

Documents Checklist

County/City: El Dorado County

Fiscal Year: 2018-2019

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Documents Checklist

County/City: El Dorado County

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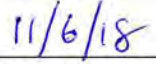



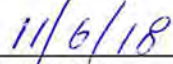
## Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: El Dorado	Fiscal Year: 2018-2019
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I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

	
Signature of CHDP Director	Date Signed

	
Signature of Health Officer	Date Signed

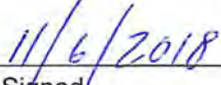
	
Signature of CHDP Deputy Director	Date Signed

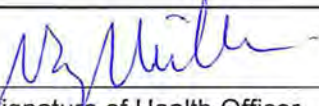
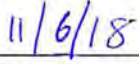
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> El Dorado County	<b>Fiscal Year:</b> 2018-2019
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

	
Signature of CCS Administrator	Date Signed

	
Signature of Health Officer	Date Signed

Signature and Title of Other – Optional	Date Signed

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



### Agency Information Sheet

<b>County/City:</b>	EL DORADO	<b>Fiscal Year:</b>	2018-2019
<b>Official Agency</b>			
<b>Name:</b>	Health & Human Services Agency	<b>Address:</b>	3057 Briw Rd Placerville CA 95667
<b>Health Officer</b>	Nancy Williams MPH MD		931 Spring St Placerville CA 95667
<b>CMS Director (if applicable)</b>			
<b>Name:</b>	Michael Ungeheuer RN MN PHN	<b>Address:</b>	941 Spring St Placerville CA 95667
<b>Phone:</b>	530 621 6129		
<b>Fax:</b>	530 642 0892	<b>E-Mail:</b>	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
<b>CCS Administrator</b>			
<b>Name:</b>	Michael Ungeheuer RN MN PHN	<b>Address:</b>	941 Spring St Placerville CA 95667
<b>Phone:</b>	530 621 6129		
<b>Fax:</b>	530 642 0892	<b>E-Mail:</b>	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
<b>CHDP Director</b>			
<b>Name:</b>	Nancy Williams MPH MD	<b>Address:</b>	931 Spring St Placerville CA 95667
<b>Phone:</b>	530 621 6277		
<b>Fax:</b>	530 642 0892	<b>E-Mail:</b>	<a href="mailto:Nancy.williams@edcgov.us">Nancy.williams@edcgov.us</a>
<b>CHDP Deputy Director</b>			
<b>Name:</b>	Michael Ungeheuer RN MN PHN	<b>Address:</b>	941 Spring St Placerville CA 95667
<b>Phone:</b>	530 621 6129		
<b>Fax:</b>	530 642 0892	<b>E-Mail:</b>	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
<b>Clerk of the Board of Supervisors or City Council</b>			
<b>Name:</b>	James Mitrison	<b>Address:</b>	330 Fairlane Placerville CA 95667
<b>Phone:</b>	530 621 5592		
<b>Fax:</b>	530 622 3645	<b>E-Mail:</b>	<a href="mailto:james.mitrison@edcgov.us">james.mitrison@edcgov.us</a>
<b>Director of Social Services Agency</b>			
<b>Name:</b>	Patricia Charles-Heathers Ph.D	<b>Address:</b>	3057 Briw Rd Placerville CA 95667
<b>Phone:</b>	530 642 6270		
<b>Fax:</b>	530 295 2792	<b>E-Mail:</b>	<a href="mailto:Patricia.charles-heathers@edcgov.us">Patricia.charles-heathers@edcgov.us</a>
<b>Chief Probation Officer</b>			
<b>Name:</b>	Brian Richardt	<b>Address:</b>	3974 Durock Rd Suite 205 Shingle Springs CA 95682
<b>Phone:</b>	530 621 5958		
<b>Fax:</b>	530 621 2330	<b>E-Mail:</b>	<a href="mailto:Brian.richardt@edcgov.us">Brian.richardt@edcgov.us</a>

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

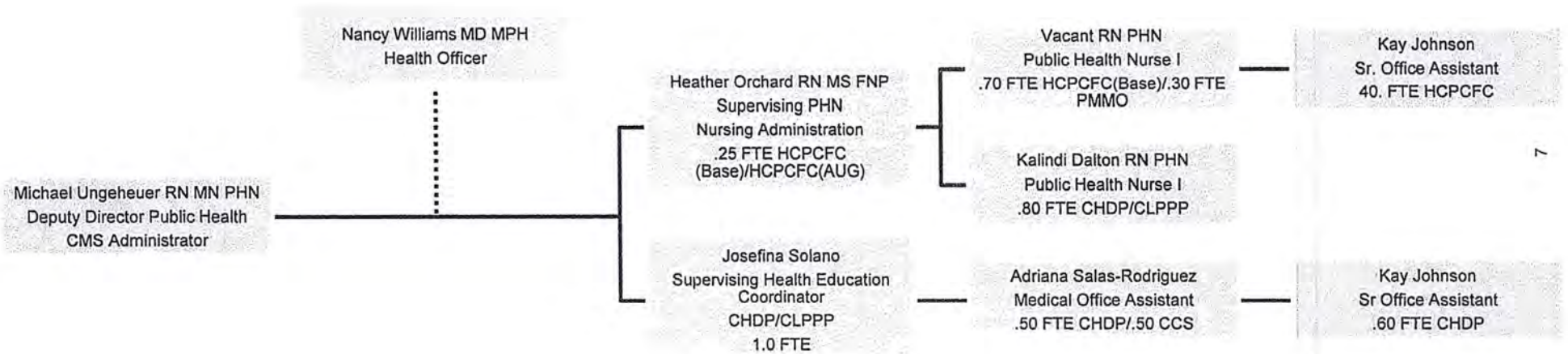
The El Dorado County Health and Human Services Agency is a governmental organization responsible for providing a comprehensive offering of public services that protect and assist the County population in the areas of health and wellness. The Public Health Nursing Section administers numerous pediatric and adult high risk and prevention programs integrating the principles of core public health function. The Public Health Nursing Section has developed a service continuum incorporating CHDP, CCS, HCPCFC and MCAH for the purpose of care continuity within the local pediatric population. Inherent in this design is the use of case management conferencing, co-location of public health nursing staff in provider, education and public assistance agencies as well as strong ongoing provider relations development and expert health care worker training. These structures and activities ensure the highest level of coordinated continuous intervention for the benefit of children, families and the community at large.

Focus Areas of FY 2018-2019

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

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH NURSING SECTION

CHDP/HCPFC/PMMO  
FY 2018-2019





### Incumbent List - California Children's Services

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

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

County/City: El Dorado		Fiscal Year: 2018-2019		
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Supervising PHN	Dana Harden	30	N	N
PHN II	Kaela Hatchel	100	N	N
PHN II	Sabina Keller RN PHN	80	N	N
Medical Office Assistant	Michelle McCann-Hardie	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodriguez	50	N	N



### Incumbent List - Child Health and Disability Prevention Program

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

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

County/City: El Dorado		Fiscal Year: 2018- 2019				
Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Supervising Health Education Coordinator	Josefina Solano	40	60	0	N	N
Public Health Nurse II	Kalindi Dalton RN PHN	60	20	0	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	50	0	50 CCS	N	N
Sr. Office Assistant	Kay Johnson	60	0	40 FC	N	N
Health Program Specialist	Melissa Cockrell	0	20	0	N	N

### Incumbent List - Health Care Program for Children in Foster Care

For FY 2018-2019, complete the table below for all personnel listed in the HCPCFC, HCPCFC Psychotropic Medications Monitoring & Oversight (PMM&O) and CHDP Foster Care Administrative (County/City) budgets (applicable to HCPCFC only) . Use the same job titles for the budgets 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 in the last fiscal year. 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. **If a PMM&O budget was not previously accepted, submit job duty statements and civil service classification statements for all incumbent's listed and funded with PMM&O funds.**

County/City: El Dorado				Fiscal Year: 2018-2019			
Job Title	Incumbent Name	FTE % on HCPCFC - Budget	FTE % on HCPCFC - PMM&O 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 I/II	Vacant	70	30	0	0	N	N
Supervising PHN	Heather Orchard	15	0	0	HCPCFC Augmentation	Y	N

10

\*Requires submission of a job duty statement and civil service classification statement



El Dorado County HHS Public Health Section

Public Health Nurse

Total FTE 100%

Civil Service Job Classification: as above

**FTE 70% Essential Duties**

**80% Enhanced HCPCFC(Base)**

Under general direction of the Supervising PHN or CMS Administrator, supervises program personnel assigned, sets program activity priorities, monitors SPMP practice and initiates SPMP activities in support of effective operation of the Health Care Program for Children in Foster Care (HCPCFC).

Specific Tasks: SPMP Administrative Medical Case Management	Percentages
Provide skilled professional medical expertise to pediatric foster care clients, caseworkers, foster care providers, the courts, health care providers etc. specific to special medical needs and services of the foster care placed pediatric population.	10
Collect, interpret and analyze health status information specific to the foster child in placement for the purpose of interpreting the significance of potential or actual medical conditions on the welfare of the child to a multi-professional team in relation to activities necessary for ensuring comprehensive assessment, treatment and continuity of care.	20
Review, interpret, formulate and update child's health plan/passport based on objective and subjective data sources including but not limited to the client, provider records, foster parent, placement facility or other sources of medical/dental/behavioral data.	20
Interpret medical information on specialized health services for high risk children and assist/facilitate effective/timely referral to specialty care centers/providers.	5
Assess and prioritize the child's medical and health care needs based on information and data received from the courts, biological parents, LEAs, medical/dental and psychiatric records or other documentation describing the overall health condition of the child.	5
Prepare, author or otherwise process documentation related to administrative medical case management.	10
<b>Specific Tasks: SPMP Intra/interagency Coordination and Administration</b>	
Coordinate and collaborate with provider networks including but not limited to medical, dental, behavioral, education, Med-Cal Managed Care and developmental services to ensure timely access, referral and availability of those resources to the child in foster placement.	5
Act as an advocate for the child in foster placement by interpreting the health care needs of the child to foster parents, provider networks, social service case workers, the courts and all associated foster care support systems.	5
<b>SUB-TOTAL</b>	<b>80</b>



**Essential Duties****20% Non-enhanced HCPCFC(Base)**

Specific Tasks: Outreach	Percentages
Inform and facilitate access to preventive services by foster care youth	5
Provide education on preventive service resources to community stakeholders, foster care placed pediatric population, and the general public.	5
Specific Tasks: Non-SPMP Training	
Participate in program required meetings, workshops, education and technical briefings relating to the operation, scope and design on the HCPCFC program	5
Conduct education/training on processes and procedures specific to maintaining an effective health passport, proactive preventive care and continuity of care to any stakeholder group	5
SUB-TOTAL	20

**FTE 30% Essential Duties****95% Enhanced HCPCFC(Relief/PMMO)**

Specific Tasks: SPMP Administrative Medical Case Management	Percentage:
Using professional nursing expertise review and interpret the results of health and medical evaluations specific to psychiatric intervention including but not limited to the prescribing of pharmacotherapy.	35
Review congruency of diagnosis to intervention including pharmacotherapy based on nursing/medical best practices or authoritative intervention standards.	20
Using professional nursing expertise reviews laboratory data to ensure maintenance of the proper therapeutic range for pharmacotherapy necessary for continuous, effective and safe treatment.	15
Facilitate and coordinate medical intervention to prevent disruption, atypical response or nonresponse to pharmacotherapy as determined through assessment.	2.5
Provide public health nursing education/consultation related to psychotropic pharmacotherapy management to clients, guardian of the minor client, social service professionals, probation workers, the courts and other general health care professions providing services to the child in placement.	2.5
Prepare, author or otherwise process documentation related to administrative medical case management.	15
Specific Task: SPMP Training	5
Develop, conduct or participate in training health care professionals on the medical/health aspects of PMMO, standards of care or best practices.	
SUB-TOTAL	95

**Essential Duties**

**10% Non-enhanced HCPCFC(Relief/PMMO)**

Specific Tasks: Non-SPMP Training	Percentages
Participate in program required meetings, workshops, education and technical briefings relating to the operation, scope and design on the HCPCFC program.	10
SUB-TOTAL	10



El Dorado County HHS Public Health Section

Supervising Public Health Nurse

Total FTE 25%

Civil Service Job Classification: as above

**FTE 15% Essential Duties**

**80% Enhanced HCPCFC(Base)**

Under general direction of the CMS Administrator, supervises program personnel assigned, sets program activity priorities, monitors SPMP practice and initiates SPMP activities in support of effective operation of the Health Care Program for Children in Foster Care (HCPCFC).

Specific Tasks: SPMP Administrative Medical Case Management	Percentages
Provide advanced skilled professional medical expertise to pediatric foster care clients, caseworkers, foster care providers, the courts, health care providers etc. specific to special medical needs and services of the foster care placed pediatric population.	5
Collect, interpret and analyze health status information specific to the foster child in placement for the purpose of interpreting the significance of potential or actual medical conditions on the welfare of the child to a multi-professional team in relation to activities necessary for ensuring comprehensive assessment, treatment and continuity of care.	5
<b>Specific Tasks: SPMP Intra/interagency Coordination and Administration</b>	
Evaluate the adequacy, accessibility and availability of the specialty health care referral networks for the purpose of planning, development or maintenance of those systems targeting the foster care placed child.	10
Facilitate and coordinate activities related to the delivery of PHN medical and health care services within systems of care including but not limited to Regional Centers, Medi-Cal Managed Care, Local Education Agencies, specialty-care centers, Women Infants Children, Maternal Child Adolescent Health, local hospitals and numerous social service programs.	20
<b>Specific Tasks: SPMP Program Planning and Policy Development</b>	
Develop, review and monitor effective medical/health related intervention best practices policy and protocol targeting preventive services in the areas of medical, dental and behavioral health.	10
Provide practice oversight and evaluation of PHN practice in relation to SPMP performance based on program assignment.	30
<b>SUB-TOTAL</b>	<b>80</b>



**Essential Duties****20% Non-enhanced HCPCFC(Base)**

Specific Tasks: Program Specific Administration	Percentages
Develop and review program standards, regulations, policies and procedures specific to support and intervention for the foster care placed pediatric population	5
Use data systems to analyze service delivery trends related to the foster care placed pediatric population	5
Prepare program-related reports, documents and correspondence	5
Participate in the development and implementation of information systems that enhance planning, implementation and evaluation of services to the HCPCFC population	5
<b>SUB-TOTAL</b>	<b>20</b>

**FTE 10% Essential Duties****90% Enhanced HCPCFC(Relief/PMMO)**

Specific Tasks: SPMP Administrative Medical Case Management	Percentage:
Using advanced professional nursing expertise review and interpret the results of health and medical evaluations specific to psychiatric intervention including but not limited to the prescribing of pharmacotherapy.	15
Review congruency of diagnosis to intervention including pharmacotherapy based on nursing/medical best practices or authoritative intervention standards.	15
Using professional nursing expertise reviews laboratory data to ensure maintenance of the proper therapeutic range for pharmacotherapy necessary for continuous, effective and safe treatment.	15
Facilitate and coordinate medical intervention to prevent disruption, atypical response or nonresponse to pharmacotherapy as determined through assessment.	2.5
Provide public health nursing education/consultation to clients, guardian of the minor clients, social service professionals, probation workers, the courts and other health care professions providing services to the child in placement.	15
Prepare, author or otherwise process documentation related to administrative medical case management.	2.5
<b>Specific Tasks: SPMP Program Planning and Policy Development</b>	
Develop, review and monitor effective medical/health related intervention best practices policy and protocol targeting preventive services in the areas of medical, dental and behavioral health.	5
Provide practice oversight and evaluation of PHN practice in relation to SPMP performance based on program assignment.	20
<b>SUB-TOTAL</b>	<b>90</b>

**Essential Duties****10% Non-enhanced HCPCFC(Relief/PMMO)**

Specific Tasks: Program Specific Administration	Percentages
Develop and review program standards, regulations, policies and procedures specific to support and intervention for the foster care placed pediatric population receiving pharmacotherapy.	5
Use data systems to analyze service delivery trends related to the foster care placed pediatric population.	5
Prepare program-related reports, documents and correspondence.	5
Participate in the development and implementation of information systems that enhance planning, implementation and evaluation of services to the HCPCFC population.	5
<b>SUB-TOTAL</b>	<b>20</b>

### CHDP Program Referral Data FY 18-19

County/City: EL DORADO	FY 15-16		FY 16-17		FY 17-18	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5216	10433	5090	10,420	4899	10,217
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
a. Number of CalWORKs cases/recipients	209	359	90	159	153	263
b. Number of Foster Care cases/recipients	65	68	270	287	205	241
c. Number of Medi-Cal only cases/recipients	425	796	372	687	223	402
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	1223		1133		906	



b. Medical and/or dental services with scheduling and/or transportation	72	49	73
c. Information only (optional)			
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	29	34	6
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	3	0	3
6. Number of recipients in "5" who actually received medical and/or dental services	13	5	1

### Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: EL DORADO

Fiscal Year: 2018-1019

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
County Office of Education	IAA	2000 - perpetual	2017	Michael Ungeheuer	No
CHDP/HCPFC DHS	IAA	2012 - perpetual	2017	Michael Ungeheuer	No
Anthem BC/BS	MOU	2016 - perpetual	2016	Michael Ungeheuer	No
Kaiser	MOU	2017 - 2019	2017	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2013 - perpetual	2014	Michael Ungeheuer	No

**CHDP Administrative Budget Summary**  
**No County/City Match**  
**Fiscal Year 2018-2019**  
**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	\$ 185,047	\$ -	\$ 185,047	\$ 58,107	\$ 126,941
II. Total Operating Expenses	\$7,903	\$0	\$7,903	\$1,488	\$6,416
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$46,262	\$0	\$46,262		\$46,262
V. Total Other Expenses	\$0	\$0	\$0		\$0
<b>Budget Grand Total</b>	<b>\$ 239,212</b>	<b>-</b>	<b>\$ 239,212</b>	<b>\$ 59,594</b>	<b>\$ 179,618</b>

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$0	-			
Medi-Cal Funds:	\$239,212		\$239,212		
State Funds	\$104,707		\$104,707	\$14,899	\$89,809
Federal Funds (Title XIX)	\$134,505		\$134,505	\$44,696	\$89,809

Michael Ungeheuer RN MN PHN	10/24/18	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
<i>Michael Ungeheuer</i>	11/6/18	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address



**CHDP Administrative Budget Worksheet**  
**No County/City Match State and State/Federal County: Eldorado**  
**Fiscal Year: 18-19**

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)
<b>Personnel Expenses</b>											
Supervising HEC Josefina Solano	40%	\$86,787	\$ 34,715	0.00%	\$0	100.00%	\$34,715	0%	\$0	100%	\$34,715
PHN II Kalindi Dalton	60%	\$70,450	\$ 42,270	0.00%	\$0	100.00%	\$42,270	80%	\$33,816	20%	\$8,454
Senior OA Kay Johnson	60%	\$41,015	\$ 24,609	0.00%	\$0	100.00%	\$24,609	20%	\$4,922	80%	\$19,687
Medical OA Adriana Salas-Rodriguez	50%	\$43,542	\$ 21,771	0.00%	\$0	100.00%	\$21,771	0%	\$0	100%	\$21,771
			\$ -	0%	\$0		\$0		\$0		\$0
<b>Total Salaries and Wages</b>			\$ 123,365		\$0		\$123,365		\$38,738		\$84,627
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
<b>Net Salaries and Wages</b>			\$ 123,365		\$0		\$123,365		\$38,738		\$84,627
Staff Benefits (Specify %) 50.00%			\$61,682		\$0		\$61,682		\$19,369		\$42,314
<b>I. Total Personnel Expenses</b>			\$ 185,047		\$ -		\$ 185,047		\$ 58,107		\$ 126,941
<b>II. Operating Expenses</b>											
Travel			\$2,375		\$0		\$2,375	50%	\$1,188	50%	\$1,188
Training			\$600		\$0		\$600	50%	\$300	50%	\$300
Office			\$2,620		\$0		\$2,620			100%	\$2,620
Insurance			\$2,208		\$0		\$2,208			100%	\$2,208
Communication			\$100		\$0		\$100			100%	\$100
							\$0			100%	\$0
							\$0				
<b>II. Total Operating Expenses</b>			\$7,903		\$0		\$7,903		\$1,488		\$6,416
<b>III. Capital Expenses</b>											
<b>II. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 0.00%			\$0				\$0				\$0
2. External (Specify %) A-87 25.00%			\$46,262				\$46,262				\$46,262
<b>IV. Total Indirect Expenses</b>			\$46,262		\$0		\$46,262				\$46,262
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>			239,212		-		239,212		59,594		179,618

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Michael Ungeheuer RN MN PHN

Prepared By (Signature)

*Michael Ungeheuer*  
 CHDP Deputy Director (Signature)

10/24/2018

Date Prepared

11/6/18  
 Date

530 621 6129

Phone Number

As Above  
 Phone Number

michael.ungeheuer@edcgov.us

Email Address

As above  
 Email Address

BUDGET JUSTIFICATION NARRATIVE  
 CHDP ADMINISTRATION STATE/FEDERAL  
 EL DORADO COUNTY  
 FISCAL YEAR 18-19

**PERSONNEL COST**

Total salaries	\$123,365
Total Benefits	\$61,682
<b>Total Personnel Expenses</b>	<b>\$185,047</b>

Supervising Hlth Education Cood		Decreased by 15% FTE to align with available funding for maintaining program coordination responsibilities funded at 1.00 FTE. Remaining FTE present in the CHDP County/Federal blended match budget.
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Public Health Nurse II		Increased by 10% FTE to align with available funding for maintaining program integrity.
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Sr Office Assistant		Decrease by 10% FTE with shift to PMM&O to reflect better labor distribution betwee HCPCFC general SPMP support and PMM&O SPMP enhanced program support
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Medical Office Assistant		No change
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**OPERATING EXPENSES**

Travel	\$2,375	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ 0.545 per mile with annual adjustment
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Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education program specific
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Office Supplies and Services	\$2,620	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.
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Insurance	\$2,208	Facility and personnel liability insurance
Communications	\$100	Third party telecommunication cost for long distance telephone service

<b>Total operating Costs</b>	<b>\$7,903</b>	
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**CAPITAL EXPENSES**

<b>Total Capital Expenses</b>	<b>\$0</b>	
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**INDIRECT EXPENSES**

Internal @	\$0	
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External @ 25%	\$46,262	Lower rate than reflected in approved the A-87 plan on file
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<b>Total Indirect Expenses</b>	<b>\$46,262</b>	
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**OTHER EXPENSES**

Total Other Expenses	\$0	
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<b>BUDGET GRAND TOTAL</b>	<b>\$239,212</b>	
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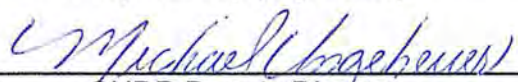


**CHDP Administrative Budget  
Summary  
County/City Match  
Fiscal Year: 2018-2019  
County/City Name: El Dorado**

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expenses	\$114,394	\$16,908	\$97,486
II. Total Operating Expenses	\$1,000	\$500	\$500
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$28,599		\$28,599
V. Total Other Expenses	\$0		\$0
<b>Budget Grand Total</b>	<b>\$143,993</b>	<b>\$17,408</b>	<b>\$126,585</b>

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Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$67,644	\$4,352	\$63,292
Federal Funds (Title XIX)	\$76,348	\$13,056	\$63,292

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By (Signature)	Date prepared	Phone Number	Email Address
	11/6/18	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address



CHDP Administrative Budget Worksheet  
 County/City Match  
 Fiscal Year: 2018-2019  
 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 County/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)
<b>I. Personnel Expenses</b>							
Supervising HEC Josefina Solano	60%	\$86,787	\$52,072	0%	\$0	100%	\$52,072
PHN II Kalindi Dalton	20%	\$70,450	\$14,090	80%	\$11,272	20%	\$2,818
Hlth Prgrm Specialist Melissa Cockrell	20%	\$50,503	\$10,101	0%	\$0	100%	\$10,101
<b>Total Salaries and Wages</b>			\$76,263		\$11,272		\$64,991
Less Salary Savings			\$0		\$0		\$0
<b>Net Salaries and Wages</b>			\$76,263		\$11,272		\$64,991
Staff Benefits (Specify %)   50.00%			\$38,131		\$5,636		\$32,495
<b>I. Total Personnel Expenses</b>			\$114,394		\$16,908		\$97,486
<b>II. Operating Expenses</b>							
Travel			\$500	50%	\$250	50%	\$250
Training			\$500	50%	\$250	50%	\$250
<b>II. Total Operating Expenses</b>			\$1,000		\$500		\$500
<b>III. Capital Expenses</b>							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
<b>III. Total Capital Expenses</b>			\$0		\$0		\$0
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)   0.00%			\$0				\$0
2. External (Specify %) A-87   25.00%			\$28,599				\$28,599
<b>IV. Total Indirect Expenses</b>			\$28,599				\$28,599
<b>V. Other Expenses</b>							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
<b>V. Total Other Expenses</b>			\$0				\$0
<b>Budget Grand Total</b>			\$143,993		\$17,408		\$126,585

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	11/6/18	As Above	As above
CHPD Deputy Director (Signature)	Date	Phone Number	Email Address



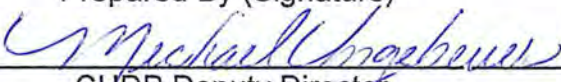


**Health Care For Children in Foster Care Base  
State/Federal Match  
Budget Summary**

County Name	El Dorado	Fiscal Year	2018-2019
Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$119,678	\$90,820	\$28,857
II. Total Operating Expense	\$1,025	\$513	\$513
III. Total Capital Expense			
IV. Total Indirect Expense	\$6,046		\$6,046
V. Total Other Expense			
<b>Budget Grand Total</b>	<b>\$126,749</b>	<b>\$91,333</b>	<b>\$35,416</b>

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$40,541	\$22,833	\$17,708
Federal Funds (Title XIX)	\$86,207	\$68,500	\$17,708
<b>Budget Grand Total</b>	<b>\$126,749</b>		

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Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	11/6/18	530 621 6129	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address





BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC  
 EL DORADO COUNTY  
 FISCAL YEAR 18-19

**PERSONNEL COST**

Total salaries	\$79,785
Total Benefits	\$39,893
<b>Total Personnel Expenses</b>	<b>\$ 119,678</b>

Public health Nurse II	Decreased by 7% FTE to better align labor spread between HCPCFC general and PMM&O
Supervising PHN	Decrease by 5% from 20% in original proposed budget to align with available funding, increased administrative burden, need for expert oversight and improved coverage depth.
Sr Office Assistant	Increase by 10% FTE to align with available funding and additional program activities specific to support of the SPMP to improve response and consistency for care coordination.

**OPERATING EXPENSES**

Travel	\$625	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.545 per mile with annual adjustment
Training	\$400	Registration/tuition fees for SPMP for continuing education program specific
<b>Total operating Costs</b>	<b>\$ 1,025</b>	

<b>CAPITAL EXPENSES</b>	
<b>Total Capital Expenses</b>	<b>\$0</b>

**INDIRECT EXPENSES**

Internal @ 10%	\$6,046	Cost allocation plan applied to net wages
External	\$0	
<b>Total Indirect Expenses</b>	<b>\$ 6,046</b>	


**OTHER EXPENSES**

Total Other Expenses	\$0
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<b>BUDGET GRAND TOTAL</b>	<b>\$ 126,749</b>
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**HPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Summary**

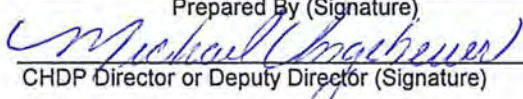
<b>County/City Name</b>	<b>El Dorado</b>	<b>Fiscal Year</b>	<b>2018-2019</b>
<b>Category/Line Item</b>	<b>Total Invoiced</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
A	(B = C + D)	C	D
<b>I. Total Personnel Expenses</b>	31,703	30,117	1,585
<b>II. Total Operating Expenses</b>	700	350	350
<b>III. Total Capital Expenses</b>			
<b>IV. Total Indirect Expenses</b>	3,170		3,170
<b>V. Total Other Expenses</b>			
<b>Expenditures Grand Total</b>	35,573	30,467	5,105
<b>Source of Funds</b>	<b>Total Funds Invoiced</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Non-Enhanced State/Federal (50/50)</b>
E	(F = G + H)	G	H
<b>State Funds</b>	10,169	7,616	2,553
<b>Federal Funds (Title XIX)</b>	25,403	22,851	2,552
<b>Total Source of Funds</b>	35,572	30,467	5,105
<b>Prepared By (Signature):</b>	<b>Date Prepared:</b>	<b>Phone Number:</b>	<b>E-mail Address:</b>
Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	<a href="mailto:michael.ungeheuer@edcpv.us">michael.ungeheuer@edcpv.us</a>
<b>CHDP Director or Deputy Director (Signature):</b>	<b>Date Prepared:</b>	<b>Phone Number:</b>	<b>E-mail Address:</b>
	<i>11/6/18</i>	As Above	As Above



**HPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Worksheet**  
**Fiscal Year 2018-2019**

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)
<b>I. Personnel Expenses</b>							
PHN I/II Vacant	30%	\$70,450	\$21,135	95%	\$20,078	5%	\$1,057
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
Total Salaries and Wages	30%		\$21,135		\$20,078		\$1,057
Less Salary Savings							
Net Salaries and Wages			\$21,135		\$20,078		\$1,057
Staff Benefits (Specify %)	50.00%		\$10,568		\$10,039		\$528
<b>I. Total Personnel Expenses</b>			<b>\$31,703</b>		<b>\$30,117</b>		<b>\$1,585</b>
<b>II. Operating Expenses</b>							
1. Travel			\$400	50%	\$200	50%	\$200
2. Training			\$300	50%	\$150	50%	\$150
<b>II. Total Operating Expenses</b>			<b>\$700</b>		<b>\$350</b>		<b>\$350</b>
<b>III. Capital Expenses</b>							
1.							
2.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	10.00%		\$3,170				\$3,170
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$3,170</b>				<b>\$3,170</b>
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$35,573</b>		<b>\$30,467</b>		<b>\$5,105</b>

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
	11/6/18		
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget  
 EL DORADO COUNTY  
 FISCAL YEAR 18-19

**PERSONNEL COST**

Total salaries	\$21,135
Total Benefits	\$10,568

**Total Personnel Expenses** **\$31,703**

PHN II	No change
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**OPERATING EXPENSES**

Travel	\$400	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$0.545 per mile
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Training	\$300	Registration/tuition fees for SPMP for continuing education program specific
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**Total operating Costs** **\$700**

**CAPITAL EXPENSES**

**Total Capital Expenses** **\$0**

**INDIRECT EXPENSES**

Internal @ 10%	\$3,170	As determined by the approved cost allocation plan.
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External	\$0
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**Total Indirect Expenses** **\$3,170**

**OTHER EXPENSES**

Total Other Expenses	\$0
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**BUDGET GRAND TOTAL** **\$35,573**



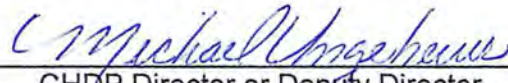
Health Care Program for Children in Foster Care  
Caseload Relief  
State/Federal Match  
Budget Summary

County/City Name:	EL DORADO	Fiscal Year:	2018-2019
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	\$14,064	\$12,658	\$1,406
II. Total Operating Expenses	\$0	\$0	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$1,406		\$1,406
V. Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$15,470</b>	<b>\$12,658</b>	<b>\$2,812</b>

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$4,570	\$3,164	\$1,406
Federal Funds (Title XIX)	\$10,900	\$9,494	\$1,406
<b>Budget Grand Total</b>	<b>\$15,470</b>	<b>\$12,658</b>	<b>\$2,812</b>

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.u:
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address

	11/6/18		
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address



**Health Care Program for Children in Foster Care  
Caseload Relief  
State/Federal Match  
Budget Worksheet**

County/City Name: **EL DORADO** Fiscal Year: **2018-2019**

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)
<b>I. Personnel Expenses (Name &amp; Title)</b>							
Supervising PHN Heather Orchard FNP PHN	10%	\$93,760	\$9,376	90%	\$8,438	10%	\$938
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	10%		\$9,376	90%	\$8,438	10%	\$938
Less Salary Savings							
Net Salaries and Wages			\$9,376		\$8,438		\$938
Staff Benefits (Specify %)	50%		\$4,688		\$4,219		\$469
<b>I. Total Personnel Expenses</b>			<b>\$14,064</b>		<b>\$12,658</b>		<b>\$1,406</b>
<b>II. Operating Expenses</b>							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
<b>II. Total Operating Expenses</b>			<b>\$0</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Capital Expenses</b>							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	10%		\$1,406				\$1,406
2. External							
<b>IV. Total Indirect Expenses</b>			<b>\$1,406</b>				<b>\$1,406</b>
<b>V. Other Expenses</b>							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$15,470</b>		<b>\$12,658</b>		<b>\$2,812</b>

Michael Ungeheuer RN MN PHN

10/24/2018

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By (Sign & Print Name)

Date prepared

Phone Number

Email Address

*Michael Ungeheuer*  
CHDP Director or Deputy Director  
(Sign & Print Name)

*10/6/18*  
Date

Phone Number

Email Address



BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC Case Load Relief  
 EL DORADO COUNTY  
 FISCAL YEAR 18-19

PERSONNEL COSTS

Total salaries	\$9,376
Total Benefits	\$4,688
<b>Total Personnel Costs</b>	<b>\$14,064</b>

Supervising PHN

Create expert oversight for the monitoring of activities related to both HCPCFC and PMM&O with additional coverage depth and medical care coordination continuity

OPERATING EXPENSES

Travel	\$0
Training	\$0
<b>Total Operating Expenses</b>	<b>\$0</b>

CAPITAL EXPENSES	\$0
<b>Total Capital Expenses</b>	<b>\$0</b>

INDIRECT EXPENSES

Internal @ 10%	\$1,406
External	\$0
<b>Total Indirect Expenses</b>	<b>\$1,406</b>

OTHER EXPENSES	\$0
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<b>Total Other Expenses</b>	<b>\$0</b>
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<b>BUDGET GRAND TOTAL</b>	<b>\$15,470</b>
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	64	9.95%
<b>OTLICIP -</b>		
Total Cases of Open (Active) OTLICIP Children	98	15.24%
<b>MEDI-CAL -</b>		
Total Cases of Open (Active) Medi-Cal (non-OTLICIP) Children	481	74.81%
<b>TOTAL CCS CASELOAD</b>	<b>643</b>	<b>100%</b>

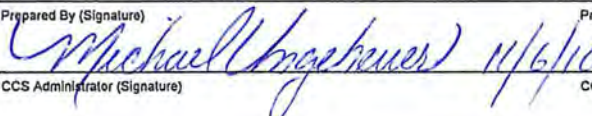
**CCS Administrative Baseline Budget Summary**

Fiscal Year: 2018-19

County: \_\_\_\_\_

	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) County/State/Fed (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Total Personnel Expense</b>	400,628	39,876	61,060	299,690	176,447	123,243
<b>II. Total Operating Expense</b>	8,420	839	1,283	6,298	704	5,594
<b>III. Total Capital Expense</b>	0	0	0	0		0
<b>IV. Total Indirect Expense</b>	100,157	9,969	15,265	74,923		74,923
<b>V. Total Other Expense</b>	6,000	597	914	4,488		4,488
<b>Budget Grand Total</b>	<b>515,205</b>	<b>51,281</b>	<b>78,522</b>	<b>385,399</b>	<b>177,151</b>	<b>208,248</b>

	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) County/State/Fed (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>						
State	25,640	25,640				
County	25,641	25,641				
<b>OTLICIP</b>						
State	6,282		6,282			
County	6,282		6,282			
Federal (Title XXI)	65,958		65,958			
<b>Medi-Cal</b>						
State	148,412			148,412	44,288	104,124
Federal (Title XIX)	236,987			236,987	132,863	104,124

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



CCS CASELOAD	Actual Caseload	Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	64	9.95%
<b>OTLIPC -</b>		
Total Cases of Open (Active) OTLIPC Children	98	15.24%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children</b>		
	481	74.81%
<b>TOTAL CCS CASELOAD</b>	<b>643</b>	<b>100%</b>

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: El Dorado

Column	Straight CCS				Optional Targeted Low Income Children's Program (OTLIPC)			Medi-Cal (Non-OTLIPC)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 5)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (6/6/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense</b>													
<b>Program Administration</b>													
Supervising PHN Dana Harden	20.00%	83,024	16,605	9.95%	1,653	15.24%	2,531	74.81%	12,421			100.00%	12,421
2. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
Subtotal		83,024	16,605		1,653		2,531		12,421				12,421
<b>Medical Case Management</b>													
Supervising PHN Dana Harden	10.00%	83,024	8,302	9.95%	826	15.24%	1,265	74.81%	6,210	80.00%	4,968	20.00%	1,242
PHN II Sabina Keller	80.00%	77,668	62,134	9.95%	6,184	15.24%	9,470	74.81%	46,480	80.00%	37,184	20.00%	9,296
PHN II Kaela Hatchel	100.00%	72,208	72,208	9.95%	7,187	15.24%	11,005	74.81%	54,016	80.00%	43,213	20.00%	10,803
4. Employee Name, Position		0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
Subtotal		232,900	142,644		14,197		21,740		106,706		85,365		21,341
<b>Other Health Care Professionals</b>													
1. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
<b>Ancillary Support</b>													
Medical Office Assistant Adrianna Salas-Rodriguez	25.00%	43,542	10,886	9.95%	1,084	15.24%	1,659	74.81%	8,143			100.00%	8,143
Medical Office Assistant Michelle McCann-Hardie	50.00%	42,968	21,484	9.95%	2,138	15.24%	3,274	74.81%	16,071			100.00%	16,071
Medical Office Assistant Maria Martinez	50.00%	43,095	21,548	9.95%	2,145	15.24%	3,284	74.81%	16,119			100.00%	16,119
4. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
Subtotal		129,605	53,918		5,367		8,217		40,333				40,333
<b>Clerical and Claims Support</b>													
Medical Office Assistant Adrianna Salas-Rodriguez	25.00%	43,542	10,886	9.95%	1,084	15.24%	1,659	74.81%	8,143	80.00%	6,514	20.00%	1,829
Medical Office Assistant Michelle McCann-Hardie	50.00%	42,968	21,484	9.95%	2,138	15.24%	3,274	74.81%	16,071	80.00%	12,857	20.00%	3,214
Medical Office Assistant Maria Martinez	50.00%	43,095	21,548	9.95%	2,145	15.24%	3,284	74.81%	16,119	80.00%	12,895	20.00%	3,224
4. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	0.00%	0	100.00%	0
Subtotal		129,605	53,918		5,367		8,217		40,333		32,266		8,067
<b>Total Salaries and Wages</b>			<b>267,085</b>	<b>9.95%</b>	<b>26,584</b>	<b>15.24%</b>	<b>40,707</b>	<b>74.81%</b>	<b>199,793</b>	<b>58.88%</b>	<b>117,631</b>	<b>41.12%</b>	<b>82,162</b>

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CCS CASELOAD	Actual Caseload	Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	64	9.95%
<b>OTLIPC -</b>		
Total Cases of Open (Active) OTLIPC Children	98	15.24%
<b>MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children</b>	481	74.81%
<b>TOTAL CCS CASELOAD</b>	643	100%

**CCS Administrative Baseline Budget Worksheet**

Fiscal Year: 2018-19

County: El Dorado

Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (6/6/68)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Staff Benefits (Specify %)	50.00%		133,543	9.95%	13,292	15.24%	20,353	74.81%	99,697		58,816		41,081
<b>I. Total Personnel Expense</b>			400,628	9.95%	39,876	15.24%	61,050	74.81%	299,690		176,447		123,243
<b>II. Operating Expense</b>													
1. Travel			1,000	9.95%	100	15.24%	152	74.81%	748	58.85%	440	41.12%	308
2. Training			600	9.95%	60	15.24%	91	74.81%	449	58.86%	264	41.12%	185
3. Communication			300	9.95%	30	15.24%	46	74.81%	224			100.00%	224
4. Insurance			2,130	9.95%	212	15.24%	325	74.81%	1,593			100.00%	1,593
5. Office and Duplicating			4,300	9.95%	437	15.24%	669	74.81%	3,284			100.00%	3,284
6.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
7.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
<b>II. Total Operating Expense</b>			8,420		839		1,283		6,298		704		5,594
<b>III. Capital Expense</b>													
1.				9.95%	0	15.24%	0	74.81%	0				0
2.				9.95%	0	15.24%	0	74.81%	0				0
3.				9.95%	0	15.24%	0	74.81%	0				0
<b>III. Total Capital Expense</b>			0		0		0		0				0
<b>IV. Indirect Expense</b>													
1. Internal	25.00%		100,157	9.95%	9,969	15.24%	15,265	74.81%	74,923			100.00%	74,923
2. External	0.00%		0	9.95%	0	15.24%	0	74.81%	0			100.00%	0
<b>IV. Total Indirect Expense</b>			100,157		9,969		15,265		74,923				74,923
<b>V. Other Expense</b>													
1. Maintenance & Transportation			6,000	9.95%	597	15.24%	914	74.81%	4,488			100.00%	4,488
2.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
3.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
4.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
5.				9.95%	0	15.24%	0	74.81%	0			100.00%	0
<b>V. Total Other Expense</b>			6,000		597		914		4,488				4,488
<b>Budget Grand Total</b>			515,205		51,281		76,522		385,399		177,151		208,246

See Below	Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
	AS Above	11/6/18	As above
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number



BUDGET JUSTIFICATION NARRATIVE  
 CCS ADMINISTRATION  
 EL DORADO COUNTY  
 FISCAL YEAR 2018-2019

**PERSONNEL COST**

Total salaries	\$267,085
Total Benefits	\$133,543
<b>Total Personnel Expenses</b>	<b>400,628</b>

Supervising PHN	Increased by m12% to align labor with available funding and additional caseload demands
Public Health Nurse II (1.80)	No Change
Medical Office Assistance (2.5)	No change

**OPERATING EXPENSES**

Travel	\$1,000	Includes per diem , provate vehicle mileage, commercial auto rental, air travel etc. Mileage reimbursement subject to Federal rate currently at 0.545 per mile with annual adjustment.
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education opportunities
Office Supplies and Services	\$4,390	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
Communication	\$300	Telephone 3rd party calls
Insurance	\$2,130	Facility and professional liability insurance
<b>Total operating Costs</b>	<b>8,420</b>	
<b>CAPITAL EXPENSES</b>		
<b>Total Capital Expenses</b>	<b>0</b>	

**INDIRECT EXPENSES**

Internal @			
External @ 25%	0.00%	100,157	In accordance to the A-87 plan on file applied by total program FTE.
<b>Total Indirect Expenses</b>		<b>100,157</b>	

**OTHER EXPENSES**

Maintenance and transportation	6,000	Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. No change
<b>Total Other Expenses</b>	<b>6,000</b>	
<b>BUDGET GRAND TOTAL</b>	<b>515,205</b>	