

**CHILDREN'S MEDICAL SERVICES
BUDGET 2008-2009**

Plan and Budget Required Documents Checklist

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County/City: El Dorado County

Fiscal Year: 2008-09

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09-0284.A.3

CERTIFICATION STATEMENT



PUBLIC HEALTH DEPARTMENT

Healthy People Living in Healthy Communities Throughout El Dorado County

Gayle Erbe-Hamlin, Director / Dr. Jason Eberhart-Phillips, Health Officer
931 Spring Street, Placerville, CA 95667 (530) 621-6156 / Fax (530) 626-4713

CERTIFICATION BY EL DORADO COUNTY INDIRECT COST RATE PROPOSAL

Hereby certify that the information contained in the Indirect Cost Rate Proposal for the Health Department for the fiscal year ended June 30, 2007, and which is attached to the certification is prepared in conformance with OMB Circular A-87 and the implementing instructions contained in the Guide OASC-10 published by the Department of Health, Education and Welfare. I further certify: (1) that costs other than those incurred by the grantee/contractor or allocated to the grantee/contractor via an approved central service cost allocation plan were included in its indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that, with the exception of some administrative personnel costs for which the indirect cost allocation has been adjusted, similar types of costs have been accorded consistent accounting treatment, and (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate.

Gayle Erbe-Hamlin, Director
El Dorado County Public Health Department

5/8/08

Date

Gretchen Bailey, Fiscal Administrative Manager
El Dorado County Public Health Department

05/07/08

Date

JAN 20 2009

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09-0284.A.5

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

County/City: El Dorado County

Fiscal Year: 2008-09

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	<u>1/21/09</u> Date Signed
 Signature of Director or Health Officer	<u>1/21/09</u> Date Signed
 Signature of CHDP Deputy Director	<u>1/20/09</u> 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)

County/City: El Dorado County

Fiscal Year: 2008-09

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 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.

Michael Vogebauer RDM/PHAS
Signature of CCS Administrator

1/20/09
Date Signed

Jan E. Phillips MD
Signature of Director or Health Officer

1/21/09
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

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AGENCY DESCRIPTION

AGENCY DESCRIPTION

The El Dorado County Department of Health Services 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 the community families and children.

Focal Areas of FY 2008-2009

- 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 education and intervention in the area of diabetes, asthma, obesity and lead poisoning detection , access to care and treatment
- Facilitation and support of the system of care expansion related to both FQHC and Rural Health Clinic Centers to enhance availability and diversity of care

DATA FORMS

California Children's Services Caseload Summary Form

County: El Dorado

Fiscal Year: 08/09

		A		B			
CCS Caseload 0 to 21 Years		05-06 Actual Caseload	% of Grand Total	06-07 Actual Caseload	% of Grand Total	07-08 Estimated Caseload based on first three quarters	% of Grand Total
MEDI-CAL							
1	Average of Total Open (Active) Medi-Cal Children	283	58	270	51	300	60
2	Potential Case Medi-Cal	16	3	24	4	10	2
3	TOTAL MEDI-CAL (Row 1 + Row 2)	299	61	294	55	310	62
NON MEDI-CAL							
Healthy Families							
4	Average of Total Open (Active) Healthy Families	70	14	84	15	70	14
5	Potential Cases Healthy Families	18	4	24	5	10	2
6	Total Healthy Families (Row 4 + Row 5)	88	18	108	20	80	16
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	77	16	110	21	100	20
8	Potential Cases Straight CCS Children	24	5	20	4	10	2
9	Total Straight CCS (Row 7 + Row 8)	101	21	130	25	110	22
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	189	39	238	45	190	38
GRAND TOTAL							
11	(Row 3 + Row 10)	488	100	532	100	500	100

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CHDP Program Referral Data

Complete this form using the instructions found on page 4-8 through 4-10.

County/City:	FY 05-06		FY 06-07		FY 07-08	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services		10,707		11,116		9,704
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	274	483	179	345	106	234
b. Number of Foster Care cases/recipients	108	158	79	80	48	58
c. Number of Medi-Cal only cases/recipients	378	722	284	559	168	283
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		1061		984		575

b. Medical and/or dental services with scheduling and/or transportation	77	16	36
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	17	11
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	9	5	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	2	1

BUDGETS

CHDP Administrative Budget Summary for FY 2008-09
No County/City Match
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	\$194,721	\$871	\$193,850	\$66,540	\$127,310
II. Total Operating Expenses	\$23,097	\$0	\$23,097	\$1,425	\$21,672
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$29,208	\$0	\$29,208		\$29,208
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$247,026	\$871	\$246,155	\$67,965	\$178,190

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	\$876	\$871			
Medi-Cal Funds:	\$275,821		\$246,155		
State	\$110,612		\$106,086	\$16,991	\$89,095
Federal (Title XIX)	\$165,210		\$140,069	\$50,974	\$89,095

Michael Ungeheuer RN MN PHN

Prepared By (Signature)

1/5/2009 530 621-6129

Date Prepared Phone Number Email Address

Michael Ungeheuer
 CHDP Director or Deputy
 Director (Signature)

530 621-6129 munger@co.el-dorado.ca.us

Phone Number Email Address

CHDP Administrative Budget Worksheet for FY 2008-09
No County/City Match
State and State/Federal

County/City Name: El Dorado

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)
Personnel Expenses											
Deputy Dir Michael Ungeheuer	5%	\$105,940	\$5,297	0%	\$0	100%	\$5,297	50%	\$2,649	50%	\$2,649
SPRV HEC Josefina Solano	55%	\$74,198	\$40,809	0%	\$0	100%	\$40,809	0%	\$0	100%	\$40,809
PHN II Janet Jones	50%	\$67,359	\$33,680	1.45%	\$488	98.55%	\$33,191	80%	\$26,553	20%	\$6,638
SOA Kay Johnson	80%	\$27,111	\$21,689	0%	\$0	100%	\$21,689	20%	\$4,338	80%	\$17,351
MOA II Maria Quirarte	50%	\$38,307	\$19,154	0%	\$0	100%	\$19,154	20%	\$3,831	80%	\$15,323
MOA II Michelle McCann	5%	\$35,583	\$1,779	0%	\$0	100%	\$1,779	75%	\$1,334	25%	\$445
PHN II Patty Murphy	10%	\$69,760	\$6,976	1.30%	\$91	98.70%	\$6,885	80%	\$5,508	20%	\$1,377
8.			\$0	0%	\$0	0%	\$0		\$0		\$0
9.			\$0	0%	\$0	0%	\$0		\$0		\$0
10.			\$0	0%	\$0	0%	\$0		\$0		\$0
Total Salaries and Wages			\$129,383		\$579		\$128,804		\$44,212		\$84,591
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$129,383		\$579		\$128,804		\$44,212		\$84,591
Staff Benefits	50.50%		\$65,338		\$292		\$65,046		\$22,327		\$42,719
I. Total Personnel Expenses			\$194,721		\$871		\$193,850		\$66,540		\$127,310
II. Operating Expenses											
1. Travel			\$1,850		\$0		\$1,850	50%	\$925	50%	\$925
2. Training			\$1,000		\$0		\$1,000	50%	\$500	50%	\$500
Communication			\$9,419		\$0		\$9,419	100%	\$9,419	100%	\$9,419
Office/Duplicating			\$5,150		\$0		\$5,150	100%	\$5,150	100%	\$5,150
Insurance			\$3,929		\$0		\$3,929	100%	\$3,929	100%	\$3,929
Utilities			\$1,749		\$0		\$1,749	100%	\$1,749	100%	\$1,749
Equipment					\$0						\$0
7.					\$0						\$0
8.					\$0						\$0
9.					\$0						\$0
10.					\$0						\$0
II. Total Operating Expenses			\$23,097		\$0		\$23,097		\$1,425		\$21,672

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CHDP Administrative Budget Worksheet for FY 2008-09
No County/City Match
State and State/Federal

County/City Name: El Dorado

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)
III. Capital Expenses											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
II. Total Capital Expenses			\$0								
IV. Indirect Expenses											
1. Internal	6%		\$11,683				\$11,683				\$11,683
2. External	9%		\$17,525				\$17,525				\$17,525
IV. Total Indirect Expenses			\$29,208				\$29,208				\$29,208
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses											
Budget Grand Total			\$247,026		\$871		\$246,155		\$67,965		\$178,190

Michael Ungeheuer RN MN PHN
 Prepared By (Signature) *[Signature]* Date Prepared 1/5/2009
 CHDP Director or Deputy Director (Signature) *[Signature]* Date 1/20/09
 Phone Number 530 621-6129 Phone Number
 Email Address munger@co.el-dorado.ca.us Email Address

CHDP Administrative Budget Summary for FY 2008-09 (Lead)

County/City Match

County/City Name: EL DORADO

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$40,174	\$23,206	\$16,968
II. Total Operating Expenses	\$3,021	\$0	\$750
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$2,669		\$2,669
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$45,865	\$23,206	\$20,388

Source of Funds	1 Total Funds	2 Enhanced County/Federal (25/75)	3 Nonenhanced County/Federal (50/50)
County Funds	\$15,995	\$5,801	\$10,194
Federal Funds (Title XIX)	\$27,598	\$17,404	\$10,194

Michael Ungeheuer RN MN PHN _____ Date 1/5/2009
 Prepared By _____ Phone Number _____

Michael Ungeheuer
 CHDP Director or Deputy _____ Date 1/30/09
 Director (Signature) _____ Phone Number 530 621-6129

JAN 20 2009

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CHDP Administrative Budget Worksheet for FY 2008-09
County/City Match

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/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
I. Personnel Expenses							
1. Suprv HEC Josefina Solano	10%	\$74,198	\$7,420	0%	\$0	100%	\$7,420
2. PHN II, Vacant	30%	\$64,247	\$19,274	80%	\$15,419	20%	\$3,855
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$26,694		\$15,419		\$11,275
Less Salary Savings			\$0				
Net Salaries and Wages			\$26,694		\$15,419		\$11,275
Staff Benefits (Specify % 50.50%)			\$13,480		\$7,787		\$5,694
I. Total Personnel Expenses			\$40,174		\$23,206		\$16,968
II. Operating Expenses							
Travel			\$500	0%		100%	\$500
Training			\$250	0%		100%	\$250
Communication			\$525				
Office/Duplicating			\$1,632				
Insurance			\$114				
6.							
7.							
8.							
9.							
10.							
II. Total Operating Expenses			\$3,021		\$0		\$750

CHDP Administrative Budget Worksheet for FY 2008-09
County/City Match

County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.							
II. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %) 5.00%			\$1,335				\$1,335
2. External (Specify %) 5.00%			\$1,335				\$1,335
IV. Total Indirect Expenses			\$2,669				\$2,669
V. Other Expenses							
1.							
2.							
3.							
4.							
5.							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$45,865		\$23,206		\$20,388

Michael Ungeheuer RN MN PHN
Prepared By
Michael Ungeheuer
CHPD Director or Deputy Director
(Signature)

1/5/1909
Date Prepared
1/30/09
Date

Phone Number
530.621-6129
Phone Number

JAN 20 2009

Foster Care Administrative Budget Summary Fiscal Year 2008-09
County-City Match
County/Title XIX Federal Funds
County/City Name: El Dorado

Category/Line Item	Column 1 Total Budget (2 + 3)	Column 2 Enhanced County- City/Federal (25/75)	Column 3 Nonenhanced County- City/Federal (50/50)
I. Total Personnel Expense	\$10,099	\$9,089	\$1,010
II. Total Operating Expense	\$1,000	\$800	\$200
III. Total Capital Expense			
IV. Total Indirect Expense	\$671		\$671
V. Total Other Expense			
Budget Grand Total	\$11,770	\$9,889	\$1,881

Source of Funds	Column 1 Total Funds	Column 2 Enhanced County- City/Federal (25/75)	Column 3 Nonenhanced County- City/Federal (50/50)
County-City Funds	\$3,413	\$2,472	\$940
Federal Funds (Title XIX)	\$8,357	\$7,417	\$940
Budget Grand Total	\$11,770		

Source County-City Funds:

Michael Ungeheuer RN MN PH
 Prepared By (Signature) _____ Date Prepared 1/5/2009 530 621-6129 Phone Number _____ Email Address munder@co.el-dorado.ca.us

Michael Ungeheuer
 (CHDP Director or Deputy Director (Signature)) _____ Date 1/20/09 Phone Number _____ Email Address _____

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Foster Care Administrative Budget Fiscal Year 2008-09
County-City/Federal Match
County/Title XIX Federal Funds
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)
I. Personnel Expenses							
PHN I/II Vacant	10%	\$67,101	\$6,710	90%	\$6,039	10%	\$671
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$6,710		\$6,039		\$671
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$6,710		\$6,039		\$671
Staff Benefits (Specify %) 50.5%			\$3,389		\$3,050		\$339
I. Total Personnel Expenses			\$10,099		\$9,089		\$1,010
II. Operating Expenses							
1. Travel			\$500	80%	\$400	20%	\$100
2. Training			\$500	80%	\$400	20%	\$100
II. Total Operating Expenses			\$1,000		\$800		\$200
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	10.0%		\$671				\$671
2. External			\$0				\$0
IV. Total Indirect Expenses			\$671				\$671
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$11,770		\$9,889		\$1,881

Iael Ungeheuer RN MN PHN 1/5/2009 530 621-6129 munger@co.el-dorado.ca.us
 Prepared By (Signature) Date Prepared Phone Number Email Address

 1/30/09
 CHDP Director or Deputy Director (Signature) Date Phone Number Email Address

HCPCFC Administrative Budget Summary
Fiscal Year 2008-09
County/City Name: El Dorado

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$71,775	\$64,597	\$7,177
II. Total Operating Expenses	\$364	\$291	\$73
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$4,769		
V. Total Other Expenses			
Budget Grand Total	\$76,908	\$64,888	\$7,250

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$19,847	\$16,222	\$3,625
Federal Funds (Title XIX)	\$52,291	\$48,666	\$3,625
Budget Grand Total	(\$136)		

Prepared By (Signature) *Ch Debra* Date Prepared 1/5/2009 Phone Number 530 621-6129 Email Address munger@co.el-dorado.ca.us

CHDP Director or Deputy Director *Michael Munger* Phone Number 530 621-6129 Email Address munger@co.el-dorado.ca.us

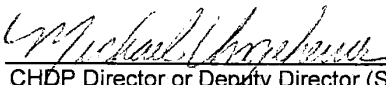
(Signature) _____ Date _____ Phone Number _____ Email Address _____

HCPCFC Administrative Budget Worksheet
Fiscal Year 2008-09
EI 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)
I. Personnel Expenses							
PHN II Janine Petrick	30%	\$69,501	\$20,850	90%	\$18,765	10%	\$2,085
PHN II Vacant	40%	\$67,101	\$26,840	90%	\$24,156	10%	\$2,684
3.			\$0		\$0		\$0
4.			\$0		\$0		\$0
5.			\$0		\$0		\$0
6.			\$0		\$0		\$0
7.			\$0		\$0		\$0
8.			\$0		\$0		\$0
9.			\$0		\$0		\$0
10.			\$0		\$0		\$0
Total Salaries and Wages			\$47,691		\$42,922		\$4,769
Less Salary Savings							
Net Salaries and Wages			\$47,691		\$42,922		\$4,769
Staff Benefits (Specify %) 50.50%			\$24,084		\$21,675		\$2,408
I. Total Personnel Expenses			\$71,775		\$64,597		\$7,177
II. Operating Expenses							
1. Travel			\$182	80%	\$146	20%	\$36
2. Training			\$182	80%	\$146	20%	\$36
II. Total Operating Expenses			\$364		\$291		\$73
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses (10% Cap)							
1. Internal (Specify %) 10.00%			\$4,769				\$4,769
2. External							
IV. Total Indirect Expenses			\$4,769				\$4,769
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$76,908		\$64,888		\$12,019

Michael Ungeheuer

1/5/1909

Prepared By (Signature)	Date prepared	Phone Number	Email Address
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CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

JAN 20 2009

Revised April 2005

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CCS Administrative Budget Summary for FY 20-FY 2008-09

County Name: EL DORADO

	Actual Caseload	Percent of Grand Total
CCS CASELOAD		
MEDI-CAL		
Average of Total Open (Active) Medi-Cal Children	300	60
Potential Cases Medi-Cal	10	2
TOTAL MEDI-CAL	310	62
NON MEDI-CAL		
Healthy Families		
Average of Total Open (Active) HF Children	70	14
Potential Cases HF	10	4
Total Healthy Families	80	16
Straight CCS		
Average of Total Open (Active) Straight CCS Children	100	20
Potential Cases Straight CCS	10	2
Total Straight CCS	110	22
TOTAL NON MEDI-CAL	190	38
GRAND TOTAL	500	100

Category/Line Item	1	2	3	4	5
	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$350,512	\$133,195	\$217,318	\$90,272	\$127,045
II. Total Operating Expense	\$45,587	\$17,323	\$28,264	\$3,236	\$25,028
III. Total Capital Expense	\$0	\$0	\$0		\$0
IV. Total Indirect Expense	\$35,525	\$13,499	\$22,025		\$22,025
V. Total Other Expense	\$6,660	\$2,531	\$4,129		\$4,129
Budget Grand Total	\$438,284	\$166,548	\$271,736	\$93,509	\$178,228

Source of Funds	1	2	3	4	5
	Total Budget	Non-Medi-Cal County/State/HF Co/State/Federal	Total Medi-Cal State/Federal	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
Straight CCS					
State	\$48,211	\$48,211			
County	\$48,211	\$48,211			
CCS Healthy Families					
State	\$12,272	\$12,272			
County	\$12,272	\$12,272			
Federal (Title XXI)	\$45,582	\$45,582			
Medi-Cal Funds:					
State	\$112,491		\$112,491	\$23,377	\$89,114
Federal (Title XIX)	\$159,245		\$159,245	\$70,132	\$89,114

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 CCS Administrator (Signature) Phone Number: 530 621-6129 Email Address: mungel@co.el-dorado.ca.us

CCS Administrative Budget Worksheet for FY 2008-09

County Name: EL DORADO

CCS CASELOAD	Actual Caseload	Percentage of Prior Total
MEDICAL	300	60%
Average of Total Open (Active) Medi-Cal Children	10	2%
Potential Cases Medi-Cal	310	62%
TOTAL MEDICAL		
NON MEDICAL		
Healthy Families		
Average of Total Open (Active) HF Children	70	14%
Potential Cases HF	10	2%
Total Healthy Families	80	16%
Straight CCS		
Average of Total Open (Active) Straight CCS Children	100	20%
Potential Cases Straight CCS	10	2%
Total Straight CCS	110	22%
TOTAL NON MEDICAL	190	38%
GRAND TOTAL	500	100%

Category/Line Item	1 % FTE	2 Annual Salary	3 Total Budget (1 + 2 or 4 + 5)	4A % FTE	4 Non-Medi-Cal County/State (60/60)	5A % FTE	5 Medi-Cal (6 + 7)	6A % FTE	6 Medi-Cal Enhanced	7A % FTE	7 Medi-Cal Nonenhanced State/Federal (60/50)
I. Personnel Expense											
Program Administration											
MICHAEL LUNGEHEUER RN MN PHN ADMINISTRATOR	20%	\$105,940	\$21,188	38%	\$8,051	62%	\$13,137	100%		100%	\$13,137
PAULA GREEN PRGM COORDINATOR	50%	\$50,508	\$25,254	38%	\$9,597	62%	\$15,657	100%		100%	\$15,657
BARRY PRICE ACCOUNTANT II	15%	\$53,980	\$8,097	38%	\$3,077	62%	\$5,020	100%		100%	\$5,020
Subtotal			\$54,539		\$20,725	0%	\$0				\$0
Medical Case Management											
DEE TAYLOR PHN II	100%	\$70,727	\$70,727	38%	\$26,876	62%	\$43,851	85%	\$37,273	15%	\$6,578
PATTI MURPHY PHNII	20%	\$69,760	\$13,952	38%	\$5,302	62%	\$8,650	85%	\$7,353	15%	\$1,298
MICHAEL LUNGEHEUER RN MN PHN ADMINISTRATOR	5%	\$105,940	\$5,297	38%	\$2,013	62%	\$3,284	85%	\$2,792	15%	\$493
Subtotal			\$0		\$0		\$0		\$0		\$0
Other Health Care Professionals			\$89,976		\$34,191		\$55,785		\$47,417		\$8,368
			\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0
			\$0		\$0		\$0		\$0		\$0
			\$0		\$0		\$0		\$0		\$0
			\$0		\$0		\$0		\$0		\$0
			\$0		\$0		\$0		\$0		\$0
Subtotal			\$0		\$0		\$0		\$0		\$0
Ancillary Support											
PAULA GREEN PRGM COORDINATOR	50%	\$50,508	\$25,254	38%	\$9,597	62%	\$15,657	100%		100%	\$15,657
MICHELLE MCCANN MEDICAL OFFICE ASSIST II	45%	\$35,583	\$16,012	38%	\$6,085	62%	\$9,928	100%		100%	\$9,928
GREGORICH	16.0%	\$45,331	\$7,253	38%	\$2,756	62%	\$4,497	100%		100%	\$4,497
Subtotal			\$48,519		\$18,437		\$30,082				\$30,082
Clerical and Claims Support											
MICHELLE MCCANN MEDICAL OFFICE ASSIST II	50%	\$55,583	\$17,792	38%	\$6,761	62%	\$11,031	50%	\$5,515	50%	\$5,515
MARIA MARTINEZ MEDICAL OFFICE ASSIST II	100%	\$18,754	\$18,754	38%	\$7,127	62%	\$11,627	50%	\$5,814	50%	\$5,814
GREGORICH	16.0%	\$45,331	\$7,253	38%	\$2,756	62%	\$4,497	50%	\$2,248	50%	\$2,248
Subtotal			\$43,798		\$16,643		\$27,155		\$13,578		\$13,578

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Column	1	2	3	4A	4	5A	5	6A	6	7A	7
Category/Line Item	% FTE	Annual Salary	Total Budget (1 + 2 or 4 + 5)	% FTE	Non-Medi-Cal County/State (\$0/60)	% FTE	Medi-Cal (6 + 7)	% FTE	Medi-Cal Enhanced	% FTE	Medi-Cal Nonenhanced State/Federal (\$0/60)
Total Salary and Wages			\$236,833	38%	\$89,996	62%	\$146,836		\$60,995		\$85,841
Less Salary Savings			\$0	38%		62%					
Net Salary and Wages			\$236,833	38%	\$89,996	62%	\$146,836		\$60,995		\$85,841
Staff Benefits (Specify %)	48.00%		\$113,680	38%	\$43,198	62%	\$70,481		\$29,278		\$41,204
I. Total Personnel Expense			\$350,512		\$133,195		\$217,318		\$90,272		\$127,045
II. Operating Expense			\$4,200	38%	\$1,596	62%	\$2,604	90%	\$2,344	10%	\$260
1. Travel			\$1,600	38%	\$608	62%	\$992	90%	\$893	10%	\$69
2. Training			\$17,404	38%	\$6,614	62%	\$10,790				\$10,790
COMMUNICATION			\$7,049	38%	\$2,679	62%	\$4,370				\$4,370
INSURANCE			\$10,998	38%	\$4,179	62%	\$6,819				\$6,819
OFFICE/DUPLICATING			\$2,936	38%	\$1,116	62%	\$1,820				\$1,820
UTILITIES			\$1,400	38%	\$532	62%	\$868				\$868
EQUIPMENT			\$45,587		\$17,323		\$28,264		\$3,236		\$25,028
III. Total Operating Expense			\$0		\$0		\$0		\$0		\$0
III. Capital Expense			\$0		\$0		\$0		\$0		\$0
IV. Indirect Expense			\$0		\$0		\$0		\$0		\$0
IV. Total Capital Expense			\$0		\$0		\$0		\$0		\$0
V. Other Expense			\$14,210	38%	\$5,400	62%	\$8,810			100%	\$8,810
1. Internal	6%		\$21,315	38%	\$8,100	62%	\$13,215			100%	\$13,215
2. External	9%		\$35,529		\$13,489		\$22,025				\$22,025
IV. Total Indirect Expense			\$6,660	38%	\$2,531	62%	\$4,129			100%	\$4,129
V. Other Expense			\$0		\$0		\$0		\$0		\$0
T. Maintenance and Transportation			\$6,660	38%	\$2,531	62%	\$4,129				\$4,129
V. Total Other Expense			\$6,660		\$2,531		\$4,129				\$4,129
Budget Grand Total			\$438,284		\$166,548		\$271,736		\$93,509		\$178,228

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CCS Administrative Budget Summary for FY 2008-09

County/Federal Match

County/City Name: EL DORADO

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$28,347	\$0	\$28,347
II. Total Operating Expenses	\$1,925	\$0	\$1,925
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$2,873		\$2,873
V. Total Other Expenses	\$4,500		\$4,500
Budget Grand Total	\$37,645	\$0	\$37,645

Source of Funds	1 Total Funds	2 Enhanced County/Federal (25/75)	3 Nonenhanced County/Federal (50/50)
County Funds	\$18,823	\$0	\$18,823
Federal Funds (Title XIX)	\$18,823	\$0	\$18,823

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 Prepared By _____ Date 1/13/2009 Phone Number 530 621-6129

Michael Ungeheuer
 CCS Administrator (Signature) _____ Date 1/30/09 Phone Number _____

JAN 20 2009

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CCS Administrative Budget Worksheet for FY 2008-09

County/Federal Match

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/Federal (25/75)	% or FTE	Nonenhanced County/Federal (50/50)
I. Personnel Expenses							
Marie Quirantet MOA II	50%	\$38,307	\$19,154	0%	\$0	100%	\$19,154
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$19,154		\$0		\$19,154
Less Salary Savings			\$0				
Net Salaries and Wages			\$19,154		\$0		\$19,154
Staff Benefits (Specify % 48.00%)			\$9,194		\$0		\$9,194
I. Total Personnel Expenses			\$28,347		\$0		\$28,347
II. Operating Expenses							
Travel			\$175	0%		100%	\$175
Training			\$150	0%		100%	\$150
Communication			\$1,300				\$1,300
Office/Duplicating			\$300				\$300
Insurance			\$0				\$0
6.							
7.							
8.							
9.							
10.							
II. Total Operating Expenses			\$1,925		\$0		\$1,925

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CCS Administrative Budget Worksheet for FY 2008-09
 County/Federal Match
 County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
III. Capital Expenses							
1.							
2.							
3.							
4.							
5.							
II. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %) 9.00%			\$1,724				\$1,724
2. External (Specify %) 6.00%			\$1,149				\$1,149
IV. Total Indirect Expenses			\$2,873				\$2,873
V. Other Expenses							
Maintenance and Transportation			\$4,500				\$4,500
2.							
3.							
4.							
5.							
V. Total Other Expenses			\$4,500				\$4,500
Budget Grand Total			\$37,645		\$0		\$37,645

Michael Ungeheuer RN MN PHN
 Prepared By
 Date Prepared 1-13-209
 Phone Number 530 621-6129
 Date 1/20/09
 Phone Number
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