

Plan and Budget Required Documents Checklist
MODIFIED FY 2013-2014

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County/City: EL DORADO

Fiscal Year:

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1.	County/City Capital Expenses Justification Form	Yes, if applicable
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9.	Management of Equipment Purchased with State Funds	
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2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	If applicable
3.	Property Survey Report Form (STD 152)	If applicable

Agency Information Sheet

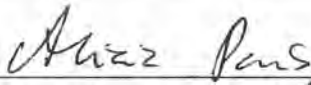
County/City:	EL DORADO	Fiscal Year:	2013-2014
Official Agency			
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer	Alicia Paris-Pombo		931 Spring St Placerville CA 95667
CMS Director (if applicable)			
Name:	Michael Ungeheuer RN MN PHN	Address:	941 Spring 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:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
CHDP Director			
Name:	Alicia Paris-Pombo MSc, MD	Address:	931 Spring St Placerville CA 95667
Phone:	530 621 6277		
Fax:	530 642 0892	E-Mail:	alicia.paris@edcgov.us
CHDP Deputy Director			
Name:	Michael Ungeheuer RN MN PHN	Address:	941 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:	James Mitrisin	Address:	330 Fairlane Placerville CA 95667
Phone:	530-621-5592		
Fax:	530-622-3645	E-Mail:	james.mitrisin@edcgov.us
Director of Social Services Agency			
Name:	Donald Ashton MPA	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 5515		
Fax:	530-295-2792	E-Mail:	Donald.ashton@edcgov.us
Chief Probation Officer			
Name:	Brian Richardt	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richardt@edcgov.us

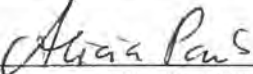
Certification Statement - Child Health and Disability Prevention (CHDP) Program


County/City: El Dorado

Fiscal Year: 2013-2014

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.

	2-5-2014
Signature of CHDP Director <i>Alicia Paris-Pombo MD, MSc</i>	Date Signed

	2-5-2014
Signature of Health Officer <i>Alicia Paris-Pombo MD, MSc</i>	Date Signed



	2/3/14
Signature of CHDP Deputy Director	Date Signed

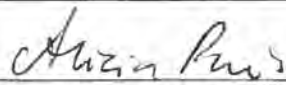
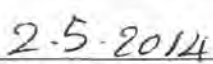
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County	Fiscal Year: 2013-2014
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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 (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

 Signature of CCS Administrator	 Date Signed
---	--

 Signature of Health Officer <i>Alicia Pavis-Pombo MD, NSc</i>	 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

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

The El Dorado County Health and Human Services Agency 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 children, families and the community at large.

Focus Areas of FY 2013-2014

- 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 immunization, chronic disease self-care, improved birthing outcomes, effective parenting lead poisoning detection and access to care and treatment
- Facilitate and support system of care expansion related to Federally Qualified Health and Rural Health Clinic Centers including integration of managed care to enhance availability and diversity of care

Incumbent List - California Children's Services

For FY 2013-14, 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: EL DORADO

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Administrator	Michael Ungeheuer RN MN PHN	10	N	N
Supervising Health Education Coordinator	Josefina Solano	05	N	N
PHN II	Dee Taylor RN PHN	100	N	N
PHN II	Sharlaine Hurd RN PHN	75	N	N
Medical Office Assistant	Michelle McCann	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodreguez	50	N	N
Office Assistant II	Paula Green	40	N	N

Incumbent List - Child Health and Disability Prevention Program

For FY 2013-2014, 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: El Dorado		Fiscal Year: 2013-2014				
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 II	Toni Schaeffer RN PHN	40	10	0	N	N
Sr. Office Assistant	Kay Johnson	80	0	20	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	0	50	50	N	N
Supervising Health Education Coordinator	Josefina Solano	42.5	52.5	5	N	N
PHN Dir/ CHDP Deputy Dir	Michael Ungeheuer RN MN	10	0	90	N	N

CHDP Program Referral Data

County/City: EL DORADO	FY 10-11		FY 11-12		FY 12-13	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	6,611	12,938	6,619	13,168	5,998	11,926
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	494	906	470	835	548	974
b. Number of Foster Care cases/recipients	19	19	70	70	83	83
c. Number of Medi-Cal only cases/recipients	371	649	372	671	436	759
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	1,574		1,576		1,816	

b. Medical and/or dental services with scheduling and/or transportation	73	116	166
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	29	51	166
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	7	19	108
6. Number of recipients in "5" who actually received medical and/or dental services	16	19	59

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: EL DORADO

Fiscal Year: 2013-1014

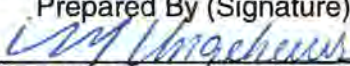
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
County Office of Education	IAA	perpetual	2013	Michael Ungeheuer	No
CHDP/HCPFCFHS DHS	IAA	perpetual	2012	Michael Ungeheuer	No
Delta Dental	MOU	2010	2010	State	No
Access Dental	MOU	7/13/2010	2010	State	No
Blue Cross	MOU	Ongoing	2007	State	No
Blue Shield	MOU	Ongoing	2007	State	No
Health Net	MOU	Ongoing	2007	State	No
Vision Service Plan	MOU	Ongoing	2007	State	No

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)
Kaiser	MOU	Ongoing	2007	State	No
Premier Access	MOU	Ongoing	2007	State	No
Safeguard Vision	MOU	Ongoing	2007	State	No
California Health and Wellness Centene	MOU	2013 perpetual	2013	Michael Ungeheuer	New

**CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2013-2014
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	\$ 153,660	\$ 792	\$ 152,867	\$ 46,477	\$ 106,391
II. Total Operating Expenses	\$26,041	\$0	\$26,041	\$2,224	\$23,818
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$55,055	\$0	\$53,559		\$53,559
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 234,756	792	\$ 232,467	\$ 48,700	\$ 183,767

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	792			
Medi-Cal Funds:			\$232,467		
State Funds	\$104,214		\$104,059	\$12,175	\$91,883
Federal Funds (Title XIX)	\$155,721		\$128,409	\$36,525	\$91,883

Michael Ungeheuer RN MN PHN	01/24/2014	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	1/24/14		AS ABOVE
CHDP Deputy Director	Date	Phone Number	Email Address
(Signature)			

CHDP Administrative Budget Worksheet
No County/City Match State and State/Federal County: Eldorado
Fiscal Year: 13-14

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 Director Michael Ungeheuer	10%	\$111,047	\$ 11,105	0.00%	\$0	100.00%	\$11,105	25%	\$2,776	75%	\$8,329
Supervising HEC Josefina Solano	43%	\$77,999	\$ 33,150	0.00%	\$0	100.00%	\$33,150	0%	\$0	100%	\$33,150
PHN II Toni Schaeffer	40%	\$62,687	\$ 25,075	2.00%	\$501	98.00%	\$24,573	80%	\$19,659	20%	\$4,915
Senior OA Kay Johnson	80%	\$34,905	\$ 27,924	0.00%	\$0	100.00%	\$27,924	25%	\$6,981	75%	\$20,943
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 97,253		\$501		\$96,752		\$29,416		\$67,336
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 97,253		\$501		\$96,752		\$29,416		\$67,336
Staff Benefits (Specify %)	58.00%		\$56,407		\$291		\$56,116		\$17,061		\$39,055
I. Total Personnel Expenses			\$ 153,660		\$ 792		\$ 152,867		\$ 46,477		\$ 106,391
II. Operating Expenses											
Travel			\$3,125		\$0		\$3,125	50%	\$1,563	50%	\$1,563
Training			\$1,322		\$0		\$1,322	50%	\$661	50%	\$661
Communication			\$10,481		\$0		\$10,481			100%	\$10,481
Office Duplicating			\$6,609		\$0		\$6,609			100%	\$6,609
Insurance			\$1,485		\$0		\$1,485			100%	\$1,485
Utilities			\$1,160		\$0		\$1,160			100%	\$1,160
Equipment			\$1,859		\$0		\$1,859			100%	\$1,859
II. Total Operating Expenses			\$26,041		\$0		\$26,041		\$2,224		\$23,818
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %)	25.00%		\$38,415				\$38,415				\$38,415
2. External (Specify %)	A-87		\$16,640				\$15,144				\$15,144
IV. Total Indirect Expenses			\$55,055		\$0		\$53,559				\$53,559
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			234,756		792		232,467		48,700		183,767

Michael Ungeheuer RN MN PHN	1/24/14	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	1/24/14		
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 13-14

PERSONNEL COST

Total salaries	\$97,253
Total Benefits	\$56,407
Total Personnel Expenses	\$153,660

PHN Director/deputy Director	No change
Supervising Hlth Education Cood	Maintain total CHDP FTE at 95% with a 52.5% shift to the County/City match index
Public Health Nurse II	Shift 10% FTE to County/City match index to maintain 50% FTE .

Medical Office Assistance (.80)

No change

OPERATING EXPENSES

Travel	\$3,125	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile with annual adjustment
Training	\$1,322	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$6,609	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$10,481	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$1,485	Facility and personnel liability insurance
Utilities	\$1,160	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$1,859	Maintenance contract cost
Total operating Costs	\$26,041	

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$38,415

Cost allocation plan applied to net wages

External

\$16,640

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

Total Indirect Expenses

\$55,055

OTHER EXPENSES

Total Other Expenses

\$0

BUDGET GRAND TOTAL

\$234,756

**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2013-2014
County/City Name: El Dorado**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expenses	\$100,371	\$14,365	\$86,006
II. Total Operating Expenses	\$7,490	\$250	\$7,240
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$25,093		\$25,093
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$132,954	\$14,615	\$118,339

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$62,823	\$3,654	\$59,169
Federal Funds (Title XIX)	\$70,131	\$10,961	\$59,169

Michael Ungeheuer RN MN PHN	<i>1/22/14</i>	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address

<i>Michael Ungeheuer</i>	<i>2/3/14</i>		
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet
 County/City Match
 Fiscal Year: 2013-2014
 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/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)
I. Personnel Expenses							
Supervising HEC Josefina Solano	53%	\$77,999	\$40,949	0%	\$0	100%	\$40,949
Medical OA Adriana Salas-Rodriguez	50%	\$32,616	\$16,308	25%	\$4,077	75%	\$12,231
PHN II Toni Schaeffer	10%	\$62,687	\$6,269	80%	\$5,015	20%	\$1,254
Total Salaries and Wages							
			\$63,526			\$9,092	\$54,434
Less Salary Savings			\$0			\$0	\$0
Net Salaries and Wages			\$63,526			\$9,092	\$54,434
Staff Benefits (Specify %)	58.00%					\$5,273	\$31,572
I. Total Personnel Expenses			\$100,371			\$14,365	\$86,006
II. Operating Expenses							
1. Travel			\$500	50%	\$250	50%	\$250
2. Training			\$0	50%	\$0	50%	\$0
Office/Duplicating			\$2,730			100%	\$2,730
Insurance			\$0			100%	\$0
Equipment			\$1,100			100%	\$1,100
Building Maintenance			\$3,160			100%	\$3,160
II. Total Operating Expenses			\$7,490			\$250	\$7,240
III. Capital Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
II. Total Capital Expenses			\$0			\$0	\$0
IV. Indirect Expenses							
1. Internal (Specify %)	25.00%						\$25,093
2. External (Specify %)	0.00%						\$0
IV. Total Indirect Expenses			\$25,093				\$25,093
V. Other Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$132,954			\$14,615	\$118,339

Michael Ungeheuer RN MN PHN Prepared By (Signature)	1/22/14 Date Prepared	530 621 6129 Phone Number	michael.ungeheuer@edcgov.us Email Address
 CHDP Deputy Director (Signature)	2/3/14 Date		

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 13-14

PERSONNEL COST

Total salaries	\$63,526
Total Benefits	\$36,845
Total Personnel Expenses	\$100,371

Supervising Hlth Education Cood	Decrease by 7% to align with funding availability
PHN II Toni Schaeffer	No change
Medical Office Assistance	No change

OPERATING EXPENSES


Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile with annual adjustment
Training	\$0	
Office Supplies and Services	\$2,730	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Insurance		Facility and personnel liability insurance
Equipment	\$1,100	Maintenance and cost of replacement computers
Building Maintenance	\$3,160	Prorated cost of building maintenance agreement
Total operating Costs	\$7,490	

CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 25%	\$25,093	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	\$25,093	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$132,954	

Foster Care Administrative Budget Summary
State/Title XIX Federal Funds
Fiscal Year: 2013-2014
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 Expense	\$113,362	\$90,689	\$22,672
II. Total Operating Expense	\$1,269	\$1,015	\$254
III. Total Capital Expense			
IV. Total Indirect Expense	\$6,046		\$6,046
V. Total Other Expense			
Budget Grand Total	\$120,677	\$91,705	\$28,972

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$37,412	\$22,926	\$14,486
Federal Funds (Title XIX)	\$83,265	\$68,779	\$14,486
Budget Grand Total			

Michael Ungeheuer RN MN PHN Prepared By (Signature)	01/22/2014 Date Prepared	530 621 6129 Phone Number	michael.ungeheuer.edcgov.us Email Address
 CHDP Deputy Director (Signature)	2/3/14 Date	Phone Number	Email Address

HPCFC Administrative Budget Worksheet
State/Title XIX Match
Fiscal Year 2013-2014
County: 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 State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
Maria Heurta PHN	100%	\$64,767	\$64,767	80%	\$51,814	20%	\$12,953
Kay Johnson	20%	\$34,905	\$6,981	80%	\$5,585	20%	\$1,396
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
Total Salaries and Wages			\$71,748		\$57,398		\$14,350
Less Salary Savings							
Net Salaries and Wages			\$71,748		\$57,398		\$14,350
Staff Benefits (Specify %)	58.00%		\$41,614		\$33,291		\$8,323
I. Total Personnel Expenses			\$113,362		\$90,689		\$22,672
II. Operating Expenses							
1. Travel			\$769	80%	\$615	20%	\$154
2. Training			\$500	80%	\$400	20%	\$100
II. Total Operating Expenses			\$1,269		\$1,015		\$254
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %)	10.00%		\$6,046				\$6,046
2. External							
IV. Total Indirect Expenses			\$6,046				\$6,046
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$120,677		\$91,705		\$28,972

Michael Ungeheuer RN MN PHN	01/22/2014	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By	Date prepared	Phone Number	Email Address
	01/22/2014	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC
 EL DORADO COUNTY
 FISCAL YEAR 13-14

PERSONNEL COST

Total salaries	\$71,748
Total Benefits	\$41,614

Total Personnel Expenses \$ 113,362

Public health Nurse II	Increase by 20% for a total FTE of 100% to reflect increase in funding
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Sr Office Assistant (.20)	No change
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OPERATING EXPENSES

Travel	\$769	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile with annual adjustment
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Training	\$500	Registration/tuition fees for SPMP for continuing education program specific
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Total operating Costs \$ 1,269

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 10%	\$6,046	Cost allocation plan applied to net wages
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External	\$0
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Total Indirect Expenses \$ 6,046

OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL \$ 120,677

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	102	18.58%
HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children	33	6.01%
MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children	52	9.47%
MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children	362	65.94%
TOTAL CCS CASELOAD	549	100%

CCS Administrative Budget Summary

Fiscal Year: 2013 - 2014

County: El Dorado

Column	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/TLICP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)		
	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/Targeted Low Income Children's Program (TLICP) 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	346,541	64,385	20,829	32,824	228,505	131,385	97,120
II. Total Operating Expense	31,639	5,878	1,902	2,996	20,864	986	19,878
III. Total Capital Expense	0	0	0	0	0		0
IV. Total Indirect Expense	86,635	16,096	5,208	8,206	57,125		57,125
V. Total Other Expense	6,600	1,226	397	625	4,352		4,352
Budget Grand Total	471,415	87,585	28,336	44,651	310,846	132,371	178,475

Column	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/TLICP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)		
	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/Targeted Low Income Children's Program (TLICP) 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)
Straight CCS							
State	43,792	43,792					
County	43,793	43,793					
Healthy Families							
State	4,959		4,959				
County	4,959		4,959				
Federal (Title XXI)	18,418		18,418				
Title XXI - Medi-Cal/TLICP							
State	7,814			7,814			
County	7,814			7,814			
Federal (Title XXI)	29,023			29,023			
Title XIX - Medi-Cal							
State	122,331				122,331	33,093	89,238
Federal (Title XIX)	188,515				188,515	99,278	89,237

Michael Ungeheuer
Prepared By (Signature)

Michael Ungeheuer RN MN PHN

Prepared By (Printed Name)

michael.ungeheuer@edcgoc.us

Email Address

Michael Ungeheuer
CCS Administrator (Signature)

As Above
CCS Administrator (Printed Name)

as above

Email Address 12-1479 2A 25 of 25

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	102	18.58%
HEALTHY FAMILIES Total Cases of Open (Active) Healthy Families Children	33	6.01%
MEDI-CAL/TLICP (TITLE XXI) Total Cases of Open (Active) MC/TLICP Children	52	9.47%
MEDI-CAL (TITLE XIX) Total Cases of Open (Active) Medi-Cal Children	362	65.94%
TOTAL CCS CASELOAD	549	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2013-2014

County: El Dorado

Column				Straight CCS		Title XXI - Healthy Families		Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP)		Title XIX - Medi-Cal					
	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/Targeted Low Income Children's Program (TLICP) 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)
I. Personnel Expense															
Program Administration															
Michael Unghauer RN MN PHN CCS Administrator	5.00%	111,047	5,552	18.58%	1,032	6.01%	334	9.47%	526	65.94%	3,661			100.00%	3,661
Josefina Solano BS Supervising Health Education Coordinator	5.00%	77,999	3,900	18.58%	725	6.01%	234	9.47%	369	65.94%	2,572			100.00%	2,572
3. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
Subtotal		189,046	9,452		1,757		568		895		6,233				6,233
Medical Case Management															
Dee Taylor PHN	100.00%	74,583	74,583	18.58%	13,857	6.01%	4,483	9.47%	7,064	65.94%	49,179	75.00%	36,884	25.00%	12,295
Sharlaine Hurd PHN	75.00%	62,687	47,015	18.58%	8,735	6.01%	2,826	9.47%	4,453	65.94%	31,001	75.00%	23,251	25.00%	7,750
Michael Unghauer RN MN PHN CCS Administrator	5.00%	111,047	5,552	18.58%	1,032	6.01%	334	9.47%	526	65.94%	3,661	25.00%	915	75.00%	2,746
4. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
Subtotal		248,317	127,150		23,624		7,643		12,043		83,841		61,050		22,791
Other Health Care Professionals															
1. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0		0
Ancillary Support															
Michelle McCann-Hardie Medical Office Assistant	20.00%	37,523	7,505	18.58%	1,394	6.01%	451	9.47%	711	65.94%	4,949			100.00%	4,949
Maria Martinez Medical Office Assistant	20.00%	34,905	6,981	18.58%	1,297	6.01%	420	9.47%	661	65.94%	4,603			100.00%	4,603
Adriana Salas-Rodriguez Medical Office Assistant	25.00%	32,616	8,154	18.58%	1,515	6.01%	490	9.47%	772	65.94%	5,377			100.00%	5,377
Paula Green Office Assistant	40.00%	26,009	10,404	18.58%	1,833	6.01%	625	9.47%	985	65.94%	6,860			100.00%	6,860
5. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
Subtotal		131,053	33,044		6,139		1,986		3,129		21,789				21,789
Clerical and Claims Support															
Michelle McCann-Hardie Medical Office Assistant	80.00%	37,523	30,018	18.58%	5,577	6.01%	1,804	9.47%	2,843	65.94%	19,793	65.00%	12,865	35.00%	6,928
Maria Martinez Medical Office Assistant	80.00%	34,905	27,924	18.58%	5,188	6.01%	1,678	9.47%	2,645	65.94%	18,413	65.00%	11,968	35.00%	6,445
Adriana Salas-Rodriguez Medical Office Assistant	25.00%	32,616	8,154	18.58%	1,515	6.01%	490	9.47%	772	65.94%	5,377	65.00%	3,495	35.00%	1,882
4. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	102	18.58%
HEALTHY FAMILIES Total Cases of Open (Active) Healthy Families Children	33	6.01%
MEDI-CAL/TLICP (TITLE XXI) Total Cases of Open (Active) MC/TLICP Children	52	9.47%
MEDI-CAL (TITLE XIX) Total Cases of Open (Active) Medi-Cal Children	362	65.94%
TOTAL CCS CASELOAD	549	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2013-2014

County: El Dorado

Column	Straight CCS			Title XXI - Healthy Families		Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP)		Title XIX - Medi-Cal							
	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/Targeted Low Income Children's Program (TLICP) 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)
Subtotal		105,044	66,096		12,280		3,972		6,260		43,583		28,328		15,255
Total Salaries and Wages			235,742	18.58%	43,799	6.01%	14,169	9.47%	22,329	65.94%	155,446	57.50%	89,378	42.50%	66,068
Staff Benefits (Specify %)	47.00%		110,799	18.58%	20,586	6.01%	6,660	9.47%	10,495	65.94%	73,059		42,007		31,052
I. Total Personnel Expense			346,541	18.58%	64,385	6.01%	20,829	9.47%	32,824	65.94%	228,505		131,385		97,120
II. Operating Expense															
1. Travel			1,800	18.58%	334	6.01%	108	9.47%	170	65.94%	1,187	57.50%	682	42.50%	505
2. Training			800	18.58%	149	6.01%	48	9.47%	76	65.94%	528	57.50%	304	42.50%	224
3. Communication			14,034	18.58%	2,607	6.01%	844	9.47%	1,329	65.94%	9,254			100.00%	9,254
4. Insurance			1,713	18.58%	318	6.01%	103	9.47%	162	65.94%	1,130			100.00%	1,130
5. Office Duplicating			9,386	18.58%	1,744	6.01%	564	9.47%	889	65.94%	6,189			100.00%	6,189
6. Utilities			1,926	18.58%	358	6.01%	116	9.47%	182	65.94%	1,270			100.00%	1,270
7. Facility Maintenance			1,980	18.58%	368	6.01%	119	9.47%	188	65.94%	1,306			100.00%	1,306
II. Total Operating Expense			31,639		5,878		1,902		2,996		20,864		986		19,876
III. Capital Expense															
1.				18.58%	0	6.01%	0	9.47%	0	65.94%	0				0
2.				18.58%	0	6.01%	0	9.47%	0	65.94%	0				0
3.				18.58%	0	6.01%	0	9.47%	0	65.94%	0				0
III. Total Capital Expense			0		0		0		0		0		0		0
IV. Indirect Expense															
1. Internal	25.00%		86,635	18.58%	16,096	6.01%	5,208	9.47%	8,206	65.94%	57,125			100.00%	57,125
2. External	0.00%		0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
IV. Total Indirect Expense			86,635		16,096		5,208		8,206		57,125				57,125
V. Other Expense															
1. Maintenance & Transportation			6,600	18.58%	1,226	6.01%	397	9.47%	625	65.94%	4,352			100.00%	4,352
2.				18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
3.				18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
4.				18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
5.				18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
V. Total Other Expense			6,600		1,226		397		625		4,352				4,352
Budget Grand Total			471,415		87,585		28,336		44,651		310,846		132,371		178,475

Michael Ungeheuer
Prepared By (Signature)

Michael Ungeheuer
CCS Administrator (Signature)

Michael Ungeheuer RN MN PHN
Prepared By (Printed Name)

AS Above
CCS Administrator (Printed Name)

01/24/2014
Date Prepared

as above
Date

530 621 6129
Phone Number

as above
Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 13 -14

PERSONNEL COST

Total salaries	\$235,742
Total Benefits	\$110,799

Total Personnel Expenses **346,541**

PHN Director/Administrator	Reduced FTE by 10%
Supervising Hlth Education Cood	No change
Public Health Nurse II (2)	Increase from 50% FTE to 75% FTE
Office Assistant II (2)	No change
Medical Office Assistance (2.5)	No change

OPERATING EXPENSES

Travel	\$1,800	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$0.51 per mile with annual adjustment
Training	\$800	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$9,386	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$14,034	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$1,713	Facility and personnel liability insurance
Utilities	\$1,926	Maintenance of ongoing facilities electric, water and sewer costs
Building Maintenance	\$1,980	Prorated cost of building maintenance agreement

Total operating Costs **\$ 31,639**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @ 25%	\$86,635	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 **\$ 86,635**

OTHER EXPENSES

Maintenance and transportation	\$6,600	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	\$6,600	
BUDGET GRAND TOTAL	471,415	