

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Agangy Info		County/City:		Fiscal Year:		
	Agency Info	ormation	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 HCPC	FC Representative	Dire	ector of Social	Services Agency		
	Name, Title:	Maureen Virgil		Name:	Olivia Byron-Cooper		
	Phone:	530 621 6217		Phone:	530 621 6320		
	Email:	maureen.virgil@edcgov.us		Email:	olivia.byron-cooper@edcg		
	Clerk of the Boar	rd of Supervisors		Chief Proba	tion Officer		
	Name:	Kim Dawson			Brian Richart		
	Phone:	530 621 5390		Phone:	530 621 5625		
	Email:	kim.dawson@edcgov.us		Email:	brian.richart@edcgov.us		
		List All HCPCF	C 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 6	Kyle Fliflet	Deputy Director	Yes	No	kyle.fliflet@edcgov.us		
7							
8	8						
9							
10							
Vie	w additional rows by selecti	ng the "+" to the left.					



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	El Dorado	2024-25

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.

	Maureen Visil	
Maureen Virgil	Maureen Virgil (Feb 6, 2025 08:52 PST)	
HCPCFC/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name.	Signature	Date



		Page Bud		County/City Name:		Fiscal Year:					
		Base Bud	get works	neet				El Dorado		2024-25	
Col	umn				1A	1B	1	2A	2	3A	3
I. P	ersonnel Expenses				Total Base	Annual Salary Tota	Total Budget	Enhanced FTE %	Enhanced	Non-	Non-
<u> </u>	· I	I	T		FTE %				Total	Enhanced FTE	Enhanced
#	Name	Title	DSS	PHN	FIE 70			FIE 70	Total	%	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	35%	\$104,603	\$36,611	95%	\$34,780	5%	\$1,831
4	Erica Bobrow	Senior Office Assistant	Yes	No	24%	\$42,952	\$10,308	90%	\$9,278	10%	\$1,031
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	100%	\$0
	w additional rows by selectir	ng the "+" to the left.									
	al Net Salaries and Wages						\$46,920		\$44,058		\$2,861
	f Benefits (Specify %)		45	%			\$21,114		\$19,826		\$1,287
	otal Personnel Expenses						\$68,034		\$63,884		\$4,148
_	otal Operating Expenses (Li						\$339		\$153		\$186
	otal Capital Expenses (List						\$0				\$0
IV.	ndirect Expenses (List in Na	arrative)									
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. T	otal Other Expenses (List in	Narrative)					\$0				\$0
					Budge	et 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 (Feb 6, 2025 08:52 PST)

Maureen Virgil

Signature





	Base Budget Narrative		County/City Name:	Fiscal Year:				
	base budget Narrative		El Dorado	2024-25				
I. Personnel Ex	penses Identify and Explain Any Changes in Per	rsonnel/Personnel Ex	penses					
Additional sal	ary equity adjustments cumulative from 2020 to	current FY. FTE adj	ustments made based	d on changes in				
base salaries.								
	expenses Identify and Explain All Operating Expe	ense Line Items						
Postage \$339								
<u> </u>	enses Identify and Explain All Capital Expense Li	ine Items						
None	None							
IV. Indirect Ex	penses Identify and Explain All Indirect Expense	Line Items						
Internal:	Consistent with approved A-87 plan on file.							
External:								
V. Other Expe	nses 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 are the subject to sanctions.								
Maureen Virg		Maureen Virgil (Feb 6, 2025 08:52 PST)				
Authorized Ho	CPCFC Signor Name, Title	Signature		Date				



	Psychotropic Medication Monitoring & Oversight Budget Worksheet								lame:	Fiscal Year:	
	rsychol	ropic Medication Monitoring	& Oversignt i	buuget 1	Worksneet			El Dorado		2024-25	
Col	umn				1A	1B	1	2A	2	3A	3
I. P	ersonnel Expenses				Total Base	Annual	Total Dudget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	Total Budget	FTE %	Total	FTE %	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
Vie	w additional rows by selecting the "+" to the	ne left.	•								
	al Net Salaries and Wages						\$24,059		\$22,615		\$1,444
Sta	ff Benefits (Specify %)		45	5%			\$10,827		\$10,177		\$650
I. T	otal Personnel Expenses		•				\$34,886		\$32,792		\$2,094
II. T	otal Operating Expenses (List in Narrative)					\$0		\$0		\$0
III.	Total Capital Expenses (List in Narrative)						\$0				\$0
IV.	Indirect Expenses (List in Narrative)										
1. Internal (Specify %)						\$8,722				\$8,722	
2. External (Specify %) 0%				%			\$0				\$0
IV.	IV. Total Indirect Expenses (List in Narrative)						\$8,722				\$8,722
٧. ٦	Total Other Expenses (List in Narrative)						\$0				\$0
					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 432,2.

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

Authorized HCPCFC Signor Name, Title

Signature



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotro	Psychotropic Medication Monitoring & Oversight I	daet Narrative	County/City Name:	Fiscal Year:
rsychotro	pic Medication Monitoring & Oversight bu	uget Harrative	El Dorado	2024-25
I. Personnel Exp	enses Identify and Explain Any Changes in Per	sonnel/Personnel E	kpenses	
Additional salar	y equity adjustments cumulative from 2020 to	current FY. FTE ad	justments made base	d on changes in
base salaries.				
II. Operating Exp	penses Identify and Explain All Operating Expe	ense Line Items		
None				
III. Capital Exper	nses Identify and Explain All Capital Expense Li	ne Items		
IV. Indirect Expe	enses Identify and Explain All Indirect Expense	Line Items		
Internal:	apped by the State.			
External:				
V. Other Expens	ses Identify and Explain All Other Expense Line	Items		
and state laws states for medi that the HCPCF	e Health Care Program for Children in Foster C and regulations, including all federal laws and cal assistance pursuant to Title XIX of the Soci C will comply with all rules promulgated by D ram goals, scope, and activity requirements. I other remedies if this HCPC	I regulations govern al Security Act (42 L HCS pursuant to the further agree that th FC violates any of th	ing recipients of fede I.S.C. Section 1396 et ese authorities, and th his HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses bject to sanctions or
Maureen Virgil		Mau	ireen Virgil (Feb 6, 2025	08:52 PST)
Authorized HCP	PCFC Signor Name, Title	Signature		Date



Maureen Virgil

Health Care Program for Children in Foster Care

		Caseload Relief Budge		County/City Name:		Fiscal Year:					
		Caseload Relief Budge	t works	neet				El Dorado		2024-25	
Colu	ımn				1A	1B	1	2A	2	3A	3
I. Pe	rsonnel Expenses				Total Base	Salary	Total Budget	Enhanced	Enhanced Total	Non-Enhanced FTE %	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %			FTE %			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	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
	v additional rows by selecting the "-	+" to the left.									
	al PHN FTE %				10%			94%			
Tota	al Direct Support Staff FTE %				0%			0%			
	al Net Salaries and Wages						\$10,460		\$9,833		\$628
	f Benefits (Specify %)		4!	5%			\$4,707		\$4,425		\$283
	tal Personnel Expenses						\$15,167		\$14,258		\$911
	otal Operating Expenses (List in Na						\$326		\$326		\$0
	otal Capital Expenses (List in Narra						\$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. T	otal Other Expenses (List in Narrati	ve)					\$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 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 (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title Signature



Maureen Virgil

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Constant Deliaf Dudget Nametics	County/City Name:	Fiscal Year:					
	Caseload Relief Budget Narrative	El Dorado	2024-25					
I. Personnel Ex	xpenses Identify and Explain Any Changes in Personnel/Personnel Ex	rpenses						
FTE adjustmen	nts made based on changes in base salaries and to balance reductio	ns in other budget fu	nding amounts.					
Adjustments a	are necessary to retain the integrity of the program acitivities.							
II. Operating E	Expenses Identify and Explain All Operating Expense Line Items							
Travel \$326 in	cludes per diem, private vehicle mileage, commerical auto rental, air	travel, etc.; mileage i	eimbursement @					
federal rate/m	nile as published each Janauary.							
III. Canital Eyn	enses Identify and Explain All Capital Expense Line Items							
m. Capital Exp	censes recently and explain the capital expense enterins							
IV. Indirect Exp	penses Identify and Explain All Indirect Expense Line Items							
Internal:	Capped by the State.							
internal.								
External:								
V. Other Expe	nses Identify and Explain All Other Expense Line Items							
-	the Health Care Program for Children in Foster Care (HCPCFC) will co							
	ws and regulations, including all federal laws and regulations govern	•	•					
	dical assistance pursuant to Title XIX of the Social Security Act (42 U							
	that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses							
adhere to pro	ogram goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC violates any other	IIS HCPC/C may be su	bject to sanctions or					
Maureen Virg	Mauraan Visa	gil (Feb 6, 2025 08:52	PST)					

Signature



		County City Motel Budget	Maylesha					County/City N	lame:	Fiscal Year:	
		County-City Match Budget	worksne	eτ				El Dorado		2024-25	
Col	umn				1A	1B	1	2A	2	3A	3
I. P	ersonnel Expenses				Total Base			Enhanced	Enhanced	Non-	Non-
#	Name	Title	DSS	PHN	FTE %	Annual Salary	Total Budget	FTE %	Total	Enhanced FTE %	Enhanced Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$0	\$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
	w additional rows by selecting the "+" to the	e left.						_			
_	al Net Salaries and Wages						\$0		\$0		\$0
	ff Benefits (Specify %)		7	3%			\$0		\$0		\$0
-	otal Personnel Expenses						\$0		\$0		\$0
	otal Operating Expenses (List in Narrative)						\$0				\$0
	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
۷.٦	otal Other Expenses (List in Narrative)						\$0				\$0
					Budge	et 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.

0		
Authorized HCPCFC Signor Name, Title	Signature	Date



Administrative Dudget Newstire		County/City Name:	Fiscal Year:					
Administrative Budget Narrative	,	El Dorado	2024-25					
I. Personnel Expenses Identify and Explain Any Changes in Pe	ersonnel/Personnel Expense	es						
II. Operating Expenses Identify and Explain All Operating Expense Line Items								
III. Capital Expenses Identify and Explain All Capital Expense	ine Items							
IV. Indirect Expenses Identify and Explain All Indirect Expense	Line Items							
Internal:								
External:								
V. Other Expenses Identify and Explain All Other Expense Line	e 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		Date					



	County/City Name:		Fiscal Year:							
		El Dorado		2024-25						
Column	1A	1B	1	2A	2	3A	3			
I. Personnel Expenses					Annual	T-t-I D. dt	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
# Name	Title	DSS	PHN	FTE %	Salary	Total Budget	FTE %	Total	FTE %	Total
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 t	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		\$0		\$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 Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature



Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Administrative Budget Narrative	County/City Name:	Fiscal Year:						
	Administrative budget Narrative	El Dorado	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									
	includes per diem, private vehicle mileage, commerical auto rental, a								
	nile as published each Janauary; Training: \$2000 registration/tuition f	· · · · · · · · · · · · · · · · · · ·	•						
continuing ec	lucation that is program specific; Office supplies \$1200; Postage \$30	0.00; Cell phone servi	ce \$1,800						
III. Capital Expenses Identify and Explain All Capital Expense Line Items									
IV. Indirect Ex	penses 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 delivery of the d									
Maureen Virg		en Virgil (Feb 6, 2025 08	3:52 PST)						

Signature



							County/City:					Fiscal Year:				
Budget Summary						El Dorado County					2024-25					
Funding Source:	Base PMM&O			Caseload Relief County/City-Fe			ounty/City-Fede	leral Administrative								
А	В	С	D	В	С	D	В	С	D	В	С	D	В	С	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Tota l 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	\$339	\$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	Н	F	G	Н	F	G	Н	F	G	Н	F	G	Н	
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

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