



Health & Human Services  
Agency  
**COUNTY OF TULARE**  
**AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

CONNIE CONWAY  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** February 12, 2008

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>						

CONTACT PERSON: Judy Richmond PHONE: 737-4660

**SUBJECT:** California Healthcare for Indigents Program (CHIP) for Fiscal Year 2007/2008.

**REQUEST(S):**

That the Board of Supervisors:

1. Ratify and approve the receipt of \$191,214 in revenues provided by CHIP in the "Fiscal Year (FY) 2007/2008 County Allocation" letter dated September 10, 2007, retroactive to October 1, 2007 through June 30, 2008.
2. Find that the Board had authority to enter into the proposed agreement as of October 1, 2007 and that it was in the County's best interest to enter into the agreement on that date.
3. Approve the necessary budget adjustments per the attached AUD 308 (4/5ths vote required).
4. Authorize the Chairman of the Board to sign three (3) copies of the Board Certification of the Description of Proposed Expenditures of California Healthcare for Indigents Program Funds of Fiscal Year 2007/2008.
5. Authorize the Chairman of the Board to sign three (3) copies of the Standard Agreement for California Healthcare for Indigents Program for Fiscal Year 2007/2008.

**SUBJECT:** California Healthcare for Indigents Program (CHIP) for Fiscal Year 2007/2008.  
**DATE:** February 12, 2008

**SUMMARY:**

On August 7, 2007, the Board approved Resolution No. 2007-0524 to participate in the California Healthcare for Indigents Program (CHIP) for Fiscal Year 2007/2008. CHIP is the indigent care component of the Tobacco Tax and Health Improvement Act of 1988 (Prop 99). The funds allow the Health and Human Services Agency (HHS), Health Services Branch, to continue to compensate medical providers for care which otherwise would have been provided by them at no compensation (bad debt claims). This is a request to approve the acceptance of the Fiscal Year 2007/2008 CHIP Funds in the amount of \$191,214. This allocation will be disbursed to Non-County Hospitals in the amount of \$167,869; Emergency Physician Services in the amount of \$8,274; and HHS for the administration of the funding in the amount of \$15,071. There has also been a small amount of \$100 set aside for CHDP Dental Services.

In order to receive Fiscal Year 2007/2008 funds of \$191,214, the County must also submit a description of how the funds will be expended along with detail sheets for the various components of the funds. This Description of the Proposed Expenditure of California Healthcare for Indigent Program (CHIP) Funds for Fiscal Year 2007/2008 is included in this package for your approval.

**FISCAL IMPACT/FINANCING:**

No General Funds are involved. Funds are from the Tobacco Tax and Health Improvement Act of 1988 (Prop 99). Tulare County's Fiscal Year 2007/2008 California Healthcare for Indigents Program (CHIP) allocation is \$191,214; an increase of \$15,532 over the Fiscal Year 2006/2007 allocation of \$175,682. Revenues for the Fiscal Year 2007/2008 budget will be adjusted by the approval of the attached AUD 308. No Net County Cost.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Quality of Life initiative to attract and retain a broad range of health and mental health service providers. This action helps fulfill this initiative.

**ALTERNATIVES:**

To not accept the funding, thereby denying local healthcare provider's relief from bad debt for emergency services provided.

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

This agreement has been approved as to form by County Counsel and no changes have been made since this approval. Tulare County Auditor.

**SUBJECT:** California Healthcare for Indigents Program (CHIP) for Fiscal Year  
2007/2008.

**DATE:** February 12, 2008

**ADMINISTRATIVE SIGN-OFF:**

  
Ray Bullick – Director Health

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (2)

Attachment A – AUD 308 Budget Adjustment Form

Attachment B – Board Certification of the Description of Proposed Expenditures

Attachment C – Standard Agreement

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

**IN THE MATTER OF:**

California Healthcare for Indigents  
Program (CHIP) for Fiscal Year  
2007/2008.

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)

**RESOLUTION NO.** \_\_\_\_\_

**AGREEMENT NO.** \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JEAN ROUSSEAU  
COUNTY ADMINISTRATIVE OFFICER  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

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5. Authorized the Chairman of the Board to sign three (3) copies of the Standard Agreement for California Healthcare for Indigents Program for Fiscal Year 2007/2008.

06/07 Allocation was used as an estimate for 07/08 budget. Actual allocation amounts are now official and above changes reflect the revised amounts.

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\* Whenever a 33XX account budget is adjusted, a corresponding 67XX account revenue budget must be adjusted in the billing agency.

\* Whenever a 35XX account budget is adjusted, a corresponding 68XX account revenue budget must be adjusted in the billing agency.

\* Whenever a 36XX account budget is adjusted, a corresponding 39XX account revenue budget must be adjusted in the billing agency.

GUIDELINES  
FOR  
FISCAL YEAR 2007-08  
DESCRIPTION OF PROPOSED EXPENDITURES  
OF  
CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM FUNDS  
OR  
RURAL HEALTH SERVICES PROGRAM FUNDS

Issued by  
California Department of Public Health  
Office of County Health Services

October 2007

**FY 2007-08 Description of Proposed Expenditures  
CHIP/RHS Program Funds  
Basic Instructions**

**I. INTRODUCTION**

Welfare and Institutions (W&I) Code Sections 16936 and 16980 require counties to submit to the Department a description of the proposed use and expenditure of California Healthcare for Indigents Program (CHIP) funds and Rural Health Services (RHS) Program funds. These Sections require the Department to review and approve this information for compliance with applicable law.

The following contains instructions and forms for the preparation of the Description of Proposed Expenditures of CHIP and RHS Program funds. If you have questions or need assistance, contact your County Health Services analyst at (916) 552-8016.

**II. COVER**

Include a cover with your county's name, fiscal year, and the words: DESCRIPTION OF PROPOSED EXPENDITURES OF CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM FUNDS OR RURAL HEALTH SERVICES PROGRAM FUNDS, as appropriate.

**III. BOARD CERTIFICATION**

Have the Chairperson or duly authorized representative of your County Board of Supervisors sign the certification. If the certification is signed by a duly authorized representative other than the Clerk of the Board, include a copy of the official document approved by the Board of Supervisors which gives the individual authorization to sign for the Chairperson.

**IV. CHILDREN'S HEALTH AND DISABILITY PREVENTION (CHDP) TREATMENT**

If your county is receiving RHS Program funds and is contracting back with the Department for the payment of CHDP Treatment, indicate how your county facilitates the provision of these services and ensures that children with identified treatment needs are provided the necessary care. If your county is not contracting back, describe how your county provides or arranges and pays for treatment. Include a description of the case management activities or other methods used to ensure that children with identified treatment needs are provided the necessary care.



V. **DENTAL SERVICES**

Describe all dental care provided and paid for by your county, including CHDP. Include the populations served, services provided, facilities and providers used, and an estimate of total expenditures, for the fiscal year. (W&I Code Sections 16936 (a) (2) and 16980 (b) (2))

VI. **DETAIL SHEETS**

Complete the detail sheets for Hospital, Physician, and Other Health Services funds. Indicate the budget units associated with the expenditure of funds. If your county is receiving RHS Program funds and is contracting back with the Department for Noncounty Hospital funds, complete only the County Hospital portion of the Hospital Services Detail Sheet. If your county is contracting back for Physician Services funds, you need not complete the Physician Services Detail Sheets. If there is insufficient space on the Detail Sheets provided, you may prepare your own using the same format.

Complete the detail sheet for CHDP Treatment. If your county is receiving RHS Program funds and is contracting back with the Department for the payment of CHDP Treatment, skip this item.

VII. **FINANCIAL MAINTENANCE OF EFFORT**

Counties are required to budget and expend a specified amount of county funds on allowable county health services in order to qualify for receipt of CHIP and RHS Program funds. This requirement was documented in the County Health Services Plans and Budgets required in prior years. Now that plans and budgets are no longer required, you must calculate your county's allowable expenditures, revenues, and net county costs for both public health and inpatient and outpatient services, and document the results of your calculation on the form provided (Schedule 1).

VIII. **SUBMISSION OF DOCUMENT**

Submit an ORIGINAL and ONE (1) COPY by December 15, 2007, to:

California Department of Public Health  
Office of County Health Services  
Attention: County Health Services Unit  
MS 5202  
P.O. Box 997377  
Sacramento, CA 95899-7377

COUNTY OF TULARE

BOARD CERTIFICATION

I, \_\_\_\_\_, hereby certify that, to the best of my  
(Please type or print name)

knowledge, the information provided in the attached Description of Proposed Expenditures  
of: (please check one)

- ☒ California Healthcare for Indigents Program funds  
or  
☐ Rural Health Services Program funds

is correct and is drawn from the officially adopted county budget for fiscal year 2007-2008.

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chairperson, Board of Supervisors,  
or duly authorized representative)

**COUNTY OF TULARE**  
**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**OF CHIP/RHS PROGRAM FUNDS**  
**HOSPITAL SERVICES FUND DETAIL SHEET**

**COUNTY HOSPITAL FUNDS**

<b>Revenue</b>	<b>Amounts</b>
County Hospital Allocation	
Interest Carryover from Prior Year	
Projected Interest for FY 2007-08	
<b>Total</b>	

**Proposed Expenditures for Services**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for Administrative Costs**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for CHDP Treatment Services**

(Expenditures should be reported on CHDP Detail Sheet)

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

<b>Total - Proposed Expenditures for Services, Admin and CHDP</b>	
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## NONCOUNTY HOSPITAL FORMULA FUNDS

Revenue	Amounts
Noncounty Hospital Formula Allocation	\$90,740.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2007-08	\$0.00
<b>Total</b>	<b>\$90,740.00</b>

### Proposed Expenditures for Services

[illegible]

<b>Total - Proposed Expenditures for Services</b>	<b>\$90,740.00</b>
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**COUNTY OF TULARE**  
**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**OF CHIP/RHS PROGRAM FUNDS**  
**HOSPITAL SERVICES FUND DETAIL SHEET**  
**NONCOUNTY HOSPITAL DISCRETIONARY FUNDS**

<b>Revenue</b>	<b>Amounts</b>
Noncounty Hospital Discretionary Allocation	\$90,740.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2007-08	\$0.00
<b>Total</b>	<b>\$90,740.00</b>

**Proposed Expenditures for Services**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>
004-142-7024-2150	Professional & Specialized Services	\$81,666.00

**Proposed Expenditures for Administrative Costs**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>
004-142-7024-2140	Office Expense	\$100.00
004-142-7024-2200	Spec. Dept. Expense	\$8,974.00

**Proposed Expenditures for CHDP Treatment Services**  
(Expenditures should be reported on CHDP Detail Sheet)

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>
001-6022-1011	CHDP-Case Management, Outreach & Education	\$77,545.13

<b>Total - Proposed Expenditures for Services, Admin and CHDP</b>	<b>\$168,285.13</b>
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**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES  
CHIP/RHS PROGRAM FUNDS  
HOSPITAL SERVICES  
COUNTY AND NONCOUNTY HOSPITAL SERVICES FUNDS**

**I. County Hospital Services Funds**

Describe how your county intends to use County Hospital Services funds. If your county will provide some or all of these funds to noncounty hospitals, provide the information requested in the item below covering Noncounty Hospital Discretionary funds. If they will be used to pay for treatment for children screened under the Child Health and Disability Prevention (CHDP) Program, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement fiscal year (FY) 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that County Hospital Services funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**II. Noncounty Hospital Discretionary Funds**

If your county is receiving RHS Program funds and will be contracting back with the Department for distribution of these funds, skip this item. If your county intends to allocate all of its Noncounty Hospital Discretionary funds to hospitals in the same manner as Noncounty Hospital Formula funds, indicate this and skip this item. If your county will allocate funds to hospitals in any other manner, indicate how much Noncounty Hospital Discretionary funds will be provided to each hospital and describe exactly what services the county is purchasing with the funds from that hospital. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES  
CHIP/RHS PROGRAM FUNDS  
HOSPITAL SERVICES  
COUNTY AND NONCOUNTY HOSPITAL SERVICES FUNDS**

**II. Noncounty Hospital Discretionary Funds - Continued**

Describe how your county will determine that Noncounty Hospital Discretionary funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**COUNTY OF TULARE**  
**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**OF CHIP/RHS PROGRAM FUNDS**  
**PHYSICIAN SERVICES FUND DETAIL SHEET**  
**EMERGENCY MEDICAL SERVICES (EMS) FUNDS**

Revenue	Amounts
PSA - EMS Allocation	\$9,734.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2007-08	\$0.00
Total	\$9,734.00

**Proposed Expenditures for Services**

Budget Unit #	Title	Amounts
004-7025-2150	Professional Special Services	\$8,760.60

**Proposed Expenditures for Administrative Costs**

(Administrative Costs must be based on actual costs not to exceed 10% of PSA)

Budget Unit #	Title	Amounts
004-7024-2200	Spec. Dept. Expense	\$973.40

<b>Total - Proposed Expenditures for Services and Admin. Costs</b>	<b>\$9,734.00</b>
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**COUNTY OF TULARE**  
**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**OF CHIP/RHS PROGRAM FUNDS**  
**PHYSICIAN SERVICES FUND DETAIL SHEET**

**NEW CONTRACT FUNDS**

<b>Revenue</b>	<b>Amounts</b>
PSA - New Contract Allocation (Not to exceed 50% of the total PSA. For CHIP counties only.)	
Interest Carryover from Prior Year	
Projected Interest for FY 2007-08	
<b>Total</b>	

**Proposed Expenditures for Obstetric Services**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for Pediatric Services**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for Emergency Services**

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for Administrative Costs**

(Administrative Costs must be based on actual costs not to exceed 10% of PSA)

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

**Proposed Expenditures for CHDP Treatment Services**

(Expenditures should be reported on CHDP Detail Sheet)

<b>Budget Unit #</b>	<b>Title</b>	<b>Amounts</b>

<b>Total - Proposed Expenditures for Services, Admin., and CHDP</b>	
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**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**CHIP/RHS PROGRAM FUNDS**  
**PHYSICIAN SERVICES**  
**EMERGENCY MEDICAL SERVICES (EMS) AND NEW CONTRACT FUNDS**

**I. Emergency Medical Services (EMS) Funds**

Identify the agency or organization that will administer these funds. If the agency or organization is not a county government entity, describe the agency or organization and its relationship with the county. Describe the manner in which your county will ensure that the funds are accounted for and administered in accordance with applicable statutes.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that Physician Services - EMS funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**II. New Contract Funds**

If your county is receiving RHS Program funds and is contracting back with the Department for the administration of these funds, skip this item. If your county is not contracting back, describe how your county will allocate its New Contract funds and describe exactly what services the county is purchasing with the funds. Indicate the total number of physicians involved. If your county is contracting the activity through physician groups, indicate the number of physicians in the group. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that New Contract funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**COUNTY OF TULARE**  
**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**OF CHIP/RHS PROGRAM FUNDS**  
**OTHER HEALTH SERVICES (OHS) FUND DETAIL SHEET**

Revenue	Amounts
OHS Allocation	
Interest Carryover from Prior Year	
Projected Interest for FY 2007-08	
Total	

**Proposed Expenditures for Services**

Budget Unit #	Title	Amounts

**Proposed Expenditures for Administrative Costs**

Budget Unit #	Title	Amounts

**Proposed Expenditures for Equipment**

(Up to 5% or \$50,000 of funds received. No single purchase may exceed \$10,000.)

Budget Unit #	Title	Amounts

**Proposed Expenditures for CHDP Treatment Services**

(Expenditures should be reported on CHDP Detail Sheet)

Budget Unit #	Title	Amounts

<b>Total - Proposed Expenditures for Services, Admin., Equipment, and CHDP</b>	
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**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES**  
**CHIP/RHS PROGRAM FUNDS**  
**OTHER HEALTH SERVICES FUNDS**

**I. Other Health Services (OHS) Funds**

Describe how your county will use its Other Health Services funds. If the funds will be used in hospitals, list the facilities involved and the services to be provided by each facility. If the funds will be used to reimburse physicians, provide the information requested in the item above covering Physician Services - New Contract funds. If your county intends to use these funds for the purchase of equipment, please describe your county's plans and include the total amount of funds to be used on the Other Health Services Detail Sheet. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that Other Health Services funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**COUNTY OF TULARE**

FY 2007-08 Description of Proposed Expenditures of CHIP/RHS Program Funds

**Schedule 1 – CHIP/RHS Financial Maintenance of Effort**

	<b>Expenditures</b>	<b>Revenues</b>	<b>Net County Costs</b>
<b>Public Health</b>	\$ 21,338,720	\$ 16,477,389	\$ 4,861,331
<b>Inpatient and Outpatient</b>	\$ 31,683,066	\$ 16,426,651	\$ 15,256,415
<b>Total</b>	\$ 53,021,786	\$ 32,904,040	\$ 20,117,746

**FY 2007-08 DESCRIPTION OF PROPOSED EXPENDITURES  
CHIP/RHS PROGRAM FUNDS  
MAINTENANCE OF EFFORT**

**I. MAINTENANCE OF EFFORT**

The amounts reported on Schedule 1 must be calculated in the same manner as the amounts calculated and reported in the FY 1991-92 County Health Services Plan and Budget submitted by your jurisdiction. As always, the net county cost calculation must include your FY 1977-78 net county costs (as originally reported, or as amended pursuant to County Health Services Bulletin No. 2-1979) and may include any new health programs or program which was not previously available or offered by the jurisdiction. Expansion, decentralization, centralization, consolidation, reorganization, or other changes in methods or locations of pre-existing services are not considered new programs. Any other health programs and associated costs which existed during FY 1977-78 and which are not part of your FY 1977-78 net county costs must be excluded from your calculation. Expenditures and revenues attributable to mental health and alcohol and drug abuse services must also be excluded as well as expenditures for fixtures, structures, or improvements (capital expenditures).

Welfare and Institutions (W&I) Code, Section 16990, specifies the financial Maintenance of Effort amount each county must expend to be eligible for CHIP/RHS Program funds. Financial maintenance of effort WILL be measured after the close of the fiscal year through a report of actual expenditures. Failure to meet financial Maintenance of Effort will result in recoupment of all or a portion of CHIP or RHS funds. If you need assistance in determining your county's allowable expenditures, revenues, and net county costs, contact your County Health Services analyst at (916) 552-8016.

County of TULARE

**Fiscal Year 2007-08 Description of Proposed Expenditure of CHIP/RHS Program Funds**

**DETAIL SHEET FOR CHILD HEALTH DISABILITY PREVENTION TREATMENT FUNDING**

Category	Budget Unit No.	Amount Expended	Funding Source:				
			HSA	PSA	OHS	GF	OTHER
Case Management	001-6022 1011	\$51,530.13					X 5240 ST HLTH - OTH
Inpatient Care							
Outpatient Care							
Pharmacy Services							
Dental Services							
Vision Services							
Hearing Services							
Mental Health Services							
Other (please specify) OUTREACH EDUCATION _____ _____	001-6022 1011	\$26,015.00					X 5240 ST HLTH - OTH
Total		\$77,545.13					