

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County

Fiscal Year: 2007-08

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

Michael Vogelbein, RSW, PHN
Signature of CCS Administrator

7/24/07
Date Signed

Barbara Ann
Signature of Director or Health Officer

7/25/07
Date Signed

Signature and Title of Other – Optional

Date Signed

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

Helen K. Baumann
Signature of Local Governing Body Chairperson
HELEN K. BAUMANN

10/2/07
Date

**ATTEST: CINDY KECK, Clerk
of the Board of Supervisors**

By Stephan Tiller
DEPUTY 10/2/07

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

County/City: El Dorado County

Fiscal Year: 2007-08

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 DHS 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.

Michael Broshenski

Signature of CHDP Director

7/24/07

Date Signed

Stephanie Hall

Signature of Director or Health Officer

7/25/07

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Helen K. Baumann

Signature of Local Governing Body Chairperson

HELEN K. BAUMANN

10/2/07

Date

**ATTEST: CINDY KECK, Clerk
of the Board of Supervisors**

By *Stephanie Taylor*
DEPUTY

10/2/07

AGENCY DESCRIPTION

AGENCY DESCRIPTION

The El Dorado County Division of Community Based Public Health Nursing continues to embrace the integration of CHDP, CCS, and HCPCFC ensuring greater continuity and coordination of care for children in the community. The program unit is managed through a supervisory team with guidance from the Nursing Division Chief. Planning meetings consisting of program teams foster unity of mission, consistency of structure and a broader service base. Program coordination is further enhanced by the use of case management conferences, co-location of PHN in the Human Services facilities of the county, strong liaison with school nurses and continuous outreach and training for community health care providers.

Focal Areas of activity for FY 2007/2008

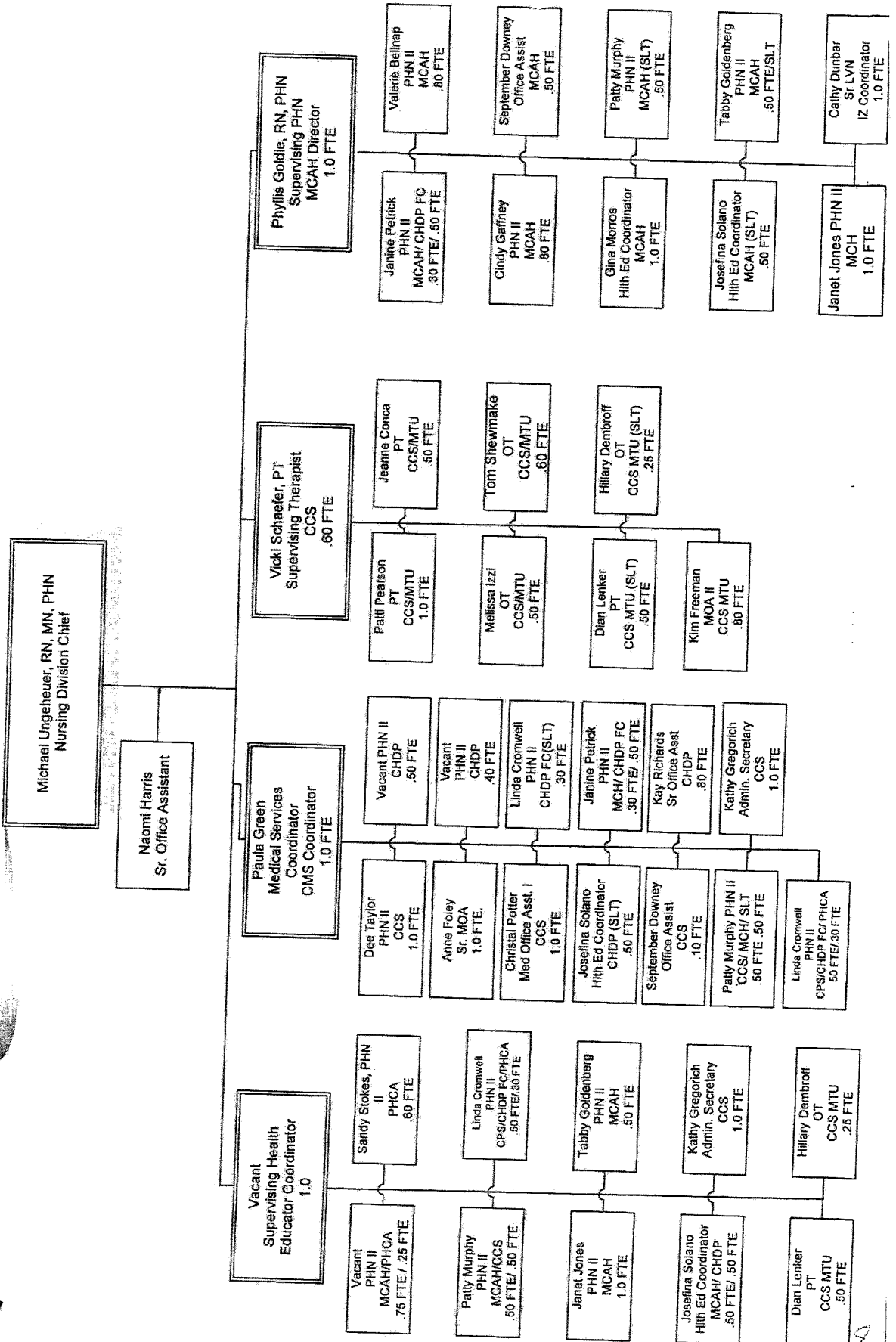
- Enhancing marketing activities to engage community providers.
- Initiating care collaborative systems for providing community based preventative health services, treatment opportunities and enhanced case management.
- Assessing needs and structure necessary for the potential transition to independent status.
- Primary health issues to focus on: Obesity and proper nutrition.

JUL 26 2007

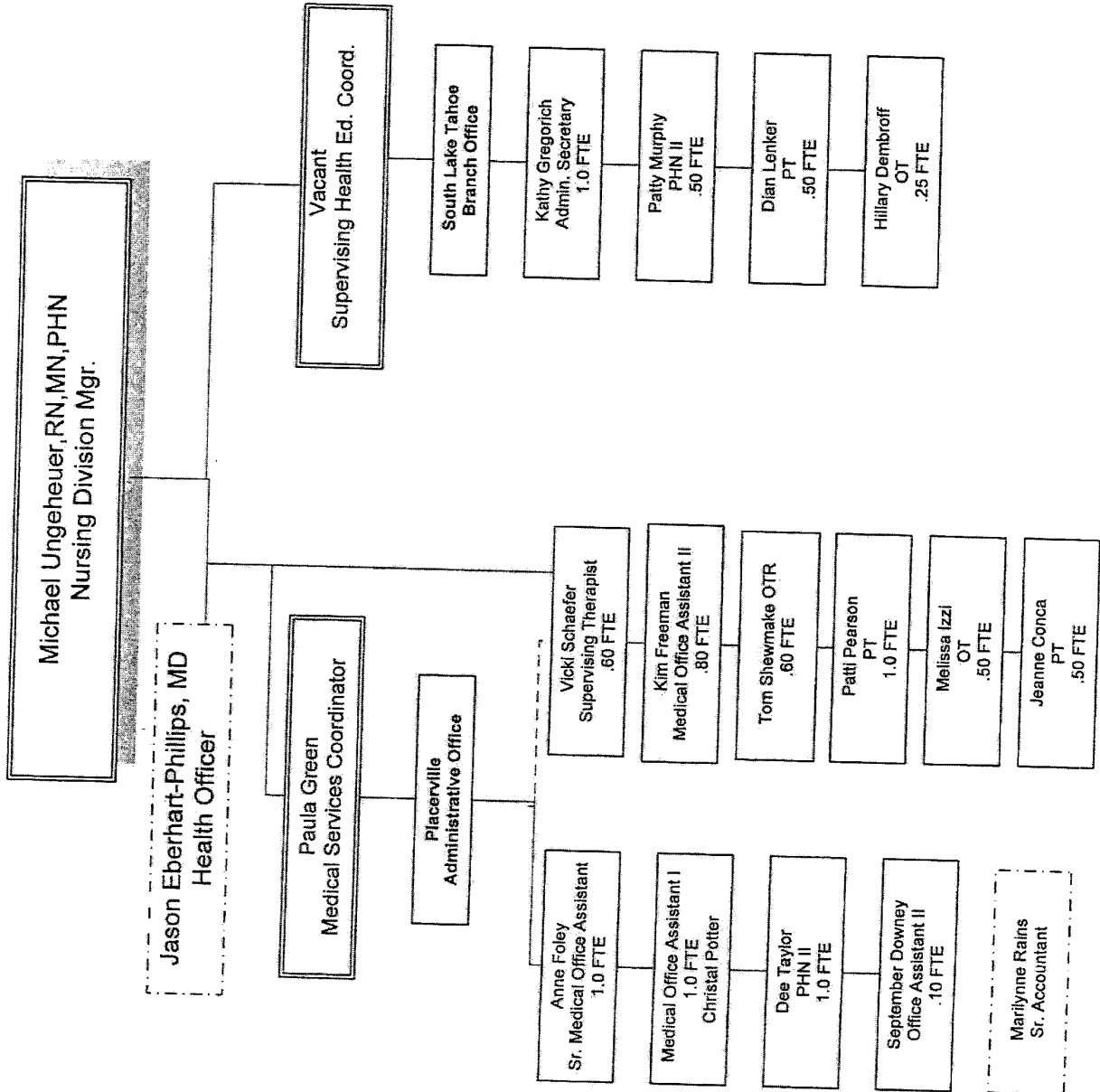
7 1

El Dorado County Public Health Nursing Division 07-08

JUL 26 2007

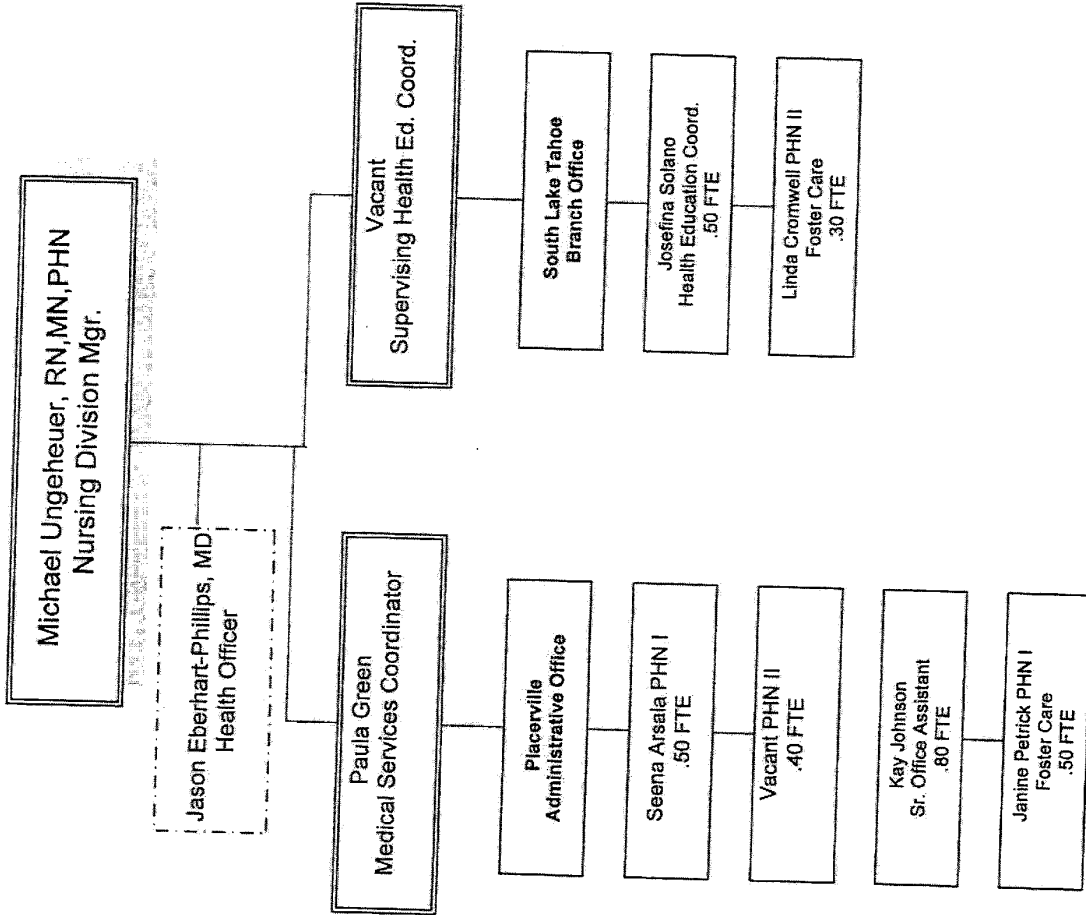


**EL DORADO COUNTY HEALTH NURSING DIVISION
CCS/MTU ORGANIZATION CHART
2007-2008**



SUL 26 2007

EL DORADO COUNTY HEALTH NURSING DIVISION
 CHDP/FOSTER CARE ORGANIZATION CHART
 2007-2008



JUL 26 2007

10

CCS County Staffing Standards Profile

Number of Staff by Personnel Class and Caseload

CCS Caseload	500-1000	1001-1500	1501-3000	3001-4500	4501-8000	6001-7500	7501-9000	9001-10500	10501-12000	12001-13500	13501-15000	15001-16500	16501-18000	18001-19500	19501-21000	21001-25500	80000-90000 (A)
Program Administration	0.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Administrator	0	0	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.7	25-28	1.0
Assistant Personnel Information	0.25	0.5	1.0	1.0	1.0	1.5	1.5	1.5	1.5	2.0	2.0	2.0	2.0	2.5	2.5	2.5	12-15
Technology Support	0.5	0.75	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Parent Liaison																	
Medical Case Management																	
Physician	0.5	0.5	1.0	1.0	1.0	2.0	2.25	3.0	3.0	3.35	4.0	4.0	4.5	5.0	5.0	6.0	10-15
Chief Therapist	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Therapist (OT/PT)	0.125	0.25	0.5	0.75	1.0	1.25	1.75	2.0	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.5	8-10
Nurse (D E)	1-2.5	3.7	7.5	7.5	11.25	15	18.75	22.5	26.25	30	33.75	37.5	41.25	45	48.75	52.5	200-
Other Health Care Professionals																	
Other Health Care Professionals (P)	0	0.3	0.7	1.0	1.2	1.7	2.0	2.3	2.7	3.0	3.3	3.7	4.0	4.3	4.7	5.0	10-12
Ancillary Support																	
Case Management Technician	1-3	3-4	4-8	8-11	11-15	15-19	19-23	23-26	26-30	30-34	34-38	38-41	41-45	45-49	49-53	53-64	
Program Eligibility Technician	1	1	2.0	4.0	6.0	7.5	9.0	11.0	13.0	15.0	17.0	19.0	21.0	23.0	24.0	30.0	
Clerical and Claims Support																	
Clerical Personnel	1	1.5	2.0	3.0	5.0	6.0	7.0	9.0	10.0	11.0	13.0	14.0	15.0	17.0	18.0	23.0	168-
Claims Personnel	25	0.5	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	17.0	189
Total FTEs	8.775	13.95	26.2	36.7	52.2	55.0	78.9	97.2	105.7	118.3	133.4	145.6	158.2	172.8	185.5	224.9	586.2

A. Los Angeles County
 B. The Parent Liaison position is highly recommended but not required.
 C. Counties with more than one physician position shall designate a Medical Director.
 D. Nurse staff positions are calculated by using 1 nurse to 400 caseload. The nursing allocation includes Medical Case Management, Concurrent/Utilization Review, and Early Childhood Coordinator. The nurse positions for Medi-Cal Managed Care and Healthy Families Liaison are calculated according to the number of plans in each county as outlined in Section 5.
 E. Other Health Care Professional positions are added when the number of nurse FTEs exceeds 6. The positions for administrative MCM are highly recommended but not required.
 F. Supervision positions for nursing are not included in the staff ratio. Minimum supervisor to nursing staff, clerical and technician staff is calculated at a 1 to 10 FTE ratio.

California Children's Services Incumbent List

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 County

Fiscal Year: 2007-08

Job Title	Incumbent Name	FTE % on CCS Admin Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Nursing Division Mgr.	Michael Ungeheuer	.25	.75	NO	NO
Sup. Health Education Coordinator	VACANT	.05	.95	NO	YES
Medical Services Coord.	Paula Green	.75	.25	NO	NO
PHN II	Dee Taylor	1.00	0	NO	NO
PHN II	Patty Murphy	.50	.50	NO	NO
Sr. Medical Office Asst.	Annie Foley	1.00	0	NO	NO
Medical Office Asst. I	Christal Potter	1.00	0	NO	NO
Office Asst. II	September Downey	.10	.50	NO	NO
Admin. Secretary	Kathy Gregorich	1.00	0	NO	NO
Sr. Accountant	Marilynne Rains	.15	.85	NO	NO

JUL 26 2007

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services Branch

Child Health and Disability Prevention Program Incumbent List

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 County

Fiscal Year: 2007-08

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)
Deputy Director CHDP	Michael Ungeheuer	.05		.95	NO	NO
Medical Services Coord.	Paula Green	.25		.75	NO	NO
PHN Liason	Vacant	.50			NO	NO
PHN II	Vacant	.40			NO	NO
Health Education Coord,	Josefina Solano	.50		.50	NO	NO
Sr. Office Assistant	Kay Johnson	.80			NO	NO

JUL 26 2007

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services Branch

Health Care Program for Children in Foster Care Incumbent List

Complete the table below for all personnel listed in the HCPCFC and 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: **2007-08**

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	Linda Cromwell	.30FTE		.50FTE	NO	NO
PHN I	Janine Petrick	.50FTE		.30FTE	NO	NO

SENIOR ACCOUNTANT

DEFINITION

Under general supervision, coordinates, directs, and reviews the work of the professional and support accounting staff within an operating department. Performs related duties as assigned.

DISTINGUISHING CHARACTERISTICS

This is the working lead level in the accountant series, providing lead direction to a staff of accountants and other employees in the performance of professional financial and cost accounting work within an operating department. Provides monitoring of program operations and may supervise a limited number of professional and support staff. This class is distinguished from other senior support classes in that the work relates directly to the direction and provision of accounting services.

EXAMPLES OF DUTIES (Illustrative Only)

- Provides lead direction, training, work review and evaluation to a small staff.
- Provides input into selection decisions, performance evaluations and disciplinary matters.
- Counsels staff; recommends appropriate discipline and other personnel actions.
- Assists in the development and implementation of goals, objectives, policies, procedures, and work standards within the department.
- Participates in the preparation and administration of the department's budget. Prepares and directs the preparation of budget transfers.
- Prepares and directs the preparation of financial statements, fiscal reports, and financial reviews.
- Reviews accounting and financial documents to ensure accuracy of information and calculations and makes correcting entries.
- Examines supporting documentation to establish proper authorization and conformance with agreements, contracts, and state and federal regulations.
- Prepares, maintains, and directs and preparation and maintenance of control and subsidiary accounting records involving a variety of transactions and accounts.
- Prepares and directs the preparation of trial balances; coordinates and calculates periodic closing entries.
- Prepares and directs the preparation of journal entries, and reconciliations of general ledger, journal, subsidiary accounts, and bank statements.
- Maintains and directs the maintenance of revenue and expenditure budgetary control accounts and records; reviews, analyzes, and recommends adjustments to budget.
- Compiles and prepares and directs the compilation and preparation of general and subsidiary ledgers and supporting schedules.
- Confers with departmental representatives and provides information regarding budgeting, financial management, and accounting processes.
- Reviews and approves and prepares claims for referral of tax monies and for reimbursement from state, federal, or other agencies.
- Analyzes programs and legislation to determine fiscal and budgetary impact.
- Provides technical support to outside auditors and governmental program auditors.
- Maintain effective liaison with the Auditor-Controller's office.

JUL 26 2007

15

QUALIFICATIONS

Knowledge of:

- Supervisory principles and practices.
- Principles , practices, and terminology of general, fund, and governmental accounting and budgeting.
- Principles and practices of business data processing, particularly as related to the processing of accounting information.
- Applicable laws regulating public fiscal operations.
- Budgetary principles and terminology.
- Basic principles and practices of internal and external audits.
- Basic auditing and reconciliation principles and practices.
- Office administration procedures, including recordkeeping and the operation of standard office equipment.

Skill in:

- Planning, assigning, directing, and reviewing the work of staff.
- Training staff in work procedures.
- Analyzing, balancing, reviewing, interpreting, and reconciling financial reports and information.
- Verifying the accuracy of financial data and information.
- Ensuring proper authorization and documentation for disbursements and other transactions.
- Preparing clear, concise, and complete financial reports and statements.
- Exercising sound independent judgement within established procedural guidelines.
- Establishing and maintaining effective working relationships with those contacted in the course of work.

Education and Experience:

Equivalent to graduation from a four year college or university in accounting, finance, business administration, economics, or a closely related field and two years of journey level accounting experience at a level equivalent to the class of Accountant II. Public agency experience is desirable.

Note: The above qualifications are a typically accepted way of obtaining the required knowledge and skills.

SUPERVISING HEALTH EDUCATION COORDINATOR

DEFINITION

Under direction, plans, supervises, reviews and evaluates the work of assigned professional, technical and other support staff; coordinates and reviews activities to accomplish assigned public health care, promotion and prevention programs; provides expert technical assistance to program participants and community groups; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS

This is the first full supervisory level in the health education coordinator series. The incumbent plans, organizes, trains, schedules, assigns and directs the work of professional, technical and support staff. In addition, the incumbent performs technical, complex or specialized duties in the support of public health care, promotion and prevention programs. This class is distinguished from the Health Program Manager in that the latter has overall managerial responsibility for a variety of health promotion services and programs for the Public Health Department.

EXAMPLES OF DUTIES (Illustrative Only)

- Identifies program priorities, goals, objectives and target groups.
- Plans, organizes, assigns, reviews, evaluates and directs the work of assigned professional, technical and support staff.
- Selects staff and provides for the orientation, training and evaluation of staff; recommends discipline and other personnel decisions.
- Provides technical consultation and guidance to staff members on difficult client cases.
- Provides technical assistance in the areas of planning and evaluation to community agencies.
- Develops requests for proposals for contracted services; analyses responses and makes recommendations to management for contractor approval.
- Negotiates contracts with funded agencies and administers the provision of contracts.
- Develops and implements program evaluation and contract monitoring techniques, forms and procedures for funded programs.
- Ensures that assigned programs are in compliance with Health and Safety Codes, state and federal laws and local policies; coordinates programs with other public and private health and social service agencies.
- Provides staff support and prepares reports for advisory groups on assigned educational programs; prepares verbal and written reports, records and summaries.
- Represents the County and the County's educational and substance abuse programs before Community councils and groups, the public and private agencies; makes oral and written presentations.

QUALIFICATIONS

Knowledge of:

- Principles and practices of employee supervision, including work planning, scheduling, selection, training, work evaluation and discipline.
- Principles and practices of social program planning, development and implementation.
- Principles and practices of substance abuse prevention, intervention and recovery.
- Needs assessment techniques and program evaluation.
- Federal, state and local laws and regulations concerning public health.
- Medical terminology and practices relevant to assigned programs.
- Techniques for dealing with individuals in various socio-economic groups.
- Community resources and agencies providing services to target populations.
- Research methodology and standard statistical methods and procedures.
- Business computer applications related to the work.
- Principles and practices of budget administration and control.
- Principles and practices of contract administration and monitoring.

Skill in:

- Planning, organizing, assigning, directing, reviewing and evaluating the work of others.
- Training others in program policies, regulations and work procedures.
- Ensuring program compliance with laws, rules and regulations.
- Researching and analyzing technical program information, evaluating alternative courses of action and making sound recommendations for modifications or enhancements.
- Preparing clear and concise reports, correspondence and other written materials.
- Exercising sound independent judgement within established guidelines.
- Communicating effectively with citizen groups, various boards, commissions and the public.
- Establishing and maintaining effective working relationships with those contacted in the course of the work, including clients, community groups, private agencies and the public.

Other Requirements:

- Must possess a valid driver's license. Must be available for after hours meetings.

Education and Experience

Equivalent to graduation from a four year college or university with major coursework in health, sociology, psychology, public administration or closely related field, and one year of experience equivalent to the County's classification of Health Education Coordinator, OR three years of professional level experience coordinating or providing direct services in a health care, promotions or prevention program. Lead or supervisory experience is desirable.

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

SR. ACCOUNTANT

County Job Class: Sr. Accountant

CMS DUTY STATEMENT

- The Sr. Accountant calculates the annual CCS State and County budget. **20%**
- The Sr. Accountant prepares and submits the CCS quarterly invoices to the state for processing. **50%**
- The Sr. Accountant reconciles CCS staff time studies and prepares quarterly reports for the CMS coordinator. **10%**
- The Sr. Accountant prepares journal entries specific to program requirements. **5%**
- The Sr. Accountant prepares CCS budget revisions for County and State as necessary. **15%**

SUPERVISING HEALTH EDUCATION COORDINATOR

County Job Class: SUPERVISING HEALTH EDUCATION COORDINATOR

CMS DUTY STATEMENT

- Under the direction of the Nursing Division Chief, the Supervising Health Education Coordinator is responsible for directly supervising the CCS staff working in the South Lake Tahoe area. **55%**
- The Supervising Health Education Coordinator oversees work of the South Lake Tahoe staff ensuring that it is complete and accurate and complies with CCS program requirements. **30%**
- The Supervising Health Education Coordinator acts as a liaison to state and community groups, and attends various essential meetings. **5%**
- The Supervising Health Education Coordinator identifies educational needs of the CCS staff and arranges training in the areas of need. **5%**
- The Supervising Health Education Coordinator attends trainings as necessary to enhance service delivery in the CCS program. **5%**

JUL 26 2007

20

09-0284.B.17

DATA FORMS

California Children's Services Caseload Summary Form

County: El Dorado

Fiscal Year: 07/08

	A		B				
	04-05 Actual Caseload	% of Grand Total	05-06 Actual Caseload	% of Grand Total	06-07 Estimated Caseload based on first three quarters	% of Grand Total	
MEDI-CAL							
1	Average of Total Open (Active) Medi-Cal Children	310	69	283	58	270	51
2	Potential Case Medi-Cal	19	4	16	3	24	4
3	TOTAL MEDI-CAL (Row 1 + Row 2)	329	73	299	61	294	55
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	77	17	70	14	84	15
5	Potential Cases Healthy Families	10	2	18	4	24	5
6	Total Healthy Families (Row 4 + Row 5)	87	19	88	18	108	20
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	30	15	77	16	110	21
8	Potential Cases Straight CCS Children	5	1	24	5	20	4
9	Total Straight CCS (Row 7 + Row 8)	36	8	101	21	130	25
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	123	27	189	39	238	45
GRAND TOTAL							
11	(Row 3 + Row 10)	452	100	488	100	532	100

2007. 2 8 2007

51

09-284 B.20

CHDP Program Referral Data

Complete this form using the instructions found in Section 4, page 8.

County/City: El Dorado County	FY 04-05		FY 05-06		FY 06-07	
	Cases	Recipients	Cases	Recipients	Cases	Recipients
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services		11,275		10,707		11,116
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	416	784	274	483	179	345
b. Number of Foster Care cases/recipients	168	169	108	158	79	80
c. Number of Medi-Cal only cases/recipients	504	865	378	722	284	559
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	1818		1061		984	
b. Medical and/or dental services with scheduling and/or transportation	165		77		16	
c. Information only (optional)						

22

4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	58	29	17	
Results of Assistance				
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	33	9	5	
6. Number of recipients in "5" who actually received medical and/or dental services	10	0	2	

**MOU
INTERAGENCY AGREEMENTS**

MOU 20 2007

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services Branch

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOUs) or Interagency Agreements (IAAs) 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 MOUs and IAAs that are new, have been renewed, or have been revised. For audit purposes, counties or cities should maintain current MOUs and IAAs on file.

County/City: El Dorado County

Fiscal Year: 2007-08

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)
Foster Care	MOU	7/1/07-09	6/1/07	M. Ungeheuer	NO
Human Services	IAA	7/1/06-09	6/1/07	M. Ungeheuer	NO
WIC	IAA	7/1/07-09	6/1/07	M. Ungeheuer	NO
SELPA/Office of Education	IAA	10/06-ongoing	6/1/07	M. Ungeheuer	Yes
Delta Dental	MOU	1/14/99-ongoing	6/1/07	M. Ungeheuer	NO
Blue Cross	MOU	2/1/99-ongoing	6/1/07	M. Ungeheuer	NO
Blue Shield	MOU	8/1/01-ongoing	6/1/07	M. Ungeheuer	NO
Health Net	MOU	9/28/98-ongoing	6/1/07	M. Ungeheuer	NO
Vision Service Plan	MOU	1/28/99-ongoing	6/1/07	M. Ungeheuer	NO

24

County/City: El Dorado County

Fiscal Year: 2007-08

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	6/28/00-ongoing	6/1/07	M. Ungeheuer	NO
Premier Access	MOU	1/14/99-ongoing	6/1/07	M. Ungeheuer	NO
Denticare	MOU	1/4/99-ongoing	6/1/07	M. Ungeheuer	NO
Delta Dental	MOU	1/28/99-ongoing	6/1/07	M. Ungeheuer	NO
Safeguard Vision	MOU	5/2/05-ongoing	6/1/07	M. Ungeheuer	NO

MOU 2 8 2007

85

EL DORADO COUNTY
CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
WOMEN, INFANTS AND CHILDREN SUPPLEMENTAL FOOD (WIC)
INTERAGENCY AGREEMENT

Goal

The primary goal of this agreement is to work cooperatively to improve the Women, Infants and Children Supplemental Food (WIC) services and the Child Health and Disability Prevention (CHDP) services, and access for an increased number of clients in the target populations of the WIC and CHDP Programs.

The WIC Program Agrees That:

1. The WIC orientation for new staff and clients will include a CHDP informational segment.
2. WIC clients, eligible for CHDP, who need a health-care referral, will be given a CHDP brochure and CHDP Program location and telephone number, along with a list of providers.
3. WIC will provide their current policies, procedures, information brochures and referral forms to the CHDP Program for reference retention.
4. WIC will accept the patient copy of the Confidential Screening/Billing Report (PM 160) as evidence of a medical examination.
5. WIC will accept CHDP examiners as providers of health services and orient approved clinicians to the WIC Program as appropriate.
6. WIC will inform the CHDP Program staff of problems with CHDP examiners (i.e., inaccurate data).

The CHDP Program Agrees That:

1. CHDP will provide WIC with the CHDP service provider list annually and updates periodically,
2. A description of CHDP services and CHDP brochures will be provided for use in WIC's orientation of new clients.
3. Instruct providers to refer WIC-eligible infants and children for services by completing a Confidential Screening/Billing Report (PM 160), WIC referral form, or prescription noting at minimum; date, height, weight, hematology, other finding of physical/medical status and signature of examiner. The referral will be sent with the parent or guardian to the WIC appointment. A copy of the PM 160 will be given to the patient.

County/City Name: El Dorado

Effective Dates: July 1, 2007 – June 30, 2009

JUL 26 2007

26

4. CHDP staff will maintain current information about eligibility and caseload constraints of the WIC Program and will report at CHDP staff meetings.
5. CHDP staff will furnish WIC brochures and WIC referral forms to CHDP service providers with information of current WIC policies concerning enrollment and referral to WIC.
6. CHDP staff will make appropriate referrals to WIC a condition of being a CHDP service provider, and will research for resolution problems reported by WIC concerning referral errors.
7. CHDP staff will inform eligible clients about WIC services through mail out of the WIC outreach pamphlet in an appropriate language, per current WIC enrollment priorities.

Both Programs Agree That:

1. The CHDP and WIC Program administrators and/or their appointed representatives will meet annually to review and update this agreement.
2. A liaison person/contact from each program will be appointed to facilitate the exchange of information. These individuals will meet quarterly, or more often, as necessary.
3. Each program will designate an individual to provide orientation to the staff of the other program.
4. The staff of each program will be kept aware of educational workshops, presentation, etc., of mutual interest.
5. The WIC and CHDP Program will share in the distribution of mutual health education material to both service populations, medical providers, other agencies and interested parties.

Ellen Deutsche, RD
WIC Coordinator

7/18/07
Date

Michael Ungeheuer, RWMN-PHN
Deputy Director CHDP
CMS Administrator

7/17/07
Date

AMENDED AGREEMENT NO. 606

Fiscal Year: Ongoing

Encumbrance: \$3,000

Account: 01-5640-0-5806-5001-2700-508-0000

INTERAGENCY AGREEMENT

BETWEEN

EL DORADO COUNTY OFFICE OF EDUCATION

AND

**EL DORADO COUNTY HEALTH DEPARTMENT –
CALIFORNIA CHILDREN'S SERVICES (CCS)**

October, 2006

JUL 26 2006

28

TABLE OF CONTENTS

	<u>Page</u>
1. Administration	1
2. Referrals	2
3. Assessment	2
4. Provision of Service	4
5. Individualized Education Program	4
6. Communication	5
7. Collaboration/Shared Resources	5
8. Problem Resolution	5
9. Staff Development	6
10. Space, Equipment, and Supplies	6
11. Indemnity	7
12. Term of Agreement and Signatures	7

Appendix

	<u>Page</u>
I. <u>Master Referral Packet</u> -	8
Information About California Children's Services	9
Application to Determine CCS Program Eligibility	11
Instructions for Completing the California Children's Services Application	12
California Children's Services Program Referral Form	14
California Children's Services Medical Eligibility for Medical Therapy Program	15
SELPA Form 11 – Permission for Exchange of Information	16
II. <u>Related Forms</u> -	17
CCS Form RR1 – Notice of Incomplete Referral From An LEA/EDCOE	18
CCS Form RR2 – Medical Eligibility Assessment Plan	19

JUL 26 2007

Table of Contents - continued

	<u>Page</u>
CCS Form RR3 – Undetermined Status Notification	20
CCS Form RR4 – Medical Eligibility Notification	21
CCS Form RR5 – CCS Medical Therapy Program (MTP) Therapy Assessment Plan	22
CCS Form RR6 – CCS Consent for Medical Therapy Program Services	23
CCS Form RR7 – Medical Therapy Conference Appointment Notice	24
CCS Form RR8 – CCS Medical Therapy Plan	25
CCS Form RR9 – LEA Notification of Medical Therapy Program Status	26
CCS Form RR10 – LEA Notification of Possible Delay in Determining Medically Necessary Services	27
CCS Form RR11 – Notice of Action Letter	28

**INTERAGENCY AGREEMENT
BETWEEN
EL DORADO COUNTY OFFICE OF EDUCATION
AND
EL DORADO COUNTY HEALTH DEPARTMENT - CALIFORNIA
CHILDREN'S SERVICES (CCS)
October 2006**

PURPOSE OF INTERAGENCY AGREEMENT

This Memorandum of Understanding between the El Dorado County Office of Education and the El Dorado County Health Department – California Children’s Services (CCS) shall provide a cooperative working procedure for eligible individuals who are served by both agencies. This agreement outlines the responsibilities of each agency.

This agreement shall assure that the provision of both educational and medical services are consistent with federal and state mandates for individuals who have or are suspected of having a neuromuscular, musculoskeletal or other physical impairment and who are eligible for special education services. The intent of this agreement is to provide for an uninterrupted flow of education and therapy services as indicated in each Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

I. ADMINISTRATION

El Dorado County Office of Education/LEA

The EDCOE shall identify a liaison to the CCS program to facilitate services between agencies.

The EDCOE will identify a special education administrator as the LEA liaison for each school district/county office.

The EDCOE liaison and LEA representatives will meet annually in October, and as needed, with the Medical Therapy Program (MTP) liaison to review and modify the interagency agreement.

El Dorado County Health Department (CCS)

CCS will identify a Medical Therapy Program (MTP) therapist as a liaison who will coordinate with the SELPA/LEA regarding services for children.

The CCS MTP liaison and CCS Administrator will meet annually in October, and as needed, with the EDCOE and LEA representatives to review and modify the interagency agreement.

2. REFERRALS

El Dorado County Office of Education/LEA

The LEA/COE liaisons shall assure that all referrals to CCS for MTP services include the LEA referral forms (Permission for Exchange of Information), CCS referral forms ("Program Referral Form" and "Application to Determine CCS Program Eligibility") and any supporting medical documentation that describes the child's physical findings.

The LEA liaison shall keep the IEP team informed of the status of the LEA referral for MTP services for maintenance of the IEP timeline.

See the Appendix-I for Master Referral Packet which contains:

1. Information About CCS
2. Application to Determine CCS Elig.
3. Instructions for Completing Appl.
4. CCS Prog. Referral Form
5. SELPA Exchange of Information Form

See the Appendix-II for other CCS and SELPA forms included.

El Dorado County Health Department (CCS)

CCS shall accept a complete LEA/COE referral from the LEA liaison of a pupil who may have or is suspected of having a neuromuscular, musculoskeletal or other physical impairment who may require medically necessary occupational or physical therapy.

CCS will review the referral package. If incomplete, CCS will notify the LEA liaison within 5 days of making the determination. (CCS Form RR1)

If the LEA referral is complete, CCS will, within 5 days, notify the LEA and parent and provide the parent with a Medical Eligibility Assessment Plan (CCS form RR2), and forward the complete referral to Sacramento Regional Office or the Local CCS Medical Consultant.

If the medical documentation does not describe a medically eligible condition, CCS will send an Undetermined Status Notification (CCS Form RR3) within 10 days to the parent and a copy to the LEA, and will request additional information or authorize a diagnostic evaluation to document physical findings for a medically eligible condition.

If determined to be ineligible for the MTP, a Notice of Action (CCS Form RR11) will be sent to the parent and copied to the LEA within 5 days of determination.

If the child is determined to be medically eligible, CCS shall within 5 days send the parent/guardian and LEA notification, using the Medical Eligibility Notification Form (CCS Form RR4).

3. ASSESSMENT

El Dorado County Office of Education/LEA

El Dorado County Health Departments (CCS)

CCS will send the parent a copy of the Therapy Assessment Plan (CCS Form RR5) and Consent for Medical Therapy Program Services (CCS Form RR6) is to be signed by the parent and returned to CCS within 15 days so therapy assessments can be scheduled.

The LEA liaison shall keep the IEP team informed of the status of the MTP services and assist the parent when necessary.

The LEA liaison shall forward the therapy evaluation report and proposed CCS Medical Therapy Plan (CCS form RR8) to the IEP team.

The LEA liaison shall forward the Medical Therapy Conference (MTC) Appointment Notice (CCS Form RR7) to the IEP team. This will serve as notification of a possible modification to the current IEP.

The LEA liaison or member of the IEP team must notify CCS and the parent of intent to participate in the Medical Therapy Conference.

The LEA shall forward the CCS approved Medical Therapy Plan (CCS Form RR8) to the IEP team.

CCS will then send LEA a copy of the signed Therapy Assessment Plan (CCS Form RR5), so an IEP can be scheduled within 60 days.

Therapy assessments must be completed within 30 days. The therapists will complete an assessment report and a proposed Medical Therapy Plan for treatment (CCS Form RR8). The therapy evaluation report and proposed Medical Therapy Plan will be reviewed with the parent and a copy sent to the LEA.

If the child does not meet the criteria for MTC, the parent will be instructed to schedule an appointment with the CCS paneled/authorized physician who will medically direct therapy services.

The report and proposed Medical Therapy Plan will be reviewed by the CCS paneled physician or MTC physician for medically necessary therapy services.

CCS will notify the LEA liaison and parent within at least 10 days in advance of the Medical Therapy Conference (MTC) appointment (CCS Form RR7).

CCS will notify the parent/caregiver of their requirement to attend the MTC with the child. If the child does not meet the criteria for MTC, the parent will be instructed to schedule an appointment with the CCS paneled/authorized physician who will medically direct therapy services.

The MTC physician shall determine the need for medically necessary occupational and/or physical therapy by signing the proposed Medical Therapy Plan, thus becoming the CCS approved Medical Therapy Plan. A copy of the plan will be given to the parent and sent to the LEA liaison within 5 days.

If there is a delay which may prevent adherence to the 15 day or 60 day timeline in determining medically necessary therapy, the LEA will be notified by sending the Notification of Possible Delay form (CCS Form RR10) with a copy to the parent

4. PROVISION OF SERVICE

El Dorado County Office of Education/LEA

The EDCOE shall assure the provision of services are consistent with the Guidelines for Occupational and Physical Therapy in California Public Schools, 1996.

The LEA will not provide therapy services that duplicate or conflict with the CCS approved Medical Therapy Plan.

The LEA will provide transportation to and from the MTU and school during the regular hours of the school day as deemed necessary and appropriate to ensure required services as identified in the student's Individualized Educational Program.

Designated instruction and services, including educationally based occupational and physical therapy are the responsibility of the LEA.

El Dorado County Health Department (CCS)

Medical therapy services must be provided by a registered occupational therapist or licensed physical therapist in accordance with CCS regulations and requirements.

CCS will provide therapy services as stated in the approved Medical Therapy Plan. Therapy plans for direct service are written for six months. Consultation plans are written for one year.

When the MTU is unable to provide occupational or physical therapy services identified in the approved Medical Therapy Plan, CCS will notify the parent and the LEA.

Communicate with the LEA liaison regarding transportation concerns or needed changes.

5. INDIVIDUALIZED EDUCATION PROGRAM

El Dorado County Office of Education/LEA

The LEA shall coordinate the time and place of the IEP with CCS when requesting MTP liaison's attendance at the meeting.

The LEA shall provide CCS notice of an IEP meeting of all MTP children. If the therapist is required to attend, 15 calendar days notice is requested.

The IEP shall be convened by the LEA to review all assessments, request additional assessments if needed, determine needs of student and consider services necessary to allow student to benefit from special education program.

El Dorado County Health Department (CCS)

CCS shall give the LEA and the parent 10 days notice of an impending change in the CCS Medical Therapy Program services that may necessitate a change in the IEP.

CCS shall participate in the IEP when requested to attend.

CCS shall present to the IEP team a copy of the therapy evaluation report and proposed Medical Therapy Plan (CCS Form RR8) that includes recommended goals and frequency and duration of service, to be attached to the IEP.

6. COMMUNICATION

El Dorado County Office of Education/LEA

Establish and maintain open channels of communication between the El Dorado COE/LEA liaison(s) and the El Dorado County Health Department (CCS) liaison(s).

An LEA representative will attend MTU conferences as appropriate.

LEA and CCS will collaborate regarding scheduling of service, taking into consideration transportation, school schedules, etc.

El Dorado County Health Departments (CCS)

Establish and maintain open channels of communication between the El Dorado COE/LEA liaison(s), and El Dorado County Health Department (CCS) liaison(s).

MTU therapist or CCS liaison will attend appropriate IEP/IFSP meetings.

CCS and LEA will collaborate regarding scheduling of service, taking into consideration transportation, school schedules, etc.

Annually, by October, CCS will provide the EDCOE/LEAs with an organization chart and contact/phone list.

7. COLLABORATION/SHARED RESOURCES

El Dorado County Office of Education/LEA

Commit to ongoing collaboration/communication regarding any services, assistive technology needs, assessments, etc., for children referred to CCS.

Cooperate in efforts to seek additional outside resources to support assessments, where appropriate.

El Dorado County Health Department (CCS)

Commit to ongoing collaboration/communication regarding any services, assistive technology needs, assessments, etc., for children referred to CCS.

Cooperate in efforts to seek additional outside resources to support assessments, where appropriate.

8. PROBLEM RESOLUTION

El Dorado County Office of Education/LEA

In the event that a dispute(s) arises between agencies, the LEA liaison and the MTP liaison shall participate in a local dispute resolution process involving the provision of medically necessary therapy services.

Problems that cannot be resolved at the local level shall be referred to the Executive Director County Office of Education.

1. Betsy Christ and Paula Green
2. Betsy Christ and Michael Ungeheuer
3. Vicki L. Barber, Ed.D. and Gayle Erbe-Hamilton, MPA
4. Sacramento Regional Office

El Dorado County Health Department (CCS)

In the event that a dispute(s) arises between agencies, the MTP liaison shall participate with the LEA liaison in local dispute resolution process involving the provision of medically necessary therapy services.

Problems that cannot be resolved at the local level shall be referred to the Sacramento Regional Office or the CCS Administration.

1. Betsy Christ and Paula Green
2. Betsy Christ and Michael Ungeheuer
3. Vicki L. Barber, Ed.D. and Gayle Erbe-Hamilton, MPA
4. Sacramento Regional

9. STAFF DEVELOPMENT

El Dorado County Office of Education/LEA

The EDCOE/LEA liaison shall work together with the CCS liaison to plan inservice opportunities in the areas of referral, IEP process, eligibility and provision of medically necessary services, as well as any other training appropriate to their staff.

El Dorado County Health Departments (CCS)

The CCS liaison shall work together with the EDCOE/LEA liaison to plan inservice opportunities in the areas of referral, IEP process, eligibility and provision of medically necessary services, as well as any other appropriate training.

10. SPACE, EQUIPMENT, AND SUPPLIES

El Dorado County Office of Education/LEA

The El Dorado County Office of Education (EDCOE) will work with the County CCS liaisons to implement the guidelines and standards regarding equipment and supplies for CCS MTP Service Provision (from the Interagency Agreement between California Department of Education-Special Education Division and Department of Health Services Children's Medical Services branch).

The EDCOE shall establish and maintain an annual budget for the MTU in the provision of equipment and supplies to operate the MTU. A specific budget of \$3,000 will be provided annually. This budget includes an allotment for equipment and replacement. Unused funds may be carried over.

El Dorado County Health Department (CCS)

The El Dorado County CCS liaison will work with the El Dorado County Office of Education representative to implement the guidelines and standards regarding equipment and supplies for CCS MTP Service Provision (from the Interagency Agreement between California Department of Education-Special Education Division and Department of Health Services Children's Medical Services branch).

Special education staff may share the therapy space and equipment of the MTU when CCS staff is not using the MTU facilities.

The LEA responsible for the day-to-day maintenance of the MTU physical plant shall be the EDCOE or LEA where located.

By October 30th of each school year, the CCS liaison will provide a list of new or replacement equipment for the MTU.

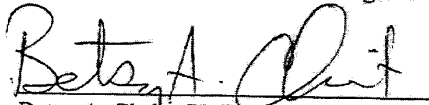
11. INDEMNITY

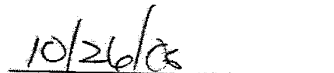
Parties shall indemnify and defend each other against and hold the other harmless for any and all loss, damage and liability for damage, including attorney's fees and other costs of defense incurred, whether for damage to or loss of property, or injury to or death of person, which shall in any way arise out of performance under the terms of this agreement.


12. TERM OF AGREEMENT AND SIGNATURES

The term of this Interagency Agreement shall be three years effective October 2006. Any additions, deletions, or modifications require a thirty-day written notice and joint written approval. This document will be revived annually to remain current with federal special education law and regulations, California Education Code, and Government Codes regulating each agency.

In witness whereof, we have signed this document as of the day and year herein set forth.


Betsy A. Christ, Ph.D.
Executive Director, Special Services
El Dorado County Office of Education


Date


Michael Ungeheuer, R.N., M.N., P.H.N.
Public Health Nursing Division Chief
El Dorado County Health Department/CCS


Date

JUL 26 2007

Memorandum of Understanding
El Dorado County

Delineating Areas of Responsibility for Child Health and Disability Prevention (CHDP) Public Health Nurses (PHNs) and Child Welfare Service (CWS) Agency Social Workers and Probation Officers in the Health Care Program For Children In Foster Care (HCPCFC)

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	PHN will be located in the CWS agency with accessibility to all team members	PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.
Supervision	PHN will be supervised by supervising PHN in the local CHDP program with input from CWS agency staff.	CWS agency/Supervising Probation Officer will provide input to the supervising PHN.
Accessing Resources	<p>PHN will identify health care providers in the community.</p> <p>PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</p> <p>PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</p> <p>PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</p>	<p>CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</p> <p>CWS agency Social Worker/Probation Officer will work with the substitute care provider (SCP) and the PHN to identify an appropriate health care provider for the child.</p> <p>CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</p>

County/City Name: El Dorado Effective Dates: July 1, 2007 - June 30, 2009

JUL 26 2007

38

**Memorandum of Understanding
El Dorado County**

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p>Health Care Planning and Coordination</p>	<p>PHN will interpret health care reports for social worker/probation officers and others as needed.</p> <p>PHN will develop a health plan for each child expected to remain in foster care.</p> <p>PHN will work with substitute care provider to ensure that the child's Health and Education Passport or its equivalent is updated.</p> <p>PHN will assist substitute care providers in obtaining timely comprehensive assessments.</p> <p>PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</p> <p>PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</p> <p>PHN will obtain and provide health care documentation when necessary to support the request for health care services.</p> <p>PHN will collaborate with social worker/probation officer, biological parent when possible and substitute care provider (SCP) to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the Health Education Passport (HEP) to the SCP.</p>	<p>Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer.</p> <p>Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</p> <p>Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</p> <p>Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the SCP.</p> <p>Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>Social Worker/Probation Officer will collaborate with the PHN and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.</p>

County/City Name: El Dorado

Effective Dates: July 1, 2007 - June 30, 2009

JUL 26 2007

**Memorandum of Understanding
El Dorado County**

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p>Health Care Planning and Coordination (continued)</p>	<p>PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>PHN will collaborate with the social worker/probation officer and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</p> <p>PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</p> <p>PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</p>	<p>CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</p> <p>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</p> <p>CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</p> <p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>
<p>Training/ Orientation</p>	<p>PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP program policies related to the Health Care Program for Children in Foster Care</p> <p>PHN will participate in multi-disciplinary meetings for review of health-related issues.</p> <p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</p>	<p>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</p> <p>CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</p> <p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>
<p>Policy/ Procedure Development</p>	<p>PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP program policies related to the Health Care Program for Children in Foster Care</p> <p>PHN will participate in multi-disciplinary meetings for review of health-related issues.</p> <p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</p>	<p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>
<p>Transition from Foster Care</p>	<p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</p>	<p>CWS agency staff/Probation Officers will collaborate with PHN to assure person leaving foster care supervision is aware and connected to resources for independent living.</p>

County/City Name: El Dorado

Effective Dates: July 1, 2007- June 30, 2009

JUL 26 2007

40

**Memorandum of Understanding
El Dorado County**

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Quality Assurance	PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department.	CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services
	PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.	CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.
	PHN will establish baseline data for evaluating health care services provided to children in foster care.	CWS agency/Probation Officers will collaborate and assist PHN in gathering data.

This Memorandum of Understanding in effect from July 1, 2007 through June 30, 2008 unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

<i>Michael Bergeron</i> Public Health Director or Child Health and Disability Prevention Program Director	<i>[Signature]</i> Date
<i>[Signature]</i> County Social Services Director or County Child Welfare Service Agency Director	<i>7/16/07</i> Date
<i>[Signature]</i> Chief Probation Officer	<i>7-16-07</i> Date

County/City Name: El Dorado Effective Dates: July 1, 2007- June 30, 2009

JUL 26 2007

BUDGETS

CHDP Administrative Budget Summary for FY 2007-08
No County/City Match
County/City Name: El Dorado

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$208,935	\$875	\$208,060	\$69,185	\$138,875
II. Total Operating Expenses	\$21,333		\$21,333	\$1,175	\$20,158
III. Total Capital Expenses					
IV. Total Indirect Expenses	\$33,205		\$33,205		\$33,205
V. Total Other Expenses					
Budget Grand Total	\$263,473	\$875	\$262,598	\$70,360	\$192,238

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds	\$875	\$875			
Medi-Cal Funds:	\$262,538		\$262,598		
State	\$113,709		\$113,709		\$96,119
Federal (Title XIX)	\$148,889		\$148,889	\$17,590	\$96,119
				\$52,770	\$96,119

M. Rains
 Prepared By _____
 Date Prepared 6/13/2007 (530) 621-6207 Phone Number m rains@co. el-dorado. ca. us Email Address
 Date 7/24/07 621-6129 Phone Number Email Address
 CHDP Director or Deputy
 Director (Signature)

09-0284.B.43

CHDP Administrative Budget Worksheet for FY 2007-08
 No County/City Match
 State and State/Federal

County/City Name: El Dorado

Fiscal Year 2007-08

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											
1. Deputy Director, Ungerheuer	5%	\$105,940	\$5,297			100%	\$5,297				
2. Medical Svcs Coord, Green	25%	\$50,503	\$12,626			100%	\$12,626			100%	\$5,297
3. PHN II, Vacant	50%	\$61,846	\$30,923	3%	\$773	97%	\$30,150	80%	\$24,120	100%	\$12,626
4. HEC, Solano	50%	\$64,844	\$32,422			100%	\$32,422			20%	\$6,030
5. SOA, Johnson	80%	\$33,517	\$26,814			100%	\$26,814			100%	\$32,422
6. PHN II, Vacant	40%	\$61,846	\$24,738			100%	\$24,738	80%	\$19,791	100%	\$26,814
7.											\$4,948
8.											
9.											
10.											
Total Salaries and Wages			\$132,820		\$773		\$132,047		\$43,911		\$88,136
Less Salary Savings											
Net Salaries and Wages											
Staff Benefits (Specify %)			\$76,115		\$773		\$76,113		\$25,274		\$50,739
I. Total Personnel Expenses			\$208,935		\$875		\$208,060		\$69,185		\$138,875
II. Operating Expenses											
1. Travel			\$2,537				\$2,537		\$843		\$1,694
2. Training			\$1,000				\$1,000		\$332		\$668
3. Communications			\$7,933				\$7,933				\$7,933
4. Office/Duplicating			\$5,352				\$5,352				\$5,352
5. Insurance			\$3,530				\$3,530				\$3,530
6. Utilities			\$981				\$981				\$981
7. Equipment											
8.											
9.											
10.											
II. Total Operating Expenses			\$21,333				\$21,333		\$1,175		\$20,158

CHDP Administrative Budget Worksheet for FY 2007-08
 No County/City Match
 State and State/Federal

County/City Name: El Dorado Fiscal Year 2007-08

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.											
2.											
3.											
4.											
5.											
IV. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 16.00%			\$21,251				\$21,251				\$21,251
2. External (Specify %) 9.00%			\$11,954				\$11,954				\$11,954
IV. Total Indirect Expenses			\$33,205				\$33,205				\$33,205
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$263,473		\$875		\$262,598		\$70,360		\$192,238

M. Rains
 Prepared By
 CHDP Director of Deputy
 Director (Signature)

Date Prepared, 7/24/07
 Date
 (530) 621-8207
 Phone Number
 mraains@co.el-dorado.ca.us
 Email Address
 621-6829
 Phone Number
 Email Address

Budget Narrative

**Children's Medical Services
El Dorado County
Budget Narrative
Fiscal Year 2007-08
CHDP No County/City Match**

I. PERSONNEL EXPENSE

Total Salaries:	\$ 1 32,820	Reduction in FTE
Total Benefits:	\$ 76,115	Actual cost of benefits
Total Personnel Expense	<u>\$208,935</u>	
Nursing Division Mgr.	\$ 5,297	Deputy Director CHDP. .05 FTE.
Medical Services Coordinator	\$ 12,626	Supervises program management under Nursing Division Chief. .25 FTE.
Health Education Coordinator	\$ 32,422	Technical support and outreach in SLT office. .50 FTE.
PHN II	\$ 30,923	Liaison with providers and state personnel. Case management .50 FTE.
Sr. Office Assistant	\$ 26,814	Provides clerical and ancillary support at Placerville office. .80 FTE
PHN II	\$ 24,738	Case management and outreach .40 FTE

II. OPERATING EXPENSE

Travel	\$ 2,537	Private auto mileage, rents, leases of vehicles, fuel purchases, meals, lodging.
Training	\$ 1,000	Tuition for trainings.

Insurance/utilities	\$ 4,511	Liability insurance cost, share of utilities based on Program FTE's
Communications	\$ 7,933	Telephone equipment, vendor, mainframe, IS support, internet services.
General Office/Duplication	\$ 5,352	Postage, office supplies, books, manuals, duplicating, minor office equipment, computer equipment
Total Operating Expenses	<u>\$ 21,333</u>	

IV. INDIRECT EXPENSE

A. Internal	16%	\$ 21,251	Program share of internal over-head set by Health Dept.
B. External	9%	\$ 11,954	Program share of county over-head expenses.
Total Indirect Expense		<u>\$ 33,205</u>	

V. OTHER EXPENSE \$ 0

BUDGET GRAND TOTAL \$263,473

Foster Care Administrative Budget Summary Fiscal Year 2006-2007
County-City Match
County/Title XIX Federal Funds
County/City Name: El Dorado

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced County- City/Federal (25/75)	3 Nonenhanced County- City/Federal (50/50)
I. Total Personnel Expense	\$4,443	\$3,554	\$889
II. Total Operating Expense	\$1,060	\$848	\$212
III. Total Capital Expense			
IV. Total Indirect Expense	\$356		
V. Total Other Expense			\$356
Budget Grand Total	\$5,859	\$4,402	\$1,457

Source of Funds	1 Total Funds	2 Enhanced County- City/Federal (25/75)	3 Nonenhanced County- City/Federal (50/50)
County-City Funds	\$1,829	\$1,101	\$728
Federal Funds (Title XIX)	\$4,030	\$3,301	\$729
Budget Grand Total	\$5,859		

Source County-City Funds:

M. Rains
 Prepared By _____ Date 6/14/2007 (530) 621-6207 Phone Number _____
M. Rains
 CHDP Director or Deputy _____ Date 6-21-07 Phone Number _____
 Director (Signature)

Foster Care Administrative Budget County-City Match
Fiscal Year 07/08
County/City Name: El Dorado

Enclosure F
 Version 1 _____

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
I. Personnel Expense							
PHN II, Cromwell	6%	\$59,336	\$3,560	80%	\$2,848	20%	\$712
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$3,560		\$2,848		\$712
Less Salary Savings							
Net Salaries and Wages			\$3,560		\$2,848		\$712
Staff Benefits (Specify %)	31.00%		\$883		\$706		\$177
I. Total Personnel Expense			\$4,443		\$3,555		\$889
II. Operating Expense							
1. Travel			\$460		\$368		\$92
2. Training			\$600		\$480		\$120
II. Total Operating Expense			\$1,060		\$848		\$212
III. Capital Expense							
1.							
2.							
III. Total Capital Expense							
IV. Indirect Expense							
1. Internal (Specify %)	10.00%		\$356				\$356
2. External							
IV. Total Indirect Expense			\$356				\$356
V. Other Expense							
1.							
2.							
V. Total Other Expense							
Budget Grand Total			\$5,859		\$4,403		\$1,457

M. Rains

06/13/07

(530) 621-6207

Prepared By

Date

Phone Number

M. Rains
 CHDP Director or Deputy Director (Signature)

7/24/07
 Date

621-6129
 Phone Number

06 26 2007

48

Budget Narrative

**Children's Medical Services
El Dorado County
Budget Narrative
Fiscal Year 2006-07
HCPCFC County/City Match Budget**

I. PERSONNEL EXPENSE

Total Salaries: \$ 3,871

Total Benefits: \$ 2,464

Total Personnel Expense \$ 6,335

PHN II \$ 20,603 Foster Care Nurse SLT .06 FTE

II. OPERATING EXPENSE

Travel \$ 200 Auto mileage, lodging, and meals

Training \$ 200 Tuition for trainings. PHN's attend at least one state sponsored training per year

Total Operating Expense: \$ 400

III. CAPITAL EXPENSE

\$ 0

IV. INDIRECT EXPENSE

A. Internal @ 10% \$ 387

Total Indirect Expense: \$ 387

V. OTHER EXPENSE

\$ 0

BUDGET GRAND TOTAL \$ 7,122

5/11/07

49

09/28/2007

HPCFC Administrative Budget Summary
Fiscal Year 2007-08
County/City Name: El Dorado

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$62,964	\$50,371	\$12,593
II. Total Operating Expenses	\$140	\$112	\$28
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$4,207		\$4,207
V. Total Other Expenses			
Budget Grand Total	\$67,311	\$50,483	\$16,828

Source of Funds	1 Total Funds	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
State Funds	\$21,035	\$12,621	\$8,414
Federal Funds (Title XIX)	\$46,276	\$37,862	\$8,414
Budget Grand Total	\$67,311		

M. Rains Prepared By Date 6/14/2007 (530) 621-6207 Phone Number Email Address

M. Rains CHDP Director or Deputy Director 7/20/07 621-6129 Phone Number Email Address

(Signature) (Date) Phone Number Email Address

HPCFC Administrative Budget Worksheet
Fiscal Year 2007-08
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 State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1. PHN I, Petrick	50%	\$55,666	\$27,833	80%	\$22,266	20%	\$5,567
2. PHN II, Cromwell	24%	\$59,336	\$14,241	80%	\$11,393	20%	\$2,848
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages	80%		\$42,074		\$33,659		\$8,415
Less Salary Savings							
Net Salaries and Wages			\$42,074	80%	\$33,659	20%	\$8,415
Staff Benefits (Specify %) 0.00%			\$20,890	80%	\$16,712	20%	\$4,178
I. Total Personnel Expenses			\$62,964		\$50,371		\$12,593
II. Operating Expenses							
1. Travel							
2. Training			\$140	80%	\$112	20%	\$28
II. Total Operating Expenses			\$140	80%	\$112	20%	\$28
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 10.00%			\$4,207				\$4,207
2. External							
IV. Total Indirect Expenses			\$4,207				\$4,207
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$67,311		\$50,483		\$16,828

M. Rains

Prepared By

06/14/07

(530) 621-6207

Date

Phone Number

Email Address

M. Rains
 CHOP Director or Deputy Director (Signature)

7/24/07
 Date

621-6129
 Phone Number

Email Address

JUL 23 2007

Revised April 2005

Budget Narrative

**Children's Medical Services
El Dorado County
Budget Narrative
Fiscal Year 2007-08
HPCFC Administrative Budget**

I. PERSONNEL EXPENSE

Total Salaries:	\$ 42,074	
Total Benefits:	<u>\$ 20,890</u>	Increase in health insurance
Total Personnel Expense	\$ 62,964	
PHN II	\$ 14,241	Foster Care Nurse in SLT.24 FTE
PHN II	\$ 27,833	Foster Care Nurse Placerville, .50 FTE

II. OPERATING EXPENSE

Travel	\$ 140	Auto mileage, lodging, and meals
Training	\$ 0	Tuition for trainings. PHN's attend attend at least one state sponsored training per year
Total Operating Expense:	<u>\$ 140</u>	

III. CAPITAL EXPENSE

\$ 0

IV. INDIRECT EXPENSE

A. Internal @ 10% \$ 4,207

Total Indirect Expense:
\$ 4,207

V. OTHER EXPENSE

\$ 0

BUDGET GRAND TOTAL \$ 67,311

JUL 2 2007

52

CCS CASELOAD	Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	270	61%
Potential Cases Medi-Cal	24	4%
TOTAL MEDI-CAL	284	55%
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	84	15%
Potential Cases HF	24	5%
Total Healthy Families	108	20%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	110	21%
Potential Cases Straight CCS	20	4%
Total Straight CCS	130	25%
TOTAL NON MEDI-CAL	238	45%
GRAND TOTAL	532	100%

CCS Administrative Budget Summary for FY 2007-08

County Name: El Dorado

Category/Line Item	1 Total Budget	2 Non-Medi-Cal County/State/HF Co/State/Federal	3 Total Medi-Cal State/Federal	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$ 424,963	\$ 181,234	\$ 233,729	\$ 63,864	\$ 169,865
II. Total Operating Expense	\$ 39,283	\$ 17,889	\$ 21,394	\$ 3,090	\$ 18,314
III. Total Capital Expense	\$ 71,180	\$ 32,032	\$ 39,148		\$ 39,148
IV. Total Indirect Expense	\$ 10,000	\$ 4,500	\$ 6,500		\$ 5,500
V. Total Other Expense	\$ 545,406	\$ 245,435	\$ 299,971	\$ 69,944	\$ 233,027
Budget Grand Total					

Source of Funds	1 Total Budget	2 Non-Medi-Cal County/State/HF Co/State/Federal	3 Total Medi-Cal State/Federal	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$ 67,028	\$ 67,028			
County	\$ 67,028	\$ 67,028			
CCS Healthy Families					
State	\$ 19,491	\$ 19,491			
County	\$ 19,491	\$ 19,491			
Federal (Title XXI)	\$ 72,387	\$ 72,387			
Medi-Cal Funds:					
State	\$ 133,249		\$ 133,249	\$ 18,736	\$ 116,513
Federal (Title XIX)	\$ 168,722		\$ 168,722	\$ 50,208	\$ 118,514

M. Rains

Prepared By

6/5/2007 mra@ccs.el-dorado.ca.us

Date Prepared

Email Address

Date

Email Address

CCS Administrative Budget Worksheet for FY 2007-08

County Name: El Dorado

CCS CASELOAD	Actual Caseload	Percent of Grand Total
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	270	51%
Potential Cases Medi-Cal	24	4%
TOTAL MEDI-CAL	294	55%
NON-MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	84	15%
Potential Cases HF	24	5%
Total Healthy Families	108	20%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	110	21%
Potential Cases Straight CCS	20	4%
Total Straight CCS	130	25%
TOTAL NON-MEDI-CAL	238	45%
GRAND TOTAL	532	100%

Category/Line Item	1	2	3	4A	4	5A	5	6A	6	7A	7
Column	% FTE	Annual Salary	Total Budget (1+2 or 4+6)	% FTE	Non-Medi-Cal County/State (60/50)	% FTE	Medi-Cal (6+7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (80/60)
Total Salary and Wages			\$294,849	45%	\$132,683	55%	\$162,166		\$48,114		\$116,062
Less Salary Savings			\$204,849	45%	\$132,683	55%	\$162,166		\$48,114		\$116,062
Net Salary and Wages			\$130,114	45%	\$68,561	55%	\$71,563		\$17,760		\$53,813
Staff Benefits (Specify %)			\$424,983		\$161,254		\$233,729		\$63,864		\$160,865
I. Total Personnel Expense			\$5,400	45%	\$2,430	55%	\$2,970		\$2,376	20%	\$594
1. Travel			\$1,600	45%	\$720	55%	\$890		\$704	20%	\$176
2. Training			\$12,835	45%	\$5,776	55%	\$7,059		\$5,648	100%	\$7,059
3. Communications			\$5,248	45%	\$2,362	55%	\$2,886		\$2,308	100%	\$2,886
4. Insurance			\$9,772	45%	\$4,307	55%	\$5,375		\$4,307	100%	\$5,375
5. Office/Duplicating			\$2,608	45%	\$1,128	55%	\$1,378		\$1,128	100%	\$1,378
6. Utilities			\$1,800	45%	\$805	55%	\$1,045		\$805	100%	\$1,045
7. Equipment			\$36,283		\$17,669		\$21,664		\$3,080		\$18,514
II. Total Operating Expense											
III. Capital Expense											
II. Total Capital Expense											
IV. Indirect Expense											
1. Internal			\$17,881	45%	\$7,888	55%	\$10,003				
2. External			\$98,021	45%	\$24,344	55%	\$31,677				
IV. Total Indirect Expense			\$71,180	45%	\$32,032	55%	\$39,149				
V. Other Expense											
1. Maintenance and Transportation			\$10,000	45%	\$4,500	55%	\$5,600				
V. Total Other Expense			\$10,000		\$4,500		\$5,600				
Budget Grand Total			\$646,406		\$245,435		\$297,041		\$66,844		\$5,500
											\$233,027

M. Raig
 Prepared By
 Date Prepared 06/07/07
 Phone Number (530) 621-6207
 CCS Administrator (Signature)
 Date Signed 6/7/07
 Phone Number 621-6129
 email address mraig@ca.ei-dorado.ca.us
 email address
 email address

CCS Administrative Budget Worksheet for FY 2007-08

County Name: El Dorado

	Actual Caseload	Percent of Grand Total
CCS CASELOAD		
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	270	51%
Potential Cases Medi-Cal	24	4%
TOTAL MEDI-CAL	294	55%
NON MEDI-CAL		
Healthy Families	84	19%
Potential Cases HF	24	5%
Total Healthy Families	108	20%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	110	21%
Potential Cases Straight CCS	20	4%
Total Straight CCS	130	25%
TOTAL NON MEDI-CAL	238	45%
GRAND TOTAL	532	100%

Category/Line Item	Column										
	1	2	3	4	5	6	7				
	% FTE	Annual Salary	Total Budget (1+2 or 4+5)	% FTE	Non-Medi-Cal County/State (50/40)	% FTE	Medi-Cal (6+7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (50/50)
I. Personnel Expense											
Program Administration											
Dir. Mgr. Ungheuer	25%	\$105,940	\$28,485	45%	\$1,018	59%	\$14,587	100%			\$14,587
Sup. HEC, Vacant	5%	\$76,859	\$3,703	45%	\$1,707	55%	\$2,098	100%			\$2,098
Med Sup Coord, Green	50%	\$80,603	\$26,262	45%	\$1,384	55%	\$13,888	100%			\$13,888
Sr. Accountant, Rainis	16%	\$87,500	\$10,126	45%	\$4,650	55%	\$6,568	100%			\$6,568
Subtotal		\$289,802	\$68,655		\$29,645		\$38,110				\$38,110
Medical Case Management											
PHN II, Murphy	50%	\$98,164	\$34,077	45%	\$15,339	55%	\$18,742	80%	\$14,004	20%	\$3,748
PHN II, Taylor	100%	\$70,727	\$70,727	45%	\$31,327	55%	\$38,800	60%	\$31,120	20%	\$7,780
Subtotal		\$138,881	\$104,804		\$47,162		\$57,842		\$46,114		\$11,628
Other Health Care Professionals											
Subtotal											
Ancillary Support											
Med Sup Coord, Green	25%	\$50,503	\$12,620	45%	\$5,082	55%	\$6,944	100%			\$6,944
Admin Secy, Gregorich	50%	\$44,560	\$22,280	45%	\$10,026	55%	\$12,254	100%			\$12,254
Sr. Med Office Asst, Foley	60%	\$38,420	\$18,211	45%	\$8,185	55%	\$10,016	100%			\$10,016
Subtotal		\$131,483	\$53,117		\$23,903		\$29,214				\$29,214
Clinical and Claims Support											
Admin Secy, Gregorich	50%	\$41,680	\$22,280	45%	\$10,026	55%	\$12,254	100%			\$12,254
MOA I, Potter	60%	\$38,420	\$18,210	45%	\$8,185	55%	\$10,015	100%			\$10,015
Office Asst II, Downey	10%	\$24,810	\$2,481	45%	\$1,121	55%	\$1,370	100%			\$1,370
Subtotal		\$134,182	\$71,273		\$32,973		\$39,200				\$39,200

55

Budget Narrative

Children's Medical Services
El Dorado County
Budget Narrative
Fiscal Year 2007-08
CCS Administrative

I. PERSONNEL EXPENSE

Total Salaries:	\$ 294,849	Salary increases
Total Benefits:	<u>\$ 130,114</u>	Actual cost of staff benefits
Total Personnel Expense:	\$ 424,963	
Nursing Division Manager	\$ 26,485	Directly supervises Medical Services Coordinator and is administrator of CCS. .25 FTE.
Supervising HEC	\$ 3,793	Supervise program staff in SLT office .05 FTE.
Medical Services Coordinator	\$ 37,878	Supervises program management under direction of Nursing Division Mgr. .75 FTE.
PHN II	\$ 70,727	Nurse case manager and enhanced case manager for Placerville 1.00 FTE
PHNII	\$ 34,077	Nurse case manager for the SLT Office .50 FTE
Administrative Secretary	\$ 44,559	Provides technical and clerical support in SLT office. .90 FTE
Sr. Medical Office Assistant	\$ 36,420	Provides clerical and technical support to Placerville office. 1.00 FTE.
Medical Office Asst.I	\$ 28,292	Provides clerical support to Placerville office 1.00 FTE
OA II	\$ 2,491	Provides general office support To Placerville office .10 FTE
Sr. Accountant	\$ 10,125	Provides budget and accounting support to program .15 FTE

56

II. OPERATING EXPENSE

Travel	\$ 5,400	Auto mileage, lodging and meals
Training	\$ 1,600	Tuition for trainings
Communications	\$ 12,835	Telephone equipment, long distance charges, mainframe, internet charges, IS support
Office/Printing	\$ 10,170	Office supplies, postage, central duplicating, increased based on past year actuals
Equipment	\$ 1,900	Dell computers, keyboard, screen, upgrade current computers for staff. Ten key, printer
Insurance	\$ 5,248	Liability insurance
Utilities	\$ 1,900	Program portion of department cost increased based on previous year actuals

Total Operating Expense: \$ 39,263

III. CAPITAL EXPENSE \$ 0

IV. INDIRECT EXPENSE

A. Internal	6%	\$ 17,691	Program share internal overhead set by department.
B. External	19%	\$ 56,021	Program share of county over-head

Total Indirect Expense: \$ 71,180

V. OTHER EXPENSE

Maintenance & Transportation	\$ 10,000	Travel reimbursement, lodging costs for CCS families. Increase based on previous year actuals.
------------------------------	-----------	--

Total Other Expense: \$ 10,000

BUDGET GRAND TOTAL \$ 545,406

**WORKSHEET
TO DETERMINE FUNDING SOURCES FOR ADMINISTRATIVE ACTIVITIES
RELATED TO HEALTHY FAMILIES FOR FY 2007-08
El Dorado**

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

Caseload Percentages

	(a)	(b)
1 Enter the total Non Medi-Cal Caseload (from the Caseload Box on the Budget Summary)	238	
2 Enter The total Healthy Families Caseload (from Caseload Box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 2a divided by line 1(a))	108	45.38%
3 Enter the Total CCS Caseload (from the caseload box on the Budget Summary) and divide by the total Non Medi-Cal Caseload (line 3(a) divided by line 1(a))	130	54.62%

SOURCE OF FUNDS

Straight CCS

4 Enter Budget Grand Total for Non Medi-Cal (from Budget Summary, Column 2)	\$239,078	
5 Total Straight CCS Dollars (multiply CCS percentage, line 3(b) x line 4(a))	\$130,589	
6 State (Line 5(a) x 50%)		→ \$65,294
7 County (subtract Line 6(b) from Line 5(a))		→ \$65,294

CCS Healthy Families

8 Determine Total Healthy Families Dollars (HF percentage from line 2, column b above x total Straight CCS dollars, Line 4, column a)	\$108,489	
9 State/County (35%) (multiply Total Healthy Families Dollars, line 8, column (a) by 35%)	\$37,971	
10 State (multiply line 9, column (a) by 50%)		→ \$18,986
11 County (subtract line 10(b) from line 9(a))		→ \$18,986
12 Federal Title XXI (65%) (multiply Total Healthy Families Dollars, line 8, column (a) by 65%)		→ \$70,518
Budget Grand Total (equals Budget Grand total for Non Medi-Cal from Budget Summary)	\$239,078	

CHDP Administrative Budget Summary for FY 2007-08
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	\$208,935	\$875	\$208,060	\$69,185	\$138,875
II. Total Operating Expenses	\$21,333		\$21,333	\$1,175	\$20,158
III. Total Capital Expenses					
IV. Total Indirect Expenses	\$33,205		\$33,205		\$33,205
V. Total Other Expenses					
Budget Grand Total	\$263,473	\$875	\$262,598	\$70,360	\$192,238

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	\$875	\$875			
Medi-Cal Funds:					
State	\$262,598		\$262,598		
Federal (Title XIX)	\$113,709		\$113,709	\$17,590	\$96,119
	\$148,889		\$148,889	\$52,770	\$96,119

Prepared By M. Rains

Date Prepared 6/13/2007 Phone Number (530) 621-6207 Email Address mrains@co-el-dorado.ca.us

CHDP Director or Deputy
 Director (Signature)

Date 12/17/07 Phone Number 621-6129 Email Address _____

SJA

CHDP Administrative Budget Worksheet for FY 2007-08
 No County/City Match
 State and State/Federal

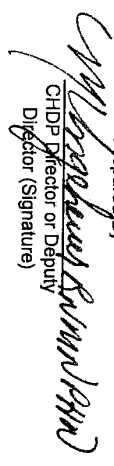
County/City Name: **EI Dorado** Fiscal Year **2007-08**

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											
1. Deputy Director, Ungenheuer	5%	\$105,940	\$5,297		\$773	100%	\$5,297			100%	\$5,297
2. Medical Svcs Coord, Green	25%	\$50,503	\$12,626		\$102	100%	\$12,626			100%	\$12,626
3. PHN II, Vacant	50%	\$61,846	\$30,923		\$773	97%	\$30,150	80%	\$24,120	20%	\$6,030
4. HEC, Solano	50%	\$64,844	\$32,422			100%	\$32,422	80%		100%	\$32,422
5. SOA, Johnson	80%	\$33,517	\$26,814		\$875	100%	\$26,814	80%		100%	\$26,814
6. PHN II, Vacant	40%	\$61,846	\$24,738			100%	\$24,738	80%	\$19,791	20%	\$4,948
7.											
8.											
9.											
10.											
Total Salaries and Wages			\$132,820		\$773		\$132,047		\$43,911		\$88,136
Less Salary Savings					\$773						
Net Salaries and Wages					\$102		\$76,013		\$25,274		\$50,739
Staff Benefits (Specify %) Actual			\$76,115		\$875		\$208,060		\$69,185		\$138,875
I. Total Personnel Expenses			\$208,935								
II. Operating Expenses											
1. Travel			\$2,537				\$2,537		\$843		\$1,694
2. Training			\$1,000				\$1,000		\$332		\$668
3. Communications			\$7,933				\$7,933				\$7,933
4. Office/Duplicating			\$5,352				\$5,352				\$5,352
5. Insurance			\$3,530				\$3,530				\$3,530
6. Utilities			\$981				\$981				\$981
7. Equipment											
8.											
9.											
10.											
II. Total Operating Expenses			\$21,333				\$21,333		\$1,175		\$20,158

CHDP Administrative Budget Worksheet for FY 2007-08
No County/City Match
State and State/Federal

County/City Name: **El Dorado** Fiscal Year **2007-08**

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.											
2.											
3.											
4.											
5.											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %)	16.00%		\$21,251				\$21,251				\$21,251
2. External (Specify %)	9.00%		\$11,954				\$11,954				\$11,954
IV. Total Indirect Expenses			\$33,205				\$33,205				\$33,205
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$263,473		\$875		\$262,598		\$70,360		\$192,238

M. Rains
 Prepared By

 CHDP Director or Deputy Director (Signature)

Date Prepared
 12/17/07
 Date
 Phone Number
 621-6129
 Phone Number
 Email Address
 mraains@co.el-dorado.ca.us

CHDP Administrative Budget Summary for FY 2007-08
No County/City Match
County/City Name:EI 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	\$208,935	\$875	\$208,060	\$69,185	\$138,875
II. Total Operating Expenses	\$21,333		\$21,333	\$1,175	\$20,158
III. Total Capital Expenses					
IV. Total Indirect Expenses	\$33,205		\$33,205		\$33,205
V. Total Other Expenses					
Budget Grand Total	\$263,473	\$875	\$262,598	\$70,360	\$192,238

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	\$875	\$875			
Medi-Cal Funds:					
State	\$262,598		\$262,598		
Federal (Title XIX)	\$113,709		\$113,709	\$17,590	\$96,119
	\$148,889		\$148,889	\$52,770	\$96,119

M. Rains
 Prepared By

6/13/2007 (530) 621-6207 mrrains@co.el-dorado.ca.us
 Date Prepared Phone Number Email Address

CHDP Director or Deputy
 Director (Signature)

Date Phone Number Email Address

County/City Name: El Dorado

CHDP Administrative Budget Worksheet for FY 2007-08
 No County/City Match
 State and State/Federal

Fiscal Year 2007-08

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)
1. Deputy Director, Ungerheuer	5%	\$105,940	\$5,297			100%	\$5,297			100%	
2. Medical Svcs Coord, Green	25%	\$50,503	\$12,626		\$773	100%	\$12,626			100%	\$5,297
3. PHN II, Vacant	50%	\$61,846	\$30,923	3%	\$773	97%	\$30,150	80%	\$24,120	20%	\$12,626
4. HEC, Solano	50%	\$84,844	\$32,422			100%	\$32,422			100%	\$6,030
5. SOA, Johnson	80%	\$33,517	\$26,814			100%	\$26,814			100%	\$32,422
6. PHN II, Vacant	40%	\$61,846	\$24,738			100%	\$24,738	80%	\$19,791	20%	\$26,814
7.											\$4,948
8.											
9.											
10.											
Total Salaries and Wages			\$132,820		\$773		\$132,047		\$43,911		\$88,136
Less Salary Savings											
Net Salaries and Wages											
Staff Benefits (Specify %) Actual			\$76,115		\$773		\$76,013		\$25,274		\$50,739
I. Total Personnel Expenses			\$208,935		\$875		\$208,060		\$69,185		\$138,875
1. Travel			\$2,537				\$2,537		\$843		\$1,694
2. Training			\$1,000				\$1,000		\$332		\$668
3. Communications			\$7,933				\$7,933				\$7,933
4. Office/Duplicating			\$5,352				\$5,352				\$5,352
5. Insurance			\$3,530				\$3,530				\$3,530
6. Utilities			\$981				\$981				\$981
7. Equipment											
8.											
9.											
10.											
II. Total Operating Expenses			\$21,333				\$21,333		\$1,175		\$20,158

County/City Name: El Dorado

CHDP Administrative Budget Worksheet for FY 2007-08
 No County/City Match
 State and State/Federal

Fiscal Year 2007-08

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.											
2.											
3.											
4.											
5.											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 16.00%			\$21,251				\$21,251				\$21,251
2. External (Specify %) 9.00%			\$11,954				\$11,954				\$11,954
IV. Total Indirect Expenses			\$33,205				\$33,205				\$33,205
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$263,473		\$875		\$262,598		\$70,360		\$192,238

M. Rains
 Prepared By
 CHDP Director or Deputy
 Director (Signature)

Date Prepared
 Date
 (530) 621-6207
 Phone Number
 mraains@co.el-dorado.ca.us
 Email Address
 Phone Number
 Email Address