CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	El Dorado	2025-26

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 Virgil, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
HCPCFC/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Agency Information		County/City:	Fiscal Year:
		El Dorado	2025-26
Street Address:	941 Spring St.	Health Officer Name:	Meloday Law, MD
City:	Placerville	HCPCFC Central Email Address:	hcpcfc@edcgov.us
Zip Code:	95667		
Authorized HCPCFC Representative		Director of Social Services Agency	
Name, Title:	Maureen Virgil, MAS, BSN,	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 Board of Supervisors		Chief Probation Officer	
Name:	Kim Dawson	Name:	Brian Richart
Phone:	530.621.5390	Phone:	530.621.5625
Email:	kim.dawson@edcgv.us	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					

View additional rows by selecting the "+" to the left.

Health Care Program for Children in Foster Care

Base Budget Worksheet								County/City Name: El Dorado		Fiscal Year: 2025-26	
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%	$151,445	$0	0%	$0	100%	$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	$129,126	$0	0%	$0	100%	$0
3	Sharon Guthrie	PHN II	No	Yes	44%	$110,968	$48,826	95%	$46,385	5%	$2,441
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	$47,840	$0	90%	$0	10%	$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	$166,421	$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							$48,826		$46,385		$2,441
Staff Benefits (Specify %)			49%				$23,925		$22,729		$1,196
I. Total Personnel Expenses							$72,751		$69,114		$3,637
II. Total Operating Expenses (List in Narrative)							$1,223		$0		$1,223
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				$18,188				$18,188
2.	External (Specify %)		0%				$0				$0
IV. Total Indirect Expenses (List in Narrative)							$18,188				$18,188
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$92,162		$69,114		$23,048

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, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Base Budget Narrative	County/City Name:	Fiscal Year:
	El Dorado	2025-26

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	
Office Supplies $1223	
III. Capital Expenses Identify and Explain All Capital Expense Line Items	
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items	
Internal:	Consistent with approved A-87 plan on file.
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, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
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: 2025-26	
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%	$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	21%	$110,968	$23,303	95%	$22,138	5%	$1,165
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
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							$23,303		$22,138		$1,165
Staff Benefits (Specify %)			49%				$11,418		$10,848		$571
I. Total Personnel Expenses							$34,721		$32,986		$1,736
II. Total 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 %)		25%				$8,680				$8,680
2.	External (Specify %)		0%				$0				$0
IV. Total Indirect Expenses (List in Narrative)							$8,680				$8,680
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$43,401		$32,986		$10,416

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, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
Authorized HCPCFC Signor Name, Title	Signature	Date

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
	El Dorado	2025-26

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	
III. Capital Expenses Identify and Explain All Capital Expense Line Items	
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items	
Internal:	Consistent with approved A-87 plan on file.
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.

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Authorized HCPCFC Signor Name, Title	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet								County/City Name:		Fiscal Year:	
								El Dorado		2025-26	
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%	$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	15%	$110,968	$16,645	94%	$15,646	6%	$999
4	Erica Bobrow	Senior Office Assistant	Yes	No	50%	$47,840	$23,920	94%	$22,485	6%	$1,435
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 %					15%			94%			
Total Direct Support Staff FTE %					50%			94%			
Total Net Salaries and Wages							$40,565		$38,131		$2,434
Staff Benefits (Specify %)			49%				$19,877		$18,684		$1,193
I. Total Personnel Expenses							$60,442		$56,815		$3,627
II. Total Operating Expenses (List in Narrative)							$480		$123		$357
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				$15,111				$15,111
2.	External (Specify %)		0%				$0				$0
IV. Total Indirect Expenses (List in Narrative)							$15,111				$15,111
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$76,033		$56,938		$19,095

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative	County/City Name:	Fiscal Year:
	El Dorado	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

Full-time equivalent (FTE) adjustments were implemented in response to changes in base salaries and to offset reductions in other budgeted funding. These adjustments are essential to preserve the integrity and continuity of program activities.

II. Operating Expenses Identify and Explain All Operating Expense Line Items

Postage $480

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, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Administrative Budget Worksheet										County/City Name:	Fiscal Year:
										El Dorado	2025-26
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	41%	$151,445	$62,092			41%	$62,092
2	Jessica Cullen	PHN Supervisor	No	Yes	20%	$129,126	$25,825			20%	$25,825
3	Sharon Guthrie	PHN II	No	Yes	0%	$110,968	$0			0%	$0
4	Erica Bobrow	Senior Office Assistant	Yes	No	50%	$47,840	$23,920			50%	$23,920
5	Kyle Fliflet	Deputy Director	Yes	No	28%	$166,421	$46,598			28%	$46,598
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							$158,435				$158,435
Staff Benefits (Specify %)			56%				$88,724				$88,724
I. Total Personnel Expenses							$247,159				$247,159
II. Total Operating Expenses (List in Narrative)							$21,961				$21,961
III. Total Capital Expenses (List in Narrative)							$0				$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				$61,790				$61,790
2.	External (Specify %)		0%				$0				$0
IV. Total Indirect Expenses (List in Narrative)							$61,790				$61,790
V. Total Other Expenses (List in Narrative)							$0				$0
						Budget Grand Total	$330,910		$0		$330,910

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Maureen Virgil, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
Authorized HCPCFC Signor Name, Title	Signature	Date

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Administrative Budget Narrative	County/City Name:	Fiscal Year:
	El Dorado	2025-26

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: $2500 includes per diem, private vehicle mileage, commercial auto rental, air travel, hotel, etc.; mileage reiumbursement @ federal rate/mile as published each January. Training: $2500 registration/tuition fees for SPMP and support staff for continuing education that is program applicable. Conference fees: $1200. Office supplies $1559; Postage $220. Cell phone and service $1800. Office furniture for 3 staff $6000. Malpractice insurance $4020. Liability insurance

III. Capital Expenses Identify and Explain All Capital Expense Line Items

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:	Consistent with approved A-87 plan on file.
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, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
Authorized HCPCFC Signor Name, Title	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Budget Summary							County/City:						Fiscal Year:		
							El Dorado						2025-26		
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	$72,751	$69,114	$3,637	$34,721	$32,986	$1,736	$60,442	$56,815	$3,627	$0	$0	$0	$247,159		$247,159
II. Total Operating Expenses	$1,223	$0	$1,223	$0	$0	$0	$480	$123	$357	$0	$0	$0	$21,961		$21,961
III. Total Capital Expenses	$0		$0	$0		$0	$0		$0	$0		$0	$0		$0
IV. Total Indirect Expenses	$18,188		$18,188	$8,680		$8,680	$15,111		$15,111	$0		$0	$61,790		$61,790
V. Total Other Expenses	$0		$0	$0		$0	$0		$0	$0		$0	$0		$0
Budget Grand Total	$92,162	$69,114	$23,048	$43,401	$32,986	$10,416	$76,033	$56,938	$19,095	$0	$0	$0	$330,910		$330,910
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	$28,803	$17,279	$11,524	$13,455	$8,247	$5,208	$23,782	$14,235	$9,548	$0	$0	$0	$165,455		$165,455
Federal Funds (Title XIX)	$63,360	$51,836	$11,524	$29,948	$24,740	$5,208	$52,251	$42,704	$9,548	$0	$0	$0	$165,455		$165,455
Budget Grand Total	$92,162	$69,114	$23,048	$43,402	$32,986	$10,416	$76,033	$56,938	$19,095	$0	$0	$0	$330,910		$330,910

Maureen Virgil, MAS, BSN, RN, PHN — Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Authorized HCPCFC Signor Name, Title — Signature — Date