



Health Care Program for Children in Foster Care

Certification Statement	County/City: El Dorado	Fiscal Year: 2025-26
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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
George Turnbull		11/18/25
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Agency Information		County/City: El Dorado	Fiscal Year: 2025-26		
Street Address:	941 Spring St.	Health Officer Name:	Meloday Law, MD		
City:	Placerville	HCPCFC Central Email	hcpcfc@edcgov.us		
Zip Code:	95667	Address:			
Authorized HCPCFC Representative		Director of Social Services Agency			
Name, Title: Maureen Virgil, MAS, BSN, Phone: 530.621.6217 Email: maureen.virgil@edcgov.us		Name: Olivia Byron-Cooper Phone: 530.621.6320 Email: olivia.byron-cooper@edcgov.us			
Clerk of the Board of Supervisors		Chief Probation Officer			
Name: Kim Dawson Phone: 530.621.5390 Email: kim.dawson@edcgv.us		Name: Brian Richart Phone: 530.621.5625 Email: brian.richart@edcgov.us			
List All HCPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Maureen Virgil	PHN Manager	No	Yes	maureen.virgil@edcgov.us
2	Jessica Cullen	PHN Supervisor	No	Yes	jessica.cullen@edcgov.us
3	Sharon Guthrie	PHN II	No	Yes	sharon.guthrie@edcgov.us
4	Erica Bobrow	Senior Office Assistant	Yes	No	erica.bobrow@edcgov.us
5	Kyle Fliflet	Deputy Director	Yes	No	kyle.fliflet@edcgov.us
6					
7					
8					
9					
10					

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		
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$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		\$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
Authorized HCPCFC Signor Name, Title



Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Signature

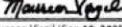
Date

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	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	21%	\$110,968	\$23,303	\$22,138	5%	\$1,165
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.										
Total Net Salaries and Wages						\$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		\$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
Authorized HCPCFC Signor Name, Title


Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Signature

Date

Health Care Program for Children in Foster Care

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

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

Caseload Relief 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							
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	15%	\$110,968	94%	\$15,646	6%	\$999
4	Erica Bobrow	Senior Office Assistant	Yes	No	50%	\$47,840	94%	\$22,485	6%	\$1,435
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.										
Total 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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil, MAS, BSN, RN, PHN

Authorized HCPCFC Signor Name, Title



Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Signature

Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name: El Dorado	Fiscal Year: 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: El Dorado		Fiscal Year: 2025-26				
Column			1A	1B	1	2A	2	3A	3		
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total
1	Maureen Virgil	PHN Manager	No	Yes	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											
Staff Benefits (Specify %)				56%			\$158,435			\$158,435	
I. Total Personnel Expenses							\$88,724			\$88,724	
II. Total Operating Expenses (List in Narrative)							\$247,159			\$247,159	
III. Total Capital Expenses (List in Narrative)							\$21,961			\$21,961	
IV. Indirect Expenses (List in Narrative)							\$0			\$0	
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	

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, MAS, BSN, RN, PHN

Authorized HCPCFC Signor Name, Title


 Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Signature

Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: El Dorado	Fiscal Year: 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 reimbursement @ 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

Health Care Program for Children in Foster Care

Budget Summary							County/City: El Dorado					Fiscal Year: 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
 Authorized HCPFC Signor Name, Title

Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Signature Date

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
Total Cases of Open (Active) Straight CCS Children	53	8.48%
OTLICP - Total Cases of Open (Active) OTLICP Children	101	16.16%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	471	75.36%
TOTAL CCS CASELOAD	625	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2025-26

County: El Dorado



Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)								
	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 (OTLICP) Co/State/Fed (17.5/17.5/65)	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)	
I. Personnel Expense															
Program Administration															
1. Sabina Keller, Supervising PHN	85.00%	135,910	115,524	8.48%	9,796	16.16%	0	18,669	75.36%	87,059	0	0	100.00%	0	87,059
2. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.38%	0	0	0	100.00%	0	0
3. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0	0	100.00%	0	0
4. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0	0	100.00%	0	0
5. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0	0	100.00%	0	0
Subtotal		135,910	115,524		9,796			18,669		87,059					87,059
Medical Case Management															
1. Sabina Keller, Supervising PHN	10.00%	135,910	13,591	8.48%	1,153	16.16%	0	2,196	75.36%	10,242	0.00%	0	100.00%	0	10,242
2. Carolyn Vaughn, PHN II	70.00%	116,790	81,753	8.48%	6,933	16.16%	0	13,211	75.36%	61,609	0.00%	0	100.00%	0	61,609
3. PHN III - VACANT	70.00%	111,404	77,983	8.48%	6,613	16.16%	0	12,602	75.36%	58,768	0.00%	0	100.00%	0	58,768
4. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
5. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
6. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
7. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
8. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
Subtotal		384,104	173,327		14,699			28,009		130,619					130,619
Other Health Care Professionals															
1. Employee Name, Position	0.00%		0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
2. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
3. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
Subtotal			0	0				0		0					0
Ancillary Support															
1. Karin Wade, Medical Office Assistant	30.00%	50,411	15,123	8.48%	1,282	16.16%	0	2,444	75.36%	11,397	0.00%	0	100.00%	0	11,397
2. Medical Office Assistant - VACANT	25.00%	45,748	11,437	8.48%	970	16.16%	0	1,849	75.36%	8,619	0.00%	0	100.00%	0	8,619
3. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
4. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
5. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
Subtotal		96,159	26,560		2,252			4,292		20,016					20,016
Clerical and Claims Support															
1. Karin Wade, Medical Office Assistant	70.00%	50,411	35,288	8.48%	2,992	16.16%	0	5,703	75.36%	26,593	0.00%	0	100.00%	0	26,593
2. Medical Office Assistant - VACANT	75.00%	45,748	34,311	8.48%	2,910	16.16%	0	5,545	75.36%	25,857	0.00%	0	100.00%	0	25,857
3. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
4. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0
5. Employee Name, Position	0.00%	0	0	8.48%	0	16.16%	0	0	75.36%	0	0.00%	0	100.00%	0	0

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
Total Cases of Open (Active) Straight CCS Children	53	8.48%
OTLICP - Total Cases of Open (Active) OTLICP Children	101	16.16%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	471	75.36%
TOTAL CCS CASELOAD	625	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2025-26

County: El Dorado



Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
				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 (OTLICP) Co/State/Fed (17.5/17.5/65)	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)
Subtotal		96,159	69,599		5,902		11,248		52,450		0		52,450
Total Salaries and Wages			385,010	8.48%	32,649	16.16%	62,218	75.36%	290,144	0.00%	0	100.00%	290,144
Staff Benefits (Specify %)	43.00%		165,554	8.48%	14,039	16.16%	26,754	75.36%	124,762		0		124,762
I. Total Personnel Expense			550,564	8.48%	46,688	16.16%	88,972	75.36%	414,906		0		414,906
II. Operating Expense													
1. Travel			2,597	8.48%	220	16.16%	420	75.36%	1,957	0.00%	0	100.00%	1,957
2. Training			2,730	8.48%	232	16.16%	441	75.36%	2,057	0.00%	0	100.00%	2,057
3. Office and Duplication			5,680	8.48%	462	16.16%	918	75.36%	4,280		0	100.00%	4,280
4.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
5.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
6.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
7.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
II. Total Operating Expense			11,007		934		1,779		8,294		0		8,294
III. Capital Expense													
1.				8.48%	0	16.16%	0	75.36%	0		0		0
2.				8.48%	0	16.16%	0	75.36%	0		0		0
3.				8.48%	0	16.16%	0	75.36%	0		0		0
III. Total Capital Expense			0		0		0		0		0		0
IV. Indirect Expense													
1. Indirect Cost Rate	25.00%		137,641	8.48%	11,672	16.16%	22,243	75.36%	103,726		0	100.00%	103,726
			0	8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
IV. Total Indirect Expense			137,641		11,672		22,243		103,726				103,726
V. Other Expense													
1. Maintenance & Transportation			2,000	8.48%	170	16.16%	323	75.36%	1,507		0	100.00%	1,507
2.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
3.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
4.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
5.				8.48%	0	16.16%	0	75.36%	0		0	100.00%	0
V. Total Other Expense			2,000		170		323		1,507				1,507
Budget Grand Total			701,212		59,464		113,317		528,433		0		528,433

Heather Orchard

Heather Orchard

9/29/2025

530-621-6155

Prepared By (Signature)

Prepared By (Printed Name)

Date Prepared

Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
Total Cases of Open (Active) Straight CCS Children	53	8.48%
OTLICP - Total Cases of Open (Active) OTLICP Children	101	16.16%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	471	75.36%
TOTAL CCS CASELOAD	625	100%

CCS Administrative Budget Worksheet

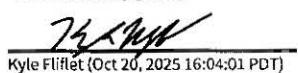
Fiscal Year: 2025-26

County: El Dorado



Column	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 (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE

CCS Administrator (Signature)


Kyle Fliflet (Oct 20, 2025 16:04:01 PDT)

CCS Administrator (Printed Name)

Kyle Fliflet

Date Signed

10/20/2025

Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	53	8.48%
OTLICP - Total Cases of Open (Active) OTLICP Children	101	16.16%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	471	75.36%
TOTAL CCS CASELOAD	625	100%

CCS Administrative Budget Summary

Fiscal Year: 2025-26

County: EI Dorado

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 (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
I. Total Personnel Expense	550,564	46,688	88,972	414,906	0	414,906
II. Total Operating Expense	11,007	934	1,779	8,294	0	8,294
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	137,641	11,572	22,243	103,726		103,726
V. Total Other Expense	2,000	170	323	1,507		1,507
Budget Grand Total	701,212	59,454	113,317	528,433	0	528,433

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 (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	29,732	29,732				
County	29,732	29,732				
OTLICP						
State	19,830		19,830			
County	19,830		19,830			
Federal (Title XXI)	73,657		73,657			
Medi-Cal						
State	264,217			264,217	0	264,217
Federal (Title XIX)	264,216			264,216	0	264,216

Heather Orchard

Prepared By (Signature)


Kyle Fliflet (Oct 20, 2025 16:04:01 PDT)

CCS Administrator (Signature)

Heather Orchard

Prepared By (Printed Name)

Kyle Fliflet

CCS Administrator (Printed Name)

heather.orchard@edcgov.us

Email Address

Kyle.Fliflet@edcgov.us

Email Address

Medical Therapy Program Staffing Determination Tool

Revised 4/24/2025

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2025-26

County: El Dorado

Date: 8/8/2025

Total no. of MTUs in county: 2

Total no. of MTU satellites in county: 1

Total no. of children on MTP caseload per CMS Net: 74

Please explain if caseload data is from another source:

Total number of children on waiting list for services, receiving no services:

PT OT

Total # of children on waiting list, receiving services temporarily through a vendor:

PT OT

Total # of children on waiting list:

PT 0 OT 0

A. MTP Administrative Positions

MTP Administrative Positions*	# County Positions Approved & Filled	# County Positions Approved & Vacant	Total Administrative Positions
Chief Therapist			0.00
Asst Chief Therapist(s)			0.00
MTU Supervisors	0.80		0.80
MTU Clerks	0.80		0.80
Total Adm Pos:	1.60	0.00	1.60

*Must be State approved positions based on Ch. 4 and caseload reviews - see instructions

** Calculation reflects licensed OT/PT staff needed to meet treatment needs. See instructions. Therapy Assistant/Aide conversions cannot be used to increase the number of therapy staff submitted on the MTP Baseline Budgets. **

B. Calculating FTE's for Treatment Needs**

1	2	3	4	5	6	7	8	9	10
Total weekly prescribed PT hours	Total weekly prescribed OT hours	Total prescribed hours (Col 1+Col 2)	Total hours for consultation* (see below for explanation)	Total treatment hours = prescribed hrs + consult hours (Col 3+4)	Standard hours per week for full-time employee	Total paid break time per week (in hours)	Total weekly work hours available for 1.0 FTE	Expected Tx hrs/wk at 75% direct therapy service (Col 8 x 0.75)	Total treating FTE's needed to staff MTP (Col 5/Col 9)
19.6	17.2	36.75	14.88	51.63	32.0	1.25	30.75	23.06	2.24

PT cases: 68

* Calculated hours for consultation = # PT cases x 0.12 = 8.16

OT cases: 56

* Calculated hours for consultation = # OT cases x 0.12 = 6.72

Total consultation hours (used for Column 4 above) = 14.88

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***
Prior year 4 th quarter		1.00	1.00	3.00
Current year 1 st quarter	1.00		1.00	3.00
Current year 2 nd quarter	0.75	3.75	4.50	13.50
Current year 3 rd quarter	6.50	5.00	11.50	34.50
Total Annual Interagency Hours		18.00		54.00
Weekly average interagency hours for treatment positions				1.04
Weekly hours available for treatment by one FTE				30.75
Total treatment FTE's needed for SELPA interagency activities				0.03

Medical Therapy Program Staffing Determination Tool

Revised 4/24/2025

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2025-26

County: El Dorado

Date: 8/8/2025

D. Total MTP Treatment Positions

FTEs needed for prescription treatment hours:	2.24
FTEs needed for IEP and Interagency liaison hours:	0.03
Total MTP Treatment Positions:	2.27

E. MTP Position Summary

Based on the above calculations, the following MTP FTE positions are needed to meet the caseload of the County identified above.

Total MTP Administrative Positions:	1.60
Total MTP Treatment Positions:	2.27
TOTAL MTP FTE POSITIONS:	3.87



Heather Orchard (Oct 20, 2025 16:57:07 PDT)

Name/Signature of Chief Therapist / Unit Supervisor



Kyle Fliflet (Oct 20, 2025 16:04:01 PDT)

Name/Signature of CCS Administrator

MTP Staffing and Budget Summary

Revised 4/24/25

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6 (C3+C4+C5)	Column 7 (=C8)	Column 8 (=C7)	Column 9	Column 10 (C7+C8+C9)
County Name	FY 20XX-XX Total Est. MTP Caseload	Total Budgeted MTP Administrative Positions (FTEs) (Section A)	Total Budgeted MTP Treatment Positions (FTEs) (Section B)	Total Budgeted SELPA Interagency Activities (FTEs) (Section C)	Total Budgeted MTP Positions (FTEs) (Section E)	FY 20XX-XX Estimated MTP Funding (County)	FY 20XX-XX Estimated MTP Funding (State - No AB3632 State Only)	FY 20XX-XX Estimated MTP Funding (AB 3632 State Only)	FY 20XX-XX Total Estimated MTP Budget
	74	1.60	2.24	0.03	3.87	\$271,982	\$271,982	\$4,507	\$548,471

Autocalculates

Autocalculates

Revised 04/24/2025

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2025-26
 County: El Dorado



Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
I. COUNTY EMPLOYED MTU STAFF			
MTP Administrative Positions			
1. Cathleen St. Dennis, OT Supervising Therapist	5.00%	126,974	6,349
2. Brock Beard, Medical Office Assistant	80.00%	50,411	40,329
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
Subtotal		177,385	46,678
Treatment Staff			
1. John Schaefer, PT	80.00%	115,708	92,566
4. Elizabeth Martin, OT	80.00%	110,370	88,296
2. Danette Wilver, PT	25.00%	110,372	27,593
3. Kathleen Taylor, OT	25.00%	110,408	27,602
5. Employee Name, Position	0.00%	-	-
6. Employee Name, Position	0.00%	-	-
7. Employee Name, Position	0.00%	-	-
8. Employee Name, Position	0.00%	-	-
9. Employee Name, Position	0.00%	-	-
Subtotal		446,858	236,057
Total Salaries and Wages			282,735
Staff Benefits (Specify %)	53.00%		149,850
Total Personnel Expenses, County Employed MTU Staff			432,585
Travel Costs			-
Internal Indirect Costs (Specify %)	25.00%		108,146
I. TOTAL, COUNTY EMPLOYED MTU STAFF			\$ 540,731
II. CONTRACT THERAPISTS			
Physical and Occupational Therapy Contracts			
1. Contractor Name, Position			-
2. Contractor Name, Position			-
3. Contractor Name, Position			-
4. Contractor Name, Position			-
5. Contractor Name, Position			-
II. TOTAL, CONTRACT THERAPISTS			\$ -
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS			

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
MTP Administrative Positions			
1. Cathleen St. Dennis, Supervising Therapist	2.00%	126,974	2,539
2. Employee Name, Position	0.00%	-	-
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
Subtotal		126,974	2,539
Treatment Staff			
1. Employee Name, Position	0.00%	-	-
2. Employee Name, Position	0.00%	-	-
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
6. Employee Name, Position	0.00%	-	-
7. Employee Name, Position	0.00%	-	-
8. Employee Name, Position	0.00%	-	-
9. Employee Name, Position	0.00%	-	-
Subtotal		-	-
Total Salaries and Wages			2,539
Staff Benefits (Specify %)	42.00%		1,066
Total Personnel Expenses for SELPA/LEA/IEP Functions			3,605
Travel Costs			-
Indirect Costs (Specify %)	25.00%		901
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS		\$	4,507
IV. MTU EXPENDITURES			
1. MTU Supply and Equipment Costs			
a. Item 1			-
b. Item 2			-
c. Item 3			-
d. Item 4			-
Subtotal			-
2. MTU Conference Costs			
a. Annual MTU Best Practice Conference			2,000
b. Item 2			-
c. Item 3			-
d. Item 4			-
Subtotal			2,000
3. Training/Education			
a. Staff Development/CEU Training			1,234
b. Item 2			-
c. Item 3			-

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
d. Item 4			-
Subtotal			1,234
4. Miscellaneous MTU Costs			
a. Item 1			-
b. Item 2			-
c. Item 3			-
d. Item 4			-
Subtotal			-
IV. TOTAL, MTU EXPENDITURES			\$ 3,234
BUDGET GRAND TOTAL			\$ 548,471

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		\$ 271,982	
County Funds		\$ 271,983	
MTP (State 100%) (Section III)			
State General Funds (2)		\$ 4,507	
Total State General Funds (1 + 2)		\$ 276,489	

Heather Orchard

9/29/2025

Prepared By

Date Prepared



Kyle Fliflet (Oct 20, 2025 16:04:01 PDT)

10/20/2025

Approved By

Date Approved