

## Health Care Program for Children in Foster Care Plan and Budget Reporting Checklist

	<i>Page Number</i>
1. HCPCFC Plan and Budget Reporting Checklist	1
2. HCPCFC Certification Statement	2
3. HCPCFC Organizational Chart	3
4. HCPCFC MOU with Local Child Welfare/Social Services	local retention
5. HCPCFC Probation IA	local retention
6. If Applicable:	
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
c. Property Survey Report Form (STD 152)	N/A
7. HCPCFC Plan and Budget Reporting Spreadsheet	
a. Agency Information Sheet	4
b. Memorandum of Understanding and Interagency Agreement List	5
c. HCPCFC Incumbent List	6
d. HCPCFC Budgets	
i. Base	7-8
– Summary and Worksheet	9
– Budget Narrative	
ii. Psychotropic Medication Monitoring and Oversight	10-11
– Summary and Worksheet	12
– Budget Narrative	
iii. Caseload Relief	13-14
– Summary and Worksheet	15
– Budget Narrative	
iv. Optional County/City - Federal Match	N/A
– Summary and Worksheet	
– Budget Narrative	N/A



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

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

**County/City:** El Dorado

**Fiscal Year:** 2022-23

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 Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

---

Signature of HCPCFC Director/County Authorized Representative

Date Signed

---

Signature of Director or Health Officer

Date Signed

---

Signature and Title of Other – Optional

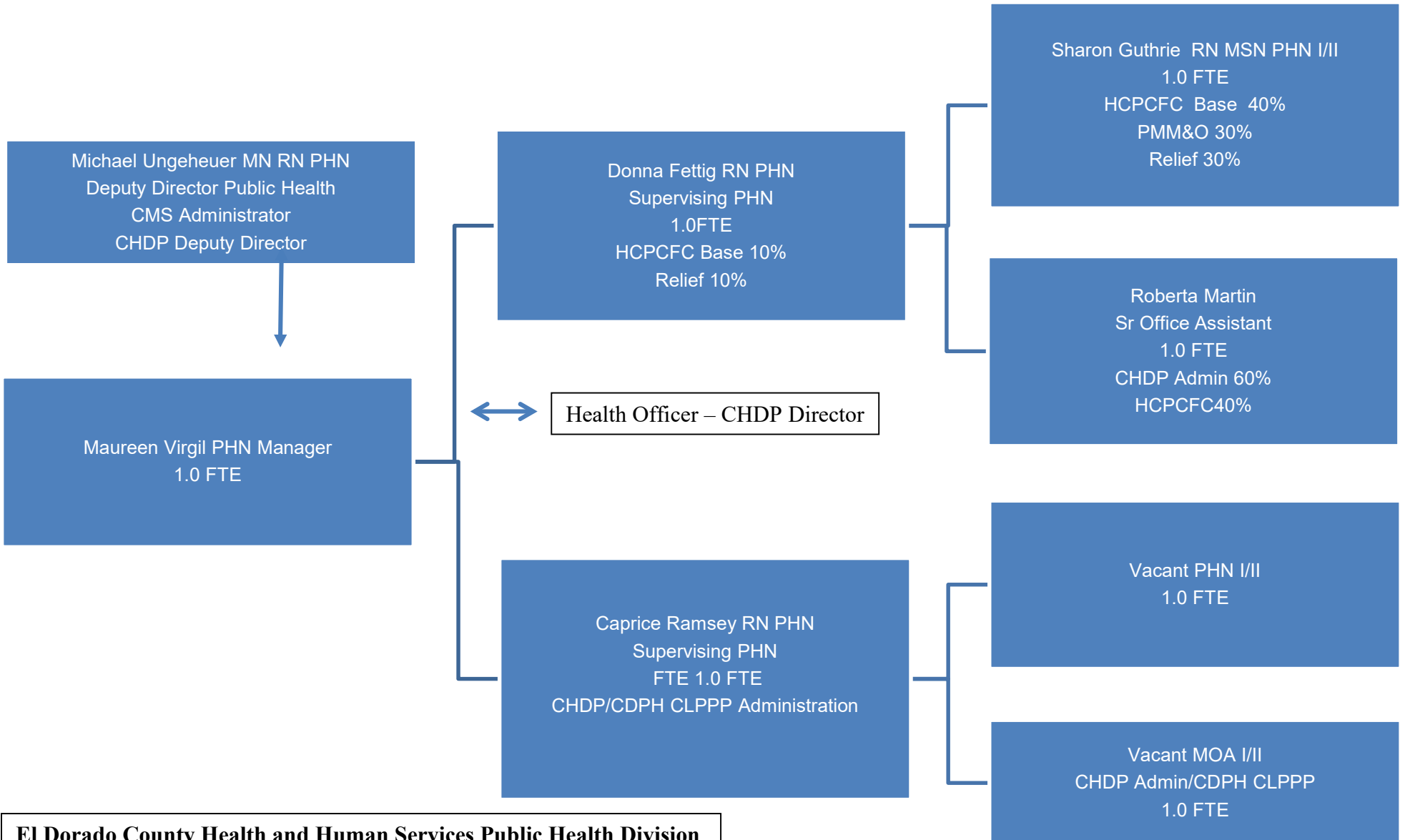
Date Signed

I certify that this plan has been approved by the local governing body.

---

Signature of Local Governing Body Chairperson

Date Signed



**El Dorado County Health and Human Services Public Health Division  
2022 – 2023 CHDP Combined Program Structure**



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
**Department of Health Care Services**

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



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<b>County/City:</b>	El Dorado	<b>Fiscal Year:</b>	2022-23
<b>Official Agency</b>			
Street Address:	931 Spring St	Health Officer:	Nancy Williams MD MPH
City:	Placerville	Local HCPCFC	
Zip Code:	95667	Central Inbox:	
<b>Parent Agency Director (if applicable)</b>			
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
<b>Authorized HCPCFC Program Administrative Representative</b>			
Name:	Michael Ungeheuer MN RN PHN	Street Address:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.us	Zip Code:	95667
<b>Clerk of the Board of Supervisors or City Council</b>			
Name:	Kim Dawson	Street Address:	330 Fairlane
Phone:	530 621 5390	City:	Placerville CA
Email:	kim.dawson@edcgov.us	Zip Code:	95667
<b>Director of Social Services Agency</b>			
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
<b>Chief Probation Officer</b>			
Name:	Brian Richart	Street Address:	3974 Durock Rd
Phone:	530 621 5625	City:	Shingle Springs
Email:	brian.richart@edcgov.us	Zip Code:	95682





MICHELLE BAASS  
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State of California—Health and Human Services Agency  
Department of Health Care Services

Health Care Program for Children in Foster Care  
Memoranda of Understanding/Interagency Agreement List



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<b>County/City:</b> El Dorado	<b>Fiscal Year:</b> 2022-23
-------------------------------	-----------------------------

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.

	Title or Name of MOU/IA	MOU with Local Social Services / Child Welfare	IA with Probation	Name of Partner Entity	Date Last Renewed
1	MMCP			Anthem	addendment 2022
2	MMCP			Health Plan of San Joaquin	pending 2022
3	MMCP			Kaiser	pending 2022
4	Immunization Augmentation			Barton Hospital	2022
5	Immunization Augmentation			Marshall	2022
6	Dental, Immunizations, TUPP, mobile van)			El Dorado Community Health Centers	2022
7	Campus PHN for Student Health and Referral			El Dorado Unified High School District	2022
8	Integrated Agency			HHSA	Perpetual
9					
10					
	<i>(Insert additional rows as needed)</i>				



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**Department of Health Care Services**

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



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<b>County/City:</b> El Dorado	<b>Fiscal Year:</b> 2022-2023
-------------------------------	-------------------------------

**List all Health Care Program for Children in Foster Care staff.**

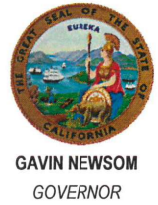
*HPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By selecting "Yes" you certify that this individuals Civil Service Classification and Duty Statement meet the requirements outlined in Section 8 of the Plan and Fiscal Guidelines for the position selected. Please enter Vacant positions, including Title.*

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1	Donna Fettig	PHN Supervisor		Yes	5%	donna.fettig@edcgov.us	MCAH 95%
2	Vacant	PHN I/II		Yes	55%		0%
3	Roberta Martin	Sr OA	Yes			roberta.martin@edcgov.us	CHDP Admin 55%
4							
5							
6							
7							
8							
9							
10							
	<i>(Insert additional lines as needed)</i>						





State of California—Health and Human Services Agency  
**Department of Health Care Services**



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

County/City:		EL DORADO									Fiscal Year:		2022-2023	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal				
A	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		
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
III. Total Capital Expenses														
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
V. Total Other Expenses														
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		
E	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		
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,452	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0		
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0		
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

Michael Ungeheuer MN RN PHN	0	Deputy Director/CMS Administrator	10/14/2022	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By: Sign	Print	Title	Date	Email
<i>M Ungeheuer MN RN PHN</i>	0	As Above	<i>12/16/2022</i>	as above
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email





State of California—Health and Human Services Agency  
 Department of Health Care Services

Health Care Program for Children in Foster Care  
 Budget Worksheet



State/Federal Funding Source: \_\_\_\_\_ Base

County/City Name: EL DORADO Fiscal Year: 2022-2023

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
<b>I. Personnel Expenses</b>							
# Name							
1 PHN Supervisor	3%	\$120,620	\$3,016	95%	\$2,865	5%	\$151
2 Vacant PHN I/II	40%	\$92,997	\$37,199	80%	\$29,759	20%	\$7,440
3 Roberta Martin Sr Office Assistant	23%	\$46,927	\$10,793	60%	\$6,476	40%	\$4,317
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
(insert additional rows as needed)			\$0		\$0	100%	\$0
Total PHN FTE %	43%			88%		25%	
Total Direct Support Staff FTE %	23%			80%		20%	
Net Salaries and Wages			\$51,008		\$39,100		\$11,908
Staff Benefits (Specify %) 50%			\$25,504		\$19,550		\$5,954
<b>I. Total Personnel Expenses</b>			<b>\$76,512</b>		<b>\$58,650</b>		<b>\$17,862</b>
<b>II. Operating Expenses</b>							
1. Travel			\$500	50%	\$250	50%	\$125
2. Training			\$500	50%	\$250	50%	\$125
<b>II. Total Operating Expenses</b>			<b>\$1,000</b>		<b>\$500</b>		<b>\$250</b>
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %) 10%			\$7,651				\$0
<b>IV. Total Indirect Expenses</b>			<b>\$7,651</b>				<b>\$0</b>
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$85,163</b>		<b>\$59,150</b>		<b>\$18,112</b>

Michael Ungeheuer MN RN PHN Deputy Director/CMS Administrator 10/14/2022 michael.ungeheuer@edcgov.us

Prepared By: \_\_\_\_\_ Sign \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

As Above 12/16/2022 As Above

Authorized HCPCFC \_\_\_\_\_ Sign \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Program Representative: \_\_\_\_\_





MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services

Health Care Program for Children in Foster Care  
Budget Narrative



GAVIN NEWSOM  
GOVERNOR

State/Federal Funding Source:		Base	
County/City Name:	El Dorado	Fiscal Year:	2022-2023
<b>I. Personnel Expenses</b>			
<b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
Significant salary equity adjustments cumulative from 2020 to current FY all positions. FTE adjustments made based on changes in base salaries.			
<b>II. Operating Expenses</b>			
<b>Identify and Explain All Operating Expense Line Items</b>			
Travel:	\$500 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January.		
Training:	\$500 Registration/tuition fees for SPMP and support staff for continuing education program specific		
<b>III. Capital Expenses</b> <i>cannot be included in this budget</i>			
<b>IV. Indirect Expenses</b> <i>Indirect External Expenses cannot be included in this budget</i>			
<b>Identify and Explain All Indirect Expense Line Items</b>			
Internal:	Consistent with approved A-87 plan on file		
<b>V. Other Expenses</b> <i>cannot be included in this budget</i>			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By:	Sign	Print	Title
	Deputy Director/CMS Administrator	12/16/2022	as above
Authorized HCPCFC Program Representative:	Sign	Print	Title
		Date	Email



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

Health Care Program for Children in Foster Care  
Budget Summaries

County/City:		EL DORADO									Fiscal Year:		2022-2023	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal				
A	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		
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
III. Total Capital Expenses														
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
V. Total Other Expenses														
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		
E	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		
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,452	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0		
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0		
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

Michael Ungeheuer MN RN PHN	0	Deputy Director/CMS Administrator	10/14/2022	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By: Sign	Print	Title	Date	Email
<i>M Ungeheuer MN RN PHN</i>	0	As Above	<i>12/16/2022</i>	as above
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email





MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

Health Care Program for Children in Foster Care  
Budget Worksheet

State/Federal Funding Source: Psychotropic Medication Monitoring & Oversight

County/City Name: El Dorado Fiscal Year: 2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
<b>I. Personnel Expenses</b>							
#	Name						
1	30%	\$92,997	\$27,899	100%	\$27,899	0%	\$0
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
	<i>(insert additional lines as needed)</i>						
Total PHN FTE %	30%			100%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$27,899		\$27,899		\$0
Staff Benefits (Specify %)	50%		\$13,950		\$13,950		\$0
<b>I. Total Personnel Expenses</b>			<b>\$41,849</b>		<b>\$41,849</b>		<b>\$0</b>
<b>II. Operating Expenses</b>							
1. Travel			\$0	0%	\$0	0%	\$0
2. Training			\$0	0%	\$0	0%	\$0
<b>II. Total Operating Expenses</b>			<b>\$0</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	10%		\$4,185				\$0
<b>IV. Total Indirect Expenses</b>			<b>\$4,185</b>				<b>\$0</b>
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$46,034</b>		<b>\$41,849</b>		<b>\$0</b>

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us
Prepared By: <i>[Signature]</i>	Sign	Print	Title
			As Above
Authorized HCPOFC	Sign	Print	Title
Program Representative:			As Above
			Date
			12/16/2022
			Date
			Date

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.





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

GAVIN NEWSOM  
 GOVERNOR

<b>State/Federal Funding Source:</b>		<b>Psychotropic Medication Monitoring &amp; Oversight</b>	
<b>County/City Name:</b> El Dorado		<b>Fiscal Year:</b> 2022-2023	
<b>I. Personnel Expenses</b> <b>Identify and Explain Any Changes in Personnel/Personnel Expenses</b>			
Significant Salary equity adjustments cumulative from 2020 to current FY all positions. FTE adjustments made based on changes in base salaries.			
<b>II. Operating Expenses</b> <b>Identify and Explain All Operating Expense Line Items</b>			
<b>Travel:</b>	None		
<b>Training:</b>	None		
<b>III. Capital Expenses</b> <i>cannot be included in this budget</i>			
<b>IV. Indirect Expenses</b> <i>Indirect External Expenses cannot be included in this budget</i> <b>Identify and Explain All Indirect Expense Line Items</b>			
<b>Internal:</b>	Capped by state		
<b>V. Other Expenses</b> <i>cannot be included in this budget</i>			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By:	Sign	Print	Title
<i>M Ungeheuer MN RN PHN</i>			
Authorized HCPCFC Program Representative:	Sign	Print	Title
		Date	Email
		<i>12/16/2022</i>	as above



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Department of Health Care Services



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Health Care Program for Children in Foster Care  
Budget Summaries

County/City:		EL DORADO									Fiscal Year:		2022-2023	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal				
A	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		
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
III. Total Capital Expenses														
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
V. Total Other Expenses														
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		
E	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		
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,452	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0		
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0		
<b>Budget Grand Total</b>	<b>\$77,262</b>	<b>\$59,150</b>	<b>\$18,112</b>	<b>\$41,849</b>	<b>\$41,849</b>	<b>\$0</b>	<b>\$60,955</b>	<b>\$46,028</b>	<b>\$14,927</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

Michael Ungeheuer MN RN PHN	0	Deputy Director/CMS Administrator	10/14/2022	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By: Sign	Print	Title	Date	Email
<i>M Ungeheuer MN RN PHN</i>	0	As Above	<i>12/16/2022</i>	as above
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email





MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

Health Care Program for Children in Foster Care  
Budget Worksheet

State/Federal Funding Source:	Caseload Relief
-------------------------------	-----------------

County/City Name:	El Dorado	Fiscal Year:	2022-23
-------------------	-----------	--------------	---------

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
<b>I. Personnel Expenses</b>							
#	Name						
1	22%	\$46,927	\$10,324	60%	\$6,194	40%	\$4,130
2	30%	\$ 92,997.00	\$27,899	80%	\$22,319	20%	\$5,580
3	2%	\$ 120,620.00	\$2,412	90%	\$2,171	10%	\$241
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
	(insert additional lines as needed)		\$0		\$0	100%	\$0
Total PHN FTE %	32%			60%		40%	
Total Direct Support Staff FTE %	22%			85%		30%	
Net Salaries and Wages			\$40,635		\$30,685		\$9,951
Staff Benefits (Specify %)	50%		\$20,318		\$15,343		\$4,976
<b>I. Total Personnel Expenses</b>			<b>\$60,953</b>		<b>\$46,028</b>		<b>\$14,927</b>
<b>II. Operating Expenses</b>							
1. Travel			\$1,000	0%	\$0	0%	\$0
2. Training			\$1,000	0%	\$0	0%	\$0
<b>II. Total Operating Expenses</b>			<b>\$2,000</b>		<b>\$0</b>		<b>\$0</b>
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)	10%		\$60,953				\$0
<b>IV. Total Indirect Expenses</b>			<b>\$6,095</b>				<b>\$0</b>
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			<b>\$69,048</b>		<b>\$46,028</b>		<b>\$14,927</b>

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us		
Prepared By: <i>[Signature]</i>	Sign	Print	Title	Date	Email
Authorized HCP/CFC	Sign	Print	Title	Date	Email
Program Representative:					

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



