

Plan and Budget Required Documents Checklist

MODIFIED FY 2012-2013

County/City: EL DORADO

Fiscal Year: **2012-13**

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County/City: EL DORADO

Fiscal Year: 2012-13

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9.	Management of Equipment Purchased with State Funds	
1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	Yes, only if applicable
2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	Yes
3.	Property Survey Report Form (STD 152)	Yes, only if applicable

Agency Information Sheet

County/City:	EL DORADO		Fiscal Year:	2012-13
Official Agency				
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667	
Health Officer	Robert Hartmann MD (Interim)		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:	Robert Hartmann MD	Address:	931 Spring St Placerville CA 95667	
Phone:	530 621 6277			
Fax:	530 642 0892	E-Mail:	robert.hartmann@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 Mitrison	Address:	330 Fairlane Placerville CA 95667	
Phone:	530-621-5592			
Fax:	530-622-3645	E-Mail:	james.mtrison@edcgov.us	
Director of Social Services Agency				
Name:	Daniel Nielson MPA	Address:	3057 Briw Rd Placerville CA 95667	
Phone:	530 642 7275			
Fax:	530-295-2792	E-Mail:	daniel.nielson@edcgov.us	
Chief Probation Officer				
Name:	Greg Sly	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682	
Phone:	530 621 5958			
Fax:	530 621 2330	E-Mail:	greg.sly@edcgov.us	

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

County/City: EL DORADO

Fiscal Year: 2012-13

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

_____ Signature of CHDP Director	_____ Date Signed
<i>Robert Hartmann, M.D.</i>	11/16/12
_____ Signature of Health Officer	_____ Date Signed
<i>Robert Hartmann, M.D.</i>	11/16/12
_____ Signature of Deputy Director	_____ Date Signed
<i>Michael Borgehenes</i>	11/16/12

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: 2012-13

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 Brageheuer

11/15/12

Signature of CCS Administrator

Date Signed

Robert Hartmann, M.D.

11/15/12

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

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 2012-2013

- 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

Incumbent List - California Children's Services

For FY 2012-13, 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.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **HF** for Healthy Families; **IHO** for In-Home Operations, and; **RC** for Regional Center.

County/City: **EL DORADO** Fiscal Year: **2012-2013**

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	30	N	N
Supervising Health Education Coordinator	Josefina Solano	05	N	N
PHN II	Dee Taylor RN PHN	100	N	N
PHN II	Vacant	60	N	N
Medical Office Assistant	Michelle McCann	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N

Medical Office Assistant	Vacant	50	N	N
Office Assistant II	Paula Green	40	N	N
Office Assistant II	Vacant	50	N	N

Clerical	None	50	M	M
Clerical	Vacant	50	M	M
Medical	Vacant	50	M	M
Medical	Vacant	50	M	M

CHARTERED BY THE STATE OF TEXAS, 1857. THE UNIVERSITY OF TEXAS SYSTEM, 1969. THE UNIVERSITY OF TEXAS AT AUSTIN, 1969.

THE UNIVERSITY OF TEXAS AT AUSTIN, 1969. THE UNIVERSITY OF TEXAS AT DALLAS, 1969. THE UNIVERSITY OF TEXAS AT EL PASO, 1969. THE UNIVERSITY OF TEXAS AT SAN ANTONIO, 1969.

THE UNIVERSITY OF TEXAS AT AUSTIN, 1969. THE UNIVERSITY OF TEXAS AT DALLAS, 1969. THE UNIVERSITY OF TEXAS AT EL PASO, 1969. THE UNIVERSITY OF TEXAS AT SAN ANTONIO, 1969.

THE UNIVERSITY OF TEXAS AT AUSTIN, 1969. THE UNIVERSITY OF TEXAS AT DALLAS, 1969. THE UNIVERSITY OF TEXAS AT EL PASO, 1969. THE UNIVERSITY OF TEXAS AT SAN ANTONIO, 1969.

Incumbent List - Child Health and Disability Prevention Program

County/City: EL DORADO

Fiscal Year: 2012-2013

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	39	1	0	N	N
Sr. Office Assistant	Kay Johnson	80	0	20	N	N
Medical Office Assistant	Vacant	0	50	0	N	N
Supervising Health Education Coordinator	Josefina Solano	48	47	5	N	N
PHN Dir/ CHDP Deputy Dir	Michael Ungeheuer RN MN	10	0	90	N	N
PHN I/II	Vacant	0	20	0	N	N

Incumbent List - Health Care Program for Children in Foster Care

County/City: EL DORADO

Fiscal Year: 2012-2013

Job Title	Incumbent Name	FTE % on HPCFC Budget	FTE % on FC Admin 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 I	Maria Huerta	100	0	0	N	N
Sr Medical Assistant	Kay Johnson	20	0	80 CHDP	N	N

California Children's Services Caseload Summary Form

County: EL DORADO
Fiscal Year: 2012 - 2013

	CCS Caseload 0 to 21 Years	A		B		11-12 Estimated Caseload based on first three quarters	% of Grand Total
		09-10 Actual Caseload	% of Grand Total	10-11 Actual Caseload	% of Grand Total		
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	339	58	364	59	387	56
2	Potential Case Medi-Cal	29	5	31	5	57	8
3	TOTAL MEDI-CAL (Row 1 + Row 2)	368	63%	395	64%	444	64%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	85	15	82	13	84	12
5	Potential Cases Healthy Families	6	1	1	1	1	1
6	Total Healthy Families (Row 4 + Row 5)	91	16%	83	14%	85	13%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	116	20	94	15	91	13
8	Potential Cases Straight CCS Children	10	1	41	7	67	10
9	Total Straight CCS (Row 7 + Row 8)	126	21%	135	22%	158	23%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	217	37%	218	36%	243	35%
GRAND TOTAL							
11	(Row 3 + Row 10)	585	100%	613	100%	687	100%

**CHDP Program Referral Data
El Dorado County**

County/City: EL DORADO	FY 09-10		FY 10-11		FY 11-12	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	9,464		12,938		13,168	
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	65	139	494	606	470	835
b. Number of Foster Care cases/recipients	26	30	19	19	70	70
c. Number of Medi-Cal only cases/recipients	210	371	371	649	372	671
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	540		1574		1576	
b. Medical and/or dental services with scheduling and/or transportation	16		73		116	
c. Information only (optional)	n/a		n/a		n/a	

4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	10	29	51
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	1	7	19
6. Number of recipients in "5" who actually received medical and/or dental services	1	16	19

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: **2012-1013**

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	2009 perpetual	2012	Michael Ungeheuer	No
CHDP/HCPFCFCS	IAA	2010 perpetual	2012	Michael Ungeheuer	No
Delta Dental	MOU	2010	2010	Michael Ungeheuer	No
Access Dental	MOU	7/13/2010	2010	Michael Ungeheuer	No
Blue Cross	MOU	Ongoing	2007	Michael Ungeheuer	No
Blue Shield	MOU	Ongoing	2007	Michael Ungeheuer	No
Health Net	MOU	Ongoing	2007	Michael Ungeheuer	No

County/City: **EL DORADO**

Fiscal Year: **2012-1013**

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)
Vision Service Plan	MOU	Ongoing	2007	Michael Ungeheuer	No
Kaiser	MOU	Ongoing	2007	Michael Ungeheuer	No
Premier Access	MOU	Ongoing	2007	Michael Ungeheuer	No
Safeguard Vision	MOU	Ongoing	2007	Michael Ungeheuer	No

CHDP Administrative Budget Summary for FY 2012-13

No County/City Match

County/City Name: El Dorado

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$156,855	\$865	\$155,990	\$45,298	\$110,692
II. Total Operating Expenses	\$22,391	\$0	\$22,391	\$2,433	\$19,202
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$54,358	\$0	\$54,358		\$54,358
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$233,604	\$865	\$232,739	\$47,730	\$184,252

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds	\$876	\$865			
Medi-Cal Funds:	\$259,935		\$231,982		
State	\$104,214		\$104,058	\$11,933	\$92,126
Federal (Title XIX)	\$155,721		\$127,924	\$35,798	\$92,126

AS Below

Prepared By (Signature) *AS Below* Date Prepared 11/09/2012 Phone Number 530 621-6129 Email Address munger@co.el-dorado.ca.us

Michael Hargrave
 (CHDP Director or Deputy Director (Signature))
 Date 11/09/2012 Phone Number 530 621-6129 Email Address As Above

CHDP Administrative Budget Worksheet for FY 2012-13
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	10%	\$105,940	\$10,594	0%	\$0	100%	\$10,594	25%	\$2,649	75%	\$7,946
SPRV HEC Josefina Solano	48%	\$73,932	\$35,487	0%	\$0	100%	\$35,487	0%	\$0	100%	\$35,487
PHN II Toni Schaeffer	39%	\$60,861	\$23,736	2.25%	\$534	97.75%	\$23,202	80%	\$18,561	20%	\$4,640
SOA Kay Johnson	80%	\$33,759	\$27,007	0%	\$0	100%	\$27,007	25%	\$6,752	75%	\$20,255
											\$0
9.											
10.	1.77		\$96,824		\$534		\$96,290		\$27,962		\$68,329
Total Salaries and Wages			\$0		\$0		\$0		\$0		\$0
Less Salary Savings			\$96,824		\$534		\$96,290		\$27,962		\$68,329
Net Salaries and Wages			\$60,031		\$331		\$59,700		\$17,336		\$42,364
Staff Benefits	62.00%		\$156,855		\$865		\$155,990		\$45,298		\$110,692
I. Total Personnel Expenses											
II. Operating Expenses											
1. Travel			\$3,350		\$0		\$3,350	50%	\$1,675	50%	\$1,675
2. Training			\$1,515		\$0		\$1,515	50%	\$758	50%	\$758
Communication			\$10,626		\$0		\$10,626	100%		100%	\$10,626
Office/Duplicating			\$4,145		\$0		\$4,145	100%		100%	\$4,145
Insurance			\$1,509		\$0		\$1,509	100%		100%	\$1,509
Utilities			\$489		\$0		\$489	100%		100%	\$489
Equipment			\$757		\$0		\$757	100%		100%	\$0
Building Maintenance			\$0		\$0		\$0				\$0
8.					\$0						\$0
9.					\$0						\$0
10.					\$0						\$0
III. Total Operating Expenses			\$22,391		\$0		\$22,391		\$2,433		\$19,202

CHDP Administrative Budget Worksheet for FY 2012-13
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%		\$39,214		\$0		\$39,214				\$39,214
2. External	A-87		\$15,144		\$0		\$15,144				\$15,144
IV. Total Indirect Expenses			\$54,358		\$0		\$54,358				\$54,358
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$233,604		\$865		\$232,739		\$47,730		\$184,252

Michael Ungeheuer RN MN PHN 11/09/2012 530 621 6129 michael.ungeheuer@edcgov.us

Prepared By (Signature) Date Prepared Phone Number Email Address

Michael Ungeheuer RN MN PHN 11/09/12 530 621-6129 As above

CHDP Director or Deputy Director Date Phone Number Email Address

(Signature) 11/09/12 530 621-6129 As above

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 12-13

PERSONNEL COST

Total salaries	\$96,824
Total Benefits	\$60,031
Total Personnel Expenses	\$156,855

PHN Director/deputy Director

No change

Supervising Hlth Education Coord

Maintain total CHDP FTE at 95% with an 18% shift to the County/City match index

Public Health Nurse II

Increase total CHDP FTE to 60% FTE increasing this index to 39% and shifting 21% to the County/City match index

Medical Office Assistance (.80)

No change

OPERATING EXPENSES

Travel

\$3,350

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$\$.555 per mile with annual adjustment

Training

\$1,515

Registration/tuition fees for SPMP and support staff for continuing education program specific

Office Supplies and Services

\$4,145

Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication

Communication

\$10,626

Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support

Insurance

\$1,509

Facility and personnel liability insurance

Utilities

\$489

Maintenance of ongoing facilities electric, water and sewer costs

Equipment

\$757

Maintenance contract cost

Total operating Costs \$22,391

21

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 25% \$39,214

Cost allocation plan applied to net wages

External \$15,144

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

Total Indirect Expenses \$54,358

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$233,604

CHDP Administrative Budget Summary for FY 2011-12
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	\$107,448	\$11,462	\$95,986
II. Total Operating Expenses	\$7,033	\$355	\$5,842
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$16,581		\$16,581
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$131,062	\$11,817	\$118,409

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$62,159	\$2,954	\$59,205
Federal Funds (Title XIX)	\$68,067	\$8,863	\$59,205

Michael Ungeheuer RN MN PHN 11/09/2012 530 621 6129
 Prepared By Date Phone Number

Michael Ungeheuer 11/09/2012 530 621-6129
 CHDP Director or Deputy Date Phone Number
 Director (Signature)

CHDP Administrative Budget Worksheet for FY 20011-12
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							
Suprv HEC Josefina Solano	47%	\$73,932	\$34,748	0%	\$0	100%	\$34,748
Vacant PHN I/II	20%	\$67,101	\$13,420	50%	\$6,710	50%	\$6,710
Vacant MOA I/II	50%	\$35,098	\$17,549	0%	\$0	100%	\$17,549
Toni Schaeffer	1%	\$60,861	\$609	60%	\$365	40%	\$243
	1.18						
Total Salaries and Wages			\$66,326		\$7,075		\$59,251
Less Salary Savings			\$0				
Net Salaries and Wages			\$66,326		\$7,075		\$59,251
Staff Benefits (Specify %)	62.00%		\$41,122		\$4,387		\$36,735
I. Total Personnel Expenses			\$107,448		\$11,462		\$95,986
II. Operating Expenses							
Travel			\$625	50%	\$313	50%	\$313
Training			\$85	50%	\$43	50%	\$43
Communication			\$395			100%	\$395
Office/Duplicating			\$1,695			100%	\$1,695
Insurance			\$82			100%	\$82
Utilities			\$315			100%	\$315
Equipment			\$3,000			100%	\$3,000
Building Maintenance			\$836				
9.							
10.							
II. Total Operating Expenses			\$7,033		\$355		\$5,842

CHDP Administrative Budget Worksheet for FY 20011-12
County/City Match
County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.			\$0				\$0
II. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %)			\$16,581				\$16,581
2. External (Specify %)			\$0				\$0
IV. Total Indirect Expenses			\$16,581				\$16,581
V. Other Expenses							
1.							
2.							
3.							
4.							
5.							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$131,062		\$11,817		\$118,409

Michael Ungeheuer RN MN PHN _____
 Prepared By

11/09/2012 _____
 Date Prepared

530 621 6129 _____
 Phone Number

Michael Ungeheuer RN MN PHN
 CHPD Director or Deputy Director
 (Signature)

11/09/12 _____
 Date

530 621-6129 _____
 Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 12-13

PERSONNEL COST

Total salaries \$66,326
 Total Benefits \$41,122

Total Personnel Expenses \$107,448

Supervising Hlth Education Cook Increase by 18% to maintain overall CHDP FTE at 95%

Public Health Nurse II Increase by 13% to achieve a total CHDP FTE of 60%

Medical Office Assistance No change

OPERATING EXPENSES

Travel \$625 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile with annual adjustment

Training \$85 Registration/tuition fees for SPMP and support staff for continuing education program specific

Office Supplies and Services \$1,695 Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication

Communication \$395 Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support

Insurance \$82 Facility and personnel liability insurance

Utilities \$315 Maintenance of ongoing facilities electric, water and sewer costs

Equipment \$3,000 Maintenance and cost of replacement computers

Building Maintenance \$836 Prorated cost of building maintenance agreement

Total operating Costs \$7,033

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$16,581

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

\$16,581

OTHER EXPENSES

Total Other Expenses

\$0


BUDGET GRAND TOTAL

\$131,062

**HPCFC Administrative Budget Summary
Fiscal Year 2012-13
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	\$108,219	\$96,303	\$11,916
II. Total Operating Expenses	\$1,400	\$1,120	\$280
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$6,046		\$6,046
V. Total Other Expenses			
Budget Grand Total	\$115,665	\$97,423	\$18,242

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$33,477	\$24,356	\$9,121
Federal Funds (Title XIX)	\$82,188	\$73,067	\$9,121
Budget Grand Total			

Michael Ungeheuer RN MN PHN	11/09/2012	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	11/09/2012	As Above	As Above
QHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

**HPCFC Administrative Budget Worksheet
Fiscal Year 2012-13
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 (2&7/5)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
Maria Heurta PHN	100%	\$60,050	\$60,050	90%	\$54,045	10%	\$6,005
Kay Johnson	20%	\$33,759	\$6,752	80%	\$5,401	20%	\$1,350
			\$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
Total Salaries and Wages			\$66,802		\$59,446		\$7,355
Less Salary Savings							
Net Salaries and Wages			\$66,802		\$59,446		\$7,355
Staff Benefits (Specify %)	62.00%		\$41,417		\$36,857		\$4,560
I. Total Personnel Expenses			\$108,219		\$96,303		\$11,916
II. Operating Expenses							
1. Travel			\$900	80%	\$720	20%	\$180
2. Training			\$500	80%	\$400	20%	\$100
II. Total Operating Expenses			\$1,400		\$1,120		\$280
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			\$115,665		\$97,423		\$18,242

Michael Ungeheuer RN MN PHN	11/09/2012	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By	Date prepared	Phone Number	Email Address
	11/09/2012	As above	As above
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE
HPCFC
EL DORADO COUNTY
FISCAL YEAR 12 -13

PERSONNEL COST

Total salaries \$66,802
Total Benefits \$41,417

Total Personnel Expenses \$ 108,219

Public health Nurse II Increase by 20% for a total FTE of 100%
to reflect increase in funding

Sr Office Assistant (.20) No change

OPERATING EXPENSES

Travel \$900 Includes per diem, private vehicle mileage,
commercial auto rental, air travel, etc.
Mileage reimbursement @\$.555 per mile
with annual adjustment

Training \$500 Registration/tuition fees for SPMP for
continuing education program specific

Total operating Costs \$ 1,400

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 10% \$6,046 Cost allocation plan applied to net wages

External \$0

Total Indirect Expenses \$ 6,046

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$ 115,665

CCS Administrative Budget Summary for FY 2012-13

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	395	57%
Potential Cases Medi-Cal	52	8%
TOTAL MEDI-CAL	447	65%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	98	14%
Potential Cases HF	10	1%
Total Healthy Families	108	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	85	12%
Potential Cases Straight CCS	50	7%
Total Straight CCS	135	20%
TOTAL NON MEDI-CAL (HF / CCS)	243	35%
GRAND TOTAL	690	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	\$345,514	\$121,681	\$223,833	\$129,402	\$88,424
II. Total Operating Expense	\$36,634	\$12,902	\$23,732	\$3,110	\$20,623
III. Total Capital Expense	\$0	\$0	\$0		\$0
IV. Total Indirect Expense	\$103,037	\$36,287	\$66,750		\$66,750
V. Total Other Expense	\$10,000	\$3,522	\$6,478		\$6,478
Budget Grand Total	\$495,185	\$174,391	\$320,794	\$132,511	\$182,274

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	\$48,442	\$48,442			
County	\$48,442	\$48,442			
CCS Healthy Families					
State	\$13,564	\$13,564			
County	\$13,564	\$13,564			
Federal (Title XXI)	\$50,380	\$50,380			
Medi-Cal Funds:					
State	\$124,265		\$124,265	\$33,128	\$91,137
Federal (Title XIX)	\$190,521		\$190,521	\$99,384	\$91,137

530 621 6129 Phone Number
 michael.ungeheuer@edcgov.us Email Address

11/09/2012 Date

Michael Ungeheuer RN MN PHN
 Prepared By (Signature)

Michael Ungeheuer RN MN PHN

CCS Administrator (Signature)

CCS Administrative Budget Worksheet for FY 2001-2-13
 County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	395	57%
Potential Cases Medi-Cal	52	8%
TOTAL MEDI-CAL	447	65%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	98	14%
Potential Cases HF	10	1%
Total Healthy Families	108	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	85	12%
Potential Cases Straight CCS	50	7%
Total Straight CCS	135	20%
TOTAL NON MEDI-CAL	243	35%
GRAND TOTAL	690	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 + 5)	% FTE	Non-Medi-Cal County/State (\$0/\$0)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (\$0/\$0)
I. Personnel Expense											
Program Administration											
MICHAEL UNGEHEUER, RN MN PHN ADMINISTRATOR	15%	\$105,940	\$15,891	35%	\$5,598	65%	\$10,295	85%	\$39,873	15%	\$7,036
JOSEFINA SOLANO, PRGM COORD HEC (SLT)	5%	\$73,932	\$3,697	35%	\$1,302	69%	\$2,395	85%	\$16,627	15%	\$2,934
Subtotal	20%	\$179,872	\$19,588		\$6,898		\$12,689		\$56,500		\$10,000
Medical Case Management											
DEE TAYLOR, PHN II	100%	\$72,411	\$72,411	35%	\$25,501	65%	\$46,910	85%	\$39,873	15%	\$7,036
VACANT PHN II	60%	\$50,326	\$30,196	35%	\$10,634	65%	\$19,561	85%	\$16,627	15%	\$2,934
MICHAEL UNGEHEUER, RN MN PHN ADMINISTRATOR	5.0%	\$105,940	\$5,297	35%	\$1,865	65%	\$3,432	85%	\$2,917	15%	\$515
Subtotal	165.0%	\$178,677	\$107,904		\$38,001		\$69,903		\$59,417		\$10,485
Other Health Care Professionals											
Subtotal			\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
Ancillary Support											
VACANT MEDICAL OFFICE ASSISTANT SLT	25%	\$34,300	\$8,575	35%	\$3,020	65%	\$5,555	85%	\$18,808	15%	\$3,663
PAULA GREEN OFFICE ASSISTANT II	40%	\$25,251	\$10,100	35%	\$3,557	65%	\$6,543	85%	\$12,181	15%	\$2,359
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	20%	\$36,290	\$7,258	35%	\$2,556	65%	\$4,702	85%	\$12,181	15%	\$2,359
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	20%	\$36,158	\$7,232	35%	\$2,547	65%	\$4,685	85%	\$12,181	15%	\$2,359
VACANT OA III	50%	\$12,532	\$6,266	100%	\$6,266	65%	\$4,059	85%	\$2,594	100%	\$4,059
Subtotal	155%	\$118,900	\$39,431		\$11,890		\$21,485		\$21,485		\$21,485
Clinical and Claims Support											
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	80%	\$36,290	\$29,032	35%	\$10,224	65%	\$18,808	85%	\$12,225	35%	\$6,583
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	90%	\$36,158	\$28,926	35%	\$10,187	65%	\$18,739	85%	\$12,181	35%	\$6,559
VACANT MEDICAL OFFICE ASSISTANT SLT	25%	\$34,300	\$8,575	35%	\$3,020	65%	\$5,555	85%	\$3,611	35%	\$1,944
Subtotal	185%	\$106,748	\$66,533		\$23,431		\$43,102		\$28,016		\$15,086
Total Salary and Wages			\$233,456	35%	\$82,217	65%	\$151,239		\$87,434		\$59,746
Less Salary Savings			\$0	35%	\$0	65%	\$0		\$0		\$0
Net Salary and Wages			\$233,456	35%	\$82,217	65%	\$151,239		\$87,434		\$59,746
Staff Benefits (Specify %)	48.00%		\$112,059	35%	\$39,464	65%	\$72,595		\$41,968		\$28,678
I. Total Personnel Expense			\$345,514		\$121,681		\$223,833		\$129,402		\$88,424

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 + 5)	% FTE	Non-Med-Cal County/State (50/50)	% FTE	Med-Cal (6 + 7)	% FTE	Med-Cal Enhanced	% FTE	Med-Cal Nonenhanced State/Federal (50/50)
II. Operating Expense											
1. Travel			\$4,400	35%	\$1,550	65%	\$2,850	80%	\$2,280	20%	\$570
2. Training			\$1,600	35%	\$563	65%	\$1,037	80%	\$829	20%	\$207
COMMUNICATION			\$14,257	35%	\$5,021	65%	\$9,236			100%	\$9,236
INSURANCE			\$1,750	35%	\$616	65%	\$1,134			100%	\$1,134
OFFICE/DUPLICATING			\$10,879	35%	\$3,831	65%	\$7,048			100%	\$7,048
UTILITIES			\$1,763	35%	\$621	65%	\$1,142			100%	\$1,142
Building Maintenance			\$1,985	35%	\$699	65%	\$1,286			100%	\$1,286
II. Total Operating Expense			\$36,634		\$12,902		\$23,732		\$3,110		\$20,623
III. Capital Expense			\$0								
			\$0								
			\$0								
			\$0								
			\$0								
II. Total Capital Expense			\$0		\$0		\$0		\$0		\$0
IV. Indirect Expense											
1. Internal	25%		\$86,379	35%	\$30,420	65%	\$55,958			100%	\$55,958
2. External	A-97		\$16,658	35%	\$5,867	65%	\$10,791			100%	\$10,791
IV. Total Indirect Expense			\$103,037		\$36,287		\$66,750				\$66,750
V. Other Expense											
1. Maintenance and Transportation			\$10,000	35%	\$3,522	65%	\$6,478			100%	\$6,478
V. Total Other Expense			\$10,000		\$3,522		\$6,478				\$6,478
Budget Grand Total			\$495,185		\$174,391		\$320,794		\$132,511		\$182,274

Michael Ungheheuer RN MN PHN
 Prepared By (Signature) _____ Date Prepared 05/15/2012 Phone Number 530 621 6129
 email address mt michael.ungheheuer@edccgov.us

Michael Ungheheuer RN MN PHN
 CCS Administrator (Signature)
 11/9/12
 Date Signed

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 12 -13

PERSONNEL COST

Total salaries	\$233,456
Total Benefits	\$112,059
Total Personnel Expenses	345,515

PHN Director/Administrator	No change
Supervising Hlth Education Cooc	No change
Public Health Nurse II (2)	Increase from 50% FTE to 60% FTE
Office Assistant II (2)	Addition of 50% FTE for a total of 90% to achieve minimum staffing standards and process rising referral numbers
Medical Office Assistance (2)	No change

OPERATING EXPENSES

Travel	\$4,400	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 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	\$10,879	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$14,257	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$1,750	Facility and personnel liability insurance
Utilities	\$1,763	Maintenance of ongoing facilities electric, water and sewer costs
Building Maintenance	\$1,985	Prorated cost of building maintenance agreement
Total operating Costs	\$ 36,634	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 25%	\$86,379	Cost allocation plan applied to net wages
External	\$16,658	In accordance to the A-87 plan on file applied by total program FTE
Total Indirect Expenses	\$ 103,037	

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 495,186

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2012-13
El Dorado**

****This worksheet is formula driven. Fill in shaded areas and the calculations will be entered automatically**

Caseload Percentages

		(a)	(b)
1	Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	243	
2	Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	108	44.44%
3	Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	135	55.56%

SOURCE OF FUNDS

Straight CCS

4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$174,391	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$96,884	
6	State (Line 5(a) x 50%)		→ \$48,442
7	County (subtract Line 6(b) from Line 5(a))		→ \$48,442

CCS Healthy Families

8	Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$77,507	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$27,128	
10	State (multiply line 9, column (a) by 50%)		→ \$13,564
11	County (subtract line 10(b) from line 9(a))		→ \$13,564
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)		→ \$50,380

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)

\$174,391

\$0

Check Total ONLY