



CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER  
GOVERNOR

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COUNTY FISCAL LETTER (CFL) No. 08/09-24

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: CALIFORNIA COUNTY WELFARE DEPARTMENT (CWD) COST ALLOCATION PLAN (CAP) CHANGES FOR THE 2006/2007 FISCAL YEAR (FY)

This CFL is in response to the Administration for Children and Families (ACF) and Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (DHHS) examination of the California Department of Social Services' (CDSS) County Cost Allocation Plan (CCAP) for the state Fiscal Year (SFY) 2006/2007.

As a result of the DHHS' review, CDSS implemented changes to program code descriptions (PCD), Electronic Data Processing (EDP) methodologies and the CCAP. Program codes and time study codes have been revised because some activities were found to be ineligible for federal funding. Direct billed medical services are not eligible for Title XIX funding and have been removed from health related codes. Activities that do not require skilled professional medical personnel (SPMP) have also been removed from health related codes. See below for summary of changes.

**I. SOCIAL SERVICES FUNCTION**

**A. CODE 1021 IHSS SKILL PROF MED PERS (SPMP)**

CMS determined the following health related activities are unallowable; Bullet 1 was removed because the activities were found to be unallowable; Bullet 3 was removed because these activities are direct billed medical services. Allowable case management activities from Bullet 3 can be time studied to program code 1034. The activities below were removed from program code 1021

## **CODE 1021 IHSS - SPMP**

Includes the following activities for welfare staff meeting SPMP requirements:

- ~~— A physician completing the certification that an IHSS recipient needs personal care services.~~
- A registered/public health nurse reviewing the case, reviewing services authorized by the social worker as outlined in the needs assessment, reviewing the certification of medical necessity for consistency with authorized services, providing consultation on the recipient's service needs, monitoring the recipient's condition and effectiveness of the client's Personal Care Services Program (PCSP) services, providing expert medical opinions related to the treatment plan, and liaison activity with service providers and other agencies that provide medical care on the medical aspects of PCSP.
- ~~— Performing selected activities to help IHSS recipients who are Medi-Cal eligible to gain access to Health Related (HR) services in order to reduce their risk of poor health outcome. These activities include, but are not limited to, the development, implementation and management of HR service plans; referrals to other agencies and programs for assessment, evaluation, or treatment of HR needs; interagency coordination and liaison with providers of HR services to improve the service delivery system; and informing and anticipatory guidance about the causes, and prevention and remediation of HR needs.~~

## **B. CODE 1031 IHSS-HR ELIGIBILITY/REDETERMINATIONS**

CMS determined the following activities are unallowable. Program Code 1031 has been revised to remove the unallowable activities. See changes below:

### **CODE 1031 IHSS-HR ELIGIBILITY/REDETERMINATIONS:**

~~Includes explaining, arranging for, and authorizing IHSS services when activities are HR and provided to Medi-Cal eligible IHSS recipients; computation of any share of cost; obtaining a doctor's certificate as part of the process of arranging State Plan covered services; facilitating the eligibility process **and** making IHSS eligibility determinations/re-determinations for PCSP/Waiver)~~

## **C. CODE 1131 CSBG – SPMP**

The code description has been revised to add that allowable activities must be covered under the state's Medi-Cal plan and performed by a SPMP qualified

person and only if the SPMP is not claiming these activities under Medi-Cal Administrative Activities (MAA) or Targeted Case Management (TCM).

**CODE 1131 CSBG - SPMP**

Includes time spent by SPMP **staff who are not claiming these same activities through Medi-Cal Administrative Activities (MAA) or Targeted Case Management (TCM)** performing activities which require the expertise of a medical professional to help adult CSBG clients who are Medi-Cal eligible to gain access to services covered by the State Medi-Cal plan in order to reduce their risk of poor health outcome. These activities include program planning and policy development activities.

**D. CODE 1181 ADOPTIONS INDEPENDENT/NON FED**

The following language has been added to Program Code 1181 for clarification:

“This code is to be used for non-recurring adoption expenses for children who are not eligible for title IV-E non-recurring adoption activities.”

**CODE 1181 ADOPTIONS INDEPENDENT/NON FED**

**This code is to be used for non-recurring adoption expenses for children who are not eligible for title IV-E non-recurring adoption expenses.** It includes activities directed to a child in adoptive placement or activities involved in an adoptive placement, such as a child adoptability assessment, adoptive applicant screening, and home study.

**E. CODE 1381 CWS – SPMP**

CMS determined that the following activities are unallowable. Bullet 2 was removed because these activities do not require an SPMP; Bullet 4 was removed because these activities are direct billed medical services. The activities below were removed from program code 1381:

Referrals to other agencies and programs covered by Medi-Cal for assessment, evaluation or treatment;

In-depth informing and anticipatory guidance about causes, prevention, and remediation of health conditions covered by Medi-Cal;

## **CODE 1381 CWS - SPMP**

These activities will be performed by a SPMP qualified person. Includes selected activities to help children who are Medi-Cal eligible, including children in foster care, to gain access to services covered by the state Medi-Cal plan in order to reduce their risk of poor health outcome. These activities will not duplicate TCM activities provided through the state plan. These activities require the use of medical expertise and include, but are not limited to:

- Development, implementation and management of health related service plans for Medi-Cal covered services;
- ~~Referrals to other agencies and programs covered by Medi-Cal for assessment, evaluation or treatment;~~
- Interagency coordination and liaison with Medi-Cal providers to improve the Medi-Cal service delivery system;
- ~~In-depth informing and anticipatory guidance about causes, prevention, and remediation of health conditions covered by Medi-Cal;~~
- Completing, updating, and disseminating any paperwork necessary to completion of these activities; and
- Receiving or providing training related to these activities

*NOTE:* SPMP performing non-enhanced health related activities also record this time to Program 144.

## **F. CODE 1431 CWS - PREPARATION FOR ELIGIBILITY DETERMINATION**

ACF determined that the following activities are unallowable. The code description has been revised to clarify Title IV-E activities in accordance with DAB 844 and the DHHS Child Welfare Policy Manual. The language “making court recommendations for support, requesting court action, and completing court orders” has been removed; these activities are time studied under Program Code 147. The language “preparing and participating in program audits” has been revised to read “preparing and conducting IV-E eligibility reviews.”

### **CODE 1431 CWS - PRE-PLACEMENT PROGRAM**

### **CODE 1432 CWS - FAMILY MAINTENANCE PROGRAM**

### **CODE 1433 CWS - FAMILY REUNIFICATION PROGRAM**

### **CODE 1434 CWS - PERMANENT PLACEMENT PROGRAM**

Includes activities related to preparing for determination of a child's eligibility for the Foster Care or Adoption Assistance Program; not actual eligibility determination. For example:

- Gathering and verifying information used by the Eligibility Worker in regard to income, parental deprivation, resources, social security numbers, birth certificates, and child support;
- Filling out and processing necessary forms;
- Querying systems, records, and other staff for current AFDC status;
- ~~Making court recommendations for support, requesting such court action and completing court orders;~~
- Preparing and ~~participating~~ **conducting Title IV-E eligibility reviews** in program audits; and
- Travel time associated with any of the above activities.

#### **G. CODE 1591 FPP – SPMP**

CMS determined that the following activities are unallowable. Bullet 2 was removed because these activities do not require an SPMP; Bullet 4 was removed because these activities are direct billed medical services. The activities below were removed from program code 1591:

#### **CODE 1591 FAMILY PRESERVATION PROGRAM - SPMP**

These activities will be performed by a SPMP qualified person. Includes selected activities to help children who are Medi-Cal eligible, including children in foster care, gain access to services covered by the state Medi-Cal plan in order to reduce their risk of poor health outcome. Activities described in this code will not duplicate TCM activities provided through the Medicaid State Plan. These activities require the use of medical expertise and include, but are not limited to:

- Development, implementation and management of Medi-Cal service plans;
- ~~Referrals to other agencies and programs which are Medi-Cal providers for assessment, evaluation or treatment covered by Medi-Cal;~~
- Interagency coordination and liaison with Medi-Cal providers to improve the Medi-Cal delivery system;
- ~~In-depth informing and anticipatory guidance about causes, prevention and remediation of health conditions covered by Medi-cal;~~
- Completing updating and disseminating any paperwork necessary to complete these activities; and
- Receiving or providing training related to these activities.

*NOTE:* SPMP performing non-enhanced activities should use PC 1681.

## **H. CODE 1771 FPP PRE PLACMT PREV CASE MGT and CODE 1791 FPP CASE MGT FOSTER CARE**

Additional language has been added to Code 1771 and Code 1791 for clarification. This new language does not change existing instructions. See changes below:

### **CODE 1771 FAMILY PRESERVATION PROGRAM- PRE-PLACEMENT PREVENTION CASE MANAGEMENT**

Includes activities directed to a specific child when the child remains in the home to prevent out-of-home placement. This code does not include time associated with the delivery of or documentation of family preservation preventative services. Included with this code is the development of the case plan which indicates specific services necessary to meet the protective needs of the child. Following are allowable case management activities:

- Assessing needs and developing a case plan as required
- Referrals for services
- Monitoring the case plan
- Management and supervision of the case

FPP Training is for people employed or preparing for employment in all classes of positions by the State or local agency administering the program. Training includes the administration of the foster care program such as referral to services, case plan development, case management and supervision. **(A separate code for the FPP case management was established only for State budgeting purposes. Activities in this code duplicate those of code 148 and enable counties to access funds the State budgets in a separate line item only.)**

### **CODE 1791 FAMILY PRESERVATION PROGRAM - CASE MANAGEMENT: FOSTER CARE**

Includes activities directed to a specific child when the child remains in the home or in out-of-home placement. Includes development of the case plan, which indicates specific services necessary to meet the protective needs of the child. Activities include but are not limited to:

- Assessing the needs and developing a case plan as required
- Referrals for services
- Monitoring the case plan
- Management and supervision of the case
- Working with foster parents to receive the child and,
- Arranging pre-placement visits

FPP Training is for people employed or preparing for employment in all classes of positions by the State or local agency administering the program. Training includes the administration of the foster care program such as referral to services, case plan development, case management and supervision. ~~(A separate code for the FPP case management was established only for State budgeting purposes. Activities in this code duplicate those of code 148 and enable counties to access funds the State budgets in a separate line item only.)~~

## **I. CODE 5134 EMERGENCY ASSISTANCE – ER REFFERALS**

ACF determined that the following activities are unallowable. The code description has been revised to clarify allowable activities. See changes below:

### **CODE 5134 EMERGENCY ASSISTANCE – ER REFFERALS**

Includes time spent receiving emergency referrals, **completing the ER protocol, and investigating emergency allegations in response to, and investigation of, all reports or referrals alleging abuse, neglect or exploitation of children**, assessing whether the referral is a child welfare services referral, **making collateral contacts with community partners for purpose of implementing Differential Response and utilizing safety/risk assessments.** ~~completing the ER protocol, and investigating emergency allegations, including collateral contacts.~~

This includes time spent closing those cases in which allegations are unfounded. For those cases that the allegations are not unfounded, it includes time spent in investigation activities, reporting to the California Department of Justice and notifying the parents regarding the temporary custody of the child.

**Allowable Emergency Hotline Response activities include but are not limited to:**

- Operating a 24-hour emergency hotline response program;**
- Evaluating and investigating telephone reports of abuse, neglect or exploitation, including reports on the 24-hour hotline;**
- Determining client risk for emergency response by screening incoming calls;**
- Determining whether a reported situation is an emergency or non-emergency within required timeframes;**
- Determining emergency response needs;**
- Providing crisis intervention;**
- Referring clients to appropriate emergency response service agencies;**
- Gathering documentation of abuse for law enforcement agencies;**

**Documenting and completing all required forms; and  
Preparing written reports and assessments.**

**J. CODE 5721 APS – SPMP CASE MANAGEMENT**

CMS determined that the following activities are unallowable. The language “referral to other agencies and programs for assessment, evaluation or treatment covered under the State’s Medi-Cal plan;” was removed because these activities do not require an SPMP.

**CODE 5721 APS - SPMP CASE MANAGEMENT**

These activities will be performed by a SPMP qualified person. Includes selected activities to help eligible elder or dependent adult clients who meet the criteria for APS (see definition in Code 5691), and who are Medi-Cal eligible, to gain access to services covered under the State’s Medi-Cal plan, in order to reduce their risk of poor health outcome. **Includes time spent by SPMP staff who are not claiming these same activities through Medi-Cal Administrative Activities (MAA) or Targeted Case Management (TCM).**

These activities include, but are not limited to, development, implementation and management of Medi-Cal service plans; ~~referral to other agencies and programs for assessment, evaluation or treatment covered under the State’s Medi-Cal plan;~~ interagency coordination and liaison with Medi-Cal providers to improve the service delivery system; completing, updating, and disseminating any paperwork necessary to completion of these activities; and receiving or providing training related to these activities.

*NOTE:* SPMP performing non-enhanced health related activities record this time to Program 570.

- Developing and monitoring progress on time-limited objectives, based on problems and strengths identified in the assessment;
- Monitoring the Medi-Cal plan covered services to be provided and activities to be performed in order to meet Medi-Cal service plan objectives and goals;
- Providing description of how the client will be stabilized and linked with services covered by the Medi-Cal plan;
- Monitoring, follow-up, and reassessment to determine effectiveness of the Medi-Cal service plan.
- Assisting clients and significant others to implement the Medi-Cal service plan;
- Stabilizing and linking with community Medi-Cal services for treatment of health related needs; and
- Arranging for medical, mental health counseling, transportation, and other services covered by the Medi-Cal state plan, as needed.

## **K. CODE 5741 APS – HR CASE MANAGEMENT**

CMS determined that the following activities are unallowable. “Psychological Counseling” was removed from this code because these activities are direct billed medical services.

### **CODE 5741 APS – HR CASE MANAGEMENT**

Includes time spent performing case management activities involving Medi-Cal state plan covered services during the period following initial investigation and response to reports involving abuse, neglect, or exploitation of Medi-Cal eligible elder or dependent adult clients who meet the criteria for APS (definition in Code 5691). Public Guardians (PG), who are CWD employees, may time study to this code only if the PG is responsible for performing APS activities or is responsible for activities that would normally be the responsibility of APS workers and only if the PG is not otherwise claiming these activities under Medi-Cal Administrative Activities (MAA) or Targeted Case Management (TCM). Allowable activities are those necessary to help clients gain access to services covered by the State Medi-Cal plan, including **guidance and recommendation for appropriate services** ~~psychological counseling~~ and transportation to medical and mental health appointments, in order to reduce risk of poor health outcomes, to provide a safety net to enable victims to protect themselves in the future and bring about changes in the lives of victims.

Such case management activities may include, but are not limited to:

Gathering of information to develop an intervention plan involving Medi-Cal state plan covered services, to address any health-related condition that places the elder or dependent adult at risk of a poor health outcome;  
Assessing client’s health-related needs, and the concerns and needs of other members of the family and household, in order to arrange Medi-Cal state plan covered services for the client;  
Analyzing health problems and strengths of the client and family or household so as to arrange the most useful combination of Medi-Cal state plan covered services for the client;  
Establishing and updating a health-related service plan to alleviate identified problems and coordinating with other agencies by:

- Identification of health problems to be alleviated using Medi-Cal services;
- Inclusion of time-limited objectives based on health problems and strengths identified in the assessment;
- Inclusion of health-related services to be provided by Medi-Cal and action steps to meet the health-related service plan objectives and goals;
- Description of how the client will be stabilized and linked with community services covered by the State Medi-Cal program;
- Provisions for monitoring, follow-up, and reassessment to determine

- effectiveness of the health-related service plan;
- Inclusion of family issues related to health-related care-giving issues;
- Providing ~~counseling~~ **non-medical guidance** for clients and significant others to facilitate implementation of the Medi-Cal service plan; and
- Stabilizing the client and linking the client with Medi-Cal community services for treatment of medical and psychological needs.

## **L. DIRECT CHARGE CODES**

### **CODE 100 SPECIAL CARE INCENTIVES & ASSISTANCE PROGRAM**

As a result of ACF's review of this code, the use of these funds was limited to the following:

Costs for the purchase of goods/services for direct benefit of AFDC-FC special needs children placed in foster family homes, home of relatives or nonrelated guardians. Funds are limited to:

Respite Care: This includes the purchase of respite care services and/or development and maintenance of a respite care program and

Direct Costs: This includes the purchase of goods or services on a nonrecurring or as needed basis which are not allowable costs in California's Specialized Care System or are not available through other funding sources. Such items and services may include wheelchair ramps, apnea monitors, glasses, psychiatric visits, orthodontia and equipment and/or activities which will stimulate the child's physical and/or emotional growth."

### **CODE 562 KINSHIP & FOSTER CARE EMERGENCY FUNDS**

As a result of, but not limited to, ACF's review of this code, the use of these funds was limited to costs for items such as beds, cribs, and smoke detectors that are needed in order to license or approve a foster family home. Claiming instructions to this code are as follows:

This code has been established to capture costs associated with children who are, or will be placed with relative caregivers. These services are provided to remove barriers to making the placement of foster children with relative caregivers and foster parent successful. Activities are limited to items such as beds, cribs, and smoke detectors that are needed in order to license or approve a foster family home.

## **M. Deleted Codes**

As a result of findings by ACF and CMS codes 032 and 139 have been deleted.

ACF has determined that Code 032 is not properly allocated to benefitting programs and must either be removed or allocated to benefitting programs. Code 032 was established originally for the pilot 11 differential response counties and related activities. Per CFL 06/07-19, there are no funds budgeted for this activity. As a result of ACF findings and termination of funding, this code has been deleted.

Activities charged to Code 139 are not eligible for Title IV-E funding.

## **II. OTHER PUBLIC WELFARE FUNCTION**

### **A. CODES 2151, 2153, and 2711**

As a result of findings by CMS, these code descriptions have been revised to clarify allowable activities must be covered under the State's Medi-Cal plan and performed by a SPMP qualified person as long as these activities were not claimed under MAA or TCM.

#### **CODE 2151 MEDI-CAL – INTAKE**

Includes screening and referral of MNO applicants; accepting and processing initial applications, reapplications, and transfers-in; hearing activities; and preparing and/or presenting a case for hearing. This also includes time spent providing applicants and recipients with voter registration forms and instructions, assisting in completion of these forms as necessary, and processing voter registration forms for submission to the California Secretary of State. **Activities and individuals must be federally eligible and in accordance with the Department of Health Care Services State Medicaid Plan.**

#### **CODE 2153 MEDI-CAL – CONTINUING**

Includes processing approved cases, including budget changes, address changes, redeterminations, discontinuances and rescinded discontinuances, income reporting, and hearings for either MNO or MI recipients. Also includes issuing temporary Medi-Cal cards to SSI/SSP recipients who did not receive their regular Medi-Cal card because of a failure of the SSA system, replacing lost or stolen Medi-Cal cards, and providing additional proof of eligibility labels for SSI/SSP recipients. **Activities and individuals must be federally eligible and in accordance with the Department of Health Care Services State Medicaid Plan.**

**CODE 2711 SAVE – MEDI-CAL**

SIS verification activities for aliens applying for MNO and MI programs. Primary and/or secondary verification activities to establish alien SIS with the INS include: completion of primary and secondary INS verification forms; obtaining, copying, and transmitting alien documents to the INS; comparing INS data with documents submitted by aliens; and execution of consent for disclosure statement for amnesty and special agricultural worker applicants. SIS should be established for all aliens at application and for all alien recipients at recertification or redetermination. **Activities and individuals must be federally eligible and in accordance with the Department of Health Care Services State Medicaid Plan.**

Counties having any questions regarding this CFL should use the [fiscal.systems@dss.ca.gov](mailto:fiscal.systems@dss.ca.gov) e-mail address to make any related inquiries.

Sincerely,

***Original signed by Curtis Yokoi for Didi Okamoto***

DIDI OKAMOTO, Acting Chief  
Fiscal Systems and Accounting Branch

c: CWDA