

Documents Checklist

County/City: El Dorado County

Fiscal Year: 2020-2021

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Documents Checklist

County/City: El Dorado County

Fiscal Year: 2020-2021

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Agency Information Sheet

County/City:	EL DORADO	Fiscal Year:	2020-2021
Official Agency			
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer:	Nancy Williams MPH MD		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:	Nancy Williams MPH MD	Address:	931 Spring St Placerville CA 95667
Phone:	530 621 6277		
Fax:	530 642 0892	E-Mail:	Nancy.williams@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:	Kim Dawson	Address:	330 Fairlane Placerville CA 95667
Phone:	530 621 5393		
Fax:	530 622 3645	E-Mail:	kim.dawson@edcgov.us
Director of Social Services Agency			
Name:	Don Semon	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 6270		
Fax:	530 295 2792	E-Mail:	don.semon@edcgov.us
Chief Probation Officer			
Name:	Brian Richardt	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richardt@edcgov.us

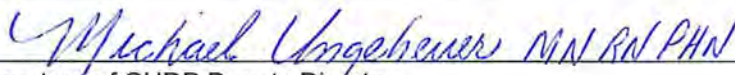
Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: El Dorado	Fiscal Year: 2020-2021
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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

Signature of Health Officer	Date Signed

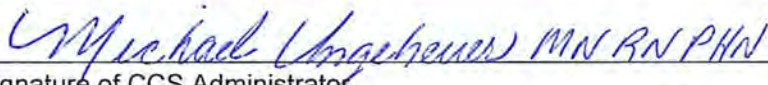
	
Signature of CHDP Deputy Director	Date Signed

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

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County	Fiscal Year: 2020-2021
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

	
Signature of CCS Administrator	Date Signed

Signature of Health Officer	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 nursing case management, co-location of public health nursing staff in health care provider, education and public assistance organizations. Augmenting these direct coordinating activities is a strong emphasis on public health training to the community's human services workforce. These collaborations 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 2020-2021

- Maintain systems of community collaborative care with emphasis on expansion of preventive health services, early screening and diagnosis, treatment access and comprehensive case management
- Maintain Enhanced population level preventive intervention through the Community HUB/ACES project, focusing on improved birthing outcomes, mitigation of traumatic childhood events, effective parenting and lead poisoning detection/prevention, Tobacco Use Prevention Program, Woman Infants Children (WIC) and the Supplemental Nutrition Assistance Education program
- Public Health Accreditation

El Dorado County Health and Human Services Public Health Division
2020/2021 CHDP Combined Program Structure

Michael Ungeheuer MN RN PHN
 Deputy Director Public Health
 CMS Administrator
 1.0 FTE

Heather Orchard FNP MSN RN PHN
 PHN Supervisor
 1.0 FTE
 HCPCFC Base 10%
 Relief 10%

Nathanael Deardorff RN PHN
 1.0 FTE
 HCPCFC Base 60%
 Relief 10%
 PMM&O 30%

Health Officer- CHDP Director

Charles Estes RN PHN
 1.0 FTE
 CHDP Admin/CLPPP

Josefina Solano BS
 Supervising Health Educator
 1.0 FTE
 CHDP Administration/CLPPP

Lynnan Svensson MSN RN PHN
 Nursing Program Manager
 1.0 FTE
 CHDP Administration

Melisa Cockrell BS
 Health Education Specialist
 1.0 FTE
 CHDP Administration/VFC

Kay Johnson
 Sr. Office Assistant
 1.0 FTE
 CHDP Administration/Foster Care

Adrianna Salas Rodreguez
 Medical Office Assistant
 1.0 FTE
 CHDP Administration/CCS

Incumbent List - California Children's Services

Complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: El Dorado		Fiscal Year: 2020-2021		
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Supervising PHN	Dana Harden	30	N	N
PHN II	VACANT	100	N	N
PHN I-II	VACANT	80	N	N
PHN II	Sabina Keller RN PHN	80	N	N
Medical Office Assistant	Karin Wade	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodriguez	50	N	N

Incumbent List - Child Health and Disability Prevention Program

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: 2020- 2021				
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)
Supervising Health Education Coordinator	Josefina Solano	38	62	0	N	N
Public Health Nurse I/II	Charles Estes	60	40	0	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	50	0	50 CCS	N	N
Sr. Office Assistant	Kay Johnson	60	0	40 FC	N	N
Health Program Specialist	Melissa Cockrell	0	20	80 VFC	N	N

CHDP Program Referral Data FY 20-21

County/City: EL DORADO	FY 17-18		FY 18-19		FY 19-20	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5899	10217	4982	10,302	4033	7976
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
a. Number of CalWORKs cases/recipients	153	263	103	177	89	152
b. Number of Foster Care cases/recipients	205	241	325	408	235	291
c. Number of Medi-Cal only cases/recipients	213	402	126	228	233	407
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	906		813		850	

b. Medical and/or dental services with scheduling and/or transportation	73	33	16
c. Information only (optional)			
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	6	6	0
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	3		0
6. Number of recipients in "5" who actually received medical and/or dental services	1	0	0

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: 2020-2021

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	2000 - perpetual	2019	Michael Ungeheuer	No
Anthem BC/BS	MOU	2016 - perpetual	2019	Michael Ungeheuer	No
Kaiser	MOU	2017 - 2019	2019	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2014 - perpetual	2019	Michael Ungeheuer	No

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2020-2021
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	\$ 194,153	\$ -	\$ 194,153	\$ 77,784	\$ 116,370
II. Total Operating Expenses	\$6,630	\$0	\$6,630	\$1,488	\$5,143
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$48,538	\$0	\$48,538		\$48,538
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 249,322	-	\$ 249,322	\$ 79,271	\$ 170,051
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	\$0	-			
Medi-Cal Funds:	\$249,322		\$249,322		
State Funds	\$104,843		\$104,843	\$19,818	\$85,025
Federal Funds (Title XIX)	\$144,479		\$144,479	\$59,453	\$85,025

Michael Ungeheuer RN MN PHN	12/21/20	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
CHDP Deputy Director (Signature)	Date	As above Phone Number	As above Email Address

CHDP Administrative Budget Worksheet
No County/City Match State and State/Federal County: Eldorado
Fiscal Year: 20-21

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											
Josefina Solano Supervising HEC	38%	\$89,571	\$ 34,037	0.00%	\$0	100.00%	\$34,037	0%	\$0	100%	\$34,037
Charles Estes PHN II	60%	\$79,186	\$ 47,512	0.00%	\$0	100.00%	\$47,512	80%	\$38,009	20%	\$9,502
Kay Johnson Senior OA	60%	\$42,415	\$ 25,449	0.00%	\$0	100.00%	\$25,449	50%	\$12,725	50%	\$12,725
Adriana Salas-Rodriguez Medical OA	50%	\$44,876	\$ 22,438	0.00%	\$0	100.00%	\$22,438	5%	\$1,122	95%	\$21,316
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 129,436		\$0		\$129,436		\$51,856		\$77,580
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 129,436		\$0		\$129,436		\$51,856		\$77,580
Staff Benefits (Specify %) 50.00%			\$64,718		\$0		\$64,718		\$25,928		\$38,790
I. Total Personnel Expenses			\$ 194,153		\$ -		\$ 194,153		\$ 77,784		\$ 116,370
II. Operating Expenses											
Travel			\$2,375		\$0		\$2,375	50%	\$1,188	50%	\$1,188
Training			\$600		\$0		\$600	50%	\$300	50%	\$300
Office			\$1,500		\$0		\$1,500			100%	\$1,500
Insurance			\$2,055		\$0		\$2,055			100%	\$2,055
Communication			\$100		\$0		\$100			100%	\$100
							\$0			100%	\$0
							\$0				
II. Total Operating Expenses			\$6,630		\$0		\$6,630		\$1,488		\$5,143
III. Capital Expenses											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 0.00%			\$0				\$0				\$0
2. External (Specify %) A-87 25.00%			\$48,538				\$48,538				\$48,538
IV. Total Indirect Expenses			\$48,538		\$0		\$48,538				\$48,538
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			249,322		-		249,322		79,271		170,051

Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
CHDP Deputy Director (Signature)	Date	As Above Phone Number	As above Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 20-21

PERSONNEL COST

Total salaries	\$129,436
Total Benefits	\$64,718
Total Personnel Expenses	\$194,153

No change

Supervising Hlth Education Cood

No change

Public Health Nurse II

No change

Sr Office Assistant

No change

Medical Office Assistant

OPERATING EXPENSES

Travel	\$2,375	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ 0.575 per mile with annual adjustment
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$1,500	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.
Insurance	\$2,055	Facility and personnel liability insurance
Communications	\$100	Third party telecommunication cost for long distance telephone service
Total operating Costs	\$6,630	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @	\$0
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External @ 25%	\$48,538	Consistent with approved A-87 on file
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Total Indirect Expenses	\$48,538
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OTHER EXPENSES

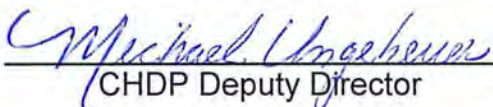
Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$249,322
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**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2020-2021
County/City Name: El Dorado**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expenses	\$146,113	\$38,009	\$108,104
II. Total Operating Expenses	\$1,000	\$500	\$500
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$36,528		\$36,528
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$183,642	\$38,509	\$145,132

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$82,193	\$9,627	\$72,566
Federal Funds (Title XIX)	\$101,448	\$28,882	\$72,566

Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
 CHDP Deputy Director (Signature)	12/21/2020 Date	As above Phone Number	As above Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 20-21

PERSONNEL COST

Total salaries	\$97,409
Total Benefits	\$48,704
Total Personnel Expenses	\$146,113

Supervising Hlth Education Cood	No change
Health Program Specialist	No change
Public Health Nurse II	No change

OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @0.575 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$0	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Insurance	\$0	
Equipment	\$0	
Building Maintenance	\$0	
Communication	\$0	
Total Operating Costs	\$1,000	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

External @ 25%	\$36,528	Consistent with approved A-87 on file.
Total Indirect Expenses	\$36,528	

OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$183,642
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Identify State/Federal Funding Source:	BASE
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County-City Name:	EL DORADO	Fiscal Year:	2020 - 2021
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$112,407	\$92,244	\$20,163
II Total Operating Expenses	\$1,200	\$600	\$600
III Total Capital Expenses			
IV Total Indirect Expenses	\$11,241		\$11,241
V Total Other Expenses			
Budget Grand Total	\$124,848	\$92,844	\$32,004

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$39,213	\$23,211	\$16,002
Federal Funds (Title XIX)	\$85,635	\$69,633	\$16,002
Budget Grand Total	\$124,848	\$92,844	\$32,004

Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

<i>Michael Ungeheuer</i>	12/21/2020	as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: State/federal - Base

County-City Name: EL DORADO Fiscal Year: 2020 - 2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Orchard	Heather	Supervising PHN	Y	10.00%	\$104,592	\$10,459.20	50.00%	\$5,230	50.00%	\$5,230
2	Deardorff	Nathanael	PHN I/II	Y	60.00%	\$79,186	\$47,511.60	97.00%	\$46,086	3.00%	\$1,425
3	Johnson	Kay	Sr Office Assistant	N	40.00%	\$42,415	\$16,966.00	60.00%	\$10,180	40.00%	\$6,786
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					0.70%			73.50%		26.50%	
Total Salaries and Wages							\$74,937		\$61,496		\$13,442
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$74,937		\$61,496		\$13,442
Staff Benefits (Specify %)				50.00%			\$37,469		\$30,748		\$6,721
I. Total Personnel Expenses							\$112,407		\$92,244		\$20,163
II. Operating Expenses											
1	Travel			\$600			\$600	50.00%	\$300	50.00%	\$300
2	Training			\$600			\$600	50.00%	\$300	50.00%	\$300
II. Total Operating Expenses							\$1,200		\$600		\$600
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1 Internal (Specify %)				10.00%			\$11,241				\$11,241
2 External											
IV. Total Indirect Expenses							\$11,241				\$11,241
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$124,848		\$92,844		\$32,004

Michael Ungeheuer RN MN PHN 12/21/2020 530 621 6129 michael.ungeheuer@edcgov.us
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Michael Ungeheuer 12/21/2020 as above as above
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC - Base
 EL DORADO COUNTY
 FISCAL YEAR 20-21

PERSONNEL COST

Total salaries	\$74,937
Total Benefits	\$37,469
Total Personnel Expenses	\$112,407

Supervising PHN	No change
Public Health Nurse II	No change
Sr Office Assistant	No change

OPERATING EXPENSES

Travel	\$600	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.575 per mile with annual adjustment
Training	\$600	Registration/tuition fees for SPMP for continuing education program specific
Total operating Costs	\$ 1,200	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$11,241	Cost allocation plan applied to net wages
External	\$0	
Total Indirect Expenses	\$ 11,241	

OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$ 124,848
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Identify State/Federal Funding Source:	PMM&O
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County-City Name:	EL DORADO	Fiscal Year:	2020-2021
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$35,636	\$34,566	\$1,070
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$3,564		\$3,564
V Total Other Expenses			
Budget Grand Total	\$39,200	\$34,566	\$4,634

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$10,958	\$8,641	\$2,317
Federal Funds (Title XIX)	\$28,242	\$25,925	\$2,317
Budget Grand Total	\$39,200	\$34,566	\$4,634

Michael Ungeheuer MN RN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

	12/21/2020	as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: _____ PMM&O

County-City Name: EL DORADO Fiscal Year: 2020 - 2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	VACANT	PHN	PHN I-II	Y	30.00%	\$79,186	\$23,755.80	97.00%	\$23,043	3.00%	\$713
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.30%			97.00%		3.00%	
Total Salaries and Wages							\$23,756		\$23,044		\$713
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$23,756		\$23,044		\$713
Staff Benefits (Specify %)				50.00%			\$11,878		\$11,522		\$357
I. Total Personnel Expenses							\$35,636		\$34,566		\$1,070
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			10.00%			\$3,564				\$3,564
2	External										
IV. Total Indirect Expenses							\$3,564				\$3,564
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$39,200		\$34,566		\$4,634

Michael Ungeheuer RN MN PHN HNSA Public Health Deputy Director 12/21/2020 530 621 6129 michael.ungeheuer@edcgov.us
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Michael Ungeheuer 12/21/2020 as above as above
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget
 EL DORADO COUNTY
 FISCAL YEAR 2020-2021

PERSONNEL COST

Total salaries	\$23,756
Total Benefits	\$11,878
Total Personnel Expenses	\$35,636

PHN II	No change
--------	-----------

OPERATING EXPENSES

Travel	\$0
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Training	\$0
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Total operating Costs	\$0
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CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$3,564	Capped by State
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External	\$0
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Total Indirect Expenses	\$3,564
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OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$39,200
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Identify State/Federal Funding Source:	CASELOAD RELIEF
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County-City Name:	EL DORADO	Fiscal Year:	2018-2019
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$27,569	\$19,367	\$8,202
II Total Operating Expenses	\$1,000	\$500	\$500
III Total Capital Expenses			
IV Total Indirect Expenses	\$2,757		\$2,757
V Total Other Expenses			
Budget Grand Total	\$31,326	\$19,867	\$11,459

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$10,695	\$4,966	\$5,729
Federal Funds (Title XIX)	\$20,631	\$14,901	\$5,730
Budget Grand Total	\$31,326	\$19,867	\$11,459

Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

	12/21/2020	as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: CASELOAD RELIEF

County-City Name: EL DORADO Fiscal Year: 2020 - 2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Orchard	Heather	Supervising PHN	Y	10.00%	\$104,592	\$10,459.20	50.00%	\$5,230	50.00%	\$5,230
2	Deardorff	Nathanael	PHN I/II	Y	10.00%	\$79,186	\$7,918.60	97.00%	\$7,681	3.00%	\$238
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					0.20%			73.50%		26.50%	
Total Salaries and Wages							\$18,378		\$12,911		\$5,468
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$18,378		\$12,911		\$5,468
Staff Benefits (Specify %)				50.00%			\$9,189		\$6,456		\$2,734
I. Total Personnel Expenses							\$27,569		\$19,367		\$8,202
II. Operating Expenses											
1	Travel			\$500			\$500	50.00%	\$250	50.00%	\$250
2	Training			\$500			\$500	50.00%	\$250	50.00%	\$250
II. Total Operating Expenses							\$1,000		\$500		\$500
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			10.00%			\$2,757				\$2,757
2	External										
IV. Total Indirect Expenses							\$2,757				\$2,757
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$31,326		\$19,867		\$11,459

Michael Ungeheuer RN MN PHN 12/21/2020 530 621 6129 michael.ungeheuer@edcgov.us
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Michael Ungeheuer 12/21/2020 as above as above
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC Caseload Relief
 EL DORADO COUNTY
 FISCAL YEAR 20-21

PERSONNEL COSTS

Total salaries	\$18,378
Total Benefits	\$9,189
Total Personnel Costs	\$27,569

Supervising PHN	No Change
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PHN I-II	No Change
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OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.575 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP for continuing education program specific
Total Operating Expenses	\$1,000	

CAPITAL EXPENSES	\$0
Total Capital Expenses	\$0

INDIRECT EXPENSES

Internal @ 10%	\$2,757	Capped by State
External	\$0	
Total Indirect Expenses	\$2,757	

OTHER EXPENSES	\$0
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Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$31,326
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLICIP - Total Cases of Open (Active) OTLICIP Children	105	16.06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICIP) Children	499	76.30%
TOTAL CCS CASELOAD	654	100%



CCS Administrative Budget Summary

Fiscal Year: 2020-2021

County: EL DORADO

	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) County/State/Fed (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	382,290	29,227	61,377	291,686	91,136	200,550
II. Total Operating Expense	8,325	637	1,335	6,353	286	6,067
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	95,573	7,307	15,344	72,922		72,922
V. Total Other Expense	6,000	459	963	4,578		4,578
Budget Grand Total	492,188	37,630	79,019	375,539	91,422	284,117

	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) County/State/Fed (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	18,815	18,815				
County	18,815	18,815				
OTLICIP						
State	9,285		9,285			
County	9,285		9,285			
Federal (Title XXI)	60,449		60,449			
Medi-Cal						
State	164,915			164,915	22,856	142,059
Federal (Title XIX)	210,624			210,624	68,566	142,058

	Michael Ungeheuer MN RN PHN	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
	Michael Ungeheuer MN RN PHN	michael.ungeheuer@edcgov.us
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address


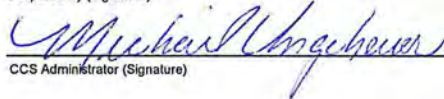
CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	105	16.06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	499	76.30%
TOTAL CCS CASELOAD	654	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: EL DORADO

Column	Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)								
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Staff Benefits (Specify %)	50.00%		127,430	7.65%	9,742	16.06%	20,459	76.30%	97,229		30,379		66,850
I. Total Personnel Expense			382,290	7.65%	29,227	16.06%	61,377	76.30%	291,686		91,136		200,550
II. Operating Expense													
1. Travel			600	7.65%	46	16.06%	96	76.30%	458	31.24%	143	68.76%	315
2. Training			600	7.65%	46	16.06%	96	76.30%	458	31.24%	143	68.76%	315
3. Communication			300	7.65%	23	16.06%	48	76.30%	229			100.00%	229
4. Insurance			2,625	7.65%	201	16.06%	421	76.30%	2,003			100.00%	2,003
5. Office and Duplicating			4,200	7.65%	321	16.06%	674	76.30%	3,205			100.00%	3,205
6.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
7.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
II. Total Operating Expense			8,325		637		1,335		6,353		286		6,067
III. Capital Expense													
1.				7.65%	0	16.06%	0	76.30%	0				0
2.				7.65%	0	16.06%	0	76.30%	0				0
3.				7.65%	0	16.06%	0	76.30%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	25.00%		95,573	7.65%	7,307	16.06%	15,344	76.30%	72,922			100.00%	72,922
			0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
IV. Total Indirect Expense			95,573		7,307		15,344		72,922				72,922
V. Other Expense													
1. Maintenance & Transportation			6,000	7.65%	459	16.06%	963	76.30%	4,578			100.00%	4,578
2.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
3.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
4.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
5.				7.65%	0	16.06%	0	76.30%	0			100.00%	0
V. Total Other Expense			6,000		459		963		4,578				4,578
Budget Grand Total			492,188		37,630		79,019		375,539		91,422		284,117

	Michael Ungeheuer MN RN PHN	12/21/2020	530 621 6129
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
	Michael Ungeheuer MN RN PHN	12/21/2020	As above
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	105	16.06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	499	76.30%
TOTAL CCS CASELOAD	654	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2020-2021

County: EL DORADO

Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
Supervising Public Health Nurse Dana Hardin PHN II	10.00%	101,608	10,161	7.65%	777	16.06%	1,631	76.30%	7,753			100.00%	7,753
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
Subtotal		101,608	10,161		777		1,631		7,753				7,753
Medical Case Management													
PHN II Sabina	80.00%	87,300	69,840	7.65%	5,339	16.06%	11,213	76.30%	53,288	40.00%	21,315	60.00%	31,973
Vacant PHN III	80.00%	79,186	63,349	7.65%	4,843	16.06%	10,171	76.30%	48,335	40.00%	19,334	60.00%	29,001
Supervising Public Health Nurse Dana Hardin PHN II	6.00%	101,608	6,096	7.65%	466	16.06%	979	76.30%	4,651	0.00%	0	100.00%	4,651
	0.00%	101,608	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
Subtotal		369,702	139,285		10,648		22,363		106,274		40,649		65,625
Other Health Care Professionals													
			0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Medical Office Assistant Vacant	25.00%	44,876	11,219	7.65%	858	16.06%	1,801	76.30%	8,560			100.00%	8,560
Medical Office Assistant Karin Wade	50.00%	38,480	19,240	7.65%	1,471	16.06%	3,089	76.30%	14,680			100.00%	14,680
Medical Office Assistant Maria Martinez	50.00%	44,495	22,248	7.65%	1,701	16.06%	3,572	76.30%	16,975			100.00%	16,975
4. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
Subtotal		127,851	52,707		4,030		8,462		40,215				40,215
Clerical and Claims Support													
Medical Office Assistant Vaccant	25.00%	44,876	11,219	7.65%	858	16.06%	1,801	76.30%	8,560	50.00%	4,280	50.00%	4,280
Medical Office Assistant Karin Wade	50.00%	38,480	19,240	7.65%	1,471	16.06%	3,089	76.30%	14,680	50.00%	7,340	50.00%	7,340
Medical Office Assistant Maria Martinez	50.00%	44,495	22,248	7.65%	1,701	16.06%	3,572	76.30%	16,975	50.00%	8,488	50.00%	8,487
4. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
Subtotal		127,851	52,707		4,030		8,462		40,215		20,108		20,107
Total Salaries and Wages			254,860	7.65%	19,485	16.06%	40,918	76.30%	194,457	31.24%	60,757	68.76%	133,700

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 2020-2021

PERSONNEL COST

Total salaries	\$254,860
Total Benefits	\$127,430

Total Personnel Expenses **382,290**

Supervising PHN		Reduced to 10% from 30% proposed as allocation insufficient to sustain. State required staffing standards of 7.37 FTE for tier 3 status not met.
Public Health Nurse II		Reduced to 1.66 from 2.60 proposed as allocation insufficient to sustain. State required staffing standards of 7.37 FTE for Tier 3 status not met.
Medical Office Assistance (2.5)		No change

OPERATING EXPENSES

		Includes per diem , private vehicle mileage, commercial auto rental, air travel etc.
Travel	\$600	Mileage reimbursement subject to Federal rate currently at 0.575 per mile with annual adjustment.
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education opportunities
Office Supplies and Services	\$4,200	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
Communication	\$300	Telephone 3rd party calls
Insurance	\$2,625	Facility and professional liability insurance

Total operating Costs **8,325**

CAPITAL EXPENSES

Total Capital Expenses **0**

INDIRECT EXPENSES

Internal @

External @ 25% 104,324

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

Total Indirect Expenses **95,573**

OTHER EXPENSES

Maintenance and transportation 6,000

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 **6,000**

BUDGET GRAND TOTAL **492,188**

County Classification Title and Salary Table Details

CCS Administrative Budget FY 2020-2021

(To be completed by the county)

County	EL DORADO	
Staff/Working Title for personnel reported in baseline budget (This is Column A)	Corresponding County Classification Title for personnel listed in Column A (Per County Web Link)	Notes/Comments (for any additional compensation in the budget compared to maximum salary in the website)
Supervising Public Health Nurse	Same	
Public Health Nurse I/II	Same	Longevity
Medical Office Assistant I/II	Same	Bilingual and SLT differential and longevity as applicable
Additional Details:	Please enter the required details as below:	Notes/Comments
Personnel Benefits Rate (County-established Percentage or Percentage Based upon Actual Costs)	50% reflected in the budget build is the average rate for all positions. Invoices are generated using actual rate by position individual.	Benefit rates are not open to public inspection
Indirect Cost Rate (FY 2020-21 CDPH County ICR to be applied to Total Personnel Costs) Copy & Open URL Link for ICR FY 2018-19 https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Indirect-Cost-Rate.aspx	25% https://www.edcgov.us/Government/Auditor-Controller	
Please provide following web link		
Web link for County Classification Title, Staff Benefits Rate and Salary Table:	https://www.governmentjobs.com/careers/edcgov	