

Plan and Budget Required Documents Checklist

MODIFIED FOR 2009-10

County/City: EL DORADO






Fiscal Year: 2009-10

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NOV 30 2009

County/City: EL DORADO

Fiscal Year: 2009-10

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NOV 30 2009

09-1505.A.2/2

Agency Information Sheet

County/City: EL DORADO

Fiscal Year: 2009-10

Official Agency

Name:	HEALTH SERVICES DEPT	Address:	931 Spring St Placerville CA 95667
Health Officer	Olivia Kasirye MD MS		931 Spring St Placerville CA 95667
	530 621 6277		

CMS Director (if applicable)

Name:	Michael Ungeheuer RN MN PHN	Address:	929 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us

CCS Administrator

Name:	Michael Ungeheuer RN MN PHN	Address:	929 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us

CHDP Director

Name:	Olivia Kasirye MD MS	Address:	931 Spring St Placerville CA 95667
Phone:	530 621 6277		
Fax:		E-Mail:	Olivia.kasirye@edcgov.us

CHDP Deputy Director

Name:	Michael Ungeheuer RN MN PHN	Address:	929 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us

Clerk of the Board of Supervisors or City Council

Name:	Suzanne Allen de Sanchez	Address:	330 Fairlane Placerville CA 95667
Phone:	530-621-5394		
Fax:		E-Mail:	Suzanne.allendsanchez@edcgov.us

Director of Social Services Agency

Name:	Daniel Nielson	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 7275		
Fax:		E-Mail:	daniel.nielson@edcgov.us

Chief Probation Officer

Name:	Joe Warchol	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Joe.warshol@edcgov.us

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

County/City: EL DORADO

Fiscal Year: 2009-10

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.

Olivia Lopez

11/25/09

Signature of CHDP Director

Date Signed

Olivia Lopez

11/25/09

Signature of Health Officer

Date Signed

Michael Hegeuer

11/25/09

Signature of Deputy Director

Date Signed

11/25/09

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

Signature of Local Governing Body Chairperson

Date

Certification Statement - California Children's Services (CCS)

County/City: EL DORADO

Fiscal Year: 2009-10

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.

Michael Abgeheuer

11/25/09

Signature of CCS Administrator

Date Signed

Olivia Lopez

11/25/09

Signature of Health Officer

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date

AGENCY DESCRIPTION

The El Dorado County Department of Health Services is a governmental organization responsible for providing a comprehensive offering of public services that protect and assist the County population in the areas of health and wellness. The Public Health Nursing Section administers numerous pediatric and adult high risk and prevention programs integrating the principles of core public health function. The Public Health Nursing Section has developed a service continuum incorporating CHDP, CCS, HCPCFC and MCAH for the purpose of care continuity within the local pediatric population. Inherent in this design is the use of case management conferencing, co-location of public health nursing staff in provider, education and public assistance agencies as well as strong ongoing provider relations development and expert health care worker training. These structures and activities ensure the highest level of coordinated continuous intervention for the benefit of the community families and children.

Focal Areas of FY 2009-2010

- Develop and maintain systems of collaborative care with emphasis on expansion of preventive health services, early screening and diagnosis, treatment access and comprehensive case management
- Enhanced education and intervention in the area of diabetes, asthma, obesity and lead poisoning detection , access to care and treatment
- Facilitation and support of the system of care expansion related to both FQHC and Rural Health Clinic Centers to enhance availability and diversity of care

California Children's Services Caseload Summary Form

County: EL DORADO

Fiscal Year: 2009-2010

	CCS Caseload 0 to 21 Years	A		B		08-09 Estimated Caseload based on first three quarters	% of Grand Total
		06-07 Actual Caseload	% of Grand Total	07-08 Actual Caseload	% of Grand Total		
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	270	51%	278	55%	311	60%
2	Potential Case Medi-Cal	24	4%	18	3%	8	1%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	294	55%	296	58%	319	61%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	84	16%	82	16%	82	16%
5	Potential Cases Healthy Families	24	4%	4	1%	4	1%
6	Total Healthy Families (Row 4 + Row 5)	108	20%	86	17%	86	17%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	110	21%	103	20%	91	18%
8	Potential Cases Straight CCS Children	20	4%	23	5%	23	4%
9	Total Straight CCS (Row 7 + Row 8)	130	25%	126	25%	114	22%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	238	45%	212	42%	200	39%
GRAND TOTAL							
11	(Row 3 + Row 10)	532	100%	508	100%	519	100%

CHDP Prog

County/City: EL DORADO		FY 06-07		FY 07-08		FY 08-09	
Basic Informing and CHDP Referrals							
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	11,116		9,704		10,465	
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a.	Number of CalWORKs cases/recipients	179	345	106	234	148	249
b.	Number of Foster Care cases/recipients	79	80	48	58	65	53
c.	Number of Medi-Cal only cases/recipients	284	559	168	283	168	251
3.	Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a.	Medical and/or dental services	984		575		553	
b.	Medical and/or dental services with scheduling and/or transportation	16		36		46	
c.	Information only (optional)						
4.	Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	17		11		19	
Results of Assistance							
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	5		0		6	
6.	Number of recipients in "5" who actually received medical and/or dental services	2		1		0	

CHDP Administrative Budget Summary for FY 2009-10
No County/City Match
County/City Name: El Dorado

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	\$160,871	\$872	\$160,000	\$59,015	\$100,985
II. Total Operating Expenses	\$23,017	\$0	\$23,017	\$1,767	\$21,250
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$55,565	\$0	\$55,565		\$55,565
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$239,453	\$872	\$238,582	\$60,782	\$177,800

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	\$876	\$872			
Medi-Cal Funds:	\$259,935		\$238,582		
State	\$104,214		\$104,095	\$15,195	\$88,900
Federal (Title XIX)	\$155,721		\$134,486	\$45,586	\$88,900

Michael Ungeheuer RN MN PHN
 Prepared By (Signature) _____ Date Prepared 11/23/2009 Phone Number 530 621-6129 Email Address michael.ungeheuer@edcgov.us

Michael Ungeheuer
 CHDP Director or Deputy _____ Date 11/30/09 Phone Number _____ Email Address _____
 Director (Signature)

CHDP Administrative Budget Worksheet for FY 2009-10
No County/City Match
State and State/Federal

County/City Name: El Dorado

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)
Personnel Expenses											
Deputy Dir Michael Ungeheuer	5%	\$105,940	\$5,297	0%	\$0	100%	\$5,297	50%	\$2,649	50%	\$2,649
SPRV HEC Josefina Solano	55%	\$74,198	\$40,809	0%	\$0	100%	\$40,809	0%	\$0	100%	\$40,809
PHN II Sandy Stokes	50%	\$67,350	\$33,675	1.72%	\$579	98.28%	\$33,096	90%	\$29,786	10%	\$3,310
SOA Kay Johnson	80%	\$33,888	\$27,110	0%	\$0	100%	\$27,110	25%	\$6,778	75%	\$20,333
9.											
10.	1.90		\$106,891		\$579		\$106,312		\$39,212		\$67,100
Total Salaries and Wages			\$0		\$0		\$0		\$0		\$0
Less Salary Savings			\$106,891		\$579		\$106,312		\$39,212		\$67,100
Net Salaries and Wages			\$53,980		\$293		\$53,688		\$19,802		\$33,885
Staff Benefits	50.50%		\$160,871		\$872		\$160,000		\$59,015		\$100,985
I. Total Personnel Expenses			\$2,534		\$0		\$2,534	50%	\$1,267	50%	\$1,267
II. Operating Expenses			\$1,000		\$0		\$1,000	50%	\$500	50%	\$500
1. Travel			\$8,825		\$0		\$8,825			100%	\$8,825
2. Training			\$3,646		\$0		\$3,646			100%	\$3,646
Communication			\$5,377		\$0		\$5,377			100%	\$5,377
Office/Duplicating			\$1,222		\$0		\$1,222			100%	\$1,222
Insurance			\$413		\$0		\$413			100%	\$413
Utilities			\$0		\$0		\$0				\$0
Equipment			\$0		\$0		\$0				\$0
7.			\$0		\$0		\$0				\$0
8.			\$0		\$0		\$0				\$0
9.			\$0		\$0		\$0				\$0
10.			\$0		\$0		\$0				\$0
II. Total Operating Expenses			\$23,017		\$0		\$23,017		\$1,767		\$21,250

CHDP Administrative Budget Worksheet for FY 2009-10
No County/City Match
State and State/Federal

County/City Name: El Dorado

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
III. Capital Expenses											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
II. Total Capital Expenses			\$0								
IV. Indirect Expenses											
1. Internal	25%		\$40,218		\$0		\$40,218				\$40,218
2. External	A-87		\$15,347		\$0		\$15,347				\$15,347
IV. Total Indirect Expenses			\$55,565		\$0		\$55,565				\$55,565
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$239,453		\$872		\$238,582		\$60,782		\$177,800

Michael Ungeheuer RN MN PHN
 Prepared By (Signature) *Michael Ungeheuer*
 CHDP Director
 Deputy Director

11/23/2009 Date Prepared
 530 621 6129 Phone Number
 michael.ungeheuer@edco.gov.us Email Address

11/30/09 Date
 Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 09-10

PERSONNEL COST

Total salaries	\$106,891
Total Benefits	\$53,980
Total Personnel Expenses	\$160,871

PHN Director/deputy Director	No change
Supervising Hlth Education Cood	No Change
Public health Nurse II (.50)	No change
Medical Office Assistance (.80)	No change

OPERATING EXPENSES

Travel	\$2,534	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.55 per mile with annual adjustment
Training	\$1,000	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$3,646	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$8,825	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$5,377	Facility and personnel liability insurance
Utilities	\$1,222	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$413	Maintenance contract cost
Total operating Costs	\$23,017	

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$40,218

Cost allocation plan applied to net wages

External

\$15,347

In accordance to the A-87 plan on file
applied by total program FTE

Total Indirect Expenses

\$55,565

OTHER EXPENSES

Total Other Expenses

\$0

BUDGET GRAND TOTAL

\$239,453

CHDP Administrative Budget Summary for FY 2008-09
 County/City Match
 County/City Name: EL DORADO

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$80,295	\$26,776	\$53,519
II. Total Operating Expenses	\$12,152	\$688	\$11,464
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$13,338		\$13,338
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$105,785	\$27,464	\$78,321

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$46,027	\$6,866	\$39,161
Federal Funds (Title XIX)	\$59,759	\$20,598	\$39,161

Michael Ungeheuer RN MN PHN 11/23/2009 Date
 Prepared By Phone Number
Michael Ungeheuer RN MN PHN 11/30/09 Date
 CHDP Director or Deputy 530 621-6129 Phone Number
 Director (Signature)

CHDP Administrative Budget Worksheet for FY 2009-10
 County/City Match
 County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
I. Personnel Expenses							
Josefina Solano Suprv HEC	10%	\$74,198	\$7,420	0%	\$0	100%	\$7,420
Sandy Stokes PHN II	10%	\$67,350	\$6,735	50%	\$3,368	50%	\$3,368
Maria Quirarte MOAIL	50%	\$38,307	\$19,154	0%	\$0	100%	\$19,154
Patti Murphy PHN II	10%	\$69,760	\$6,976	85%	\$5,930	15%	\$1,046
Vacant PHN II	20%	\$65,340	\$13,068	65%	\$8,494	35%	\$4,574
6.							
7.							
8.							
9.							
10.	100%						
Total Salaries and Wages			\$53,352		\$17,791		\$35,561
Less Salary Savings			\$0				
Net Salaries and Wages			\$53,352		\$17,791		\$35,561
Staff Benefits (Specify %)	50.50%		\$26,943		\$8,985		\$17,958
I. Total Personnel Expenses			\$80,295		\$26,776		\$53,519
II. Operating Expenses							
Travel			\$976	50%	\$488	50%	\$488
Training			\$400	50%	\$200	50%	\$200
Communication			\$4,644			100%	\$4,644
Office/Duplicating			\$2,145			100%	\$2,145
Insurance			\$2,830			100%	\$2,830
Utilities			\$1,157			100%	\$1,157
7.							
8.							
9.							
10.							
II. Total Operating Expenses			\$12,152		\$688		\$11,464

CHDP Administrative Budget Worksheet for FY 2009-10
County/City Match
County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.							
III. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %)			\$13,338				\$13,338
2. External (Specify %)			\$0				\$0
IV. Total Indirect Expenses			\$13,338				\$13,338
V. Other Expenses							
1.							
2.							
3.							
4.							
5.							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$105,785		\$27,464		\$78,321

Michael Ungeheuer RN MN PHN
 Prepared By

11/23/2009
 Date Prepared

Phone Number

Michael Ungeheuer
 CHPD Director or Deputy Director
 (Signature)

11/30/09
 Date

530.621-6129
 Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 09-10

PERSONNEL COST

Total salaries	\$53,352
Total Benefits	\$26,943
Total Personnel Expenses	\$80,295

Supervising Hlth Education Cood

No Change

Public Health Nurse II (.40)

Carry over of .20 FTE from CHDP Admin State/Federal match budget to retain program integrity. Vacant PHN II at .20 FTE SLT

Medical Office Assistance (.50)

Re-establish 07-08 support personnel levels SLT branch office

OPERATING EXPENSES

Travel	\$976	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.55 per mile with annual adjustment
Training	\$400	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$2,145	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$4,644	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$2,830	Facility and personnel liability insurance
Utilities	\$1,157	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$0	Maintenance contract cost
Total operating Costs	\$12,152	

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$13,338

Cost allocation plan applied to net wages

External

\$0

In accordance to the A-87 plan on file
applied by total program FTE

Total Indirect Expenses

\$13,338

OTHER EXPENSES

Total Other Expenses

\$0

BUDGET GRAND TOTAL

\$105,785

HCPCFC Administrative Budget Summary
Fiscal Year 2009-10
El Dorado

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$71,966	\$64,769	\$7,197
II. Total Operating Expenses	\$1,900	\$1,520	\$380
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$5,351		\$5,351
V. Total Other Expenses			
Budget Grand Total	\$79,217	\$66,289	\$12,927

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$23,036	\$16,572	\$6,464
Federal Funds (Title XIX)	\$56,181	\$49,717	\$6,464
Budget Grand Total	\$79,217		

Michael Ungeheuer RN MN PHN
 Prepared By (Signature) *Michael Ungeheuer* Date Prepared 11/30/2009 Phone Number 530 621 6129 Email Address michael.ungeheuer@edcgov.us

CHDP Director or Deputy Director (Signature) *Michael Ungeheuer* Date 11/30/09 Phone Number _____ Email Address _____

HPCFC Administrative Budget Worksheet
 Fiscal Year 2009-10
 El Droado

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
PHN II HEATHER ORCHARD	50%	\$67,808	\$33,904	90%	\$30,514	10%	\$3,390
PHN II Vacant	30%	\$65,341	\$19,602	90%	\$17,642	10%	\$1,960
3.			\$0		\$0		\$0
4.			\$0		\$0		\$0
5.			\$0		\$0		\$0
6.			\$0		\$0		\$0
7.			\$0		\$0		\$0
8.			\$0		\$0		\$0
9.			\$0		\$0		\$0
10.			\$0		\$0		\$0
Total Salaries and Wages			\$53,506		\$48,156		\$5,351
Less Salary Savings							
Net Salaries and Wages			\$53,506		\$48,156		\$5,351
Staff Benefits (Specify %) 34.50%			\$18,460		\$16,614		\$1,846
I. Total Personnel Expenses			\$71,966		\$64,769		\$7,197
II. Operating Expenses							
1. Travel			\$1,400	80%	\$1,120	20%	\$280
2. Training			\$500	80%	\$400	20%	\$100
II. Total Operating Expenses			\$1,900		\$1,520		\$380
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 10.00%			\$5,351				\$5,351
2. External							
IV. Total Indirect Expenses			\$5,351				\$5,351
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$79,217		\$66,289		\$12,927

Michael Ungeheuer RN MN PHN
 Prepared By (Signature) *Michael Ungeheuer* Date 11/30/09
 11/30/09 Date
 530 621 6129 Phone Number
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 CHDP Director or Deputy Director (Signature) Phone Number Email Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC
 EL DORADO COUNTY
 FISCAL YEAR 09-10

PERSONNEL COST

Total salaries	\$53,506
Total Benefits	\$18,460
Total Personnel Expenses	\$71,966

Public health Nurse II (.80)	No change
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OPERATING EXPENSES

Travel	\$1,400	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$\$.55 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP for continuing education program specific
Total operating Costs	\$1,900	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$5,351	Cost allocation plan applied to net wages
External	\$0	
Total Indirect Expenses	\$5,351	

OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$79,217
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CCS Administrative Budget Summary for FY 2009-10

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	310	57%
Potential Cases Medi-Cal	29	5%
TOTAL MEDI-CAL	339	62%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	85	16%
Potential Cases HF	6	1%
Total Healthy Families	91	17%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	106	19%
Potential Cases Straight CCS	10	2%
Total Straight CCS	116	21%
TOTAL NON MEDI-CAL (HF / CCS)	207	38%
GRAND TOTAL	546	100%

Category/Line Item	1	2	3	4	5
	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$339,596	\$128,748	\$210,848	\$91,998	\$118,850
II. Total Operating Expense	\$48,941	\$18,555	\$30,386	\$3,241	\$27,145
III. Total Capital Expense	\$0	\$0	\$0		\$0
IV. Total Indirect Expense	\$80,336	\$30,457	\$49,879		\$49,879
V. Total Other Expense	\$10,000	\$3,791	\$6,209		\$6,209
Budget Grand Total	\$478,873	\$181,551	\$297,322	\$95,239	\$202,083

Source of Funds	1	2	3	4	5
	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$50,869	\$50,869			
County	\$50,869	\$50,869			
CCS Healthy Families					
State	\$13,967	\$13,967			
County	\$13,967	\$13,967			
Federal (Title XXI)	\$51,878	\$51,878			
Medi-Cal Funds:					
State	\$124,851		\$124,851	\$23,810	\$101,041
Federal (Title XIX)	\$172,471		\$172,471	\$71,430	\$101,041

Michael Ungeheuer RN MN PHN

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CCS Administrative Budget Worksheet for FY 2009-10

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	310	57%
Potential Cases Medi-Cal	29	5%
TOTAL MEDICAL	339	62%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	85	16%
Potential Cases HF	6	1%
Total Healthy Families	91	17%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	106	19%
Potential Cases Straight CCS	10	2%
Total Straight CCS	116	21%
TOTAL NON MEDI-CAL	207	38%
GRAND TOTAL	546	100%

Category/Line Item	1	2	3	4A	4	5A	5	6A	6	7A	7
	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 6)	% FTE	Non-Medi-Cal County/State (60/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expense											
Program Administration											
MICHAEL UNGEHEUER RN MN PHN ADMINISTRATOR	20%	\$105,940	\$21,188	38%	\$8,033	62%	\$13,155			100%	\$13,155
PAULA GREEN PRGM COORDINATOR (July/Aug)	50%	\$8,418	\$4,209	38%	\$1,596	62%	\$2,613			100%	\$2,613
BARRY PRICE ACCOUNTANT II	15%	\$56,368	\$8,455	38%	\$3,206	62%	\$5,250			100%	\$5,250
JOSEFINA SOLANO PRGM COORD HEC (SLT)	20%	\$55,649	\$11,130	38%	\$4,220	62%	\$6,910			100%	\$6,910
Subtotal		\$44,982	\$44,982		\$17,054		\$27,928				\$27,928
Medical Case Management											
DEE TAYLOR PHN II	100%	\$70,727	\$70,727	38%	\$26,814	62%	\$43,913		\$37,326	85%	\$6,587
PATTI MURPHY PHN II SLT	20%	\$69,760	\$13,952	38%	\$5,289	62%	\$8,663		\$7,363	85%	\$1,299
MICHAEL UNGEHEUER RN MN PHN ADMINISTRATOR	5%	\$105,940	\$5,297	38%	\$2,008	62%	\$3,289		\$2,795	85%	\$493
Subtotal		\$89,976	\$89,976		\$34,112		\$55,864		\$47,485		\$8,380
Other Health Care Professionals											
DEE TAYLOR PHN II		\$0	\$0	0%	\$0	0%	\$0		\$0	0%	\$0
PATTI MURPHY PHN II SLT		\$0	\$0		\$0		\$0		\$0		\$0
MICHAEL UNGEHEUER RN MN PHN ADMINISTRATOR		\$0	\$0		\$0		\$0		\$0		\$0
Subtotal		\$0	\$0		\$0		\$0		\$0		\$0
Ancillary Support											
PAULA GREEN PRGM COORDINATOR (July-Aug)	50%	\$8,418	\$4,209	38%	\$1,596	62%	\$2,613			100%	\$2,613
JOSEFINA SOLANO PRGM COORD HEC (SLT)	15%	\$55,649	\$8,347	38%	\$3,165	62%	\$5,183			100%	\$5,183
MICHELLE MCCANN MEDICAL OFFICE ASSIST II	50%	\$35,589	\$17,795	38%	\$6,746	62%	\$11,048			100%	\$11,048
MARIA MARTINEZ MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,984	38%	\$6,818	62%	\$11,166			100%	\$11,166
Subtotal		\$48,335	\$48,335		\$18,325		\$30,010				\$30,010
Clincial and Claims Support											
MICHELLE MCCANN MEDICAL OFFICE ASSIST II	50%	\$35,589	\$17,795	38%	\$6,746	62%	\$11,048		\$5,524	50%	\$5,524
MARIA MARTINEZ MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,984	38%	\$6,818	62%	\$11,166		\$5,583	50%	\$5,583
NORIN AVINA MEDICAL OFFICE ASSISTANT SLT	50%	\$38,239	\$19,120	38%	\$7,249	62%	\$11,871		\$5,935	50%	\$5,935

Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 6)	% FTE	Non-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
Subtotal			\$54,898		\$20,813		\$34,085		\$17,043		\$17,043
Total Salary and Wages			\$238,191	38%	\$90,303	62%	\$147,888		\$64,527		\$83,360
Less Salary Savings		\$0				62%					
Net Salary and Wages			\$238,191	38%	\$90,303	62%	\$147,888		\$64,527		\$83,360
Staff Benefits (Specify %)	42.57%		\$101,405	38%	\$38,445	62%	\$62,961		\$27,471		\$35,489
i. Total Personnel Expense			\$339,596		\$128,748		\$210,848		\$91,998		\$118,850
ii. Operating Expense											
1. Travel			\$4,200	38%	\$1,592	62%	\$2,608	90%	\$2,347	10%	\$261
2. Training			\$1,600	38%	\$607	62%	\$993	90%	\$894	10%	\$99
COMMUNICATION			\$17,819	38%	\$6,756	62%	\$11,063				\$11,063
INSURANCE			\$9,870	38%	\$3,742	62%	\$6,128				\$6,128
OFFICE/DUPLICATING			\$8,861	38%	\$3,359	62%	\$5,502				\$5,502
UTILITIES			\$5,191	38%	\$1,968	62%	\$3,223				\$3,223
EQUIPMENT			\$1,400	38%	\$531	62%	\$869				
ii. Total Operating Expense			\$48,941		\$18,555		\$30,386		\$3,241		\$27,145
iii. Capital Expense											
ii. Total Capital Expense			\$0				\$0				\$0
iv. Indirect Expense											
1. Internal	25%		\$59,548	38%	\$22,576	62%	\$36,972			100%	\$36,972
2. External	A-87		\$20,788	38%	\$7,881	62%	\$12,907			100%	\$12,907
iv. Total Indirect Expense			\$80,336		\$30,457		\$49,879				\$49,879
v. Other Expense											
1. Maintenance and Transportation			\$10,000	38%	\$3,791	62%	\$6,209			100%	\$6,209
v. Total Other Expense			\$10,000		\$3,791		\$6,209				\$6,209
Budget Grand Total			\$478,873		\$181,551		\$297,322		\$96,239		\$202,083

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11/23/2009

Michael Ungeheuer RN MN PHN

email address

Phone Number

Date Prepared

Prepared By (Signature)

11/30/09

Michael Ungeheuer
CCS Administrator (Signature)

Date Signed

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 09-10

PERSONNEL COST

Total salaries	\$238,191
Total Benefits	\$101,405
Total Personnel Expenses	\$339,596

PHN Director/Administrator	No change This position was deleted 2 months into the FY as a result of reduction in force. Salary prorated to actual expenditure
Program Coordinator	
Supervising Hlth Education Cood	Added at 35% to offset loss of Prgm Coordinator. Salary prorated to 9 months
Public health Nurse II (2)	No change
Medical Office Assistance (3)	1.05 FTEs added to return to 07-08 staffing pattern to retain integrity of program support

OPERATING EXPENSES

Travel	\$4,200	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.55 per mile with annual adjustment
Training	\$1,600	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$8,861	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$17,819	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$9,870	Facility and personnel liability insurance
Utilities	\$5,191	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$1,400	Maintenance contract cost
Total operating Costs	\$48,941	

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$59,548

Cost allocation plan applied to net wages

External

\$20,788

In accordance to the A-87 plan on file
applied by total program FTE

Total Indirect Expenses

\$80,336

OTHER EXPENSES

Maintenance and transportation

\$10,000

Reimbursements and payments to families
for travel, lodging and meals incurred while
obtaining CCS authorized services allowing
for special circumstances and other
contingencies. No change

Total Other Expenses

\$10,000

BUDGET GRAND TOTAL

\$478,873

