

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

County/City: EL DORADO

Fiscal Year: 2011-12

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

1/19/2012

Signature of Health Officer



Date Signed

1/19/2012

Signature of Deputy Director



Date Signed

1/19/2012

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: 2011-12

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.

Signature of CCS Administrator

Michael H. Johnson

Date Signed

1/19/2012

Signature of Health Officer

Olivia Lopez

Date Signed

1/19/2012

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

Plan and Budget Required Documents Checklist

MODIFIED FY 2011-2012

County/City: EL DORADO

Fiscal Year: 2011-12

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	B. Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
	C. CCS Staffing Standards Profile	Retain locally
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	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
	F. Duty Statements – Include if newly established, proposed, or revised	N/A
5.	Implementation of Performance Measures – Performance Measures for FY 2009-10 are due November 30, 2010.	N/A
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	C. CHDP IAA with DSS biennially	Retain locally
	D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	Budgets	
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County/City: **EL DORADO**

Fiscal Year: 2011-12

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1.	County/City Capital Expenses Justification Form	N/A
2.	County/City Other Expenses Justification Form	N/A
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: 2011-12

Official Agency

Name:	HEALTH AND HUMAN SERVICES AGENCY	Address:	3057 Briw Rd 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:	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:	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:	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:	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:	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

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 2011-2012

- 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

El Dorado County

Incumbent List - California Children's Services

For FY 2011-12, 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: 2011-2012

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	50	N	N
Medical Office Assistant	Michelle McCann	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12

El Dorado County

Medical Office Assistant	Norin Avina	50	N	N
Office Assistant II	Paula Green	40	N	N

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2011-12
El Dorado County

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - Child Health and Disability Prevention Program

For FY 2011 - 12, 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: 2011-2012

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	38	8	0	N	N
Sr. Office Assistant	Kay Johnson	80	0	20	N	N
Medical Office Assistant	Maria Quirarte	0	50	0	N	N
Supervising Health Education Coordinator	Josefina Solano	66	29	5	N	N
Section Chief/Deputy Dir	Michael Ungeheuer RN MN	10	0	90	N	N

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

Incumbent List - Health Care Program for Children in Foster Care

For FY 2011-12, complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) 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: **2011-2012**

Job Title	Incumbent Name	FTE % on HCPCFC 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	VACANT	80	0	0	N	N
Sr Medical Assistant	Kay Johnson	20	0	80	N	N

California Children's Services Caseload Summary Form

County: EL DORADO

Fiscal Year: 2011 - 2012

	CCS Caseload 0 to 21 Years	A		B		10-11 Estimated Caseload based on first three quarters	% of Grand Total
		08-09 Actual Caseload	% of Grand Total	09-10 Actual Caseload	% of Grand Total		
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	311	55%	339	58%	363	59%
2	Potential Case Medi-Cal	29	5%	29	5%	31	5%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	340	60.0%	368	63.0%	394	64%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	81	14%	85	15	83	14%
5	Potential Cases Healthy Families	2	1%	6	1	1	1%
6	Total Healthy Families (Row 4 + Row 5)	83	15.0%	91	16.0%	84	14%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	92	16%	116	14	94	15%
8	Potential Cases Straight CCS Children	46	8%	10	2	42	7%
9	Total Straight CCS (Row 7 + Row 8)	138	24.0%	126	16.0%	136	22%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	221	39.0%	217	37.0%	220	36%
GRAND TOTAL							
11	(Row 3 + Row 10)	561	100%	585	100%	614	100%

CHDP Program Referral Data

El Dorado County

County/City: EL DORADO	FY 08-09		FY 09-10		FY 10-11	
Basic Informing and CHDP Referrals						
1. Total number of CaWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	10,465		9,464		12,938	
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CaWORKs cases/recipients	148	249	65	139	494	906
b. Number of Foster Care cases/recipients	65	53	26	30	19	19
c. Number of Medi-Cal only cases/recipients	168	251	210	371	371	649
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	553		540		1574	
b. Medical and/or dental services with scheduling and/or transportation	46		16		73	
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	19	10	29
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	6	1	7
6. Number of recipients in "5" who actually received medical and/or dental services	0	1	16

EL DORADO COUNTY

Fiscal Year 2011 - 2012

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: 2011-1012**

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	2009	Michael Ungeheuer	No
CHDP/HCPFC DHS	IAA	2010 perpetual	2010	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

EL DORADO COUNTY

Fiscal Year 2011 - 2012

County/City: EL DORADO

Fiscal Year: 2011-1012

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


12-0352.A.16

**CHDP Administrative Budget Summary for FY 2011-12
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	\$164,705	\$781	\$163,924	\$41,268	\$122,656
II. Total Operating Expenses	\$18,040	\$0	\$18,040	\$1,925	\$13,859
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$49,340	\$0	\$49,340		\$49,340
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$232,085	\$781	\$231,304	\$43,193	\$185,856

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	\$781			
Medi-Cal Funds:	\$259,935		\$229,048		
State	\$104,214		\$103,726	\$10,798	\$92,928
Federal (Title XIX)	\$155,721		\$125,322	\$32,394	\$92,928

Michael Ungeheuer RN MN PHN	1/10/2012	530 621-6129	munger@co.el-dorado.ca.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address

	1/24/12	530 621-6129	As Above
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

12-0352.A.17

CHDP Administrative Budget Worksheet for FY 2011-12
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	10.0%	\$105,940	\$10,594	0%	\$0	100%	\$10,594	25%	\$2,649	75%	\$7,946
SPRV HEC Josefina Solano	66%	\$74,198	\$48,971	0%	\$0	100%	\$48,971	0%	\$0	100%	\$48,971
PHN II Toni Schaeffer	38%	\$60,861	\$23,127	2.25%	\$520	97.75%	\$22,607	80%	\$18,085	20%	\$4,521
SOA Kay Johnson	80%	\$33,889	\$27,111	0%	\$0	100%	\$27,111	25%	\$6,778	75%	\$20,333
											\$0
9.											
10.	1.94										
Total Salaries and Wages			\$109,803		\$520		\$109,283		\$27,512		\$81,771
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$109,803		\$520		\$109,283		\$27,512		\$81,771
Staff Benefits	50.00%		\$54,902		\$260		\$54,641		\$13,756		\$40,885
I. Total Personnel Expenses			\$164,705		\$781		\$163,924		\$41,268		\$122,656
II. Operating Expenses											
1. Travel			\$2,850		\$0		\$2,850	50%	\$1,425	50%	\$1,425
2. Training			\$1,000		\$0		\$1,000	50%	\$500	50%	\$500
Communication			\$5,145		\$0		\$5,145			100%	\$5,145
Office/Duplicating			\$5,123		\$0		\$5,123			100%	\$5,123
Insurance			\$1,314		\$0		\$1,314			100%	\$1,314
Utilities			\$352		\$0		\$352			100%	\$352
Equipment			\$2,256		\$0		\$2,256				\$0
7.					\$0						\$0
8.					\$0						\$0
9.					\$0						\$0
10.					\$0						\$0
II. Total Operating Expenses			\$18,040		\$0		\$18,040		\$1,925		\$13,859

**CHDP Administrative Budget Worksheet for FY 2011-12
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%		\$41,176		\$0		\$41,176				\$41,176
2. External	A-87		\$8,164		\$0		\$8,164				\$8,164
IV. Total Indirect Expenses			\$49,340		\$0		\$49,340				\$49,340
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$232,085		\$781		\$231,304		\$43,193		\$185,856

Michael Ungeheuer RN MN PHN

1/10/2012

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By (Signature)

Date Prepared

Phone Number

Email Address

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

Date *1/24/12*

530 621-6129

Phone Number

As above

Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 11-12

20

PERSONNEL COST

Total salaries	\$109,803
Total Benefits	\$54,902
Total Personnel Expenses	\$164,705

PHN Director/deputy Director

No change

Supervising Hlth Education Cood

Increase total CHDP FTE to 95% with an 11% shift to this index and an increase in the County/City match index of 19%

Public Health Nurse II

Reduce total CHDP FTE to 46% FTE decreasing this index to 38% and decreasing

Medical Office Assistance (.80)

No change

OPERATING EXPENSES

Travel

\$2,850

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

\$6,323

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

Communication

\$5,145

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

Insurance

\$1,314

Facility and personnel liability insurance

Utilities

\$352

Maintenance of ongoing facilities electric, water and sewer costs

Equipment

\$1,056

Maintenance contract cost

Total operating Costs

\$18,040

CAPITAL EXPENSES
Total Capital Expenses**\$0****INDIRECT EXPENSES**

Internal @ 25%

\$41,176

Cost allocation plan applied to net wages

External

\$8,164

In accordance to the A-87 plan on file
applied by total program FTE**Total Indirect Expenses****\$49,340****OTHER EXPENSES**

Total Other Expenses

\$0

BUDGET GRAND TOTAL**\$232,085**

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	\$68,355	\$3,652	\$64,704
II. Total Operating Expenses	\$5,445	\$625	\$4,820
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$19,348		\$19,348
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$93,148	\$4,277	\$88,871

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$45,505	\$1,069	\$44,436
Federal Funds (Title XIX)	\$47,643	\$3,207	\$44,436

Michael Ungeheuer RN MN PHN	1/10/2012	530 621 6129
Prepared By	Date	Phone Number
<i>Michael Ungeheuer RN MN PHN</i>	1/24/12	530 621-6129
CHDP Director or Deputy Director (Signature)	Date	Phone Number

12-0352.A.22

CHDP Administrative Budget Worksheet for FY 2011-12
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	29%	\$74,198	\$21,517	0%	\$0	100%	\$21,517
Toni Schaefer PHN II	8%	\$60,861	\$4,869	50%	\$2,434	50%	\$2,434
MOAll Maria Quirarte	50%	\$38,368	\$19,184	0%	\$0	100%	\$19,184
	0.87						
Total Salaries and Wages			\$45,570		\$2,434		\$43,136
Less Salary Savings			\$0				
Net Salaries and Wages			\$45,570		\$2,434		\$43,136
Staff Benefits (Specify %) 50.00%			\$22,785		\$1,217		\$21,568
I. Total Personnel Expenses			\$68,355		\$3,652		\$64,704
II. Operating Expenses							
Travel			\$900	50%	\$450	50%	\$450
Training			\$350	50%	\$175	50%	\$175
Communication			\$2,204			100%	\$2,204
Office/Duplicating			\$993			100%	\$993
Insurance			\$640			100%	\$640
Utilities			\$358			100%	\$358
Equipment			\$0			100%	\$0
8.							
9.							
10.							
II. Total Operating Expenses			\$5,445		\$625		\$4,820

12-0352.A.23

CHDP Administrative Budget Worksheet for FY 2011-12
County/City Match
County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.							
II. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %) 25.00%			\$11,393				\$11,393
2. External (Specify %) 0.00%			\$7,955				\$7,955
IV. Total Indirect Expenses			\$19,348				\$19,348
V. Other Expenses							
1.							
2.							
3.							
4.							
5.							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$93,148		\$4,277		\$88,871

Michael Ungeheuer RN MN PHN

Prepared By

1/10/2012

Date Prepared

530 621 6129

Phone Number

Michael Ungeheuer RN MN PHN

 CHPD Director or Deputy Director

(Signature)

1/24/12

 Date

530 621-6129

Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 11-12

PERSONNEL COST

Total salaries	\$45,570
Total Benefits	\$22,785
Total Personnel Expenses	\$68,355

Supervising Hlth Education Cood		Increase by 17% to maintain overall CHDP FTE at 95%
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Public Health Nurse II		Decrease by 22% to achieve a total CHDP FTE of 46%
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Medical Office Assistance		No change
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OPERATING EXPENSES

Travel	\$900	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	\$350	Registration/tuition fees for SPMP and support staff for continuing education program specific
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Office Supplies and Services	\$993	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
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Communication	\$2,204	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
---------------	---------	---

Insurance	\$640	Facility and personnel liability insurance
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Utilities	\$358	Maintenance of ongoing facilities electric, water and sewer costs
-----------	-------	---

Total operating Costs	\$5,445	
------------------------------	----------------	--

CAPITAL EXPENSES

Total Capital Expenses	\$0	
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INDIRECT EXPENSES

26

Internal @ 25%	\$11,393	Cost allocation plan applied to net wages
External	\$7,955	In accordance to the A-87 plan on file applied by total program FTE
Total Indirect Expenses	\$19,348	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$93,148	

HPCFC Administrative Budget Summary
Fiscal Year 2011-12
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	\$83,738	\$75,364	\$8,374
II. Total Operating Expenses	\$1,269	\$1,015	\$254
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$6,046		\$6,046
V. Total Other Expenses			
Budget Grand Total	\$91,053	\$76,379	\$14,674

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$26,432	\$19,095	\$7,337
Federal Funds (Title XIX)	\$64,621	\$57,285	\$7,337
Budget Grand Total			
	(\$1,654)		

Michael Ungeheuer RN MN PHN	1/18/2012	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
<i>Michael Ungeheuer RN MN PHN</i>	<i>1/24/12</i>	As Above	As Above
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

**HCPCFC Administrative Budget Worksheet
Fiscal Year 2011-12
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							
PHN I/II Vacant	80%	\$67,101	\$53,681	90%	\$48,313	10%	\$5,368
Kay Johnson	20%	\$33,899	\$6,780	90%	\$6,102	10%	\$678
			\$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			\$60,461		\$54,415		\$6,046
Less Salary Savings							
Net Salaries and Wages			\$60,461		\$54,415		\$6,046
Staff Benefits (Specify %)	38.50%		\$23,277		\$20,950		\$2,328
I. Total Personnel Expenses			\$83,738		\$75,364		\$8,374
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			\$91,053		\$76,379		\$14,674

Michael Ungeheuer RN MN PHN

1/18/2012

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By

Date prepared

Phone Number

Email Address

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

1/24/12
Date

As above

As above

Phone Number

Email Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC
 EL DORADO COUNTY
 FISCAL YEAR 11 -12

PERSONNEL COST

Total salaries	\$60,461
Total Benefits	\$23,277

Total Personnel Expenses **\$83,738**

Public health Nurse II		Decrease by 20% for a total FTE of 80% to reflect reduction in funding
------------------------	--	--

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	
----------------------	-----	--

BUDGET GRAND TOTAL **\$91,053**

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	369	61%
Potential Cases Medi-Cal	38	6%
TOTAL MEDI-CAL	407	67%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	84	14%
Potential Cases HF	11	2%
Total Healthy Families	95	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	86	14%
Potential Cases Straight CCS	20	3%
Total Straight CCS	106	17%
TOTAL NON MEDI-CAL (HF / CCS)	201	33%
GRAND TOTAL	608	100%

CCS Administrative Budget Summary for FY 2011-12

County Name: EL DORADO

Column	1	2	3	4	5
Category/Line Item	Total Budget	Non-Medi-Cal County/State/HF Co/St/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$363,176	\$120,063	\$243,113	\$142,073	\$101,039
II. Total Operating Expense	\$40,764	\$13,476	\$27,288	\$1,901	\$25,387
III. Total Capital Expense	\$0	\$0	\$0		\$0
IV. Total Indirect Expense	\$108,493	\$35,867	\$72,626		\$72,626
V. Total Other Expense	\$10,000	\$3,306	\$6,694		\$6,694
Budget Grand Total	\$522,433	\$172,712	\$349,721	\$143,975	\$205,746

Column	1	2	3	4	5
Source of Funds	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	\$45,541	\$45,541			
County	\$45,541	\$45,541			
CCS Healthy Families					
State	\$14,285	\$14,285			
County	\$14,285	\$14,285			
Federal (Title XXI)	\$53,060	\$53,060			
Medi-Cal Funds:					
State	\$138,867		\$138,867	\$35,994	\$102,873
Federal (Title XIX)	\$210,854		\$210,854	\$107,981	\$102,873

Michael Ungeheuer RN MN PHN

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By (Signature)

Phone Number

Email Address

Michael Ungeheuer RN MN PHN

1/24/12
Date

CCS Administrator (Signature)

12-0352.A.30

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	369	61%
Potential Cases Medi-Cal	38	6%
TOTAL MEDI-CAL	407	67%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	84	14%
Potential Cases HF	11	2%
Total Healthy Families	95	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	86	14%
Potential Cases Straight CCS	20	3%
Total Straight CCS	106	17%
TOTAL NON MEDI-CAL	201	33%
GRAND TOTAL	608	100%

CCS Administrative Budget Worksheet for FY 20011-12

County Name: EL DORADO

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-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
I. Personnel Expense											
Program Administration											
MICHAEL UNGEHEUER, RN MN PHN ADMINISTRATOR	25%	\$105,940	\$26,485	33%	\$8,756	67%	\$17,729			100%	\$17,729
JOSEFINA SOLANO, PRGM COORD HEC (SLT)	5%	\$74,198	\$3,710	33%	\$1,226	67%	\$2,483			100%	\$2,483
Subtotal			\$30,195		\$9,982		\$20,213				\$20,213
Medical Case Management											
DEE TAYLOR, PHN II	100%	\$72,411	\$72,411	33%	\$23,939	67%	\$48,472	85%	\$41,202	15%	\$7,271
VACANT PHN II	50%	\$68,300	\$34,150	33%	\$11,290	67%	\$22,860	85%	\$19,431	15%	\$3,429
MICHAEL UNGEHEUER, RN MN PHN ADMINISTRATOR	5%	\$105,940	\$5,297	33%	\$1,751	67%	\$3,546	85%	\$3,014	15%	\$532
Subtotal			\$0	33%	\$0	67%	\$0	50%	\$0	50%	\$0
Subtotal			\$111,858		\$36,979		\$74,879		\$63,647		\$11,232
Other Health Care Professionals											
Subtotal			\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
Ancillary Support											
NORIN AVINA, MEDICAL OFFICE ASSISTANT SLT	25%	\$38,368	\$9,592	33%	\$3,171	67%	\$6,421			100%	\$6,421
PAULA GREEN OFFICE ASSISTANT II	25%	\$25,251	\$6,313	33%	\$2,087	67%	\$4,226			100%	\$4,226
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	30%	\$36,437	\$10,931	33%	\$3,614	67%	\$7,317			100%	\$7,317
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	20%	\$35,968	\$7,194	33%	\$2,378	67%	\$4,815			100%	\$4,815
Subtotal			\$34,029		\$11,250		\$22,780				\$22,780
Clerical and Claims Support											
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	70%	\$36,437	\$25,506	33%	\$8,432	67%	\$17,074	70%	\$11,952	30%	\$5,122
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	80%	\$35,968	\$28,774	33%	\$9,513	67%	\$19,262	70%	\$13,483	30%	\$5,779
NORIN AVINA, MEDICAL OFFICE ASSISTANT SLT	25%	\$38,368	\$9,592	33%	\$3,171	67%	\$6,421	70%	\$4,495	30%	\$1,926
PAULA GREEN OFFICE ASSISTANT II	15%	\$25,251	\$3,788	33%	\$1,252	67%	\$2,535	70%	\$1,775	30%	\$761
Subtotal			\$67,660		\$22,368		\$45,292		\$31,704		\$13,588
Total Salary and Wages			\$243,742	33%	\$80,579	67%	\$163,163		\$95,351		\$67,812
Less Salary Savings			\$0	33%		67%					
Net Salary and Wages			\$243,742	33%	\$80,579	67%	\$163,163		\$95,351		\$67,812
Staff Benefits (Specify %)	49.00%		\$119,434	33%	\$39,484	67%	\$79,950		\$46,722		\$33,228
I. Total Personnel Expense			\$363,176		\$120,063		\$243,113		\$142,073		\$101,039

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-Medi-Cal County/State (50/50)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
II. Operating Expense											
1. Travel			\$3,050	33%	\$1,008	67%	\$2,042	80%	\$1,633	20%	\$408
2. Training			\$500	33%	\$165	67%	\$335	80%	\$268	20%	\$67
COMMUNICATION			\$15,258	33%	\$5,044	67%	\$10,214			100%	\$10,214
INSURANCE			\$5,032	33%	\$1,664	67%	\$3,368			100%	\$3,368
OFFICE/DUPLICATING			\$15,058	33%	\$4,978	67%	\$10,080			100%	\$10,080
UTILITIES			\$1,866	33%	\$617	67%	\$1,249			100%	\$1,249
				33%	\$0	67%	\$0			100%	\$0
II. Total Operating Expense			\$40,764		\$13,476		\$27,288		\$1,901		\$25,387
III. Capital Expense											
			\$0								
			\$0								
			\$0								
			\$0								
			\$0								
II. Total Capital Expense			\$0		\$0		\$0				\$0
IV. Indirect Expense											
1. Internal	25%		\$90,794	33%	\$30,016	67%	\$60,778			100%	\$60,778
2. External	A-87		\$17,699	33%	\$5,851	67%	\$11,848			100%	\$11,848
IV. Total Indirect Expense			\$108,493		\$35,867		\$72,626				\$72,626
V. Other Expense											
1. Maintenance and Transportation			\$10,000	33%	\$3,306	67%	\$6,694			100%	\$6,694
V. Total Other Expense			\$10,000		\$3,306		\$6,694				\$6,694
Budget Grand Total			\$522,433		\$172,712		\$349,721		\$143,975		\$205,746

Michael Ungeheuer RN MN PHN

Prepared By (Signature)

12/20/2011

Date Prepared

530 621 6129

Phone Number

michael.ungeheuer@edcqv.gov

email address

Michael Ungeheuer RN MN PHN
 CCS Administrator (Signature)

1/24/12
 Date Signed

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 11 -12

PERSONNEL COST

Total salaries	\$243,742
Total Benefits	\$119,434
Total Personnel Expenses	\$363,176

PHN Director/Administrator	No change
Supervising Hlth Education Cood	FTE reduction to 5% based on reassigned duties
Public health Nurse II (2)	No change
Office Assistant II	Addition of 40% FTE to achieve minimum staffing standards and process rising referral numbers
Medical Office Assistance (2)	No change

OPERATING EXPENSES

Travel	\$3,050	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$15,058	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$15,258	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$5,032	Facility and personnel liability insurance
Utilities	\$1,866	Maintenance of ongoing facilities electric, water and sewer costs
Total operating Costs	\$40,764	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 25%	\$90,794	Cost allocation plan applied to net wages
External	\$17,699	In accordance to the A-87 plan on file applied by total program FTE
Total Indirect Expenses	\$108,493	

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	\$522,433	

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2011-12
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)	201	
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))	95	47.26%
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))	106	52.74%

SOURCE OF FUNDS

Straight CCS			
4	Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$172,712	
5	Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$91,082	
6	State (Line 5(a) x 50%)		→ \$45,541
		(Transfer to Budget Summary, Column 2)	
7	County (subtract Line 6(b) from Line 5(a))		→ \$45,541
		(Transfer to Budget Summary, Column 2)	

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)	\$81,630	
9	State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$28,571	
10	State (multiply line 9, column (a) by 50%)		→ \$14,285
		(Transfer to Budget Summary, Column 2)	
11	County (subtract line 10(b) from line 9(a))		→ \$14,285
		(Transfer to Budget Summary, Column 2)	
12	Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)		→ \$53,060
		(Transfer to Budget Summary, Column 2)	

Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)	<u>\$172,712</u>	\$0
		<i>Check Total ONLY</i>