic medications.
  - Facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.,) timely referrals to primary care and specialty providers, dentists, mental health providers and other community programs to assure compliance with medical, dental and mental health care assessment and treatment requirements.
  - Maintain accurate and current documentation using the CWS/CMS case management system and supplemental databases.
  - Interpret health care reports for CPS-SWs, POs and other FCS staff.
  - Conduct reviews of completed health assessment forms to assess provider's compliance, trends and a need for assistance to comply with CHDP medical and periodicity guidelines.
  - Develop and implement educational programs/presentations for RFs about the health care needs of child welfare clients.
  - Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical, dental and mental health care coordination needs of foster care children and youth, including education related to psychotropic medication.
  - Record data as required for CHDP Performance Measures, CWS/CMS and SafeMeasures®. Collaborate with stakeholders to develop and implement other metrics as needed.
  - Participate with continuous quality improvement activities.
  - Attend Staff meetings, Child-Family Team Meetings, Multidisciplinary Teams, Administrative Reviews, Placement Meetings, and other meetings as appropriate or directed.
  - Participate on program and collaborative workgroups, committees, taskforces as directed.
  - Perform other related duties as assigned.