

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

County/City: EL DORADO

Fiscal Year: 2010-11

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

Oline Inye

Date Signed

03/07/2011

Signature of Health Officer

Oline Inye

Date Signed

03/07/2011

Signature of Deputy Director

Michael H. Gebauer

Date Signed

03/07/2011

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

Signature of Local Governing Body Chairperson

Date

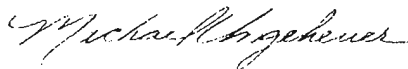
Certification Statement - California Children's Services (CCS)

County/City: EL DORADO

Fiscal Year: 2010-11

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.

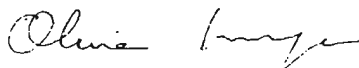
Signature of CCS Administrator



Date Signed

03/07/2011

Signature of Health Officer



Date Signed

03/07/2011

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date

Agency Information Sheet

County/City: EL DORADO

Fiscal Year: 2010-11

Official Agency

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

CMS Director (if applicable)

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

CCS Administrator

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

CHDP Director

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

CHDP Deputy Director

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

Clerk of the Board of Supervisors or City Council

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

Director of Social Services Agency

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

Chief Probation Officer

Name:	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

Plan and Budget Required Documents Checklist

MODIFIED FY 2010-2011

County/City: EL DORADO

Fiscal Year: 2010-11

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4.	Agency Description	
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	C. CCS Staffing Standards Profile	Retain locally
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5.	Implementation of Performance Measures – Performance Measures for FY 2009-10 are due November 30, 2010.	N/A
6.	Data Forms	
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7.	Memoranda of Understanding and Interagency Agreements List	
	A. MOU/IAA List	19-20
	B. New, Renewed, or Revised MOU or IAA	N/A
	C. CHDP IAA with DSS biennially	Retain locally
	D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	Budgets	
	A. CHDP Administrative Budget (No County/City Match)	
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County/City: EL DORADO

Fiscal Year: 2010-11

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D.	HPCFC Administrative Budget	[REDACTED]
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E.	CCS Administrative Budget	[REDACTED]
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G.	Other Forms	[REDACTED]
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	[REDACTED]
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

EL DORADO COUNTY HEALTH SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION

AGENCY DESCRIPTION

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

Focus Areas of FY 2010-2011

- 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

3/4/2011

11.0264.A.7

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

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 2010-11, 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: 2010-2011

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	Sandy Stokes RN PHN	8	5	0	N	N
PHN II	Toni Schaeffer RN PHN	42	0	0	N	N
PHN II	Jayne Fine-Kasmin	0	10	90	N	N
Sr. Office Assistant	Kay Johnson	80	0	0	N	N
Medical Office Assistant	Maria Quirarte	50	0	50	N	N
Supervising Health Education Coordinator	Josefina Solano	53	12	35	N	N
Section Chief/Deputy Dir	Michael Ungeheuer RN MN	10	0	90	N	N

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

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

Incumbent List - California Children's Services

For FY 2010-11, 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: **2010-2011**

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	35	N	N
PHN II	Dee Taylor RN PHN	100	N	N
PHN II	Jayne Fine-Kasman	50	N	N
Medical Office Assistant	Michelle McCann	100	N	N

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Norin Avina	50	N	N
Sr. Office Assistant	VACANT	5	Y	Y

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2010-11

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 2010-11, 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: **2010-2011**

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 II	Heather Orchard	80	0	0	N	N
PHN II	VACANT	20	0	0	N	N
Sr Medical Assistant	Kay Johnson	20	0	80	Y	N

Detailed information on the El Dorado County job that you specified is provided below. If the 'Apply' link is active, you may submit an application for this position if desired.

Job Class Title

SR MEDICAL OFFICE ASSISTANT

Specification History

Created: June 1990

Job Classification Number (JCN)

2503

Definition/Distinguishing Characteristics

DEFINITION

Under general supervision, assigns, directs, reviews and evaluates the work of a small medical office support staff; provides difficult or specialized medical office support in a variety of County clinic and health program areas; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS

This class performs as either the working lead level in the medical office support series with responsibility for providing direction to a group of medical office assistants performing similar work or functions as the specialist level, performing difficult, technical, complex or specialized medical support duties. This is not considered a supervisory class in that the selection and discipline of employees is not assigned to this level and the number of employees for which direction is provided is limited.

Example of Duties (illustrative only)

Provides lead direction, training, work review and evaluation to a small medical office support staff; organizes and assigns work, sets priorities and follows up to ensure coordination and completion of assigned work.

Provides input into selection decisions, disciplinary matters and other personnel decisions.

Performs difficult, complex, technical or specialized medical office support work, which may require the exercise of independent judgment, the application of technical skills, and a knowledge of detailed or specialized activities related to the medical area to which assigned.

Researches and assembles information from a variety of sources for the completion of forms or the preparation of reports; makes arithmetic or statistical calculations.

Provides information to the public or to County staff that requires the use of judgment and the interpretation of policies, rules or procedures.

Organizes and maintains various departmental files.

Types correspondence, reports, forms, and specialized documents from drafts, notes, dictated tapes, or brief instructions, using a typewriter, word processor or computer Terminal.

Proofreads and checks typed and other materials for accuracy, completeness, and compliance with departmental policies and regulations.

Enters and retrieves data and prepares reports using an on-line or personal computer system; reviews such reports for accuracy and makes corrections as required.

Attends to a variety of office administrative details such as ordering supplies, arranging for the repair of equipment, transmitting information, and keeping reference materials up to date.

May act as receptionist and receive and screen visitors and telephone calls; and direct the caller to the proper

person or personally handle the call.

Processes forms and records such as work orders, purchase requisitions and others related to the organizational unit; operates standard office equipment.

Provides necessary back-up for assigned medical office support staff.

Knowledges

Policies and procedures related to the clinic or public health to which assigned.

Medical terminology as related to office support work.

Business letter writing and the standard format for typed materials.

Basic business data processing principles and the uses of work processing or personal computing equipment.

Office practices and procedures, including filing and the operation of standard office equipment.

Correct English usage, including spelling, grammar and punctuation.

Business arithmetic.

Basic record keeping principles and practices.

Skills

Planning, assigning, directing, reviewing and evaluating the work of staff.

Training staff in work procedures.

Analyzing and resolving varied medical office administrative problems.

Organizing, prioritizing and coordinating work activities.

Reading and interpreting rules, policies and procedures.

Organizing, researching and maintaining patient and general office files.

Composing routine correspondence from brief instructions.

Operating standard office equipment, including a word processor and/or personal or on-line computer.

Exercising initiative and sound independent judgment within established guidelines.

Establishing and maintaining effective working relationships with those contacted in the course of the work.

Typing accurately at a rate of 40 net words per minute from printed copy.

Minimum Qualifications

Where college degrees and/or college course credits are required, degrees and college units must be obtained from an accredited college or university. Courses from non-accredited institutions will not be evaluated for this requirement.

One year of medical office support experience at a level equivalent to the County's class of Medical Office Assistant II.

NOTE: The above qualifications are typically accepted ways of obtaining the required knowledge and skills.

Other Requirements

Specified positions may require possession of a valid driver's license.

EL DORADO COUNTY

SENIOR OFFICE ASSISTANT

Civil Service Job Classification: as above

Health Care Program for Children in Foster Care Task Statement

ESSENTIAL DUTIES

Under the direction of the Supervising Health Education Coordinator and SPMP, provides lead guidance of routine and specialized office support for the effective management of preventative health and support service activities targeted to the foster care community population.

Specific Tasks: 100%

- 1% Transcribe, file and copy general office correspondence
- 2% Receive and process incoming and outgoing mail
- 2% Receive and process all general program correspondence
- 5% Inform and assist child/youth in foster care providers with the need to obtain preventative health services and act as liaison to affiliate programs including CHDP, M-Cal etc.
- 5% Process and distribute Program/Information Letters
- 75% Initiate inquiries, updating and retrieval of data utilizing the CWS/CMS Health and Education Passport

EL DORADO COUNTY HEALTH SERVICES DEPARTMENT

SENIOR OFFICE ASSISTANT

Civil Service Job Classification: as above

California Children's Services

ESSENTIAL DUTIES

Under the direction of the Supervising Health Education Coordinator and SPMP, provides lead guidance of routine office support for the effective management of care coordination to families with children in specialty care.

Specific Tasks: 100%

- 50% Support with direction the SPMP in securing medical reports, composition and distribution of eligibility/ case maintenance correspondence
- 2% Phone reception as needed
- 2% Receive and process all general program correspondence as necessary
- 5% Promote and inform the public on service availability, eligibility criteria, application process and general preventive health information

3/4/2011

11.0264.A.15

California Children's Services Caseload Summary Form

County: EL DORADO

Fiscal Year: 2010 - 2011

	CCS Caseload 0 to 21 Years	A		B		09-10 Estimated Caseload based on first three quarters	% of Grand Total
		07-08 Actual Caseload	% of Grand Total	08-09 Actual Caseload	% of Grand Total		
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	278	55%	311	55%	339	58%
2	Potential Case Medi-Cal	18	3%	29	5%	29	5%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	296	58.0%%	340	60.0%	368	63.0%
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	82	16%	81	14%	85	15
5	Potential Cases Healthy Families	4	1%	2	1%	6	1
6	Total Healthy Families (Row 4 + Row 5)	86	17.0%	83	15.0%	91	16.0%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	103	20%	92	16%	116	14
8	Potential Cases Straight CCS Children	23	3%	46	8%	10	2
9	Total Straight CCS (Row 7 + Row 8)	126	24.0%	138	24.0%	126	16.0%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	212	41.0%	221	39.0%	217	37.0%
GRAND TOTAL							
11	(Row 3 + Row 10)	508	100%	561	100%	585	100%

CHDP Program Referral Data

Complete this form using the Instructions found on page 4-8 through 4-10.

County/City: EL DORADO	FY 07-08	FY 08-09	FY 09-10
Basic Informing and CHDP Referrals			
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	9704	10465	9464
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Cases	Cases
a. Number of CalWORKs cases/recipients	106	148	65
b. Number of Foster Care cases/recipients	48	65	26
c. Number of Medi-Cal only cases/recipients	168	168	210
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:	Recipients	Recipients	Recipients
a. Medical and/or dental services	575	553	540
b. Medical and/or dental services with scheduling and/or transportation	36	46	16

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	11	19	10
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	6	1
6. Number of recipients in "5" who actually received medical and/or dental services	1	0	1

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: 2010-1011

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/HCPFCFCS 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
Vision Service Plan	MOU	Ongoing	2007	Michael Ungeheuer	No

Fiscal Year: 2010-1011

County/City: EL DORADO

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	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 20010-11

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	\$171,449	\$859	\$170,591	\$58,262	\$112,328
II. Total Operating Expenses	\$18,557	\$0	\$18,557	\$1,925	\$14,742
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$51,087	\$0	\$51,087		\$51,087
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$241,094	\$859	\$240,235	\$60,187	\$178,158

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	\$859			
Medi-Cal Funds:	\$259,935		\$238,345		
State	\$104,214		\$104,126	\$15,047	\$89,079
Federal (Title XIX)	\$155,721		\$134,219	\$45,140	\$89,079

Michael Thompson
Prepared By (Signature)

2/20/2011

Date Prepared

530 621-6129

Phone Number

munger@co.el-dorado.ca.us

Email Address

Michael Thompson
QHDP Director or Deputy
Director (Signature)

3/7/11

Date

530 621-6129

Phone Number


As Above

Email Address

CHDP Administrative Budget Worksheet for FY 2010-11
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%		\$42,862		\$0		\$42,862				\$42,862
2. External	A-87		\$8,225		\$0		\$8,225				\$8,225
IV. Total Indirect Expenses			\$51,087		\$0		\$51,087				\$51,087
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			\$241,094		\$859		\$240,235		\$60,187		\$178,158
Budget Grand Total											

Michael Ungeheuer RN MN PHN 2/20/2011 530 621 6129 michael.ungeheuer@edcgov.us
 Prepared By (Signature) Date Prepared Phone Number Email Address
 3/7/11 530 621-6129 As above
 CHDP Director or Deputy Director Date Phone Number Email Address
 (Signature) Date Phone Number Email Address

CHDP Administrative Budget Worksheet for FY 2010-11
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	53%	\$74,198	\$39,325	0%	\$0	100%	\$39,325	0%	\$0	100%	\$39,325
PHN II Toni Schaeffer	42%	\$60,861	\$25,562	1.85%	\$473	98.15%	\$25,089	80%	\$20,071	20%	\$5,018
SOA Kay Johnson	80%	\$33,758	\$27,006	0%	\$0	100%	\$27,006	25%	\$6,752	75%	\$20,255
PHN II Jayme Fine	10%	\$64,247	\$6,425	0%	\$0	100%	\$6,425	80%	\$5,140	20%	\$1,285
PHN II Sandy Stokes	8%	\$67,350	\$5,388	1.85%	\$100	98.15%	\$5,288	80%	\$4,231	20%	\$1,058
9.											
10.	2.03										
Total Salaries and Wages			\$114,300		\$573		\$113,727		\$38,842		\$74,886
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$114,300		\$573		\$113,727		\$38,842		\$74,886
Staff Benefits	50.00%		\$57,150		\$286		\$56,864		\$19,421		\$37,443
I. Total Personnel Expenses			\$171,449		\$859		\$170,591		\$58,262		\$112,328
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			\$1,235		\$0		\$1,235			100%	\$1,235
Equipment			\$1,890		\$0		\$1,890				\$0
7.					\$0						\$0
8.					\$0						\$0
9.					\$0						\$0
10.					\$0						\$0
II. Total Operating Expenses			\$18,557		\$0		\$18,557		\$1,925		\$14,742

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 10 -11

PERSONNEL COST

Total salaries	\$114,300
Total Benefits	\$57,150
Total Personnel Expenses	\$171,450

PHN Director/deputy Director		Increase administrative time by 5% for a total of 10% to address increased complexity of operation
Supervising Hlth Education Cood		Shift 2% to County match budget to retain overall FTE at 55%
Public Health Nurse II (.60)		Increase total FTE by 10% to address prior year reductions.
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 @\$.51 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	\$5,123	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	\$1,235	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$1,890	Maintenance contract cost
Total operating Costs	\$18,557	

3/3/2011

CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 25%	\$42,862	Cost allocation plan applied to net wages
External	\$8,225	In accordance to the A-87 plan on file applied by total program FTE
Total Indirect Expenses	\$51,087	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$241,094	

3/3/2011

CHDP Administrative Budget Summary for FY 2010-11
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	\$69,870	\$14,191	\$55,679
II. Total Operating Expenses	\$8,039	\$600	\$7,439
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$11,645		\$11,645
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$89,554	\$14,791	\$74,763

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$41,079	\$3,698	\$37,382
Federal Funds (Title XIX)	\$48,475	\$11,093	\$37,382

Michael Ungeheuer RN MN PHN 2/20/2011 530 621 6129
 Prepared By Date Phone Number

Michael Ungeheuer 3/10/11 530 621-6129
 CHDP Director or Deputy Date Phone Number
 Director (Signature)

CHDP Administrative Budget Worksheet for FY 20010-11
 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 JosefinaSolano	12%	\$74,198	\$8,904	0%	\$0	100%	\$8,904
PHN II Sandy Stokes	5%	\$67,350	\$3,368	50%	\$1,684	50%	\$1,684
MOAII Maria Quirarte	50%	\$37,510	\$18,755	0%	\$0	100%	\$18,755
PHN II Vacant	15%	\$60,861	\$9,129	50%	\$4,565	50%	\$4,565
PHN II Jayme Fine	10%	\$64,247	\$6,425	50%	\$3,212	50%	\$3,212
7.			\$0		\$0		\$0
8.							
9.							
10.	92%						
Total Salaries and Wages			\$46,580		\$9,461		\$37,119
Less Salary Savings			\$0				
Net Salaries and Wages			\$46,580		\$9,461		\$37,119
Staff Benefits (Specify %)	50.00%		\$23,290		\$4,730		\$18,560
I. Total Personnel Expenses			\$69,870		\$14,191		\$55,679
II. Operating Expenses							
Travel			\$800	50%	\$400	50%	\$400
Training			\$400	50%	\$200	50%	\$200
Communication			\$2,380			100%	\$2,380
Office/Duplicating			\$1,183			100%	\$1,183
Insurance			\$640			100%	\$640
Utilities			\$1,236			100%	\$1,236
Equipment			\$1,400			100%	\$1,400
8.							
9.							
10.							
II. Total Operating Expenses			\$8,039		\$600		\$7,439

CHDP Administrative Budget Worksheet for FY 20010-11
 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	12%	\$74,198	\$8,904	0%	\$0	100%	\$8,904
PHN II Sandy Stokes	5%	67350	\$3,043	50%	\$1,522	50%	\$1,522
MOAII Maria Quirarte	50%	\$37,510	\$18,755	0%	\$0	100%	\$18,755
PHN II Vacant	25%	\$60,861	\$15,215	50%	\$7,608	50%	\$7,608
			\$0		\$0		\$0
			\$0		\$0		\$0
7.							
8.							
9.							
10.	92%						
Total Salaries and Wages			\$45,917		\$9,129		\$36,788
Less Salary Savings			\$0				
Net Salaries and Wages			\$45,917		\$9,129		\$36,788
Staff Benefits (Specify %) 50.00%			\$22,959		\$4,565		\$18,394
I. Total Personnel Expenses			\$68,876		\$13,694		\$55,182
II. Operating Expenses							
Travel			\$800	50%	\$400	50%	\$400
Training			\$400	50%	\$200	50%	\$200
Communication			\$2,380			100%	\$2,380
Office/Duplicating			\$1,183			100%	\$1,183
Insurance			\$640			100%	\$640
Utilities			\$1,236			100%	\$1,236
Equipment			\$1,400			100%	\$1,400
8.							
9.							
10.							
II. Total Operating Expenses			\$8,039		\$600		\$7,439

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 10 -11

PERSONNEL COST

Total salaries	\$46,580
Total Benefits	\$23,290

Total Personnel Expenses **\$69,870**

Supervising Hlth Education Cood		Increase by 2% to maintain overall FTE at 55%
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Public Health Nurse II (.30)		No change
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Medical Office Assistance (.50)		No change
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OPERATING EXPENSES

Travel	\$800	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 per mile with annual adjustment
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Training	\$400	Registration/tuition fees for SPMP and support staff for continuing education program specific
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Office Supplies and Services	\$1,183	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	\$2,380	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
---------------	---------	---

Insurance	\$640	Facility and personnel liability insurance
-----------	-------	--

Utilities	\$1,236	Maintenance of ongoing facilities electric, water and sewer costs
-----------	---------	---

Equipment	\$1,400	Maintenance contract cost
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Total operating Costs **\$8,039**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

3/3/2011

INDIRECT EXPENSES

Internal @ 25%	\$11,645	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	\$11,645	

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$89,554

3/3/2011

HCPCFC Administrative Budget Worksheet
Fiscal Year 2010-11
EI Droado

Column	1A % or FTE	1B Annual Salary	1 Total Budget (1A x 1B or 2 + 3)	2A % or FTE	2 Enhanced State/Federal (25/75)	3A % or FTE	3 Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
PHN II HEATHER ORCHARD	80%	\$67,360	\$53,888	90%	\$48,499	10%	\$5,389
PHN II Vacant	20%	\$63,260	\$12,652	90%	\$11,387	10%	\$1,265
SR Medical Office Assistant	20%	\$33,758	\$6,752	0%	\$0	100%	\$6,752
4.		\$0	\$0		\$0		\$0
5.		\$0	\$0		\$0		\$0
6.		\$0	\$0		\$0		\$0
7.		\$0	\$0		\$0		\$0
8.		\$0	\$0		\$0		\$0
9.		\$0	\$0		\$0		\$0
10.		\$0	\$0		\$0		\$0
Total Salaries and Wages			\$73,292		\$59,886		\$13,406
Less Salary Savings							
Net Salaries and Wages			\$73,292		\$59,886		\$13,406
Staff Benefits (Specify %) 38.50%			\$28,217		\$23,056		\$5,161
I. Total Personnel Expenses			\$101,509		\$82,942		\$18,567
II. Operating Expenses							
1. Travel			\$1,350	80%	\$1,080	20%	\$270
2. Training			\$500	80%	\$400	20%	\$100
II. Total Operating Expenses			\$1,850		\$1,480		\$370
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 10.00%			\$7,329				\$7,329
2. External							
IV. Total Indirect Expenses			\$7,329				\$7,329
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$110,688		\$84,422		\$26,266

Michael Ungeheuer RN MN PHN 2/20/2011 530 621 6129 michael.ungeheuer@edcgov.us

Prepared By Date prepared Phone Number Email Address

Michael Ungeheuer 3/7/11 As above
 CHDP Director or Deputy Director (Signature) / Date Phone Number Email Address

BUDGET JUSTIFICATION NARRATIVE
HPCFC
EL DORADO COUNTY
FISCAL YEAR 10 -11

PERSONNEL COST

Total salaries	\$63,590
Total Benefits	\$24,482

Total Personnel Expenses **\$88,072**

Public health Nurse II (1.0)		Increase FTE by 10% for a total of 90% utilizing increased allocation
Sr Office Assistant (.10)		Add position to maximize additional funding. Will provide data entry support

OPERATING EXPENSES

Travel	\$1,350	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 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 **\$1,850**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @ 10%	\$6,359	Cost allocation plan applied to net wages
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External	\$0	
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Total Indirect Expenses **\$6,359**

OTHER EXPENSES

Total Other Expenses	\$0	
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BUDGET GRAND TOTAL **\$96,281**

CCS Administrative Budget Summary for FY 2010-11

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	367	61%
Potential Cases Medi-Cal	29	5%
TOTAL MEDI-CAL	396	66%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	83	14%
Potential Cases HF	5	1%
Total Healthy Families	88	15%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	100	17%
Potential Cases Straight CCS	19	3%
Total Straight CCS	119	20%
TOTAL NON MEDI-CAL (HF / CCS)	207	34%
GRAND TOTAL	603	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	\$369,162	\$129,758	\$239,404	\$114,491	\$124,917
II. Total Operating Expense	\$36,311	\$12,763	\$23,548	\$1,518	\$22,030
III. Total Capital Expense	\$0	\$0	\$0		\$0
IV. Total Indirect Expense	\$94,002	\$33,041	\$60,961		\$60,961
V. Total Other Expense	\$10,000	\$3,515	\$6,485		\$6,485
Budget Grand Total	\$509,475	\$179,077	\$330,397	\$116,008	\$214,393

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	\$48,799	\$48,799			
County	\$48,799	\$48,799			
CCS Healthy Families					
State	\$14,259	\$14,259			
County	\$14,259	\$14,259			
Federal (Title XXI)	\$52,962	\$52,962			
Medi-Cal Funds:					
State	\$136,199		\$136,199	\$29,002	\$107,197
Federal (Title XIX)	\$194,203		\$194,203	\$87,006	\$107,197

Michael Ungeheuer RN MN PHN

Prepared By (Signature)

Michael Ungeheuer

CCS Administrator (Signature)

530 621 6129

Phone Number

michael.ungeheuer@edcgov.us

Email Address

3/7/11

Date

CCS Administrative Budget Worksheet for FY 20010-11

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	358	83%
Potential Cases Medi-Cal	11	2%
TOTAL MEDI-CAL	369	65%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	90	16%
Potential Cases HF	1	0%
Total Healthy Families	91	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	90	16%
Potential Cases Straight CCS	19	3%
Total Straight CCS	109	19%
TOTAL NON MEDI-CAL	200	35%
GRAND TOTAL	569	100%

Category/Line Item	1	2	3	4A	4	5A	5	5A	6	7A	7
	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (60/60)	% 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	35%	\$9,309	65%	\$17,176	100%		100%	\$17,176
JOSEFINA SOLANO, PRGM COORD HEC (SLT)	20%	\$74,198	\$14,940	35%	\$5,216	65%	\$9,624	100%		100%	\$9,624
Subtotal			\$41,325		\$14,525		\$26,799				\$26,799
Medical Case Management											
DEE TAYLOR, PHN II	100%	\$70,727	\$70,727	35%	\$24,860	65%	\$45,867	85%	\$38,987	15%	\$6,880
JAYME FINE, PHN II	50%	\$68,301	\$34,150	35%	\$12,004	65%	\$22,147	85%	\$18,825	15%	\$3,322
MICHAEL UNGEHEUER, RN MN PHN ADMINISTRATOR	5%	\$105,940	\$5,297	35%	\$1,862	65%	\$3,435	85%	\$2,920	15%	\$515
Subtotal			\$110,174		\$38,726		\$71,449		\$60,731		\$10,717
Other Health Care Professionals											
			\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
			\$0		\$0		\$0		\$0		\$0
			\$0		\$0		\$0		\$0		\$0
Subtotal			\$0		\$0		\$0		\$0		\$0
Ancillary Support											
JOSEFINA SOLANO, PRGM COORD HEC (SLT)	15%	\$74,198	\$11,130	35%	\$3,912	65%	\$7,218	100%		100%	\$7,218
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,792	35%	\$6,254	65%	\$11,538	100%		100%	\$11,538
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,984	35%	\$6,321	65%	\$11,663	100%		100%	\$11,663
Subtotal			\$46,905		\$16,487		\$30,418				\$30,418
Clerical and Claims Support											
MICHELLE MCCANN, MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,792	35%	\$6,254	65%	\$11,538	50%	\$5,769	50%	\$5,769
MARIA MARTINEZ, MEDICAL OFFICE ASSIST II	50%	\$35,968	\$17,984	35%	\$6,321	65%	\$11,663	50%	\$5,831	50%	\$5,831
NORIN AVINA, MEDICAL OFFICE ASSISTANT SLT	50%	\$38,368	\$19,184	35%	\$6,743	65%	\$12,441	50%	\$6,220	50%	\$6,220
VACANT SENIOR MEDICAL OFFICE ASSISTANT	5%	\$33,758	\$1,688	35%	\$591	65%	\$1,097	50%	\$549	50%	\$549

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 (\$0/60)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (\$0/50)
Subtotal			\$56,647		\$19,909		\$36,739		\$18,369		\$18,369
Total Salary and Wages			\$255,052	35%	\$89,649	65%	\$165,403	65%	\$79,101		\$86,304
Less Salary Savings			\$0	35%		65%		65%			
Net Salary and Wages			\$255,052	35%	\$89,649	65%	\$165,403	65%	\$79,101		\$86,304
Staff Benefits (Specify %)	44.74%		\$114,110	35%	\$40,109	65%	\$74,001	65%	\$35,390		\$38,613
I. Total Personnel Expense			\$369,162		\$129,758		\$239,404		\$114,491		\$124,917
II. Operating Expense											
1. Travel			\$1,725	35%	\$606	65%	\$1,119	80%	\$895	20%	\$224
2. Training			\$1,200	35%	\$422	65%	\$778	80%	\$623	20%	\$156
COMMUNICATION			\$13,344	35%	\$4,690	65%	\$8,654			100%	\$8,654
INSURANCE			\$2,916	35%	\$1,025	65%	\$1,891			100%	\$1,891
OFFICE/DUPLICATING			\$9,713	35%	\$3,414	65%	\$6,299			100%	\$6,299
UTILITIES			\$6,013	35%	\$2,114	65%	\$3,899			100%	\$3,899
EQUIPMENT			\$1,400	35%	\$492	65%	\$908			100%	\$908
II. Total Operating Expense			\$36,311		\$12,763		\$23,548		\$1,518		\$22,030
III. Capital Expense			\$0								
IV. Indirect Expense			\$0								
1. Internal	25%		\$63,763	35%	\$22,412	65%	\$41,351			100%	\$41,351
2. External	A-87		\$30,239	35%	\$10,629	65%	\$19,610			100%	\$19,610
IV. Total Indirect Expense			\$94,002		\$33,041		\$60,961				\$60,961
V. Other Expense											
1. Maintenance and Transportation			\$10,000	35%	\$3,515	65%	\$6,485			100%	\$6,485
V. Total Other Expense			\$10,000		\$3,515		\$6,485				\$6,485
Budget Grand Total			\$509,475		\$179,077		\$330,397		\$116,008		\$214,393

Michael Ungeheuer RN MN PHN 530 621 6129 Phone Number michael.ungeheuer@edcaov.us email address
 Prepared By (Signature) Date Prepared 2/20/2011

Michael Ungeheuer
 CCS Administrator (Signature)
 3/7/11
 Date Signed

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 10 -11

PERSONNEL COST

Total salaries	\$255,052
Total Benefits	\$114,110
Total Personnel Expenses	\$369,162

PHN Director/Administrator	Program administrative time increased by 5% for a total of 25% to address increase complexity of Level 2 transition and program operation
Supervising Hlth Education Cood	No change
Public health Nurse II (2)	No change
Medical Office Assistance (3)	No change

OPERATING EXPENSES

Travel	\$1,725	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 per mile with annual adjustment
Training	\$1,200	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$9,713	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$13,344	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$2,916	Facility and personnel liability insurance
Utilities	\$6,013	Maintenance of ongoing facilities electric, water and sewer costs
Equipment	\$1,400	Maintenance contract cost
Total operating Costs	\$36,311	

3/3/2011

CAPITAL EXPENSES
Total Capital Expenses

\$0

INDIRECT EXPENSES

Internal @ 25%

\$63,763

Cost allocation plan applied to net wages

External

\$30,239

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

Total Indirect Expenses

\$94,002

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

\$509,475

3/3/2011