

BUDGET

I. BUDGET SUMMARY PAGE		FY: 2010 - 2011		Title V Balance		SGF Balance	Total Balance		Base MCF		% Personnel Matched							
Budget Revision Number: <u>Original</u>									34.9%	71.28%								
Program:		UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		MCAH-TV		MCAH-GF		AGENCY		MCAH-N		CNTY-N		MCAH-E		CNTY-E				
Agreement No.:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		
(I) PERSONNEL		460,179	12.76%	58,713			13.34%	61,366			11.29%	51,946				62.62%	288,154	100%
(II) OPERATING EXPENSES		53,128	33.12%	17,596							66.88%	35,532						100%
(III) CAPITAL EXPENDITURES		2,200	100.00%	2,200														100%
(IV) OTHER COSTS		10,894	20.19%	2,200			22.92%	2,497			56.88%	6,197						100%
(V) INDIRECT COSTS		27,389	26.62%	7,291					0.00%		73.38%	20,098						100%
TOTALS*		553,790	15.89%	88,000			11.53%	63,863			20.54%	113,773				52.03%	288,154	100%

Maximum Amount Payable from State and Federal resources:		361,003			
	State Funding	Small Cnty Project	Budgeted	Balances	% of Budget
Total Title V	88,000		88,000		16%
Total State General Fund					
Total Agency General Fund			192,788	n/a	35%
Total Matching Title XIX			273,002	n/a	49%
Totals	88,000		553,790		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.




MCAH/PROJECT DIRECTOR'S SIGNATURE DATE: 8-3-10 AGENCY FISCAL AGENT'S SIGNATURE DATE: 8/10/10

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

State Use Only	MCAH-TV	MCAH-GF	MCAH-N	MCAH/CNTY-N	MCAH-E	MCAH/CNTY-E
(I) PERSONNEL	58,713			25,973		216,116
(II) OPERATING COSTS	17,596			17,766		
(III) CAPITAL EXPENDITURES	2,200					
(IV) OTHER COSTS	2,200			3,099		
(V) INDIRECT COSTS	7,291			10,049		
Totals for PCA Codes **	361,003	88,000		56,887		216,116

Program:		UNMATCHED FUNDING							NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		MCAH-TV		MCAH-GF		AGENCY			MCAH-N		CNTY-N		MCAH-E		CNTY-E			
Agreement No.:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined* Fed/Agency		

II. OPERATING EXPENSES DETAIL PAGE																	Match	
TOTAL OPERATING EXPENSES		53,128		17,596								35,532					Used	Avail.
TRAVEL	11,200	28.72%		3,217								71.28%	7,983				71.28%	
TRAINING	1,500	28.72%		431								71.28%	1,069				71.28%	0.00%
1 COMMUNICATOIN	16,725	28.72%		4,803								71.28%	11,922				71.28%	0.00%
2 POSTAGE	801	28.72%		230								71.28%	571				71.28%	0.00%
3 OFFICE	5,691	28.72%		1,634								71.28%	4,057				71.28%	0.00%
4 DUPLICATION	770	28.72%		221								71.28%	549				71.28%	0.00%
5 MEDICAL SUPPLIES	900	100.00%		900														71.28%
6 SUBSCRIPTIONS	930	100.00%		930														71.28%
7 MEMBERSHIPS	1,100	100.00%		1,100														71.28%
8 INSURANCE	8,956	28.72%		2,572								71.28%	6,384				71.28%	0.00%
9 PROFESSIONAL SERVICES	409	28.72%		117								71.28%	292				71.28%	0.00%
10 SPECIAL PROJECTS	200	28.72%		57								71.28%	143				71.28%	0.00%
11 UTILITIES	3,596	28.72%		1,033								71.28%	2,563				71.28%	0.00%
12 CLIENT EDUCATIONAL MATERIALS	350	100.00%		350														71.28%
13																		71.28%
14																		71.28%
15																		71.28%

IV. OTHER COSTS DETAIL PAGE																	Match	
TOTAL OTHER COSTS		10,894		2,200				2,497				6,197					Used	Avail.
SUBCONTRACTS																		
1																		71.28%
2																		71.28%
3																		71.28%
4																		71.28%
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6																		71.28%
7																		71.28%
8																		71.28%
OTHER CHARGES																		
AGENCY'S TOTAL INDIRECT COSTS		36,083																
AGENCY'S OTHER INDIRECT COSTS		8,694						28.72%	2,497			71.28%	6,197				71.28%	
1	COMPUTER	2,200	100.00%	2,200														71.28%
2																		71.28%
3																		71.28%
4																		71.28%
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Program: MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency: EL DORADO COUNTY		MCAH-TV		MCAH-GF		AGENCY		MCAH-N		CNTY-N		MCAH-E		CNTY-E				
Agreement No.: 2010-09		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		

I. PERSONNEL DETAIL PAGE

TOTAL PERSONNEL COSTS		460,179	58,713			61,366			51,946			288,164		
BENEFIT RATE		39.00%												
ACTUAL BENEFITS		186,284	24,035			23,131			23,460			115,657		
TOTAL WAGES		273,895	34,678			38,235			28,486			172,497		

INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY													MCF Per Staff	Staff (X) Traveling
1	PG DIRECTOR,SUP PHN	100.00%	85,188	85,188	23.70%	20,190		11.80%	10,052		14.50%	12,352		50.00%	42,594	0.65	x
2	PM PSC, PHN II	25.00%	67,360	16,840				5.00%	842		25.00%	4,210		70.00%	11,788	0.95	x
3	PM PHN II	25.00%	67,360	16,840	22.00%	3,705		13.00%	2,189		5.00%	842		60.00%	10,104	0.65	x
4	CG PHN II	80.00%	72,411	57,929	0.50%	290		14.00%	8,110		5.50%	3,186		80.00%	46,343	0.86	x
5	VB PHN II	80.00%	70,726	56,581	2.50%	1,415		14.50%	8,204		5.00%	2,829		78.00%	44,133	0.83	x
6	NH SR OA	50.00%	33,882	16,941	45.64%	7,732		19.36%	3,280		14.00%	2,372		21.00%	3,558	0.35	x
7	KR PHN II	20.00%	67,360	13,472	10.00%	1,347		15.00%	2,021		5.00%	674		70.00%	9,430	0.75	x
8	VAC PHN II	15.00%	67,360	10,104				35.00%	3,536		20.00%	2,021		45.00%	4,547	0.65	x
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PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDI-CAL FACTOR IDENTIFICATION											
FY: 2010 - 2011											
Program:		Maternal, Child & Adolescent Health									
Agency:		EL DORADO COUNTY									
Agreement No.:		2010-09									
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
		TOTAL FUNDING	Benefit Rate Per Staff	Actual Benefit Amount Per Staff	Program	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024		
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY								
1	PG DIRECTOR,SUP PHN	100.00%	85,188	85,188	actuals	27,194.00	MCAH	64.5%	Weighted	Yes	Weighted Medi-Cal Factor based on percentage worked in weighted activities
2	PM PSC, PHN II	25.00%	67,360	16,840	actuals	45,856.00	CPSP	95.0%	Multiple	Yes	Program works solely with Medi-Cal women and provider access
3	PM PHN II	25.00%	67,360	16,840	actuals	45,856.00	PCG	65.0%	Multiple	Yes	Monthly tracking/calculation of actual case load logs documenting Medi-Cal eligibility
4	CG PHN II	80.00%	72,411	57,929	actuals	28,342.00	MCAH	85.5%	Variable	Yes	Monthly tracking/calculation of actual case load logs documenting Medi-Cal eligibility
5	VB PHN II	80.00%	70,726	56,581	actuals	13,089.00	MCAH	83.0%	Variable	Yes	Monthly tracking/calculation of actual case load logs documenting Medi-Cal eligibility
6	NH SR OA	50.00%	33,882	16,941	actuals	14,261.00	MCAH	35.0%	Base		
7	KR PHN II	20.00%	67,360	13,472	actuals	5,243.00	MCAH	75.0%	Variable	Yes	Monthly tracking/calculation of actual case load logs documenting Medi-Cal eligibility
8	VAC PHN II	15.00%	67,360	10,104	actuals	6,443.00	MCAH	65.0%	Variable	Yes	Monthly tracking/calculation of actual case load logs documenting Medi-Cal eligibility
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MCF REQUIREMENTS

(Scroll down to view requirements)

VARIABLE: When MCAH Agency staff job duties and duty statement specify that they work with a unique population.

To use a Variable MCF for one or more staff an Agency must:

1. Submit a written request with the AFA via the MCAH Budget Template J-Pers worksheet. Include the methodology for calculations.
2. If approved, the Agency must submit a new request each fiscal year.
3. Staff or Program document 100% of client counts in their secondary documentation during the time study month as Medi-Cal enrolled or not. Maintain verification of enrollment.
4. Calculate MCF as percent of Medi-Cal enrolled to the total clients seen for that quarter and use that MCF for the corresponding quarter invoices for that staff.
5. The actual client counts must be re-calculated each quarter for each quarterly invoice.
6. Maintain the methodology, quarterly calculation summaries, client counts, CDPH MCAH approval, secondary, and any substantiating documentation for audit purposes.

MULTIPLE: When Agency staff duties can be divided into two or more specific categories, each based on a different function, activity, or client contact, and stated on two or more budget and invoice lines.

To use Multiple MCFs for the same staff an Agency must:

1. Submit a written request with the AFA via the MCAH Budget Template J-Pers worksheet. Include the data source(s) and methodology for calculations.
2. Either verify each alternate year (second or third year of three-year agreement) that there were no data changes or shifts in workload, or re-submit an updated methodology.
3. At a minimum, submit the methodology on the first of every three-year agreement period for CDPH MCAH review and approval.
4. Maintain the methodology, CDPH MCAH approval, client counts, secondary, and any substantiating documentation for audit purposes.

WEIGHTED: When a Director or Coordinator assumes multiple roles with different MCFs within an agency.

To use a Weighted MCF an Agency must:

1. Submit a written request with the AFA via the MCAH Budget Template J-Pers worksheet. Include the data source(s) and methodology for calculations.
2. Either verify each alternate year (second or third year of three-year agreement) that there were no data changes or shifts in workload, or re-submit an updated methodology.
3. At a minimum, submit the methodology on the first of every three-year agreement period for CDPH MCAH review and approval.
4. Maintain the methodology, CDPH MCAH approval, client counts, secondary, and any substantiating documentation for audit purposes.

Use the following link to determine the Weighted MCF %: [Weighted MCF Calculation Table](#)

LOCAL: When an Agency may have access to more current or region-specific final birth data.

To use a Local MCF an Agency must:

1. Submit a written request with the Agreement Funding Application (AFA) via the Budget Template J-Pers worksheet. Include the data source and methodology for calculations.
2. Calculations need to be based on population-wide, publicly available (posted on city or county Web site), and statistically valid data.
3. If approved by CDPH MCAH, the Agency must retain the methodology and approval for audit purposes.
4. A written request, along with new data and methodology, must be submitted to CDPH MCAH each fiscal year when proposing a Local MCF.

Weighted MCF Calculation Table

Program: Maternal, Child & Adolescent Health
 Agency: EL DORADO COUNTY
 Agreement #: 2010-09
 FY: 2010 - 2011

Line #
 Title:
 Name:

Activity/Program	FTE	MCF %	Weighted MCF
CPSP	0.10	90.0%	9.0%
HIGH RISK VISITING PROGRAM	0.40	85%	34.0%
GENERAL MCAH WORK	0.50	43%	21.5%
MCF on Budget	1.00		64.5%

**The Weighted MCF is calculated by adding the sums of the MCF multiplied by the percentage of time performing activities in a program. Please use the following table to determine the weighted MCF: Note: Additional justification must be provided based on this figure.

Line #
 Title:
 Name:

Activity/Program	FTE	MCF %	Weighted MCF
			#DIV/0!
MCF on Budget			#DIV/0!

BUDGET JUSTIFICATION CAPITAL EXPENDITURES

Program: Maternal, Child & Adolescent Health
Agency: EL DORADO COUNTY
Agreement No.: 2010-09
Fiscal Year: 2010 - 2011

TOTAL CAPITAL EXPENDITURES	2,200
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List each Capital Expenditure	Amount Budgeted
COMPUTER- laptop for C. Gaffney	2,200

~~JOEER~~
**BUDGET JUSTIFICATION
OPERATING EXPENSES**

Program: Maternal, Child & Adolescent Health
Agency: EL DORADO COUNTY
Agreement No.: 2010-09
Fiscal Year: 2010 - 2011

	Amount Budgeted	Explain types of travel
Travel Expenses	11,200	Travel to state mandated meetings, MCAH Action meetings, PSC meetings and trainings, SIDS events, mileage Agencies are responsible for reimbursement of costs above allowable State travel reimbursement rates. State travel reimbursement rates are posted on the MCAH website at the following link: www.cdph.ca.gov/programs/mcah/Documents/MO-MCAH-CMU01.doc

		Explain types of training
Training Expenses	1,500	Registration for continuing education trainings, SIDS update, MCAH educational days, workshops related to MCAH scope of work activities

Other Operating Expenses Description	Amount	**Unmatched	Explain types of expenses per line item
1 COMMUNICATOIN	16,725		Costs of telephone company vendor, county pass through telephone, use of telephone equipment, services of county mainframe, network, PC and Web support
2 POSTAGE	801		Mailings to clients regarding accessing care and medi-Cal for pregnancy, correspondence with agencies, providers and clients, intracounty mail services/ courier
3 OFFICE	5,691		General office expense and desktop items, software and software licensing needed for client program management, minor equipment items
4 DUPLICATION	770		Use of central duplicating equipment and products, rental/ repair of copy equipment
5 MEDICAL SUPPLIES	900	x	medical supplies for use in field, growth charts, BMI wheels, patient teaching models
6 SUBSCRIPTIONS	930	x	Pediatrics journal subscription
7 MEMBERSHIPS	1,100	x	MCAH Action annual membership
8 INSURANCE	8,956		Premium for liability insurance only. No malpractice coverage.
9 PROFESSIONAL SERVICES	409		Consultation services and rental/ upkeep cost of security system
10 SPECIAL PROJECTS	200		special projects aimed at outreach activities to increase access to medi-Cal services
11 UTILITIES	3,596		General utilities- electrical, sewer, water
12 CLIENT EDUCATIONAL MATERIALS	350	x	Informational pamphlets for services, pre-natal diaries for clients
13			
14			
15			

**BUDGET JUSTIFICATION
 OTHER COSTS**

Program: Maternal, Child & Adolescent Health
Agency: EL DORADO COUNTY
Agreement No.: 2010-09
Fiscal Year: 2010 - 2011

	Subcontracts	Amount Budgeted	Explain each expense
1			
2			
3			
4			
5			
6			
7			
8			

Other Charges

	Agency's Other Indirect Costs *	8,694	
1	COMPUTER	2,200	A-87
2			
3			
4			
5			
6			
7			

* Agency's Other Indirect Costs is the difference between an Agency's total indirect cost for their program and the amount shown for Indirect costs on the Budget Summary Page.