

**Health Care Program for Children in Foster Care**

<b>Agency Information</b>		County/City:	Fiscal Year:			
		El Dorado	2024-25			
Street Address:	941 Spring St	Health Officer Name:	Melody Law, MD			
City:	Placerville	HCPCFC Central Email				
Zip Code:		Address:	HCPCFC@edcgov.us.			
Authorized HCPCFC Representative		Director of Social Services Agency				
		Name: Olivia Byron-Cooper				
		Phone: 530 621 6320				
		Email: olivia.byron-cooper@edcg				
Clerk of the Board of Supervisors		Chief Probation Officer				
		Name: Brian Richart				
		Phone: 530 621 5625				
		Email: brian.richart@edcgov.us				
List All HCPCFC Program Staff						
	Name:	Title:	Support Staff	PHN	Email:	
1	Maureen Virgil	PHN Manager	No	Yes	maureen.virgil@edcgov.us	
2	Jessica Cullen	PHN Supervisor	No	Yes	jessica.cullen@edcgov.us	
3	Sharon Guthrie	PHN II	No	Yes	sharon.guthrie@edcgov.us	
4	Erica Bobrow	Senior Office Assistant	Yes	No	erica.bobrow@edcgov.us	
5	Kyle Fliflet	Deputy Director	Yes	No	kyle.fliflet@edcgov.us	
6						
7						
8						
9						
10						
<i>View additional rows by selecting the "+" to the left.</i>						

**Health Care Program for Children in Foster Care**

<b>Certification Statement</b>	<b>County/City:</b> El Dorado	<b>Fiscal Year:</b> 2024-25
<p>I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.</p>		

Maureen Virgil	<i>Maureen Virgil</i> Maureen Virgil (Feb 6, 2025 08:52 PST)	
HCPCFC/County Authorized Representative	Signature	Date

Local Governing Body Chairperson Name,	Signature	Date
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## Health Care Program for Children in Foster Care

Base Budget Worksheet					County/City Name:		Fiscal Year:			
Column				1A	1B	1	2A	2	3A	3
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN						
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%
3	Sharon Guthrie	PHN II	No	Yes	35%	\$104,603	\$36,611	95%	\$34,780	5%
4	Erica Bobrow	Senior Office Assistant	Yes	No	24%	\$42,952	\$10,308	90%	\$9,278	10%
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%
View additional rows by selecting the "+" to the left.										
Total Net Salaries and Wages						\$46,920		\$44,058		\$2,861
Staff Benefits (Specify %)				45%		\$21,114		\$19,826		\$1,287
I. Total Personnel Expenses						\$68,034		\$63,884		\$4,148
II. Total Operating Expenses (List in Narrative)						\$339		\$153		\$186
III. Total Capital Expenses (List in Narrative)						\$0				\$0
IV. Indirect Expenses (List in Narrative)										
1.	Internal (Specify %)	25%				\$17,009				\$17,009
2.	External (Specify %)	0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)						\$17,009				\$17,009
V. Total Other Expenses (List in Narrative)						\$0				\$0
				Budget Grand Total	\$85,382		\$64,037		\$21,343	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal

Regulations Section 432.2.



Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature

Date

**Health Care Program for Children in Foster Care**

<b>Base Budget Narrative</b>		County/City Name: El Dorado	Fiscal Year: 2024-25				
<b>I. Personnel Expenses</b> Identify and Explain Any Changes in Personnel/Personnel Expenses Additional salary equity adjustments cumulative from 2020 to current FY. FTE adjustments made based on changes in base salaries.							
<b>II. Operating Expenses</b> Identify and Explain All Operating Expense Line Items Postage \$339							
<b>III. Capital Expenses</b> Identify and Explain All Capital Expense Line Items None							
<b>IV. Indirect Expenses</b> Identify and Explain All Indirect Expense Line Items <table border="1"> <tr> <td>Internal:</td> <td>Consistent with approved A-87 plan on file.</td> </tr> <tr> <td>External:</td> <td></td> </tr> </table>				Internal:	Consistent with approved A-87 plan on file.	External:	
Internal:	Consistent with approved A-87 plan on file.						
External:							
<b>V. Other Expenses</b> Identify and Explain All Other Expense Line Items							

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates Maureen Virgil

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature

Date

## Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name: El Dorado		Fiscal Year: 2024-25				
Column				1A	1B	1	2A	2	3A	3	
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	23%	\$104,603	\$24,059	94%	\$22,615	6%	\$1,444
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$42,952	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$24,059		\$22,615		\$1,444
Staff Benefits (Specify %)				45%			\$10,827		\$10,177		\$650
I. Total Personnel Expenses											
II. Total Operating Expenses (List in Narrative)											
III. Total Capital Expenses (List in Narrative)											
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$8,722				\$8,722
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)											
V. Total Other Expenses (List in Narrative)											
Budget Grand Total							\$43,608		\$32,792		\$10,816

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.



Maureen Virgil

Authorized HCPCFC Signor Name, Title

Maureen Virgil (Feb 6, 2025 08:52 PST)

Signature

Date

**Health Care Program for Children in Foster Care**

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>		County/City Name: El Dorado	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses Additional salary equity adjustments cumulative from 2020 to current FY. FTE adjustments made based on changes in base salaries.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items None			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items Internal: Capped by the State. External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Maureen Virgil

Authorized HCPCFC Signor Name, Title

Signature

Maureen Virgil (Feb 6, 2025 08:52 PST)

Date

## Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet							County/City Name:		Fiscal Year:		
				El Dorado		2024-25					
Column				1A	1B	1	2A	2	3A	3	
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
#	Name	Title	DSS								PHN
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	10%	\$104,603	\$10,460	94%	\$9,833	6%	\$628
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$42,952	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total PHN FTE %				10%			94%				
Total Direct Support Staff FTE %				0%			0%				
Total Net Salaries and Wages						\$10,460		\$9,833		\$628	
Staff Benefits (Specify %)				45%			\$4,707		\$4,425		\$283
I. Total Personnel Expenses							\$15,167		\$14,258		\$911
II. Total Operating Expenses (List in Narrative)							\$326		\$326		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)	25%					\$3,792				\$3,792
2.	External (Specify %)	0%					\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$3,792				\$3,792
V. Total Other Expenses (List in Narrative)							\$0				\$0
				Budget Grand Total		\$19,285		\$14,584			\$4,703

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil

Authorized HCPCFC Signor Name, Title

  
 Maureen Virgil (Feb 6, 2025 08:52 PST)

Signature

Date

**Health Care Program for Children in Foster Care**

<b>Caseload Relief Budget Narrative</b>		County/City Name:	Fiscal Year:
		El Dorado	2024-25
<b>I. Personnel Expenses</b> Identify and Explain Any Changes in Personnel/Personnel Expenses FTE adjustments made based on changes in base salaries and to balance reductions in other budget funding amounts. Adjustments are necessary to retain the integrity of the program activities.			
<b>II. Operating Expenses</b> Identify and Explain All Operating Expense Line Items Travel \$326 includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.; mileage reimbursement @ federal rate/mile as published each January.			
<b>III. Capital Expenses</b> Identify and Explain All Capital Expense Line Items			
<b>IV. Indirect Expenses</b> Identify and Explain All Indirect Expense Line Items			
Internal:	Capped by the State.		
External:			
<b>V. Other Expenses</b> Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Maureen Virgil

Authorized HCPCFC Signor Name, Title

Maureen Virgil (Feb 6, 2025 08:52 PST)

Signature

Date

**Health Care Program for Children in Foster Care**

County-City Match Budget Worksheet							County/City Name: El Dorado		Fiscal Year: 2024-25	
Column				1A	1B	1	2A	2	3A	3
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total
#	Name	Title	DSS							
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	0%	\$0	0%	\$0	100%	\$0
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.										
Total Net Salaries and Wages							\$0	\$0	\$0	\$0
Staff Benefits (Specify %)				73%			\$0	\$0	\$0	\$0
I. Total Personnel Expenses							\$0	\$0	\$0	\$0
II. Total Operating Expenses (List in Narrative)							\$0			\$0
III. Total Capital Expenses (List in Narrative)							\$0			\$0
IV. Indirect Expenses (List in Narrative)										
1.	Internal (Specify %)			0%			\$0			\$0
2.	External (Specify %)			0%			\$0			\$0
IV. Total Indirect Expenses (List in Narrative)							\$0			\$0
V. Total Other Expenses (List in Narrative)							\$0			\$0
							Budget Grand Total	\$0	\$0	\$0

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

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Authorized HCPCFC Signor Name, Title

Signature

Date

**Health Care Program for Children in Foster Care**

<b>Administrative Budget Narrative</b>		County/City Name:	Fiscal Year:
		El Dorado	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:			
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Maureen Virgil	
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Authorized HCPCFC Signor Name, Title

Signature

Date

## **Health Care Program for Children in Foster Care**

Administrative Budget Worksheet							County/City Name: El Dorado		Fiscal Year: 2024-25		
Column				1A	1B	1	2A	2	3A	3	
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total	
#	Name	Title	DSS								
1	Maureen Virgil	PHN Manager	No	Yes	15%	\$135,970	\$20,396			15%	\$20,396
2	Jessica Cullen	PHN Supervisor	No	Yes	20%	\$110,406	\$22,081			20%	\$22,081
3	Sharon Guthrie	PHN II	No	Yes	12%	\$104,603	\$12,552			12%	\$12,552
4	Erica Bobrow	Senior Office Assistant	Yes	No	25%	\$42,952	\$10,738			25%	\$10,738
5	Kyle Fliflet	Deputy Director	Yes	No	5%	\$149,406	\$7,470			5%	\$7,470
6	0	0	0	0	0%	\$0	\$0			0%	\$0
7	0	0	0	0	0%	\$0	\$0			0%	\$0
8	0	0	0	0	0%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$73,237				\$73,237
Staff Benefits (Specify %)				45%			\$32,957				\$32,957
I. Total Personnel Expenses							\$106,194				\$106,194
II. Total Operating Expenses (List in Narrative)							\$7,300				\$7,300
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$26,549				\$26,549
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$26,549				\$26,549
V. Total Other Expenses (List in Narrative)							\$0				\$0
							Budget Grand Total	\$140,043			\$140,043

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Maureen Vigil

Maureen Virgil

Authorized HCPCFC Signor Name, Title

**Signature**

Maureen Virgil (Feb 6, 2025 08:52 PST)

Date

**Health Care Program for Children in Foster Care**

<b>Administrative Budget Narrative</b>		County/City Name: El Dorado	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Deputy Director position is essential for providing fiscal support to the administrative operations funded by HCPCFC budget: ensures fiscal management activities align with administrative intent of the allocation and that resources are utilized effectively to support the program; oversees the development of the HCPCFC budget and ensures funds are allocated in compliance with local, state, and federal requirements and that reporting deadlines are met; and responsible			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel: \$2000 includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.; mileage reimbursement @ federal rate/mile as published each January; Training: \$2000 registration/tuition fees for SPMP and support staff for continuing education that is program specific; Office supplies \$1200; Postage \$300.00; Cell phone service \$1,800			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:			
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of Maureen Virgil

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature

Date

**Health Care Program for Children in Foster Care**

Budget Summary							County/City: El Dorado County				Fiscal Year: 2024-25				
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$68,034	\$63,884	\$4,148	\$34,886	\$32,792	\$2,094	\$15,167	\$14,258	\$911	\$0	\$0	\$0	\$106,194		\$106,194
II. Total Operating Expenses	\$39	\$153	\$186	\$0	\$0	\$0	\$326	\$326	\$0	\$0	\$0	\$0	\$7,300		\$7,300
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$17,009		\$17,009	\$8,722		\$8,722	\$3,792		\$3,792	\$0		\$0	\$26,549		\$26,549
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$85,382	\$64,037	\$21,343	\$43,608	\$32,792	\$10,816	\$19,285	\$14,584	\$4,703	\$0	\$0	\$0	\$140,043		\$140,043
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$26,681	\$16,009	\$10,672	\$13,606	\$8,198	\$5,408	\$5,998	\$3,646	\$2,352	\$0	\$0	\$0	\$70,022		\$70,022
Federal Funds (Title XIX)	\$58,699	\$48,028	\$10,672	\$30,002	\$24,594	\$5,408	\$13,290	\$10,938	\$2,352	\$0	\$0	\$0	\$70,022		\$70,022
Budget Grand Total	\$85,380	\$64,037	\$21,343	\$43,608	\$32,792	\$10,816	\$19,287	\$14,584	\$4,703	\$0	\$0	\$0	\$140,043		\$140,043

Maureen Virgil

Authorized HCPCFC Signor Name, Title



 Signature Date  
 Maureen Virgil (Feb 6, 2025 08:52 PST)