

Plan and Budget Required Documents Checklist

MODIFIED FY 2015-2016

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County/City: EL DORADO

Fiscal Year:

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Agency Information Sheet


County/City:	EL DORADO	Fiscal Year:	2015-2016
Official Agency			
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer	Nancy Williams MD, MPH		931 Spring St Placerville CA 95667
CMS Director (if applicable)			
Name:	Michael Ungeheuer RN, MN, PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
CCS Administrator			
Name:	Michael Ungeheuer RN, MN, PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
CHDP Director			
Name:	Nancy Williams MD, MPH	Address:	931 Spring St Placerville CA 95667
Phone:	530 621 6277		
Fax:	530 642 0892	E-Mail:	nancy.williams@edcgov.us
CHDP Deputy Director			
Name:	Michael Ungeheuer RN, MN, PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
Clerk of the Board of Supervisors or City Council			
Name:	James Mitrisin	Address:	330 Fairlane Placerville CA 95667
Phone:	530 621 5592		
Fax:	530 622 3645	E-Mail:	james.mitrisin@edcgov.us
Director of Social Services Agency			
Name:	Donald Ashton MPA	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 5515		
Fax:	530 295 2792	E-Mail:	Donald.ashton@edcgov.us
Chief Probation Officer			
Name:	Brian Richardt	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richardt@edcgov.us


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

County/City: El Dorado	Fiscal Year: 2015-2016
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I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

	<i>12/31/15</i>
Signature of CHDP Director	Date Signed

	<i>12/31/15</i>
Signature of Health Officer	Date Signed

	<i>12/31/15</i>
Signature of CHDP Deputy Director	Date Signed

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

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County	Fiscal Year: 2015-2016
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

<i>Michael Urzachevici RN MNVPHN</i>	<i>12/31/15</i>
Signature of CCS Administrator	Date Signed

<i>Nancy Miller MD, MPH</i>	<i>12/31/15</i>
Signature of Health Officer	Date Signed

Signature and Title of Other – Optional	Date Signed

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

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

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

Focus Areas of FY 2015-2016

- 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 immunization, chronic disease self-care, improved birthing outcomes, effective parenting lead poisoning detection and access to care and treatment
- Facilitate and support system of care expansion related to Federally Qualified Health and Rural Health Clinic Centers including integration of California managed care design and resources associated with the Affordable Care Act to enhance availability and diversity of care

Incumbent List - California Children's Services

For FY 2015-16, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

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

County/City: EL DORADO

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN II	Dee Taylor RN PHN	100	N	N
PHN II	Sabina Keller RN PHN	80	N	N
Medical Office Assistant	Michelle McCann	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodreguez	50	N	N
Supervising PHN	Vacant	5	New	N

Incumbent List - Child Health and Disability Prevention Program

For FY 2015-2016, complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

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

County/City: El Dorado		Fiscal Year: 2015- 2016				
Job Title	Incumbent Name	FTE % on CHDP No County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN II	Amber Burget	50	10	30 MCAH	N	N
Sr. Office Assistant	Kay Johnson	80	0	20 FC	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	0	50	50 CCS	N	N
Supervising Health Education Coordinator	Josefina Solano	60	40	0	N	N

Human Resources

Home > Government > Human Resources

Job Descriptions

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Class Title: SUPERVISING PUBLIC HEALTH NURSE
Bargaining Unit: Local 1 Supervisory
Class Code: 8118
Salary: \$35.32 - \$42.93 Hourly
 \$6,122.13 - \$7,441.20 Monthly
 \$73,465.60 - \$89,294.40 Annually

[Print Job Information](#)

[View Job Posting](#)

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Definition & Distinguishing Characteristics
<p>DEFINITION Under direction, plans, supervises, reviews and evaluates the work of assigned professional and other support staff; performs complex public health nursing duties and/or has responsibility for a specialized health care program.</p>
<p>DISTINGUISHING CHARACTERISTICS This is the first supervisory level in the public health nursing series, responsible for supervising and training of staff in addition to providing public health nursing services for the more complex client cases. Incumbents may also have independent responsibility for a major specialized public health program. This class is distinguished from the Public Health Services Manager in that the latter has primary supervisory responsibility for a public health nursing facility and assigned specialized projects and programs.</p>
<p>Examples of Duties (Illustrative Only):</p> <ul style="list-style-type: none"> • Plans, organizes, supervises and reviews the work of assigned professional and support staff. • Selects staff and provides for the orientation, training and evaluation of staff; recommends discipline and other personnel decisions. • Provides technical consultation and guidance to staff members on difficult client cases. • Provides leadership and quality review for specialized health programs, such as Child Health and Disease Prevention; monitors health assessment completeness and validates medical problems found; monitors frequency and nature of services provided. • Conducts fiscal planning and budget or grant preparation including strategic planning for budget or grant implementation. • Evaluates the health needs of individuals and special population groups from a wide variety of cultural and economic backgrounds and recent immigrant populations and those choosing alternate lifestyles. • Identifies the symptoms of physical, mental or emotional problems and refers individuals and families to appropriate financial, medical or other support services; performs follow-up on such referrals.

- Coordinates services provided those of private, public and community voluntary health and social service agencies; serves as liaison to community groups, assisting them in identifying health needs, and providing public health education.
- May serve as primary staff in communicable disease clinics or assists in other clinics; may give immunizations and conduct immunization clinics.
- Monitors and evaluates programs, projects and special services; prepares a variety of periodic and special reports for appropriate management review.
- Represents the County and the department in meetings with Community councils and groups, other agencies and the public.
- Attendance and punctuality that is observant of scheduled hours on a regular basis.
- Performs other duties as assigned.

Education & Experience Requirements (typing "See Resume" in application will not be accepted):

Where college degrees and/or college course credits are required, degrees and college units must be obtained from an accredited college or university. Courses from non-accredited institutions will not be evaluated for this requirement.

Equivalent to graduation from a four year college or university accredited by the National League for Nursing **AND** two years of public health nursing experience.

NOTE: The above qualifications are typically accepted ways of obtaining the required knowledge and skills.

Other Requirements:

Must possess a valid driver's license. Must possess a valid license to practice as a Registered Nurse in the State of California, and a valid California State Public Health Nursing Certificate.

Knowledge:

- Principles and practices of employee supervision, including selection, training, work evaluation and discipline.
- Principles and practices of public health nursing, education and teaching.
- Applicable laws and regulations, including the California Nurse Practice Act rules and regulations, state and local health codes.
- Demographic, biostatistical and data collection methods utilized in evaluating public health needs and problems, Pathophysiology of the major causes of illness and handicapping conditions.
- Principles, practices and methods of control and prevention of communicable and chronic disease.
- Maternal, child and adolescent health principles and practices.
- Methods of prevention of accidents and abuse and neglect of children, spouses and the elderly.
- County, state, welfare and social service agencies services and facilities.
- Financial support resources and the costs of health care services.

Skills:

- Planning, assigning, supervising, reviewing and evaluating the work of others.
- Training others and providing technical support

- Managing a complex caseload and establishing priorities for case management, treatment and referrals.
- Applying the principles of epidemiology to a wide range of social and health problems.
- Performing nursing assessments and selected diagnostic tests and giving prescribed treatments.
- Identifying community health needs through analysis of cultural differences, demographic and biostatistical data and information.
- Identifying the impact of cultural differences on community health care practices.
- Exercising sound independent judgment within established guidelines.
- Preparing clear, complete and accurate documentation, reports, and other written correspondence.
- Establishing and maintaining effective working relationships with clients, public and private social and health agencies, physicians and the public.

:

HISTORY

JCN# 8118

Created: April 1990

CMS/CCS Task Statement

Essential Duty

Under the direction of the CCS Administrator (PHN Director), the Supervising Public Health Nurse (SPHN) is responsible for day to day operations, personnel oversight, complex case consultation and practice/standards monitoring of the local CCS program.

Specific Tasks: 100%

- 40% Identify, implement and maintain quality management procedures focused on service authorization processes, PHN case management practices and interdisciplinary care continuity.
- 20% Perform local level performance review, goals/objectives and outcome measures
- 10% Conduct employee performance evaluation, staff training and development
- 6% Process all required internal HHS administrative documentation specific to program operations
- 6% In cooperation with the CCS Administrator plan, review and monitor program budget components including but not limited to analysis of funded enhanced/non-enhanced activities, staff activity coding and time sheet accuracy
- 6% Apply El Dorado County HHS general and PHN Section specific policy and procedures
- 6% Prepare and review reports, documents and correspondence
- 6% Attend El Dorado County HHS and PHN Section related functions, meeting and trainings

CHDP Program Referral Data

County/City: EL DORADO	FY 12-13		FY 13-14		FY 14-15	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5998	11926	4341	8450	6013	11031
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	548	974	401	706	285	506
b. Number of Foster Care cases/recipients	83	83	126	126	33	33
c. Number of Medi-Cal only cases/recipients	436	759	329	552	263	450
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	1816		1384		989	

b. Medical and/or dental services with scheduling and/or transportation	166	88	118
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	166	41	98
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	108	56	98
6. Number of recipients in "5" who actually received medical and/or dental services	59	58	7

Memoranda of Understanding/Interagency Agreement List

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

County/City: **EL DORADO**

Fiscal Year: 2015-1016

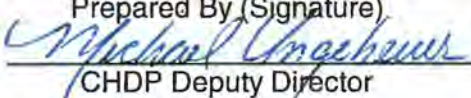
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
County Office of Education	IAA	perpetual	2013	Michael Ungeheuer	No
Delta Dental	MOU	2010	2010	State	No
Access Dental	MOU	7/13/2010	2010	State	No
Anthem BC/BS	MOU	Pending	2014	Michael Ungeheuer	New
Blue Shield	MOU	Ongoing	2007	State	No
Health Net	MOU	Ongoing	2007	State	No
Vision Service Plan	MOU	Ongoing	2007	State	No
Kaiser	MOU	Ongoing	2007	State	No

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Premier Access	MOU	Ongoing	2007	State	No
Safeguard Vision	MOU	Ongoing	2007	State	No
California Health and Wellness (Centene)	MOU	2013 Amended	2015	Michael Ungeheuer	Yes

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2015-2016
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	\$ 176,183	\$ 719	\$ 175,464	\$ 37,751	\$ 137,713
II. Total Operating Expenses	\$8,252	\$0	\$8,252	\$1,549	\$6,704
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$44,046	\$0	\$44,046		\$44,046
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 228,481	719	\$ 227,762	\$ 39,300	\$ 188,462

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	719			
Medi-Cal Funds:			\$227,762		
State Funds	\$104,214		\$104,056	\$9,825	\$94,231
Federal Funds (Title XIX)	\$155,721		\$123,706	\$29,475	\$94,231

Michael Ungeheuer RN MN PHN	10/26/2015	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	12/31/15		
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet
No County/City Match State and State/Federal County: Eldorado
Fiscal Year: 15-16

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											
Supervising HEC Josefina Solano	60%	\$87,420	\$ 52,452	0.00%	\$0	100.00%	\$52,452	0%	\$0	100%	\$52,452
Amber Burget PHN II	50%	\$63,877	\$ 31,939	1.50%	\$479	98.50%	\$31,459	80%	\$25,168	20%	\$6,292
Senior OA Kay Johnson	80%	\$41,331	\$ 33,065	0.00%	\$0	100.00%	\$33,065	0%	\$0	100%	\$33,065
	0%	\$0	\$ -	0.00%	\$0	0.00%	\$0	0%	\$0	0%	\$0
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 117,455		\$479		\$116,976		\$25,168		\$91,809
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 117,455		\$479		\$116,976		\$25,168		\$91,809
Staff Benefits (Specify %) 50.00%			\$58,728		\$240		\$58,488		\$12,584		\$45,904
I. Total Personnel Expenses			\$ 176,183		\$ 719		\$ 175,464		\$ 37,751		\$ 137,713
II. Operating Expenses											
Travel			\$2,317		\$0		\$2,317	50%	\$1,159	50%	\$1,159
Training			\$780		\$0		\$780	50%	\$390	50%	\$390
Office			\$3,180		\$0		\$3,180			100%	\$3,180
Insurance			\$1,111		\$0		\$1,111			100%	\$1,111
Bldg Maintenance			\$610		\$0		\$610			100%	\$610
Equipment			\$205				\$205			100%	\$205
Communication			\$49				\$49			100%	\$49
II. Total Operating Expenses			\$8,252		\$0		\$8,252		\$1,549		\$6,704
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 25.00%			\$44,046				\$44,046				\$44,046
2. External (Specify %) A-87 0.00%			\$0				\$0				\$0
IV. Total Indirect Expenses			\$44,046		\$0		\$44,046				\$44,046
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			228,481		719		227,762		39,300		188,462

Michael Ungeheuer RN MN PHN

11/7/2014

530 621 6129

michael.ungeheuer@edc.gov.us

Prepared By (Signature)

Date Prepared

Phone Number

Email Address

Michael Ungeheuer
 CHDP Deputy Director (Signature)

12/31/15
 Date

Phone Number

Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 15-16

PERSONNEL COST

Total salaries	\$117,455
Total Benefits	\$58,728
Total Personnel Expenses	\$176,183

PHN Director/Deputy Director	No longer funded in this budget unit.
Supervising Hlth Education Cood	Increase FTE from 50% to 60% in lieu of DPHN/DD position removal with remainder of the 1.0 FTE shift to the County/City match budget at 40%.

Public Health Nurse II	No change
Senior Office Assistant	No change

OPERATING EXPENSES

Travel	\$2,317	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.575 per mile with annual adjustment
Training	\$780	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$3,180	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, Update computer X1
Insurance	\$1,111	Facility and personnel liability insurance
Bldg Maintenance	\$610	Maintenance of facility: security, repair, grounds
Equipment	\$205	Office equipment maintenance
Communications	\$49	Third party telecommunication cost for long distance telephone service


Total operating Costs	\$8,252
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CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 25%	\$44,046	In accordance to the A-87 plan on file applied by total program FTE
External	\$0	
Total Indirect Expenses	\$44,046	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$228,481	

**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2015-2016
County/City Name: El Dorado**


Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expenses	\$94,915	\$7,665	\$87,250
II. Total Operating Expenses	\$9,739	\$997	\$8,742
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$23,729		\$23,729
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$128,383	\$8,662	\$119,721

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$62,026	\$2,166	\$59,860
Federal Funds (Title XIX)	\$66,357	\$6,497	\$59,860

Michael Ungeheuer RN MN PHN	10/26/2015	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
 CHDP Deputy Director (Signature)	12/31/15 Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet
County/City Match
Fiscal Year: 2015-2016
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							
Supervising HEC Josefina Solano	40%	\$87,420	\$34,968	0%	\$0	100%	\$34,968
Medical OA Adriana Salas-Rodreguez	50%	\$43,842	\$21,921	0%	\$0	100%	\$21,921
Amber Burget PHN II	10%	\$63,877	\$6,388	80%	\$5,110	20%	\$1,278
Total Salaries and Wages			\$63,277		\$5,110		\$58,167
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$63,277		\$5,110		\$58,167
Staff Benefits (Specify %) 50.00%			\$31,638		\$2,555		\$29,083
I. Total Personnel Expenses			\$94,915		\$7,665		\$87,250
II. Operating Expenses							
Travel			\$1,443	50%	\$722	50%	\$722
Training			\$551	50%	\$276	50%	\$276
Office			\$3,595			100%	\$3,595
Insurance			\$1,167			100%	\$1,167
Bldg Maintenance			\$640			100%	\$640
Equipment			\$2,292			100%	\$2,292
Communication			\$51			100%	\$51
						100%	\$0
II. Total Operating Expenses			\$9,739		\$997		\$8,742
III. Capital Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
III. Total Capital Expenses			\$0		\$0		\$0
IV. Indirect Expenses							
1. Internal (Specify %) 25.00%			\$23,729				\$23,729
2. External (Specify %) A-87 0.00%			\$0				\$0
IV. Total Indirect Expenses			\$23,729				\$23,729
V. Other Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$128,383		\$8,662		\$119,721

Michael Ungeheuer RN MN PHN Prepared By (Signature)	10/27/2015 Date Prepared	530 621 6129 Phone Number	michael.ungeheuer@edcgov.us Email Address
 CHDP Deputy Director (Signature)	12/30/15 Date		

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 15-16

PERSONNEL COST

Total salaries	\$63,277
Total Benefits	\$31,638
Total Personnel Expenses	\$94,915

Supervising Hlth Education Cood

Reduced by 5% to align with the removal of the PHN Director/Deputy Director position from the program budget increasing available State/Federal funding.

Medical Office Assistance

No change

Public Health Nurse II

Add 10% to enhance Lead exposure prevention education, follow-up and case management

OPERATING EXPENSES

Travel \$1,443

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$0.575 per mile with annual adjustment

Training \$551

Registration/tuition fees for SPMP and support staff for continuing education program specific

Office Supplies and Services \$3,595

Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication

Insurance \$1,167

Facility and professional liability insurance

Equipment \$2,292

Maintenance and cost of replacement computers

Building Maintenance \$640

Maintenance of facility: security, repair, grounds

Communication \$51

Third party telecommunication cost for long distance telephone service

Total operating Costs \$9,739

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal \$23,729 In accordance to the A-87 plan on file

External \$0

Total Indirect Expenses \$23,729

OTHER EXPENSES


Total Other Expenses \$0

BUDGET GRAND TOTAL \$128,383

Foster Care Administrative Budget Summary
State/Title XIX Federal Funds
Fiscal Year: 2015-2016
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 Expense	\$114,138	\$91,311	\$22,828
II. Total Operating Expense	\$1,678	\$1,342	\$336
III. Total Capital Expense			
IV. Total Indirect Expense	\$11,414		\$11,414
V. Total Other Expense			
Budget Grand Total	\$127,230	\$92,653	\$34,577

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$40,452	\$23,163	\$17,289
Federal Funds (Title XIX)	\$86,778	\$69,490	\$17,289
Budget Grand Total	\$127,230		

Michael Ungeheuer RN MN PHN	10/30/2015	530 621 6129	michael.ungeheuer.edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	12/31/15		
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

HPCFC Administrative Budget Worksheet
State/Title XIX Match
Fiscal Year 2015-2016
County: El Dorado

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
Dana Harden PHN II	100%	\$70,450	\$70,450	80%	\$56,360	20%	\$14,090
Kay Johnson	20%	\$41,331	\$8,266	80%	\$6,613	20%	\$1,653
			\$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
Total Salaries and Wages			\$78,716		\$62,973		\$15,743
Less Salary Savings							
Net Salaries and Wages			\$78,716		\$62,973		\$15,743
Staff Benefits (Specify %)	45.00%		\$35,422		\$28,338		\$7,084
I. Total Personnel Expenses			\$114,138		\$91,311		\$22,828
II. Operating Expenses							
1. Travel			\$1,210	80%	\$968	20%	\$242
2. Training			\$468	80%	\$374	20%	\$94
II. Total Operating Expenses			\$1,678		\$1,342		\$336
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	10.00%		\$11,414				\$11,414
2. External							
IV. Total Indirect Expenses			\$11,414				\$11,414
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$127,230		\$92,653		\$34,577

Michael Ungeheuer RN MN PHN

10/30/2015

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By

Date prepared

Phone Number

Email Address

Michael Ungeheuer
 CHDP Deputy Director (Signature)

10/30/2015

Date

As above

Phone Number

As above

Email Address

BUDGET JUSTIFICATION NARRATIVE
HPCFC
EL DORADO COUNTY
FISCAL YEAR 15-16

PERSONNEL COST

Total salaries	\$78,716
Total Benefits	\$35,422
Total Personnel Expenses	\$ 114,138

Public Health Nurse II	No change
Sr Office Assistant (.20)	No change

OPERATING EXPENSES

Travel	\$1,210	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.575 per mile with annual adjustment
Training	\$468	Registration/tuition fees for SPMP and support staff for continuing education program specific
Total operating Costs	\$ 1,678	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$11,414	In accordance to the A-87 plan on file
External	\$0	
Total Indirect Expenses	\$ 11,414	

OTHER EXPENSES

Total Other Expenses	\$0
BUDGET GRAND TOTAL	\$ 127,230

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLICP Total Cases of Open (Active) OTLICP Children	85	14.17%
MEDI-CAL Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Summary

Fiscal Year: 15-16

Four Quarters Total / 2015-16

County: El Dorado

El Dorado

Column	Col 1 = Col 2+3+4	Straight CCS	Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6	7	8	9
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Enhanced Q1 (12.5/12.5/75)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed 1 Non-Enhanced (17.5/17.5/65)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) - Q2, Q3, Q4	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	358,452	53,767	50,781	0	13,278	37,503	253,906	180,096	73,810
II. Total Operating Expense	17,310	2,596	2,454	0	557	1,897	12,261	3,021	9,240
III. Total Capital Expense	0	0	0	0	0	0	0	0	0
IV. Total Indirect Expense	75,275	11,291	10,664	0	2,788	7,876	53,319	0	53,319
V. Total Other Expense	4,500	675	638	0	142	496	3,187	0	3,187
Budget Grand Total	455,537	68,329	64,537	0	16,765	47,772	322,673	183,117	139,556

Column	Col 1 = Col 2+3+4	Straight CCS	OTLICP				Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6	7	8	9
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Enhanced (12.5/12.5/75)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed Non-Enhanced (17.5/17.5/65)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) - Q2, Q3, Q4	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS									
State	34,164	34,164							
County	34,165	34,165							
OTLICP									
State	5,800		5,800	0	2,934	2,866			
County	5,800		5,800	0	2,934	2,866			
Federal (Title XXI)	52,937		52,937	0	10,897	42,040			
Medi-Cal									
State	115,557						115,557	45,778	69,778
Federal (Title XIX)	207,116						207,116	137,338	69,778

See below
 Prepared By (Signature) *Michael Ungeheur* Michael UngeheurRN MN PHN Prepared By (Printed Name) michael.ungeheur@edcgoc.us Email Address
 CCS Administrator (Signature) *Michael Ungeheur* Michael UngeheurRN MN PHN 12/31/15 CCS Administrator (Printed Name) michael.ungeheur@edcgoc.us Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLICIP - Total Cases of Open (Active) OTLICIP Children	85	14.17%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICIP) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Summary

Fiscal Year: Quarter 1 / 2015-16
 County: El Dorado

Column	Col 1 = Col 2+3+4		OTLICIP			Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
	1	2	3	3A	3B	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed Enhanced (12.5/12.5/75)	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed Non-Enhanced (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	93,723	14,058	13,278	0	13,278	66,389	46,189	20,200
II. Total Operating Expense	3,928	589	557	0	557	2,781	542	2,239
III. Total Capital Expense	0	0	0		0	0		0
IV. Total Indirect Expense	19,682	2,952	2,788		2,788	13,941		13,941
V. Total Other Expense	1,000	150	142		142	708		708
Budget Grand Total	118,333	17,749	16,765	0	16,765	83,819	46,731	37,088

Column	Col 1 = Col 2+3+4		OTLICIP			Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
	1	2	3	3A	3B	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed Enhanced (12.5/12.5/75)	Optional Targeted Low Income Children’s Program (OTLICIP) Co/State/Fed Non-Enhanced (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	8,874	8,874						
County	8,875	8,875						
OTLICIP								
State	2,934		2,934	0	2,934			
County	2,934		2,934	0	2,934			
Federal (Title XXI)	10,897		10,897	0	10,897			
Medi-Cal								
State	30,227					30,227	11,683	18,544
Federal (Title XIX)	53,592					53,592	35,048	18,544

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

CCS Administrator (Signature): *Michael Ungeheuer* Michael Ungeheuer RN MN PHN
 CCS Administrator (Printed Name): Michael Ungeheuer RN MN PHN
 Email Address: michael.ungeheuer@edcgov.us

12/31/15

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLICP - Total Cases of Open (Active) OTLICP Children	85	14.17%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Summary

Fiscal Year: Quarter 2, 3, & 4 / 2015-16

County: El Dorado

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) - Q2, Q3, Q4	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	264,729	39,709	37,503	187,517	133,907	53,610
II. Total Operating Expense	13,382	2,007	1,897	9,480	2,479	7,001
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	55,593	8,339	7,876	39,378		39,378
V. Total Other Expense	3,500	525	496	2,479		2,479
Budget Grand Total	337,204	50,580	47,772	238,854	136,386	102,468

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6.0/6.0/88) - Q2, Q3, Q4	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	25,290	25,290				
County	25,290	25,290				
OTLICP						
State	2,866		2,866			
County	2,866		2,866			
Federal (Title XXI)	42,040		42,040			
Medi-Cal						
State	85,331			85,331	34,097	51,234
Federal (Title XIX)	153,523			153,523	102,289	51,234

See below

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	michael.ungeheuer@edcgov.us
<i>Michael Ungeheuer</i>	Prepared By (Printed Name)	Email Address
CCS Administrator (Signature)	Michael Ungeheuer RN MN PHN	michael.ungeheuer@edcgov.us
	CCS Administrator (Printed Name)	Email Address

12/31/15

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLIP - Total Cases of Open (Active) OTLIP Children	85	14.17%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non OTLIP) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Worksheet

Fiscal Year: Quarter 1 / 2015-16

County: El Dorado

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLIP)						Medi-Cal (Non-OTLIP)								
	1	2	3	4A	4	5A	5	5B	5C	5D	5E	6A	6	7A	7	8A	8	
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIP) Co/State/Fed	Enhanced % FTE	Enhanced OTLIP State/Federal (12.5/12.5/75)	Non-Enhanced % FTE	Non-Enhanced OTLIP State/Federal (17.5/17.5/55)	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																		
Vacant Supervising Public Health Nurse	1.25%	89,294	1,116	15.00%	167	14.17%	158			100.00%	158	70.83%	791				100.00%	791
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
Subtotal		89,294	1,116		167		158				158		791					791
Medical Case Management																		
Dee Taylor PHN	25.00%	84,135	21,034	15.00%	3,155	14.17%	2,980	0.00%	0	100.00%	2,980	70.83%	14,899	80.00%	11,918	20.00%	2,980	
Sabina Keller PHN	20.00%	57,101	13,420	15.00%	2,013	14.17%	1,901	0.00%	0	100.00%	1,901	70.83%	9,506	80.00%	7,605	20.00%	1,901	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
Subtotal		151,236	34,454		5,168		4,881		0		4,881		24,405		19,524		4,881	
Other Health Care Professionals																		
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
Subtotal		0	0		0		0		0		0		0		0		0	
Ancillary Support																		
Adrianna Salas-Rodriguez	6.25%	43,842	2,740	15.00%	411	14.17%	388			100.00%	388	70.83%	1,941				100.00%	1,941
Michelle McCann-Hardie	5.00%	42,315	2,116	15.00%	317	14.17%	300			100.00%	300	70.83%	1,499				100.00%	1,499
Maria Martinez	5.00%	43,411	2,171	15.00%	326	14.17%	308			100.00%	308	70.83%	1,536				100.00%	1,536
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
Subtotal		129,568	7,027		1,054		996				996		4,978					4,978
Clerical and Claims Support																		
Adrianna Salas-Rodriguez	6.25%	43,842	2,740	15.00%	411	14.17%	388	0.00%	0	100.00%	388	70.83%	1,941	80.00%	1,553	20.00%	388	
Michelle McCann-Hardie	20.00%	42,315	8,463	15.00%	1,269	14.17%	1,199	0.00%	0	100.00%	1,199	70.83%	5,995	80.00%	4,796	20.00%	1,199	
Maria Martinez	20.00%	43,411	8,682	15.00%	1,302	14.17%	1,230	0.00%	0	100.00%	1,230	70.83%	6,150	80.00%	4,920	20.00%	1,230	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
	0.00%	0	0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	0.00%	0	100.00%	0	
Subtotal		129,568	19,885		2,982		2,817		0		2,817		14,086		11,269		2,817	
Total Salaries and Wages			62,482	15.00%	9,372	14.17%	8,852	0.00%	0	100.00%	8,852	70.83%	44,260	69.57%	30,793	30.43%	13,467	
Staff Benefits (Specify %)	50.00%		31,241	15.00%	4,686	14.17%	4,426		0		4,426	70.83%	22,129		15,396		5,733	
I. Total Personnel Expense			93,723	15.00%	14,058	14.17%	13,278				13,278	70.83%	66,389		46,189		20,200	
II. Operating Expense																		
1. Travel			1,100	15.00%	165	14.17%	156	0.00%	0	100.00%	156	70.83%	779	69.57%	542	30.43%	237	
2. Training			0	15.00%	0	14.17%	0	0.00%	0	100.00%	0	70.83%	0	69.57%	0	30.43%	0	
3. Communication			163	15.00%	24	14.17%	23			100.00%	23	70.83%	115				100.00%	115
4. Insurance			527	15.00%	79	14.17%	75			100.00%	75	70.83%	373				100.00%	373
5. Office and Duplicating			2,138	15.00%	321	14.17%	303			100.00%	303	70.83%	1,514				100.00%	1,514
				15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
				15.00%	0	14.17%	0			100.00%	0	70.83%	0				100.00%	0
II. Total Operating Expense			3,928		589		557		0		557		2,781		542		2,239	
III. Capital Expense																		

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLICP Total Cases of Open (Active) OTLICP Children	85	14.17%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non OTLICP) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Worksheet

Fiscal Year: Quarter 1 / 2015-16

County: El Dorado

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)								Medi-Cal (Non-OTLICP)					
	1	2	3	4A	4	5A	5	5B	5C	5D	5E	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed	Enhanced % FTE	Enhanced OTLICP State/Federal (12.5/12.5/75)	Non-Enhanced % FTE	Non-Enhanced OTLICP State/Federal (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)
1.				15.00%	0	14.17%	0				0	70.83%	0				0
2.				15.00%	0	14.17%	0				0	70.83%	0				0
3.				15.00%	0	14.17%	0				0	70.83%	0				0
III. Total Capital Expense			0		0		0				0		0				0
IV. Indirect Expense																	
1. Internal	0.00%		0	15.00%	0	14.17%	0			100.00%	0	70.83%	0			100.00%	0
2. External	21.00%		19,682	15.00%	2,952	14.17%	2,788			100.00%	2,788	70.83%	13,941			100.00%	13,941
IV. Total Indirect Expense			19,682		2,952		2,788				2,788		13,941				13,941
V. Other Expense																	
1. Maintenance & Transportation			1,000	15.00%	150	14.17%	142			100.00%	142	70.83%	708			100.00%	708
2.				15.00%	0	14.17%	0			100.00%	0	70.83%	0			100.00%	0
3.				15.00%	0	14.17%	0			100.00%	0	70.83%	0			100.00%	0
4.				15.00%	0	14.17%	0			100.00%	0	70.83%	0			100.00%	0
5.				15.00%	0	14.17%	0			100.00%	0	70.83%	0			100.00%	0
V. Total Other Expense			1,000		150		142				142		708				708
Budget Grand Total			118,333		17,749		16,765		0		16,765		83,819		46,731		37,088

See below

Prepared By (Signature) *Michael Ungeheuer* Michael Ungeheuer RN MN PHN 12/15/2015 Date Prepared 530 621 6129 Phone Number
 Prepared By (Printed Name) Michael Ungeheuer RN MN PHN
 CCS Administrator (Signature) *Michael Ungeheuer* Michael Ungeheuer RN MN PHN 12/30/15 Date Signed 530 621 6129 Phone Number
 CCS Administrator (Printed Name) Michael Ungeheuer RN MN PHN

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	15.00%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	85	14.17%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	425	70.83%
TOTAL CCS CASELOAD	600	100%

CCS Administrative Budget Worksheet

Fiscal Year: Quarter 2, 3, & 4 / 2015-16

County: El Dorado

Column				Straight CCS		Optional Targeted Low Income Children’s Program (OTLIPC)		Medi-Cal (Non-OTLIPC)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children’s Program (OTLIPC) Co/State/Fed (6.0/6.0/88) Q2, Q3, Q4	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													
Vacant Supervising Public Health Nurse	3.75%	89,294	3,349	15.00%	502	14.17%	474	70.83%	2,372			100.00%	2,372
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
Subtotal		89,294	3,349		502		474		2,372				2,372
Medical Case Management													
Dee Taylor PHN	75.00%	84,135	63,101	15.00%	9,465	14.17%	8,939	70.83%	44,697	80.00%	35,758	20.00%	8,939
Sabina Keller PHN	60.00%	67,101	40,261	15.00%	6,039	14.17%	5,704	70.83%	28,518	80.00%	22,814	20.00%	5,704
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
Subtotal		151,236	103,362		15,504		14,643		73,215		58,572		14,643
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Adrianna Salas-Rodriguez	6.25%	43,842	2,740	15.00%	411	14.17%	388	70.83%	1,941			100.00%	1,941
Michelle McCann-Hardie	15.00%	42,315	6,347	15.00%	952	14.17%	899	70.83%	4,496			100.00%	4,496
Maria Martinez	15.00%	43,411	6,512	15.00%	977	14.17%	923	70.83%	4,613			100.00%	4,613
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
Subtotal		129,568	15,599		2,340		2,210		11,050				11,050
Clerical and Claims Support													
Adrianna Salas-Rodriguez	6.25%	43,842	2,740	15.00%	411	14.17%	388	70.83%	1,941	80.00%	1,553	20.00%	388
Michelle McCann-Hardie	60.00%	42,315	25,389	15.00%	3,808	14.17%	3,597	70.83%	17,984	80.00%	14,387	20.00%	3,597
Maria Martinez	60.00%	43,411	26,047	15.00%	3,907	14.17%	3,690	70.83%	18,450	80.00%	14,760	20.00%	3,690
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
	0.00%	0	0	15.00%	0	14.17%	0	70.83%	0	0.00%	0	100.00%	0
Subtotal		129,568	54,176		8,126		7,675		38,375		30,700		7,675

Total Salaries and Wages			176,486	15.00%	26,473	14.17%	25,002	70.83%	125,012	71.41%	89,272	28.59%	35,740
Staff Benefits (Specify %)	50.00%		88,243	15.00%	13,236	14.17%	12,501	70.83%	62,505		44,635		17,670
I. Total Personnel Expense			264,729	15.00%	39,709	14.17%	37,503	70.83%	187,517		133,907		53,610
II. Operating Expense													
1. Travel			3,300	15.00%	495	14.17%	468	70.83%	2,338	71.41%	1,670	28.59%	668
2. Training			1,600	15.00%	240	14.17%	227	70.83%	1,133	71.41%	809	28.59%	324
3. Communication			488	15.00%	73	14.17%	69	70.83%	346			100.00%	346
4. Insurance			1,581	15.00%	237	14.17%	224	70.83%	1,120			100.00%	1,120
5. Office and Duplicating			6,413	15.00%	962	14.17%	909	70.83%	4,543			100.00%	4,543
				15.00%	0	14.17%	0	70.83%	0			100.00%	0
				15.00%	0	14.17%	0	70.83%	0			100.00%	0
II. Total Operating Expense			13,382		2,007		1,897		9,480		2,479		7,001
III. Capital Expense													
1.				15.00%	0	14.17%	0	70.83%	0				0
2.				15.00%	0	14.17%	0	70.83%	0				0
3.				15.00%	0	14.17%	0	70.83%	0				0
III. Total Capital Expense			0		0		0		0		0		0
IV. Indirect Expense													
1. Internal	0.00%		0	15.00%	0	14.17%	0	70.83%	0			100.00%	0
2. External	21.00%		55,593	15.00%	8,339	14.17%	7,876	70.83%	39,378			100.00%	39,378
IV. Total Indirect Expense			55,593		8,339		7,876		39,378				39,378
V. Other Expense													
1. Maintenance & Transportation			3,500	15.00%	525	14.17%	496	70.83%	2,479			100.00%	2,479
2.				15.00%	0	14.17%	0	70.83%	0			100.00%	0
3.				15.00%	0	14.17%	0	70.83%	0			100.00%	0
4.				15.00%	0	14.17%	0	70.83%	0			100.00%	0
5.				15.00%	0	14.17%	0	70.83%	0			100.00%	0
V. Total Other Expense			3,500		525		496		2,479				2,479
Budget Grand Total			337,204		50,580		47,772		238,854		136,386		102,468

See below

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	12/15/2015	530 621 6129
<i>Michael Ungeheuer</i>	Prepared By (Printed Name)	Date Prepared	Phone Number
CCS Administrator (Signature)	Michael Ungeheuer RN MN PHN	12/31/15	530 621 6129
	CCS Administrator (Printed Name)	Date Signed	Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 15-16

PERSONNEL COST

Total salaries	\$238,968
Total Benefits	\$119,484

Total Personnel Expenses **358,452**

PHN Director/Administrator	Deleted from Program budget. Maintains administrative oversight of program
Supervising Hlth Education Cood	Deleted from Program budget. No longer participating in Program
Supervising PHN	Daily operations oversight.
Public Health Nurse II (1.80)	Increased FTE by .05 from 1.75 FTE
Office Assistant II	Deleted position from Program
Medical Office Assistance (2.5)	No change

OPERATING EXPENSES

Travel	\$4,400	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.575 per mile with annual adjustment
Training	\$1,600	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$8,551	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
Communication	\$650	Telephone extrenal calls
Insurance	\$2,108	Facility and personnel liability insurance
Building Maintenance	\$0	Deleted expenditure line.

Total operating Costs **\$ 17,309**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @	\$0	Deleted due to allocation reduction.
External @ 21%	\$75,275	In accordance to the A-87 plan on file applied by total program FTE. Reduced by 12% in order to balance to allocation reduction.

Total Indirect Expenses **\$ 75,275**

OTHER EXPENSES

Maintenance and transportation

\$4,500

Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. Reduced based on historic projection.

Total Other Expenses

\$4,500

BUDGET GRAND TOTAL

455,536